

OFFICIAL NOTICE AND AMENDED AGENDA
MEETING of the **North Central Community Services Program Board** to be held at
Lincoln County Service Center, 801 N Sales Street, Merrill, WI 54403
at **12:00 pm** on **Thursday, November 29, 2018**

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda – Limited to 15 Minutes
3. Chairman's Report and Announcements – J. Zriny
4. Board Committee Minutes and Reports
5. Consent Agenda
 - A. ACTION: Approval of 10/25/2018 NCCSP Board Meeting Minutes
 - B. ACTION: Budget Policy
 - C. Quality Outcomes Review – M. Loy
 - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Education
 - A. Update on Medical Staff Initiatives – Dr. Richard Immler
 - B. Employee Engagement Summary – S. Matis
7. Monitoring Reports
 - A. CEO Work Plan Review and Report – M. Loy
 - B. Chief Financial Officer's Report – B. Glodowski
 - i. ACTION: Review and Accept October Financial Statements
 - C. Human Services Operations Report – L. Scudiere
 - D. Nursing Home Operations Report – K. Gochanour
8. Board Discussion and Possible Action
 - A. ACTION: Election of NCCSP Board Officers for 2019
 - B. ACTION: Nomination of NCCSP Board Member to the North Central Health Foundation Board
 - C. Discussion and Possible Action Regarding Board Policy Governance Monitoring and Evaluation
 - D. ACTION: Approve 2019 Organizational Dashboard
 - E. ACTION: Approve 2019 Quality and Compliance Plan
 - F. ACTION: Approve 2019 Operational Plan
 - G. ACTION: Code of Conduct
 - H. ACTION: Approve Employee Grievances Policy
 - I. ACTION: Purchase of the Property Located at 811 N. 3rd Avenue Wausau, WI
9. MOTION TO GO INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations
 - i. Corporate Compliance and Ethics
 - ii. Significant Events
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 11/28/2018 TIME: 11:35 AM BY: D. Osowski



Presiding Officer or Designee

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

October 25, 2018

12:00 Noon

Langlade Health Care Center

Present:

X	Norbert Ashbeck	X	Randy Balk	X via phone	Steve Benson
X	Ben Bliven	X	John Breske	X	Meghan Mattek
X	Bill Metter	X	Corrie Norrbom	EXC	Rick Seefeldt
X	Romey Wagner	X	Bob Weaver	EXC	Theresa Wetzsteon
EXC	Jeff Zriny				

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Sheila Zblewski, Laura Scudiere, Lance Leonhard

Guests: Todd Penske, PeopleFirst
Scott Schultz and Ed Rapee, AJ Gallagher
Jessica Meadows, Communications & Marketing Coordinator

Call to order

- B. Weaver called the meeting to order at 12:04 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements

- None

Board Committee Reports

- No questions or discussion.

Consent Agenda

- **Motion**/second, Metter/Breske, to approve the Consent Agenda which includes the 8/30/2018 NCCSP Board Meeting Minutes, the Medical Staff Re-appointments for Anne Dibala, MD, Brigitte Espinoza, MD, Patrick Helfenbein, MD, Richard Immler, MD, Michael Lance, MD, William Nietert, MD, Brian Smith, MD, Robert Vickrey, MD, and the Quality Dashboard and Executive Summary. Motion carried.

Board Education

- An overview of the new NCHC website was provided by Jessica Meadows including the history of website activity and additional features that are already planned in future updates. The initial 'go live' is scheduled for 10/31/18 which is the first of a three part approach for improving access to the organization: improved website, connecting with a person when calling the organization rather than a recording, and simplified entrances into the building with the upcoming renovation.
- An update on Medical Staff Initiatives will be provided at the November Board meeting.
- A health plan performance report and overview of the 2019 renewal was provided by Scott Schultz and Ed Rapee of AJ Gallagher.
 - AJ Gallagher, insurance broker, was selected from an RFP process earlier this year.
 - During an initial review of our plan performance it was noted that the cost per employee is up 9% from last year as of August, there is a 7% increase in enrollment from January, and claims are 15% higher so far this year over last year as a result of both drivers.
 - Data will be further analyzed with all other claims in their warehouse to identify gaps and resources and better identify clinically what is happening inside our care program. In early 2019 AJ Gallagher will have a better picture of what changes may need to occur to impact the spending trend i.e. reduce costs and improve patient experience, understand why we are trending this way, why we are 15-20% higher than the national average, etc.
- M. Loy noted that our plan increased 17% in costs from 2018. With small adjustments we were able to reduce the impact of costs however, we do not feel employees should shoulder all of the increase but it will be shared between employee and employees. Therefore, we currently have a small deficit in our budget but will work on changes next year to try to reduce the deficit.

Monitoring Reports

CEO Work Plan Review and Report – M. Loy

- Master Facility Plan – We should have a final option by December and will provide updates to the Board. Completion of the renovations remains in a 3-year window which is 2021.
- General Counsel – The Retained County Authority Committee (RCA) continues to look at this issue. Fundamentally there are concerns about state statutes on what is allowed. We are allowed to hire private counsel but feel it would be more beneficial and cost effective if we were to have a General Counsel position on staff. L. Leonhard indicated that due to state statutes and an Attorney General's opinion or interpretation of the statutes, NCHC cannot have an attorney on staff. However, NCHC may contract for legal services. The RCA questions what legal needs NCHC has and will work with M. Loy to determine how best to proceed.
- Several psychiatrists will be joining NCHC in 2019. One will be working on the Inpatient Unit in conjunction with outpatient and developing an ECT practice. Another psychiatrist, Dr. Dia Arpon, will join us 2/1/19 and is interested in teaching. Dr. Solay Unal, child and adolescent psychiatrist, will join us in the first quarter of 2019. She will be instrumental in developing the 8-bed youth hospital and will provide much needed child/adolescent outpatient services.
- We are working with Portage and Lincoln County nursing homes in how we can work together to become stronger through a partnership with improved resources and lower costs. There are many opportunities to collaborate. Updates will continue to be provided.
- The CEO evaluation process will be discussed later in the meeting in closed session.

Update on 2018 Operational Plan – M. Loy

- Updates are provided quarterly. There are 74 different initiatives connected to the Dashboard. YTD we are about 74% complete: 36 items have been completed, 6 have been deferred as they no longer made sense to provide, 11 items are at risk for completion but they are in progress. Two major items at risk are the youth crisis group home (we are still waiting on state regulations) and TIER evaluation (electronic medical record system). Netsmart, who provides support for TIER, is no longer able to upgrade the system but would need to replace it entirely. Therefore, we are working with Aspirus to see how we can partner with them and possibly access EPIC (their electronic medical record system).
- A complete summary of the 2018 Operational Plan will be provided at year end.

Human Services Operations Report – L. Scudiere

- Zero Harm Initiative overview was provided.
- The North Central Health Foundation approved a grant application to fund a therapy dog for the BHS unit.

Nursing Home Operations Report – K. Gochanour

- Recruitment and retention and the current health care worker crisis remain our focus.
- Currently we have 20 open CNA positions. Our retention rate is good. There are many staff who are in school to further their education in health care which relates to a less than full-time status or leaving altogether. We have implemented several items to help with the open positions. We have also increased the number of hospitality assistants which has become a career ladder step for CNA's. The open positions are not a turnover issue, it is a talent issue and our situation is better than our competitors.
- We have volunteered to be a testing site for the Head Master Program which will contribute to increasing the available talent pool.
- People are leaving the health care field altogether not leaving to work for other providers.
- We are partnering with the education system in an effort to raise the interest in the health care field and in supporting their education.

Chief Financial Officer's Report – B. Glodowski

- There was a loss in both August and September. The theme is consistent for both months as the loss relates to high health insurance costs and another large payment for workman's comp. The State Institute expenses continue to be high however, we are seeing some improvement. Revenue areas have been struggling and both the nursing home and hospital census are lower. MMT is doing well. We have a group of eight directors working collaboratively and we feel our best objective is to monitor expenses and improve revenues. We are also reviewing write-off's, monitoring punches (punching early/late), etc. Interest income is about \$72,000 ahead of target which can be attributed in part to positive rates in investments. We are also seeing higher expenses with physicians, however, this will pay off in the long run.
- **Motion**/second, Metter/Balk, to accept the August and September Financial Statements. Motion carried.

Board Discussion and Possible Action

Annual CEO Evaluation – Todd Penske, PeopleFirst HR Solutions, Inc.

- Todd Penske worked with the Executive Committee in developing the CEO evaluation tool and process. The approved draft was then presented to the RCA who reviewed and provided feedback which was incorporated into what is presented to the Board today. The RCA will be voting later today to finalize the tool and process.
- T. Penske reviewed the process and form. The process incorporates the stipulations of the Tri-County Agreement with the Board evaluating the CEO once per year and the RCA evaluating the CEO twice per year. One form will be used in each of the evaluations.
- The process has eight steps with everyone using the same tool. The form is based on best practice with an outside resource compiling the responses and presenting them to the CEO, Board, and RCA.
- There was some uncertainty with the CEO salary and the potential for compensation. A brief analysis of the CEO salary and potential compensation was requested and will be discussed in more depth in Closed Session.
- **Motion**/second, Bliven/Norrbom, to approve the CEO evaluation process and form as presented. Motion carried.

Purchase of the Property Located at 811 N 3rd Avenue, Wausau WI

- We have an offer to purchase on the Clubhouse property but do not have the final offer ready for approval yet. This will be added to the agenda in November if there is a final accepted offer. The current owners have agreed to sell at fair market value, will replace the roof and HVAC.

Discussion and Possible Action Regarding Whether to Pursue the Transfer of Adult Protective Services Program to the Aging & Disability Resource Center (ADRC) of Central Wisconsin

- Adult Protective Services is a multi-county operation which was transferred when Family Care moved in. It is a well-functioning program. The ADRC is a consortium between our three counties plus Wood County and there is new leadership, Jonette Arms, at ADRC.
- There are benefits to manage this program within our organization as there are many individuals under protective placement and guardianships; that wouldn't change. It will be against our financial interest but only due to indirect costs. Over the long term, this change would allow us to focus on our mission, vision, and strategy for our 5 year plan.
- If the Board approves to pursue the transfer, this will need to be approved by all three counties.
- **Motion**/second, Bliven/Metter, to develop an implementation plan to transfer the Adult Protective Services Program to the ADRC of Central Wisconsin. Motion carried.

Discussion and Possible Action Regarding Birth to 3 Service Delivery

- Birth to 3 started in 1983 when it was a federally mandated program. NCHC does a great job and it is a stable program. Despite this, there is a mission and strategy question as how this program fits into NCHC's core competencies and continuum of care. The children first enroll in the Birth to 3 program, then they are transferred to the school district, and then into the community. We explored who we could partner with and approached Marathon County Special Education. After months of dialogue and consideration Marathon County Special Education has indicated they are interested in moving forward and developing a transition plan. We will verify the program is financially viable and the contract can be transferred between entities.
- **Motion**/second, Wagner/Balk, to continue dialogue and the development of a transition plan to transfer the Birth to 3 program to Marathon County Special Education. Motion carried.

Discussion and Possible Action Regarding Board Policy Governance Monitoring and Evaluation

- Discussion will be postponed until the next Board meeting.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Weaver, second by Metter, to adjourn into closed session pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit:
 - i. Report of Investigations related to Corporate Compliance Activities and Significant Events And, Pursuant to Section 19.85(1) (c) Wis. Stats. for the purpose of considering employment, compensation, or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility, to wit:
 - ii. CEO Compensation Recommendation to the Retained County Authority CommitteeMotion carried.

RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)


- **Motion**/second, Bliven/Metter, to reconvene into Open Session. All Ayes. Motion passed 10-0.
- **Motion**/second, Metter/Wagner, that the memo regarding Annual CEO compensation framework for the CEO performance evaluation, as presented in Closed Session, be recommended to the RCA for consideration and approval. Motion carried.

Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- November Board meeting slated to be held in Merrill.

Adjourn

- **Motion**/second, Bliven/Ashbeck, to adjourn the Board Meeting at 2:47 p.m. Motion carried.

Name of Document:	 North Central Health Care Person centered. Outcome focused.
Budget	
Policy: X Procedure:	
Document #: 0105-1	Department:
Primary Approving Body: NCHC Board	Secondary Approving Body: CFO

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care (NCHC) to establish an annual budget that maintains control of the use of resources and provides direction of how the resources will be utilized based on the mission of the organization and the strategic plan. The annual budget includes an operating budget and a capital budget which are board approved. The budget is prepared in accordance with Generally Accepted Accounting Principles (GAAP).

II. Purpose

The annual budget provides financial direction for program management to operate programs. The individual program budgets provide an accountability tool to review how resources are being utilized. A budget is designed to protect the resources of the organization, ensure maintenance of accurate records of the organization's financial activities, and provide a framework for decision-making.

III. Definitions

Budget – An estimation of revenues and expenses over a specified period of time.

Generally Accepted Accounting Principles (GAAP) – The common set of accounting principles, standards and procedures used to compile financial statements. GAAP are a combination of authorization standards set by policy boards.

Operating budget – The annual budget stated in terms of classifications such as programs which contains estimates of resources required for the operations and is stated in categories by revenue and expense accounts.

Capital budget – The budget for long term investments such as building and equipment. Capital investments meet a dollar investment threshold and a useful life threshold.

IV. General Procedure

1. Each May the NCCSP Board and Retained County Authority (RCA) Committee meet to discuss and direct staff on budget guidelines, priorities, and objectives.
2. The Chief Financial Officer (CFO) works together with the Chief Executive Officer (CEO), NCHC Executive Team, and Program Management to develop an annual Budget that is an accurate reflection of the programmatic goals for the coming year based on accurate and reasonable estimates of available resources.

The Budget is developed using the organization's standard revenue recognition and cost allocation procedures. The cost allocation methods are approved by the Board annually.
3. A ~~draft proposed~~ Budget will be presented to the NCHC Board in August for approval. The Budget is then forwarded to each of the partner counties for approval through the Retained County Authority Committee (RCA). The RCA will approve or modify the proposed Budget by September 30. The RCA will forward the proposed budget to be included into each County partner's annual budget which is considered and approved in November of each year. Once approved the ~~draft-proposed~~ Budget will become the final approved Budget.
4. Programs will receive their budgets prior to the beginning of the effective year.
5. Throughout the fiscal year, the CFO will report monthly to the NCHC Board the status of the Budget compared to actual.
6. Program Directors are responsible throughout the year for managing budgets. Regular reviews are also done by the CFO and CEO.

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V. Program-Specific Requirements:

None

References:

Joint Commission:

CMS:

Related Documents:



Quality Executive Summary

November 2018

Organizational Outcomes

People

❖ **Vacancy Rate**

The 2018 target range for the Vacancy Rate is set at 5-7%. The Vacancy Rate rose to 9.2% in October. Reason for the spike is due to current employees adjusting their FTE's downward in the nursing home, thus creating vacancy. Note: Staff have not been leaving only adjusting FTE, hence why Retention Rate is unchanged.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2018 is 78-82%. Currently, the rate is 85.0%, which is exceeding the target. Managers continue to work on a more structured on-boarding with new hires as well as conduct feedback sessions with current staff allowing for a more effective management of the work environment.

Service

❖ **Patient Experience**

NCHC Patient Experience 2018 target is 77-82%. Since June, the YTD patient experience score has been frozen at 76.9%. The new patient experience survey began its distribution in the month of September. October was our first full month with 100% of departments using the new Press Ganey survey tool. Directors and Department Managers learned the online reporting and data tools in October. October's patient experience top box rate using the 0-10 question was 60.4%. A decline was expected due to the implementation of a new tool.

❖ **Referral Source Experience: % Top Box Rate**

After further discovery, we will own this metric using an in-house developed tool rather than utilize Press Ganey's option for referral source survey. Further development on this is in process.

Clinical

❖ **Nursing Home Readmissions**

The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In October the rate was 8.7%. October had 23 admissions and 2 Medicare 30-day readmissions. Both residents did not return to the facility. Overall year-to-date the readmission rate is favorably below target at 9.7%.

❖ **Hospital Readmissions**

For 2018, the target range for Hospital Readmissions within 30 days is 8-10%. October's rate was 7.6%. Overall year to date is at 12.8%.

Community

❖ Access Rate for Behavioral Health Services

The target range for this measure for 2018 is 90-95%. In October, the Access Rate was 94.0%. YTD rate is 87.9%. The improvement in the access rate is largely due to changes in Community Treatment, which decreased the adult wait list to within best practice guidelines.

❖ No-Show Rate for Community Behavioral Health Services

This is a new measure for 2018 which tracks the percentage of clients who no-show or have a same day cancellation for the Outpatient, Community Treatment, and Birth-to-3 Programs. The October rate was 8.3%, which has been holding steady from the September rate of 8.5%.

Finance

❖ Direct Expense/Gross Patient Revenue

This measure looks at percentage of total direct expense to gross patient revenue. The 2018 target is 60-64%. October's rate was 65.5%, and the year-to-date rate is at 67.9% due to direct expenses being higher than target.

❖ Indirect Expense/Direct Expense

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2018 target is 36-38%. The rate for October is at 33.0% which is below target. Overall rate for 2018 is 35.1%. While the expenses in the direct programs are running higher than budget targets, the expenses in the support areas are running below budget targets. With this group of expenses running lower, this will help to keep the indirect expense/direct expense percentage below target.

Safety Outcomes

❖ Patient/Client/Resident Adverse Events

Overall Adverse Event rate in October is 3.5 events per 1,000 patient days/visits. Human Services Adverse Event rate was 1.9 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 15.0 events per 1,000 patient days. In October, the nursing home had the highest number of falls at 56. New resource tools *Post-fall Pathway*, *Why Do Residents Fall?* *Post-fall Huddle* were provided to each unit. In October, there was an increase in the number of medications errors in Human Services programs and falls decreased slightly.

❖ Employee Adverse Events

Employee Adverse Event rate was 0.18 per 1000 patient days worked in October. Altercations among patient/clients/residents toward staff had the highest incident in October with minor injuries sustained. Three staff required medical treatment related to 2 falls and 1 patient care event.

Program-Specific Outcomes-items not addressed in analysis above

The following outcomes reported are highlights of focus areas at the program-specific level. They do not represent all data elements monitored by a given department/program.

Human Service Operations

❖ ADS Residential and Pre-Vocational Services

Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50-60%. The measure for October was 42.0%. Work is being done to educate parents and guardians on the benefit of community-based employment.

❖ Aquatic

During 2018, Aquatic Therapy is monitoring the percentage of clients meeting treatment goals with a target range of 89-95%. In October, the number of goals met was above target at 98.2%.

❖ Birth-3

Birth-to-3's Total Number of Early Intervention Visits per month has improved to be within target within the past 5 months. Total visits increased to 466 in October, which is the high total for the year. Additional outreach and an increase in referrals drove the increase.

❖ Community Corner Clubhouse

Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In October, the member retention rate dipped to 67%. Active members decreased in October, but the new members increased from 4 members to 5 in October.

❖ Community Treatment

Individuals in Community Treatment who are admitted within 60 days of referral rose greatly from 54.3% to 76.0% for October as new case managers were hired.

❖ Crisis CBRF

In October, 23 of the 29 eligible patients were admitted within 24 hours. Gaps include bed availability, due to the unit being full, and one patient was not eligible.

❖ Lakeside Recovery (MMT)

The percentage of clients graduating from the MMT treatment program in October was 83.3%. YTD is 71.2% and there is no goal for the baseline year.

❖ Crisis Services

Crisis Services is continuing the development of business process flows that will allow for data collection in the future. Nearly all of the measures within the Crisis Program are new. The program expects to have 2019 data measures in place using the baselines being set in 2018.

❖ Inpatient Behavioral Health

The percentage of individuals from the hospital who have a post discharge therapy appointment in October fell just short of the target at 88.9%. Outpatient and Inpatient are meeting monthly to work on this item and have an active action plan.

❖ **Outpatient Services**

This is a shared measure with Inpatient. The percentage of individuals from the hospital who have a post discharge therapy appointment just missed the target in October at 88.9%. Outpatient and Inpatient are meeting monthly to work on this item and have an active action plan.

❖ **Adult Protective Services**

Adult Protective Services saw a decline in the number of at risk investigations closing within 30 days for the first time this year since February. Staffing is impacting this measure as they are down 2 positions. In October, the measure stayed constant at 63%.

Nursing Home

The financial indicator for the nursing home in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In October, the ADC was 19.

Support Departments

❖ **Communication and Marketing**

Increase in social media followers to Facebook and Twitter. Through October, there was a 66% increase in followers.

❖ **Health Information:**

In October, Health Information had a 99.2% scanning accuracy of paper medical records into Laser fiche. This reflects their diligence to accuracy on the front end of the process.

❖ **Nutritional Services:**

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. Resident satisfaction jumped back to 100% in October.

❖ **Pharmacy:**

Pharmacy will report the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97% and for October the recommendations reviewed by physicians was 100.0%.

❖ **Volunteers:**

Volunteer Services will increase the number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. In October, there was one new volunteer. Year-to-date remains at 10%.

❖ **Demand Transportation:**

Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. In October, Demand Transportation had 882 trips which is below target. The focus is to increase the number of trips, but the demand has not been there to yet to increase the number of trips. The demand has been more for an increase in the number of longer trips.

❖ **Patient Accounts:**

Continue to improve Days in Accounts Receivable. The target is 30-35 days which is better than industry standards. At the end of October, this is at 31 Days.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2018 YTD	2017 YTD
PEOPLE																
Vacancy Rate	5-7%	↓	8.2%	8.8%	5.3%	8.5%	10.3%	6.9%	8.1%	7.5%	7.3%	9.2%			9.2%	9.8%
Retention Rate	78-82%	↑	99.0%	98.0%	97.0%	94.0%	92.0%	90.0%	89.0%	87.0%	85.0%	85.0%			85.0%	75.8%
SERVICE																
Patient Experience: % Top Box Rate	77-82%	↑	79.4%	81.7%	76.2%	75.3%	73.7%	75.2%	N/A	N/A	N/A	60.4%			76.2%	77.2%
Referral Source Experience: % Top Box Rate	TBD	↑	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD			TBD	\
CLINICAL																
Nursing Home Readmission Rate	10-12%	↓	5.3%	3.4%	12.9%	12.9%	8.7%	3.2%	3.4%	13.3%	26.1%	8.7%			9.7%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	↓	8.8%	13.6%	16.9%	15.5%	17.5%	8.4%	16.5%	15.3%	8.0%	7.6%			12.8%	12.6%
COMMUNITY																
Access to Behavioral Health Services	90-95%	↑	86.6%	87.9%	86.5%	83.7%	85.8%	87.2%	91.1%	85.1%	91.2%	94.0%			87.9%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	↓	TBD	TBD	TBD	TBD	9.9%	9.5%	10.9%	10.2%	8.5%	8.3%			9.5%	\
FINANCE																
Direct Expense/Gross Patient Revenue	60-64%	↓	67.0%	69.0%	63.0%	69.0%	67.0%	67.6%	70.2%	68.3%	72.5%	65.5%			67.9%	62.0%
Indirect Expense/Direct Expense	36-38%	↓	32.0%	37.0%	35.0%	33.0%	35.0%	33.7%	45.0%	33.9%	32.7%	33.0%			35.1%	41.8%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
Referral Source Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.
	• Adult Day Services - within 2 weeks of receiving required enrollment documents
	• Aquatic Services - within 2 weeks of referral or client phone requests
	• Birth to 3 - within 45 days of referral
	• Community Corner Clubhouse - within 2 weeks
	• Community Treatment - within 60 days of referral
	• Outpatient Services
	* within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,
	* within 4 days following discharge for counseling/post-discharge check, and
	* 14 days from hospital discharge to psychiatry visit
	• Prevocational Services - within 2 weeks of receiving required enrollment documents
	• Residential Services - within 1 month of referral
No-Show Rate for Community Behavioral Health Services	Percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		↓	5-7%	9.2%	9.8%
		Retention Rate		↑	78-82%	85.0%	75.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
		Referral Source Experience: % Top Box Rate		↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		↓	10-12%	9.7%	10.2%
		Psychiatric Hospital Readmission Rate		↓	8-10%	12.8%	12.6%
	Community	Access to Behavioral Health Services		↑	90-95%	87.9%	75%
		No-Show Rate for Community Behavioral Health Services		↓	TBD	9.5%	\
	Finance	Direct Expense/Gross Patient Revenue		↓	60-64%	67.9%	62.0%
		Indirect Expense/Direct Expense		↓	36-38%	35.1%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Servies Improve Leadership Index in Employee Engagement Survey		↑	33.6 - 35.2%	\	28.0%
		Residential Improve Leadership Index in Employee Engagement Survey		↑	20.9 -23.7%	\	\
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
		Community Living Program Employee Vacancy Rate		↑	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		↓	17 or less monthly Average	19	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		↑	50%-60%	42.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,252	-\$3,190	\
		Residential Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	52.5 -55%	\	50%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	% Of Clients Meeting Treatment Goals		↑	89-95%	93.6%	\
	Community	Phycial Therapy Access		↑	90-95%	96.5%	97.1%
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$816,275	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BIRTH TO 3	People	Improve Leadership Index in Employee Engagement Survey		↑	34.6 - 36.3%	\	33%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Total Number of Early Intervention Visits/Month		↑	375 - 400	404	241
	Community	Eligible clients are admitted within 45 days of referral	RCA	↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	12.5%	\
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	11.8 days	\
	Finance	Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$3,190	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Improve Leadership Index in Employee Engagement Survey		↑		\	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses		↑	77-82%	76.2%	77.2%
	Clinical	Increase Member Retention		↑	51%-55%	82%	\
	Community	Increase Evening of Jazz Revenue by 10%		↑	\$ 15,758-\$17,000	\$16,598.00	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$446,412	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Improve Leadership Index in Employee Engagement Survey		↑	50-52.8%	\	48%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	% of Treatment Plans completed within 30 days of admission	RCA	↑	90-95%	80.7%	84.4%
		% Treatment Plans reviewed every 6 months	RCA	↑	2018 Baseline Year	91.7%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	↑	2018 Baseline Year	46.4%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral	RCA	↑	90-95%	34.7%	24.0%
		Average days from referral to initial appointment	RCA	↓	2018 Baseline Year	99.0 days	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$446,412	\
		Community Tx -Adult Financial Task Force 4 Positive Variance		↑	\$248,835 - \$373,253	-\$3,190	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS CBRF	People	Improve Leadership Index in Employee Engagement Survey		↑	82.9 - 86.9%	\	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Patient kept their outpatient appointment, if applicable	RCA	↑	2018 Baseline Year	96.8%	\
		% of clients connected to a PCP within 7 days of admission		↑	2018 Baseline Year	99.1%	\
	Community	% of eligible patients are admitted within 24 hours	RCA	↑	2018 Baseline Year	82.3%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance		↑	\$247,354-\$371,301	-\$3,190	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	Improve Leadership Index in Employee Engagement Survey		↑	82.9 - 86.9%	\	80%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	MMT Successful completion rate	RCA	↑	2018 Baseline Year	71.2%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge	RCA	↑	2018 Baseline Year	64.7%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	82.9 - 86.9%	\	79.0%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	RCA	↓	2018 Baseline Year	113 Diversions / 5.6 days ALOS	\
		Youth Crisis: avoid diversions of less than 72 hours	RCA	↓	2018 Baseline Year	21.1%	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	RCA	↑	2018 Baseline Year	75.6%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments	RCA	↑	2018 Baseline Year	1.7 to 1	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service	RCA	↑	2018 Baseline Year	841 encounters / 189 follow-ups within 24 hours (22%)	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service	RCA	↑	2018 Baseline Year	230 encounters / 93 follow-ups within 72 hours (40%)	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information	RCA	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created]	RCA	↑	2018 Baseline Year	93.0%	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral		↑	2018 Baseline Year	95.0% (19/20)	\
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$816,275	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INPATIENT BEHAVIORAL HEALTH	People	Improve Leadership Index in Employee Engagement Survey		↑	63.4 - 66.4%	\	40%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	88.5%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	93.8%	\
		Detox: Length since previous admission	RCA	↑	2018 Baseline Year	88 Readmissions / 263.6 Days	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge	RCA	↑	2018 Baseline Year	39.2%	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements	RCA	↑	2018 Baseline Year	2.2 to 1	\
	Finance	Financial Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$446,412	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
OUTPATIENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	67.3 - 70.5%	\	65%
	Service	Outpatient Services Patient Experience Percent 9/10 Responses		↑	77-82%	76.2%	77.2%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge	RCA	↑	90-95%	88.5%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	↑	90-95%	96.9%	\
		OWI Recidivism Rate	RCA	↓	27-32%	24.4%	23.6%
		Day Treatment: Successful completion rate	RCA	↑	2018 Baseline Year	44.4% (12/27)	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator	RCA	↑	90-95%	96.9%	\
		Hospitalization rate of active patients	RCA	↓	2018 Baseline Year	2.3%	\
		Same day cancellation and no-show rate	RCA	↓	2018 Baseline Year	13.6%	\
		Criminal Justice Post-Jail Release Access Rate	RCA	↑	2018 Baseline Year	96.5%	\
		Average number of days from referral to starting day treatment	RCA	↑	2018 Baseline Year	12.4 days	\
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$394,966	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Improve Leadership Index in Employee Engagement Survey		↑	45.2 - 47.3%	\	41%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
		Activities - Patient Experience % Top Box		↑	64 -67%	63.9%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate		↑	11 - 13 %	11.3%	83.0%
		Long Term Care Decreased Number of Falls by 10%		↓	36 -38	75	42
		Legacies by the Lake 10% Decreased Number of Falls		↓	275 -280	231	308.0
		Adverse Event Rate / 1000 pt days		↓	12-12.3	13.1	14.3
	Community						
	Finance	Medicare ADC		↑	17	23	\
		Nursing Home Patient Accounts - % of gross changes		↓	0.15% - 0.21%	0.28%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$394,966	\
		PAC / LTC Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$816,275	\
		Legacies by the Lake Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Improve Leadership Index in Employee Engagement Survey		↑	54.07 - 57.3%	\	46%
	Service	Patient Experience: % Top Box Rate		↑	67-70%	76.2%	77.2%
	Clinical	Weekly room checks pass/fail		↑	90-95%	93.3%	86.0%
	Community						
	Finance	Financial Task Force 5 Positive Variance		↑	\$249,472 -\$374,207	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Improve Leadership Index in Employee Engagement Survey		↑	52.5 - 55%	\	50%
	Service	Patient Experience: % Top Box Rate		↑	51-54%	76.2%	77.2%
	Clinical	Personal items missing per month		↓	70-75 per month	33	97
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$394,966	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	52.5 - 55%	\	50%
	Service	Nutritional Services Overall Patient Experience Percent 9/10 Responses		↑	67-70%	76.2%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		↑	90-95%	94.7%	\
	Community						
	Finance	Financial Task Force 3 Positive Variance		↑	\$248,903 -\$373,354	-\$816,275	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PHARMACY	People	Improve Leadership Index in Employee Engagement Survey		↑	74.5 -78.1%	\	71%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)		↑	95-97%	99.0%	\
	Community						
	Finance	Financial Task Force 2 Positive Variance		↑	\$249,472 -\$374,207	-\$394,966	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	70 - 73.7%	\	67%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	% Of At Risk Investigations closed within 30 days	RCA	↑	70-80%	69.4%	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	↑	75-85%	92.0%	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	↓	5% or below	3%	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$816,275	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey		↑	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community	Increase in social media followers to Facebook and Twitter		↑	50%	66%	\
	Finance	Finanical Task Force 3 Positive Variance		↑	\$248,903-\$373,354	-\$816,275	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Improve Leadership Index in Employee Engagement Survey		↑	66- 69.3%	\	63%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)		↑	50-55	59	\
		Scanning Accuracy (25% audit, percent complete without error)		↑	95-98%	98.1%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		↑	2-4	2.8	\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey		↑	90 - 100%	\	100%
		Vacancy Rate for 2018		↓	5-7%	9.2%	9.8%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	\$218,863	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
QUALITY	People	Improve Leadership Index in Employee Engagement Survey		↑	70 - 73.7%	\	67%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		↑	\$249,472 - \$374,207	-\$394,966	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Improve Leadership Index in Employee Engagement Survey		↑	90-100%	\	100%
	Service	Patient Experience: % Top Box Rate		↑	77-82%	76.2%	77.2%
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		↑	5-10%	10%	\
	Finance	Finanical Task Force 1 Positive Variance		↑	\$251,912 - \$377,869	-\$446,412	\

2018 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Improve Leadership Index in Employee Engagement Survey		⬆	58.8-61.6%	\	56%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Financial Task Force 2 Positive Variance		⬆	\$249,472 - \$374,207	-\$394,966	\
		Financial Statements Deadline (9 out of 11 months)		⬆	by 8th of month	MET	MET
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
DEMAND TRANSPORTATION	People	Improve Leadership Index in Employee Engagement Survey		⬆	78.7-82.5%	\	75%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	76.2%	77.2%
	Clinical	Performing at least 2 Special Request duties a day		⬆	40- 44 per month	34	\
		Number of trips		⬆	1000-1100 per month	910	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⬆	\$251,912 - \$377.869	-\$446,412	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey		⬆		\	50%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	76.2%	77.2%
	Clinical	Provide 2,400 hours of IMS training		⬆	200 hours per month	65	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		⬆	\$248,835 -\$373,253	\$50,540	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey		⬆	21-22%	\	20%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⬆	\$251,912 - \$377,869	-\$446,412	\
		Days in Accounts Receivable		⬇	30-35 days	36	\
Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey		⬆	58.8-61.6%	\	100%
	Service	Patient Experience: % Top Box Rate		⬆	77-82%	76.2%	77.2%
		Accurate paperwork from storekeepers		⬆	95-97%	96.4%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		⬆	\$248,835 - \$373,253	-\$3,190	\
		Reduction of Budgeted Supplies and Nursing Supplies		⬆	8-15%: \$57,339 - \$107,510	-\$119,656	\

MEMORANDUM

DATE: November 21, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

- 1) **Master Facility Planning**: The Master Campus Planning has arrived at a general design for the campus layout and future footprint. Space use design is now getting more detailed. The initial design work will be shared with NCHC management during site visits during the 1st or 2nd week of December. Those activities will work to match space allocation needs with the design and establish program clinical flows. The plan remains committed to the priorities laid out during the approval process. An overview of the campus plan is tentatively planned for the NCCSP Board's December meeting. Construction is slated to begin in the late spring/summer with a major portion of the project being included in Phase 1. Prior to construction beginning there will need to be some relocations of programs and residents.
- 2) **Medicaid Budget Priorities**: NCHC is working with the Wisconsin Hospital Association on major Medicaid budget priorities in the upcoming State biennial budget. Details on these priorities and their impacts to NCHC will be shared broadly in December as we begin working with both the Legislature and Governor-Elect's office.
- 3) **2019 Planning**: The Executive Team has been busy planning for 2019. A number of items are slated for Board approval at the Board's November meeting. There has been a lot of thought and effort into putting the appropriate structures and plans in place for 2019 as a major year midway through our 5 year plan in getting NCHC to our 50th Anniversary in March of 2022. We want a strong start in 2019 to make progress before major construction begins.
- 4) **Medical College of Wisconsin – Medical School Students**: The Medical College's Central Wisconsin Medical School has requested enhanced participation from NCHC in supporting their integrated clerkship psychiatry experience here. Staff is working with the Medical College to develop our supporting structure and experience for the students. Each year we would work with at least 5 additional student learners in our clinical areas. With the support of our Physicians, we will support this request to the furthest extent possible.

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County has reappointed Lance Leonard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO Appraisal Form and Process have been approved by both the NCCSP Board and RCA.	Complete												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The audit was presented and accepted at the March NCCSP Board meeting.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies have been provided to the NCCSP Board.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The Management Agreement is in draft form and will be finalized with the Marathon County Administrator prior to taking it to the County Board through the Health & Human Services Committee.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been approved.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Budget Document presents a three year forecast for operations and corresponding strategic objectives.	Complete												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	NCHC staff are working on developing a formal outreach plan in 2019. Efforts to reach out and educate are ongoing.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented at the March NCCSP Board meeting and accepted.	Complete												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	Drafting of a new agreement is pending.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. Need RCA approval first.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Policy approved in March, meetings have been completed.	Complete												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Copies of the report have been printed and is available online on the North Central website. The report has been presented to Lincoln and Marathon Counties.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA.	Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The proposed budget was adopted by the NCCSP Board in August and will be considered by the RCA on September 27th.	Complete												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Complete												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	See "CEO Appraisal" item above.	Complete												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	The RCA review and adopted updated Annual Performance Standards for 2019 at the September meeting.	Complete												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA considered any revisions, none were suggested at this time. A review and update will need to occur again in 2018.	Open												

MEMORANDUM

DATE: November 21, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: November CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting:

- 1) **Financial Results:** The month of October shows an overall gain for the month of \$4,891 compared to the targeted gain of \$70,319 resulting in a negative variance of (\$65,428). Through October, the organization shows an overall gain of \$75,975 which is \$116,190 behind the target of \$192,165.
- 2) **Revenue Key Points:** The nursing home census averaged 178 per day compared to the target of 185. This is down from the prior month. The Medicare census improved in October. The hospital census averaged 13/day compared to the target of 14. Revenue in outpatient areas is improving, which is normal for this time of year. Usually, once the summer months are past, some of these areas pick up. Overall patient revenue for the month is slightly ahead of target.
- 3) **Expense Key Points:** Overall expenses for October exceed budget targets by about \$171,000. Most of this is coming from employee benefits, with health insurance and worker's comp premiums being over targets. Other areas that were high for October are legal and physician contracts. The expense for state institutes was below target for October due to some additional credits being received.
- 4) **2018 Audit:** The 2018 audit is scheduled. Preliminary work was done on November 19 and 20.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
OCTOBER 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	2,441,650	2,254,619	4,696,269	3,456,484
Accounts receivable:				
Patient - Net	2,755,070	1,539,292	4,294,362	4,654,585
Outpatient - WIMCR & CCS	2,792,500	0	2,792,500	1,545,000
Nursing home - Supplemental payment program	0	728,000	728,000	510,400
Marathon County	510,053	125,000	635,053	671,986
Appropriations receivable	59,368	0	59,368	59,951
Net state receivable	1,181,924	0	1,181,924	1,422,344
Other	123,651	0	123,651	616,638
Inventory	0	342,220	342,220	305,373
Other	<u>414,957</u>	<u>306,833</u>	<u>721,791</u>	<u>580,411</u>
Total current assets	<u>10,279,175</u>	<u>5,295,964</u>	<u>15,575,139</u>	<u>13,823,172</u>
Noncurrent Assets:				
Investments	12,200,000	0	12,200,000	11,292,000
Assets limited as to use	224,649	100,839	325,488	1,077,483
Contingency funds	500,000	500,000	1,000,000	500,000
Restricted assets - Patient trust funds	13,372	25,221	38,593	41,425
Net pension asset	0	0	0	0
Nondepreciable capital assets	1,411,738	32,155	1,443,893	2,124,472
Depreciable capital assets - Net	<u>6,501,960</u>	<u>3,519,263</u>	<u>10,021,223</u>	<u>9,529,792</u>
Total noncurrent assets	<u>20,851,719</u>	<u>4,177,478</u>	<u>25,029,197</u>	<u>24,565,172</u>
Deferred outflows of resources - Related to pensions	<u>6,939,524</u>	<u>5,131,313</u>	<u>12,070,837</u>	<u>17,516,720</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>38,070,418</u>	<u>14,604,756</u>	<u>52,675,173</u>	<u>55,905,064</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
OCTOBER 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Accounts payable - Trade	351,649	260,021	611,670	1,109,168
Appropriations advances	49,747	0	49,747	49,747
Accrued liabilities:				
Salaries and retirement	717,254	530,361	1,247,614	1,361,070
Compensated absences	956,193	707,041	1,663,234	1,338,587
Health and dental insurance	386,333	285,667	672,000	625,000
Other Payables	137,401	101,599	239,000	328,809
Amounts payable to third-party reimbursement programs	312,564	0	312,564	250,000
Unearned revenue	<u>76,844</u>	<u>0</u>	<u>76,844</u>	<u>76,728</u>
Total current liabilities	<u>2,987,984</u>	<u>1,884,688</u>	<u>4,872,673</u>	<u>5,139,109</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	0
Patient trust funds	<u>13,372</u>	<u>25,221</u>	<u>38,593</u>	<u>41,425</u>
Total noncurrent liabilities	<u>922,914</u>	<u>697,767</u>	<u>1,620,681</u>	<u>3,168,804</u>
Total liabilities	<u>3,910,898</u>	<u>2,582,456</u>	<u>6,493,354</u>	<u>8,307,913</u>
Deferred inflows of resources - Related to pensions	<u>2,886,978</u>	<u>2,134,726</u>	<u>5,021,704</u>	<u>6,647,040</u>
Net Position:				
Net investment in capital assets	7,913,698	3,551,418	11,465,116	11,654,264
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	500,000
Board designated for capital assets	224,649	100,839	325,488	1,077,483
Undesignated	22,553,961	5,739,575	28,293,536	26,746,825
Operating Income / (Loss)	<u>80,234</u>	<u>(4,259)</u>	<u>75,975</u>	<u>971,539</u>
Total net position	<u>31,272,542</u>	<u>9,887,573</u>	<u>41,160,115</u>	<u>40,950,111</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>38,070,418</u>	<u>14,604,756</u>	<u>52,675,173</u>	<u>55,905,064</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING OCTOBER 31, 2018

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$4,291,109</u>	<u>\$4,232,697</u>	<u>\$58,412</u>	<u>\$41,574,825</u>	<u>\$40,949,521</u>	<u>\$625,304</u>
Other Revenue:						
State Match / Addendum	365,720	325,120	40,600	3,285,108	3,251,197	33,911
Grant Revenue	212,248	193,933	18,315	2,101,249	1,939,328	161,920
County Appropriations - Net	619,260	635,927	(16,667)	6,192,599	6,359,265	(166,667)
Departmental and Other Revenue	<u>300,498</u>	<u>311,702</u>	<u>(11,204)</u>	<u>3,088,664</u>	<u>3,117,024</u>	<u>(28,360)</u>
Total Other Revenue	<u>1,497,725</u>	<u>1,466,681</u>	<u>31,044</u>	<u>14,667,619</u>	<u>14,666,814</u>	<u>805</u>
Total Revenue	<u>5,788,835</u>	<u>5,699,378</u>	<u>89,456</u>	<u>56,242,444</u>	<u>55,616,335</u>	<u>626,109</u>
Expenses:						
Direct Expenses	4,527,989	4,270,867	257,122	43,859,733	41,952,320	1,907,414
Indirect Expenses	<u>1,284,135</u>	<u>1,370,693</u>	<u>(86,557)</u>	<u>12,594,658</u>	<u>13,596,850</u>	<u>(1,002,193)</u>
Total Expenses	<u>5,812,124</u>	<u>5,641,560</u>	<u>170,564</u>	<u>56,454,391</u>	<u>55,549,170</u>	<u>905,221</u>
Operating Income (Loss)	<u>(23,289)</u>	<u>57,819</u>	<u>(81,108)</u>	<u>(211,947)</u>	<u>67,165</u>	<u>(279,112)</u>
Nonoperating Gains (Losses):						
Interest Income	23,976	12,500	11,476	208,565	125,000	83,565
Donations and Gifts	1,688	0	1,688	73,857	0	73,857
Gain / (Loss) on Disposal of Assets	<u>2,517</u>	<u>0</u>	<u>2,517</u>	<u>5,501</u>	<u>0</u>	<u>5,501</u>
Total Nonoperating Gains / (Losses)	<u>28,180</u>	<u>12,500</u>	<u>15,680</u>	<u>287,922</u>	<u>125,000</u>	<u>162,922</u>
Income / (Loss)	<u>\$4,891</u>	<u>\$70,319</u>	<u>(\$65,428)</u>	<u>\$75,975</u>	<u>\$192,165</u>	<u>(\$116,190)</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING OCTOBER 31, 2018

51.42/.437 PROGRAMS	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,650,834</u>	<u>\$2,626,725</u>	<u>\$24,110</u>	<u>\$24,164,020</u>	<u>\$25,137,231</u>	<u>(\$973,210)</u>
Other Revenue:						
State Match / Addendum	365,720	325,120	40,600	3,285,108	3,251,197	33,911
Grant Revenue	212,248	193,933	18,315	2,101,249	1,939,328	161,920
County Appropriations - Net	494,260	494,260	0	4,942,599	4,942,598	0
Departmental and Other Revenue	<u>184,854</u>	<u>198,762</u>	<u>(13,908)</u>	<u>1,920,992</u>	<u>1,987,623</u>	<u>(66,632)</u>
Total Other Revenue	<u>1,257,081</u>	<u>1,212,074</u>	<u>45,007</u>	<u>12,249,947</u>	<u>12,120,747</u>	<u>129,200</u>
Total Revenue	<u>3,907,916</u>	<u>3,838,799</u>	<u>69,116</u>	<u>36,413,967</u>	<u>37,257,977</u>	<u>(844,010)</u>
Expenses:						
Direct Expenses	3,212,275	3,000,302	211,972	30,017,096	29,502,668	514,428
Indirect Expenses	<u>692,285</u>	<u>826,111</u>	<u>(133,826)</u>	<u>6,590,454</u>	<u>7,636,890</u>	<u>(1,046,436)</u>
Total Expenses	<u>3,904,560</u>	<u>3,826,413</u>	<u>78,147</u>	<u>36,607,550</u>	<u>37,139,559</u>	<u>(532,008)</u>
Operating Income (Loss)	<u>3,356</u>	<u>12,386</u>	<u>(9,030)</u>	<u>(193,583)</u>	<u>118,419</u>	<u>(312,002)</u>
Nonoperating Gains (Losses):						
Interest Income	23,976	12,500	11,476	208,565	125,000	83,565
Donations and Gifts	1,000	0	1,000	59,752	0	59,752
Gain / (Loss) on Disposal of Assets	<u>2,517</u>	<u>0</u>	<u>2,517</u>	<u>5,501</u>	<u>0</u>	<u>5,501</u>
Total Nonoperating Gains / (Losses)	<u>27,492</u>	<u>12,500</u>	<u>14,992</u>	<u>273,817</u>	<u>125,000</u>	<u>148,817</u>
Income / (Loss)	<u>\$30,848</u>	<u>\$24,886</u>	<u>\$5,962</u>	<u>\$80,234</u>	<u>\$243,419</u>	<u>(\$163,184)</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING OCTOBER 31, 2018

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,640,275</u>	<u>\$1,605,972</u>	<u>\$34,303</u>	<u>\$17,410,805</u>	<u>\$15,812,290</u>	<u>\$1,598,514</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	1,250,000	1,416,667	(166,667)
Departmental and Other Revenue	<u>115,644</u>	<u>112,940</u>	<u>2,704</u>	<u>1,167,672</u>	<u>1,129,401</u>	<u>38,271</u>
Total Other Revenue	<u>240,644</u>	<u>254,607</u>	<u>(13,963)</u>	<u>2,417,672</u>	<u>2,546,067</u>	<u>(128,395)</u>
Total Revenue	1,880,919	1,860,579	20,340	19,828,477	18,358,358	1,470,119
Expenses:						
Direct Expenses	1,315,714	1,270,565	45,149	13,842,637	12,449,651	1,392,986
Indirect Expenses	<u>591,850</u>	<u>544,582</u>	<u>47,269</u>	<u>6,004,203</u>	<u>5,959,960</u>	<u>44,243</u>
Total Expenses	<u>1,907,564</u>	<u>1,815,147</u>	<u>92,418</u>	<u>19,846,840</u>	<u>18,409,611</u>	<u>1,437,229</u>
Operating Income (Loss)	<u>(26,646)</u>	<u>45,432</u>	<u>(72,078)</u>	<u>(18,364)</u>	<u>(51,254)</u>	<u>32,890</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	688	0	688	14,105	0	14,105
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>688</u>	<u>0</u>	<u>688</u>	<u>14,105</u>	<u>0</u>	<u>14,105</u>
Income / (Loss)	<u>(\$25,958)</u>	<u>\$45,432</u>	<u>(\$71,390)</u>	<u>(\$4,259)</u>	<u>(\$51,254)</u>	<u>\$46,995</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
October 31, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
PFM Investments	365 Days	11/30/2018	1.63%	\$490,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
Abby Bank	365 Days	2/25/2019	1.56%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	365 Days	3/28/2019	1.75%	\$250,000	X
PFM Investments	365 Days	4/4/2019	2.13%	\$488,000	x
BMO Harris	365 Days	5/28/2019	2.10%	\$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
PFM Investments	367 Days	6/3/2019	2.40%	\$486,000	X
PFM Investments	545 Days	7/10/2019	2.02%	\$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
People's State Bank	365 Days	8/21/2019	2.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
CoVantage Credit Union	365 Days	10/28/2019	2.00%	\$300,000	X
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
CoVantage Credit Union	608 Days	11/30/2019	2.00%	\$500,000	X
PFM Investments	545 Days	12/10/2019	2.58%	\$480,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
BMO Harris	549 Days	2/26/2020	2.50%	\$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	\$400,000	X
PFM Investments	730 Days	4/29/2020	2.57%	\$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	\$500,000	X
Abby Bank	730 Days	8/29/2020	2.57%	\$500,000	X
Abby Bank	730 Days	9/1/2020	2.57%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$12,200,000	
WEIGHTED AVERAGE	590.71 Days		1.921% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of October 31, 2018****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,290.11
Adventure Camp	1,999.67
Birth to 3 Program	2,035.00
Clubhouse	19,361.99
Community Treatment - Adult	542.00
Community Treatment - Youth	7,455.37
Fishing Without Boundries	6,190.80
General Donated Funds	59,693.81
Hope House	6,724.59
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,123.54
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,731.65
Total Legacies by the Lake	5,689.90
Marathon Cty Suicide Prev Task	16,727.57
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	5,590.68
Outpatient Services - Marathon	401.08
Pool	22,215.74
Prevent Suicide Langlade Co.	2,444.55
Resident Council	521.05
United Way	3,314.62
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 214,689.45**Total Checking/Savings** 214,689.45**Total Current Assets** 214,689.45**TOTAL ASSETS** 214,689.45**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	-9,264.18

Total Equity 214,689.45**TOTAL LIABILITIES & EQUITY** 214,689.45

North Central Health Care Budget Revenue/Expense Report

Month Ending October 31, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,788,835</u>	<u>5,699,378</u>	<u>56,242,444</u>	<u>55,616,335</u>	<u>626,109</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,512,122	2,792,282	24,343,739	27,252,758	(2,909,019)
Fringe Benefits	1,150,852	1,019,167	11,150,901	9,947,309	1,203,592
Departments Supplies	659,470	630,921	6,155,205	6,309,206	(154,001)
Purchased Services	777,444	504,858	6,783,824	5,096,583	1,687,241
Utilitites/Maintenance Agreements	334,040	267,263	3,293,182	2,672,628	620,554
Personal Development/Travel	38,906	40,221	340,068	402,209	(62,141)
Other Operating Expenses	106,825	137,931	1,517,011	1,379,311	137,700
Insurance	35,585	41,000	345,059	410,000	(64,941)
Depreciation & Amortization	144,883	141,250	1,409,369	1,412,500	(3,131)
Client Purchased Services	<u>51,996</u>	<u>66,667</u>	<u>1,116,034</u>	<u>666,667</u>	<u>449,367</u>
TOTAL EXPENSES	5,812,124	5,641,560	56,454,391	55,549,170	905,221
Nonoperating Income	<u>28,180</u>	<u>12,500</u>	<u>287,922</u>	<u>125,000</u>	<u>162,922</u>
EXCESS REVENUE (EXPENSE)	<u>4,891</u>	<u>70,319</u>	<u>75,975</u>	<u>192,165</u>	<u>(116,190)</u>

**North Central Health Care
Write-Off Summary
October 2018**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$21,847	\$111,005	\$78,748
Bad Debt	\$132	\$9,002	\$1,774
<i>Outpatient:</i>			
Administrative Write-Off	\$21,345	\$124,903	\$164,320
Bad Debt	\$1,057	\$4,661	\$3,539
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$6,104	\$41,394	\$1,024
Bad Debt	\$454	\$11,617	\$9,378
Ancillary Services:			
Administrative Write-Off	\$21	\$4,321	\$19,473
Bad Debt	\$0	\$574	\$324
<i>Pharmacy:</i>			
Administrative Write-Off	\$61	\$3,234	\$2,228
Bad Debt	\$0	\$239	\$0
Total - Administrative Write-Off	\$49,378	\$284,856	\$265,793
Total - Bad Debt	\$1,643	\$26,093	\$15,015

**North Central Health Care
2018 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
February	Nursing Home	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
March	Nursing Home	5,735	5,654	(81)	84.09%	82.90%
	Hospital	434	445	11	87.50%	89.72%
April	Nursing Home	5,550	5,507	(43)	84.09%	83.44%
	Hospital	420	457	37	87.50%	95.21%
May	Nursing Home	5,735	5,553	(182)	84.09%	81.42%
	Hospital	434	425	(9)	87.50%	85.69%
June	Nursing Home	5,550	5,362	(188)	84.09%	81.24%
	Hospital	420	443	23	87.50%	92.29%
July	Nursing Home	5,735	5,598	(137)	84.09%	82.08%
	Hospital	434	412	(22)	87.50%	83.06%
August	Nursing Home	5,735	5,604	(131)	84.09%	82.17%
	Hospital	434	401	(33)	87.50%	80.85%
September	Nursing Home	5,550	5,393	(157)	84.09%	81.71%
	Hospital	420	449	29	87.50%	93.54%
October	Nursing Home	5,735	5,512	(223)	84.09%	80.82%
	Hospital	434	405	(29)	87.50%	81.65%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
YTD	Nursing Home	56,240	54,856	(1,384)	84.09%	82.02%
	Hospital	4,256	4,251	(5)	87.50%	87.40%

North Central Health Care
Review of 2018 Services
Langlade County

	2018 Jan-Oct Actual Rev	2018 Jan-Oct Budg Rev	Variance	2018 Jan-Oct Actual Exp	2018 Jan-Oct Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$376,513	\$450,094	(\$73,581)	\$766,528	\$762,938	(\$3,591)	(\$77,172)
Community Treatment-Adult	\$464,969	\$655,152	(\$190,183)	\$453,152	\$673,594	\$220,442	\$30,260
Community Treatment-Youth	\$1,185,698	\$698,905	\$486,793	\$939,554	\$700,753	(\$238,801)	\$247,992
Day Services	\$291,070	\$329,167	(\$38,097)	\$268,062	\$329,167	\$61,105	\$23,008
	\$2,318,250	\$2,133,318	\$184,933	\$2,427,296	\$2,466,452	\$39,156	\$224,088
Shared Services:							
Inpatient	\$386,873	\$426,602	(\$39,729)	\$596,069	\$552,713	(\$43,356)	(\$83,084)
CBRF	\$65,858	\$92,728	(\$26,870)	\$66,906	\$92,728	\$25,822	(\$1,048)
Crisis	\$29,329	\$31,996	(\$2,667)	\$234,137	\$244,840	\$10,703	\$8,036
MMT (Lakeside Recovery)	\$17,953	\$46,443	(\$28,490)	\$56,571	\$91,547	\$34,976	\$6,486
Day Treatment	\$7,190	\$6,772	\$418	\$6,290	\$8,175	\$1,885	\$2,303
Protective Services	\$21,793	\$22,127	(\$334)	\$58,537	\$75,218	\$16,681	\$16,347
Birth To Three	\$77,653	\$75,398	\$2,256	\$131,313	\$141,633	\$10,320	\$12,575
Group Homes	\$163,117	\$96,723	\$66,394	\$158,201	\$96,723	(\$61,478)	\$4,916
Supported Apartments	\$0	\$122,582	(\$122,582)	\$0	\$122,582	\$122,582	\$0
Contract Services	\$0	\$0	\$0	\$136,406	\$83,043	(\$53,364)	(\$53,364)
	\$769,766	\$921,369	(\$151,603)	\$1,444,430	\$1,509,201	\$64,771	(\$86,832)
Totals	\$3,088,016	\$3,054,687	\$33,329	\$3,871,726	\$3,975,653	\$103,927	\$137,256
Base County Allocation	\$665,443	\$665,443	\$1				\$1
Nonoperating Revenue	\$12,872	\$6,788	\$6,085				\$6,085
County Appropriation	\$248,736	\$248,736	\$0				\$0
Excess Revenue/(Expense)	\$4,015,067	\$3,975,653	\$39,415	\$3,871,726	\$3,975,653	\$103,927	\$143,341

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-Oct Actual Rev	2018 Jan-Oct Budget Rev	Variance	2018 Jan-Oct Actual Exp	2018 Jan-Oct Budg Exp	Variance	Variance By Program
Outpatient Services	\$248,000	\$357,704	(\$109,704)	\$714,173	\$811,048	\$96,875	(\$12,830)
Community Treatment-Adult	\$595,758	\$685,903	(\$90,145)	\$499,002	\$705,218	\$206,216	\$116,072
Community Treatment-Youth	\$1,487,056	\$806,850	\$680,206	\$1,275,236	\$811,128	(\$464,109)	\$216,098
	\$2,330,814	\$1,850,457	\$480,357	\$2,488,411	\$2,327,393	(\$161,018)	\$319,340
Shared Services:							
Inpatient	\$527,553	\$581,728	(\$54,175)	\$812,820	\$753,702	(\$59,118)	(\$113,294)
CBRF	\$89,806	\$126,448	(\$36,642)	\$91,235	\$126,448	\$35,213	(\$1,429)
Crisis	\$39,995	\$43,631	(\$3,636)	\$319,278	\$333,873	\$14,595	\$10,960
Day Treatment	\$9,804	\$9,234	\$570	\$8,578	\$11,148	\$2,570	\$3,139
MMT (Lakeside Recovery)	\$24,481	\$63,331	(\$38,850)	\$77,143	\$124,836	\$47,693	\$8,843
Protective Services	\$29,718	\$30,173	(\$455)	\$79,823	\$96,737	\$16,914	\$16,459
Birth To Three	\$114,175	\$127,039	(\$12,864)	\$193,072	\$238,642	\$45,570	\$32,706
Apartments	\$0	\$38,234	(\$38,234)	\$0	\$38,234	\$38,234	\$0
Contract Services	\$0	\$0	\$0	\$186,008	\$113,240	(\$72,768)	(\$72,768)
	\$835,532	\$1,019,818	(\$184,286)	\$1,767,957	\$1,836,858	\$68,901	(\$115,384)
Totals	\$3,166,346	\$2,870,274	\$296,072	\$4,256,368	\$4,164,252	(\$92,116)	\$203,956
Base County Allocation	\$691,648	\$691,648	\$1				\$1
Nonoperating Revenue	\$18,279	\$8,650	\$9,629				\$9,629
County Appropriation	\$593,680	\$593,680	\$0				\$0
Excess Revenue (Expense)	\$4,469,953	\$4,164,252	\$305,701	\$4,256,368	\$4,164,252	(\$92,116)	\$213,585

North Central Health Care
Review of 2018 Services
Marathon County

	2018 Jan-Oct. Actual Rev	2018 Jan-Oct. Budget Rev	Variance	2018 Jan-Oct. Actual Exp	2018 Jan-Oct. Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$1,081,899	\$1,419,744	(\$337,845)	\$3,100,478	\$3,173,908	\$73,430	(\$264,415)
Community Treatment-Adult	\$3,021,786	\$4,719,173	(\$1,697,387)	\$3,033,453	\$4,808,734	\$1,775,281	\$77,894
Community Treatment-Youth	\$3,179,340	\$2,121,203	\$1,058,137	\$2,955,078	\$2,126,708	(\$828,371)	\$229,766
Day Services	\$1,370,070	\$1,404,378	(\$34,308)	\$1,292,641	\$1,404,378	\$111,737	\$77,429
Clubhouse	\$385,340	\$332,709	\$52,631	\$468,585	\$409,376	(\$59,209)	(\$6,578)
Demand Transportation	\$362,239	\$359,363	\$2,877	\$320,233	\$359,363	\$39,130	\$42,006
Aquatic Services	\$540,332	\$660,083	(\$119,751)	\$791,473	\$838,513	\$47,040	(\$72,712)
Pharmacy	\$4,313,601	\$3,863,874	\$449,727	\$4,287,344	\$3,863,874	(\$423,470)	\$26,257
	\$14,254,607	\$14,880,528	(\$625,921)	\$16,249,285	\$16,984,853	\$735,568	\$109,647
Shared Services:							
Inpatient	\$2,602,597	\$2,869,862	(\$267,265)	\$4,009,905	\$3,718,262	(\$291,643)	(\$558,908)
CBRF	\$443,043	\$623,809	(\$180,766)	\$450,093	\$623,809	\$173,716	(\$7,050)
Crisis Services	\$197,307	\$215,245	(\$17,938)	\$1,575,106	\$1,647,107	\$72,001	\$54,063
MMT (Lakeside Recovery)	\$120,773	\$312,431	(\$191,658)	\$380,572	\$615,858	\$235,286	\$43,629
Day Treatment	\$48,369	\$45,556	\$2,813	\$42,318	\$54,993	\$12,675	\$15,489
Protective Services	\$146,606	\$148,850	(\$2,244)	\$393,794	\$478,511	\$84,717	\$82,473
Birth To Three	\$566,620	\$589,751	(\$23,131)	\$958,163	\$1,107,840	\$149,677	\$126,546
Group Homes	\$1,512,554	\$1,517,443	(\$4,889)	\$1,466,967	\$1,517,443	\$50,476	\$45,587
Supported Apartments	\$2,097,239	\$1,770,018	\$327,222	\$2,035,611	\$1,770,018	(\$265,594)	\$61,628
Contracted Services	\$0	\$0	\$0	\$917,638	\$558,650	(\$358,988)	(\$358,988)
	\$7,735,108	\$8,092,964	(\$357,856)	\$12,230,167	\$12,092,491	(\$137,676)	(\$495,532)
Totals	\$21,989,715	\$22,973,493	(\$983,778)	\$28,479,452	\$29,077,344	\$597,892	(\$385,885)
Base County Allocation	\$1,935,449	\$1,894,107	\$41,342				\$41,342
Nonoperating Revenue	\$177,413	\$109,563	\$67,851				\$67,851
County Appropriation	\$4,100,183	\$4,100,183	\$1				\$1
Excess Revenue/(Expense)	\$28,202,760	\$29,077,344	(\$874,584)	\$28,479,452	\$29,077,344	\$597,892	(\$276,692)



MEMORANDUM

DATE: November 15, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: Monthly HSO Report

The following items are general updates and communications to support the Board on key activities and/or updates of the Human Service Operations service line since our last meeting:

1. **Medical Staff Relations Director:** North Central Health Care's physician and advanced practice provider staff has grown greatly in the last year, and with the growth has come a need for structure and support of one of our most valuable resources. The Medical Staff Relations Director role was created to provide ongoing operational support to our physician and advanced practice provider staff and support the residency program. Kim Van Ermen was promoted from her management role in the Outpatient department and will be stepping into her new role formally on December 3.
2. **Behavioral Health Political Advisory Committee:** NCHC has been elected to provide representation on the Wisconsin County Human Services Association (WCHSA) Behavioral Health Political Advisory Committee. This quarterly meeting in Stevens Point allows NCHC to be involved in discussions relating to mental health policy at the state level.
3. **Zero Suicide:** NCHC has begun its Zero Suicide initiative. Staff are being surveyed about the current culture regarding suicide prevention and intervention. All staff are being requested to participate. The data will be reviewed by the Zero Suicide Committee who will determine areas of priority for the work plan. The group is also assessing for current funding opportunities with the intent of becoming the Zero Suicide resource in Central Wisconsin.
4. **The North Central Recovery Coaching Collaborative:** Recovery coaches act as an advocate and provide strength-based support for those in recovery. Currently, those interested in becoming a recovery coach need only to have at least 1 year of sobriety and attend a training, which are offered periodically state-wide. In the last year, the Central Wisconsin Recovery Coaching Network was initiated between newly trained coaches with the backbone support of Melissa Moore from the Marathon County Health Department. As the demand for these services grew, it became clear that the network needed to focus on ongoing training, support, and supervision of coaches to ensure a quality experience for all network participants. The Health Department determined that it did not have the clinical resources or ability to provide the support at this time, and engaged in discussions with partners to determine the future of recovery coaching coordination in our area.

In discussions with community partners and with the Marathon County Health Department, it was decided that a new network could be established, tentatively titled the North Central Recovery Coaching Collaborative, which would bridge needs between coaches, businesses, mental and physical health care providers, and non-profit organizations. North Central Health Care is exploring providing the backbone support to ensure quality clinical oversight, connections with local treatment, and ongoing training.

MEMORANDUM

DATE: November 16, 2018
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: November Nursing Home Operations Report

The following items are general updates and communication to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

- 1) **Matrix Implementation:** Now that we have chosen our new Electronic Medical Record system for Mount View, we have held our first kickoff meeting and sent back some preliminary information. Our goal is to have Matrix rolled out in the 2nd quarter of 2019 based on timeline and vendor availability.
- 2) **Certified Nursing Assistant Recruitment and Retention:** As we continue to focus on our recruitment and retention efforts for Certified Nursing Assistants for Mount View, one area that we gather data on is on our turnover rates to determine whether changes to onboarding and hiring practices are successful. Below are the turnover rates for the following years:
 - 2015 - 116%
 - 2016 - 72%
 - 2017 - 32%
 - 2018 - 24% YTD**

The staff at Mount View are very proud of these results as they have worked hard to retain and recruit the best staff with the assistance of Human Resources. Despite our success, recruitment efforts remain strained with ever increasing shortages in the available talent pools.

- 3) **Respiratory Therapist Week:** In October we celebrated and honored the hard work of our Respiratory Therapists. Mount View, with our specialized unit, staffs 2 Respiratory Therapists 7 days a week 24 hours a day to care for our ventilator dependent residents. We are very fortunate to have these specialized team members on staff. With their work, we are able to create a more homelike and active lifestyle for our ventilator dependent residents.

- 4) **Education and conference attendance:** October was a busy month for seminars and conferences at Mount View. I attended the fall Leading Age Wisconsin conference and learned more about upcoming proposed payer systems and focus on phase 3 of the Mega rule changes for skilled nursing facilities. Also Brenda Glodowski and I attended the Medicaid reimbursement seminar to understand changes to the Medicaid system and upcoming Medicare changes and Minimum Data Set changes. Finally Kristin Woller, Assistant Administrator, and I attended the annual national Leading Age conference and Expo in Philadelphia, PA. At this conference, there were many tracks of information to choose from. I focused on renovation and building updates for health care and Kristin focused on employee engagement along with recruitment and retention. This information was brought back and shared with the Mount View team as we prepare for the upcoming new changes for skilled nursing and our master facility plan.
- 5) **Occupancy Trends:** Mount View Care Center's 2018 budget was based on an average daily census of 185, however, over the past quarter we have seen a steady decline in occupancy. An analysis has revealed that several areas can be attributed to this trend i.e. payer source issues, lack of long term care bed availability, shorter rehab stays with managed Medicare residents, and staffing shortages. According to the network we have with other local nursing homes, these themes are being seen throughout the area.



The following is the excerpt from the October 10, 2018 Executive Committee meeting minutes regarding the 2019 Nominating Slate of Officers:

- Officer positions are nominated for one year terms. The Executive Committee serves as the Nominating Committee and discusses candidates for these positions and then presents them to the Board at the November meeting. Nominations are also called for from the floor with a written/signed ballot that determines the officers.
- Board Members whose terms expire at the end of 2018 are Randy Balk, Ben Bliven, Dr. Corrie Norrbom, Theresa Wetzsteon, and Jeff Zriny. Mr. Loy has contacted each of them and heard back from all, except Mr. Bliven who is currently out of the office. All have indicated they wish to remain on the Board. The vacant position may be filled by the Medical Staff President.
- **Motion**/second, Benson/Weaver, to present the following slate of officers to the Board for consideration and approval. Motion carried.
 - Chair: Jeff Zriny
 - Vice-Chair: Dr. Steve Benson
 - Secretary/Treasurer – Bob Weaver
 - Past Chair Vacancy – Dr. Corrie Norrbom

North Central Community Services Program Board

2019 Nominating Slate of Officers Ballot

CHAIR:

- ☐ Jeff Zriny
- ☐ _____

VICE CHAIR:

- ☐ Dr. Steve Benson
- ☐ _____

SECRETARY/TREASURER:

- ☐ Bob Weaver
- ☐ _____

Name: _____



MEMORANDUM

DATE: November 20, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Evaluation of Board's Performance in Policy Governance and Areas for Improvement

Preparation for Discussion: Read Chapter Seven in Getting Started with Policy Governance by John Carver (p. 137-163)

Purpose

With the adoption and implementation of Policy Governance in 2018, the final phase of fully installing policy monitoring and evaluation must begin. This element is what makes all the policies count of the Board count, especially those contained in the Policy Governance manual. With effective policy monitoring and evaluation, the NCCSP Board will be able to demonstrate that it is exercising proper fiduciary oversight on behalf of our owners.

The objective of this next exercise with the Board in policy governance is to establish and enhance the ability of the Board to monitor its policies through reasonable interpretation, definition of compliance standards and creation of interim measurements, as applicable.

Policy Monitoring and Evaluation

The essential question of policy monitoring and evaluation structure is to answer the question of *how do you (the Board) know whether your Executive is achieving the Ends you have put forth in your Ends policies or whether he or she is operating within the stated Executive Limitations? Further, is the Board following the processes outlined in your Governance Process policies?*

The answer is in your policy monitoring and evaluation systems for Ends Statements, Executive Limitations and Governance Process policies. The Board will assess the reasonableness of the interpretations of these policies and whether the Executive and/or Board is operating within them. Typically, this is boiling down what aspects of each policy's interpretations can be measured and monitoring in regular reporting to the Board. Reports can be made by delegates (usually the CEO, CFO and other staff members), a third party (in an audit capacity) and/or by Board Members authorized by the Board but primarily the Chair.

To establish whether and how to report on each of the Board's policies there must be a written interpretation of each policy, an identified compliance standard to be used and if applicable, an interim measurement that can be reported to the Board at regular intervals.

To start, the Board is being asked to review the CEO's interpretations of the End Statements, a defined compliance standard and where applicable, an interim measure. The Board will be asked to discuss and approve the following monitoring and evaluation structure the Board will use to monitor the degree to which the organization is achieving our Ends Statements.

For terms not directly interpreted, the plain meaning is to be used as necessary.

People End Statement

Individuals served by North Central Health Care will have **excellent outcomes** as a result of a **stable, highly qualified** and **competent** staff, who take **pride** in their work and the organization.

North Central Health Care will be an **employer of choice** with a **strong caring culture**, **fostering a learning environment**, providing **careers with opportunities for growth and development** and ensuring a **best practice focus**.

Interpretation	Compliance Standard	Interim Measurement
Individuals include patients, residents, clients, consumers or any persons engaged in services with NCHC.	A list of all individuals served can be run upon request.	N/A
Excellent outcomes include patient experience and clinical outcomes being achieved at or above targets.	Patient Experience Survey data. Clinical outcome measurements. Occurrence reporting data.	Patient Experience Overall Experience Top Box % targets. Overall and program clinical outcomes targets. Significant events, occurrence reporting and grievances.
Stable (workforce) is having lower turnover experience as compared to industry benchmarks	Staff retention and related demographic data.	Retention rates.
Highly qualified staff exceed job requirements for education, and experience.	Human Resources Information System data.	Staff will be deemed to be highly qualified if they meet or exceed preferred job requirements for education and experience (% that meet or exceed) Note - Preferred defaults to minimum requirements if they are not established.
Competent staff means having defined competency for every position and that staff competency is validated at appropriate intervals.	Learning Management data. Performance Management Systems data.	% of assigned organizational, program and job specific competencies validated.

Pride is satisfaction in the organization's culture and customer focus.	Employee Engagement Survey data.	<p>Overall Employee Engagement survey scores.</p> <p>Specific Employee Engagement Survey Responses to:</p> <p><i>I talk about my job in a positive light with family and friends.</i></p> <p><i>I am very proud of the services this organization provides.</i></p> <p><i>Our customers love our services.</i></p> <p><i>My contributions are important to the success of the organization.</i></p>
Being an employer of choice means applicants are eager to work for NCHC, we retain high performers and have tenured employees.	<p>Human Resources Information System data.</p> <p>Exit interview data.</p> <p>New hire assessment data.</p>	<p>Time to fill</p> <p>Exit survey data</p> <p>Quality of hire assessment</p> <p>90 day new hire survey</p> <p>Average number of qualified applicants per posted position.</p>
Caring culture means patients are receiving care that is effective, safe and person-centered and staff feel valued and supported.	<p>Accreditation and licensing survey results</p> <p>Patient Experience Survey data.</p> <p>Occurrence, significant event and occurrence data.</p> <p>Employee Engagement Survey data.</p>	<p>Survey results as they become available.</p> <p>Patient Experience data.</p> <p>Occurrence, significant event and occurrence data.</p> <p>Employee Engagement Survey data.</p>
A learning environment is interpreted to be an educational approach, cultural context or physical	<p>Employee Engagement Survey data.</p> <p>Human Resources Information System data.</p>	Specific responses to the Employee Engagement survey questions related to Learning and Development.

setting in which teaching and learning can occur.	Learning Management data.	<p><i>In the last year, I have received an adequate amount of training.</i></p> <p><i>In the last year, the training I have received has helped me do my job better.</i></p> <p>Training hours.</p> <p>Competencies completed annually.</p>
I interpret careers with opportunities to mean creating career pathways for staff to grow their skills, impact and economic opportunities.	<p>Employee Engagement Survey data.</p> <p>Human Resources Information System data.</p>	<p>Specific responses to the Employee Engagement survey questions related to Learning and Development:</p> <p><i>I can advance my career in this organization.</i></p> <p>Analysis of internal promotions and transfers.</p>
Opportunities for growth and development means the organization supports staff financially and with time to pursue development.	Employee Engagement Survey data.	<p>Specific responses to the Employee Engagement survey questions related to Learning and Development:</p> <p><i>I am encouraged to pursue career development activities.</i></p>
I interpret best practices focus as working towards established professional standards that are accepted or prescribed as being correct or most effective.	Audits and quality improvement plans.	Audits and quality improvement plans.

Service End Statement

We exceed our **consumer** and **referral source expectations and satisfaction** as a result of our **readiness, clarity of communication, and superb ability to follow through.**

Interpretation	Compliance Standard	Interim Measurement
Consumers include patients, residents, clients, consumers or any persons engaged in services with NCHC.	A list of all individuals served can be run upon request.	N/A
Referral sources include an organization or community group who refers consumers to NCHC for services.	A list of referring sources can be run upon request.	N/A
Expectations and satisfaction for both consumer and referral source means we have provided the services that have met or exceeded their needs and their experience was positive.	Patient Experience Survey. Referral Source Experience Survey data.	Active consumers will be surveyed on their Experience within 30 days of admission or discharge but not less than semi-annually. Each referral source will be surveyed at least semi-annually on a rolling basis. Survey response rates.
Readiness is interpreted to mean that access to our services are easily understood and navigated.	Website and phone system analytics. Program access data. Annual outreach plan. Referral Source Experience Survey data.	Access rates. Referral Source Experience Survey data.
Clarity of community is interpreted as being able to easily understand the treatment plan and/or intervention(s).	Patient Experience Survey data. Referral Source Experience Survey data.	Specific responses to survey questions related to communication. Referral Source Experience Survey data.
Superb ability to follow through is interpreted as ensuring we are meeting the treatment plan goals.	Electronic Medical Record data. Patient Experience Survey data. Referral Source Experience Survey data.	Specific responses to survey questions related to follow through. Referral Source Experience Survey data.

Clinical End Statement

*North Central Health Care meets or exceeds **established regulatory requirements and best practice guidelines**. We are a leader in our ability to **assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time**.*

Interpretation	Compliance Standard	Interim Measurement
Established regulatory requirements are local, state, federal and accreditation standards applicable to each of NCHC's programs.	Compliance is achieved through survey, audit, reaccreditation activities, and licensure approval/renewal.	Survey results as they become available.
Best practice guidelines is interpreted as established professional standards that are accepted or prescribed as being correct or most effective.	Program audits or external program review.	Audits or reports and related work plans as they become available.
Ability to assess and develop a comprehensive treatment plan.	Electronic Medical Record data to assess treatment plan quality and compliance is reviewed in ongoing formal performance management system.	Timeliness of treatment plans. Survey results as they become available. Audits or reports and related work plans as they become available.
Deliver excellent services is interpreted as achieving above average outcomes or sustained continuous improvement in outcomes with patient experience and clinical outcomes.	Patient Experience Survey data. Clinical outcome measurements. Occurrence reporting data.	Patient Experience Overall Experience Top Box % targets. Overall and program clinical outcomes targets. Significant events, occurrence reporting and grievances.
Measure outcomes in real-time means the outcome of an intervention can be evaluated closer in time to the actual intervention to determine treatment efficacy sooner.	Clinical outcome measurements.	Overall and program clinical outcomes targets.

Community End Statement

Our **Community** will be able to **access our services** through a **highly responsive seamless integration of services structure**. We have **strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services**, constantly aware of our **collective impact on the health of the population we serve**.

Interpretation	Compliance Standard	Interim Measurement
Community is defined as the area within Langelade, Lincoln and Marathon Counties.	N/A	N/A
Access our services means the ability to enroll in our programs and services within a best-practice guideline.	Program Access Rate data.	Program Access Rates.
Highly responsive seamless integration of services structure to mean an individual using our services can be referred or transferred into and enrolled in other or multiple NCHC programs without any discernable errors or complications as a result of duplicative processes or inability to effectively coordinate care.	Patient Experience Survey data.	Patient Experience Survey responses.
Strong affiliations with both public and private partners indicates that NCHC will work with all community businesses and organizations in the furtherance of outcomes for our shared population through formal and informal means.	Referral Source Experience Survey Data. Outreach plan activity.	Referral Source Experience responses. Outreach plan activity updates.
Proactively collaborating indicates NCHC will not only be willing to collaborate but will make the effort to initiate efforts to collaborate through formal outreach efforts.	Referral Source Experience Survey Data. Outreach plan activity.	Referral Source Experience responses. Outreach plan activity updates.
Developing a continuum of care both prior to and after delivering services indicates	Affiliation agreement performance data.	Referral Source Experience responses.

NCHC will understand and cultivate current and potential referral sources and work to ensure we are connected to resources and supports which will improve individual outcomes post-discharge.	Referral Source Experience Survey Data.	Affiliation agreement performance data as available.
Collective impact on the health of the population we serve indicates we are part of a community fabric where we must work together through our Core Value of Partnership to tackle deeply entrenched and complex social problems.	Electronic Medical Record data.	% of consumers who have a primary care physician. Population health demographic and outcome data.

Financial End Statement

*We are a **financially viable organization** providing **increasing value** by **driving efficiency, growth and diversification**, being **highly adaptable to changing conditions**, and **futuristic in our perspective**.*

Interpretation	Compliance Standard	Interim Measurement
Financially viable indicates that NCHC can continue to achieve its operating objectives and fulfill our mission over the long term by consistently producing a positive net income.	Financial statements.	2-3% Net Operating Income
Providing increasing value is interpreted to mean that our County Partners are getting more services relative to direct County levy investment.	Budget and financial statements.	Tax levy as % of budget. Tax levy per unique consumer served on an annual basis.
Driving efficiency is interpreted to maintain or reduce expenses relative to revenue.	Financial statements.	Indirect Expense/Direct Expense Direct Expense/Gross Patient Revenue
Growth and diversification is interpreted to mean top line revenue growth across the organization, not just in isolated pockets.	Budget.	3-5% compound annual growth rate for top line revenue.

Highly adaptable to changing conditions and futuristic in our perspective is interpreted to mean NCHC is engaged in evolving legislative or administrative changes to revenue and expense opportunities in a proactive way.	Updates provided to the Board.	N/A
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DEPARTMENT: **NORTH CENTRAL HEALTH CARE**

FISCAL YEAR: **2019**

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD
PEOPLE															
Vacancy Rate	5-7%	↓													
Retention Rate	78-82%	↑													
SERVICE															
Patient Experience	TBD	↑													
CLINICAL															
Readmission Rate	8-10%	↓													
Nursing Home Star Rating	4+ Stars	↑													
Adverse Event Rate	2.9 events per 1,000 days	↓													
Total Hospital Days	735 or less per month	↓													
COMMUNITY															
Access to NCHC programs	90-95%	↑													
FINANCE															
Direct Expense/Gross Patient Revenue	60-64%	↓													
Indirect Expense/Direct Expense	36-38%	↓													

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Annualized number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience:	Mean percentage of level 5 responses to the overall satisfaction rating question on the survey.
CLINICAL	
Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards.
Adverse Event Rate	Adverse event rate for all NCHC programs including the Nursing Home and HSO programming
Total Hospital Days	Total days that all patients spend hospitalized for psychiatric stabilization or evaluation either in the inpatient unit or at external diversion sites
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.
	• Adult Day Services - within 2 weeks of receiving required enrollment documents
	• Aquatic Services - within 2 weeks of referral or client phone requests
	• Birth to 3 - within 45 days of referral
	• Community Corner Clubhouse - within 2 weeks
	• Community Treatment - within 60 days of referral
	• Outpatient Services
	* within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,
	* within 4 days following discharge for counseling/post-discharge check, and
	* 14 days from hospital discharge to psychiatry visit
	• Prevocational Services - within 2 weeks of receiving required enrollment documents
	• Residential Services - within 1 month of referral
	• Post Acute Care % of eligible referred residents admitted within 48 hours
	• Long Term Care % of eligible referred residents admitted within 2 weeks
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.



North Central Health Care

Person centered. Outcome focused.

Quality & Compliance Plan

2019



1100 Lake View Dr.
Wausau, WI 54403

www.norcen.org
(715) 848 -4600

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Scope of the Quality & Compliance Plan

This Quality & Compliance Plan covers all services and programs provided by North Central Health Care in Langlade, Lincoln and Marathon Counties with locations in Wausau, Merrill, Antigo and Tomahawk. The North Central Community Services Program (NCCSP) Board retains the ultimate responsibility for the quality of care for North Central and Health Care and the population it serves. The Board's accountability for quality is discharged in part through a mix of delegation to Executive and Medical staff through the quality structure and this plan. The quality structure has robust monitoring and evaluation systems necessary to keep the NCCSP Board informed. The Quality & Compliance Plan overviews a number of these structures as well as outlining planning and quality improvement initiatives in the spirit of the furtherance of quality at NCHC.

Background

Consistent with the Mission, Vision and End Statements for North Central Health Care (NCHC), our goal is to provide care and services that are:

Safe: avoiding injuries to our consumers from the care that is intended to help them;

Effective: providing services and treatment that incorporate evidence-based, effective practice;

Person-Centered: providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values and ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible;

Timely: reducing waits and potentially harmful delays;

Efficient: avoiding waste, including waste of equipment, supplies, ideas, and energy;

Equitable: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.

Ethical: adhering to all Corporate and Professional standards of conduct and practice.

Excellence in Quality is achieved when the passion to do the best for those we serve is combined with the deliberate and effective integration of the evidence-based strategies to drive outcomes in all dimensions of Quality: **People** engagement, **Service** excellence, **Clinical** effectiveness, **Community** impact, and **Financial** viability. The NCCSP Board has determined these five pillars are the essential elements of a quality organization and has further defined our End Statements, or outcomes the Board is working to achieve on behalf of our owners and constituency. These End Statements define the destination and are aligned in the same five pillars:

People End Statement

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff, who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development and ensuring a best practice focus.

Service End Statement

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Clinical End Statement

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

Community End Statement

Our Community will be able to access our services through a highly responsive seamless integration of services structure. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

Financial End Statement

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

The Quality and Compliance Plan is intended to support the long-term achievement of the organization's End Statements. Research demonstrates that top performing (leading) organizations successfully integrate the following evidence-based strategies and supporting structures to do so:

✧ **Quality Culture**

Best Practice Outcomes are dependent upon organizational structures and a culture that supports excellence. A culture of excellence is a commitment to excel, a commitment to be excellent. "Excellence" is a way of being and thinking that impacts how people interact with each other and how work is carried out. It requires a willingness to step outside our comfort zones and is based on an organization-wide sense of striving rather than settling. Critical components essential to drive excellence include:

- ✓ Shared **Mission, Vision and End Statements**
- ✓ Clearly stated and aligned **Values and related behaviors** that support Excellence;
- ✓ Consistent and effective **Communication** processes that aligns with our shared vision;
- ✓ **Performance systems** that recognize and reward high performance and hold all employees accountable to competency, outcome, and behaviors that support Excellence;
- ✓ Systems and structures that protect the **Safety** of those we serve and all employees,
- ✓ Processes to ensure compliance with **Ethical** standards of Corporate and Clinical practices; and
- ✓ Systems that allow for open and non-punitive **Reporting** of quality and/or compliance concerns.

✧ **Alignment and Accountability**

Excellence in quality can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals. The ***purpose*** of measurement is to:

- ✓ Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level;
- ✓ Identify opportunities to improve the performance of processes;
- ✓ Assess the outcome of the care provided; and/or
- ✓ Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides the focus and clear direction that is necessary for the efficient and effective achievement of those goals. This is achieved through the following:

- ✓ Clearly defined organizational goals in each of the Quality domains (People, Service, Clinical, Community, Financial);
- ✓ A system for cascading organizational goals to clearly defined and measurable goals pertaining to the individual responsibility at all levels of the organization;
- ✓ The incorporation of comparative data to effectively assess current performance; and
- ✓ A performance system that holds individuals accountable to the achievement of these goals.

✧ **System and Process Improvement**

Through system and process improvement, we seek to learn what causes things to happen and then use this knowledge to reduce variation and remove activities that have no value to the process and/or have the potential of producing error ultimately improving outcomes. Realizing improvements within the organization work best within a structured approach that enables a team of people involved in, and knowledgeable about, the process to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or guesswork. The effective integration of System and Process Improvement should include the following steps:

- ✓ The use of statistical process control and evidence-based Process Improvement (PI) methodology;
- ✓ Identification of key processes for ongoing assessment and improvement; and
- ✓ Benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.

Our Process Improvement Model

Once the performance of a selected process has been measured and analyzed (see Alignment and Accountability section above), an informed decision can be made regarding the need for

improvement. The model utilized at North Central Health Care is called Plan-Do-Study-Act (PDSA).

Plan - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. Tools utilized in this step of the process include root cause analysis, process flow-charting, cause and effect diagramming, Pareto analysis, run charting and statistical data.

Do - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

Study - At this stage, data is again collected and assessed to compare the results of the new process with those of the previous one.

Act - This stage involves making the changes necessary to ensure that the new process is integrated into the functional areas impacted.

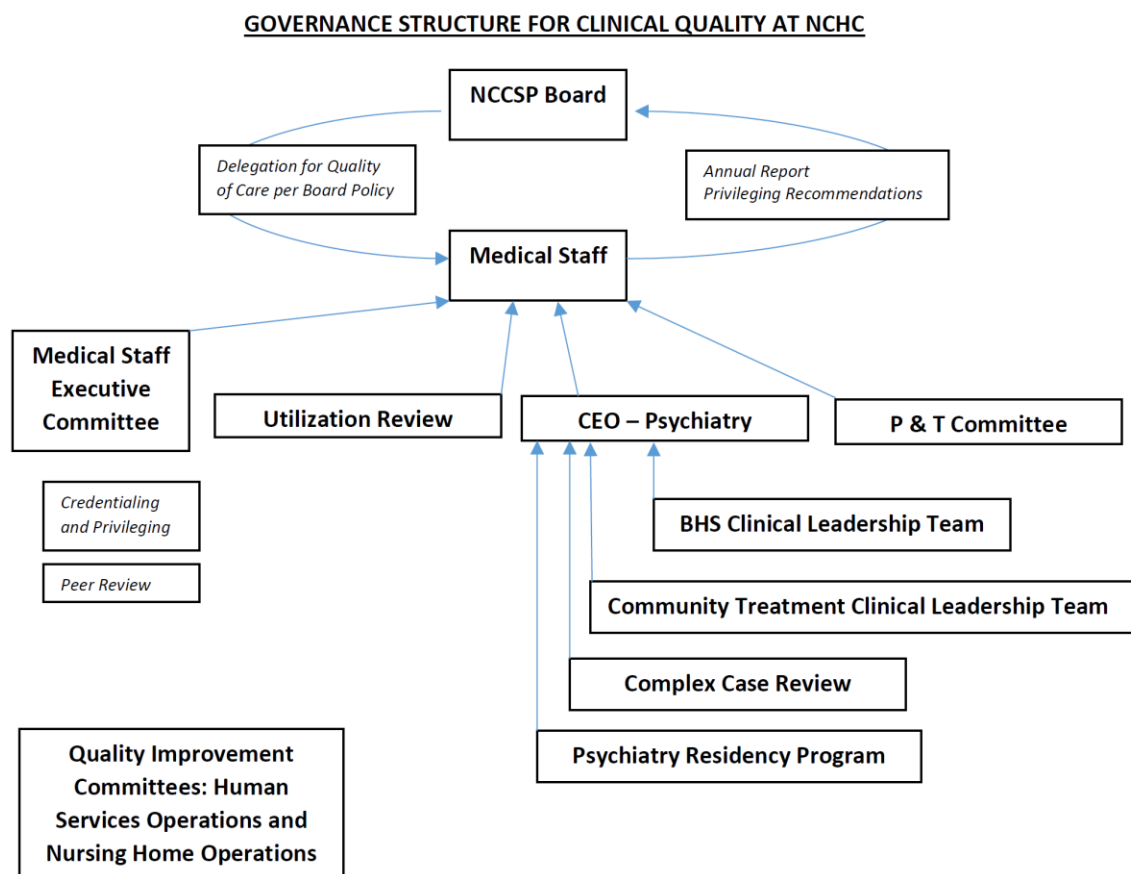
Quality & Compliance Structure

The following outlines the structure for Quality and Compliance oversight:

- ❖ **NCCSP Board of Directors:** Is ultimately responsible for the quality of care and services provided by all North Central Health Care programs and services.
 1. Has delegated specific oversight responsibility to Executive and Medical Staff.
 2. Responsible to provide the resources and support systems to ensure quality of care and services.
 3. Reviews and remains current with quality, compliance, and safety information.
 4. Approves the quality and compliance plan.
 5. Monitors the quality measures and outcomes within individual programs/services, as well as, overall organizational outcomes.

6. Monitors the quality process to ensure that progress on integration of the evidence-based strategies described in the background section of this Plan are effectively deployed to drive best-practice outcomes.
7. Annually evaluates the effectiveness of the quality and compliance process and outcomes.

❖ **Medical Staff:** Privileges for membership to the Medical Staff are granted by the NCCSP Board. The organized Medical Staff function and authority is prescribed within the Medical Staff Bylaws as approved by the NCCSP Board. The following outlines the structure for clinical quality improvement and oversight once delegated to the Medical Staff is as follows:



All committees listed above and not specifically listed below have specific charters and work plans approved annually by the CEO and Executive Management Team. At any point, the NCCSP Board can ask for and receive updates on work plans and outcomes related to these committees. The following Committees are also created in the support of the furtherance of quality at NCHC.

- ❖ **Operational Quality Improvement Committees:** The Human Services and Nursing Home Operations Quality Committees are responsible to monitor the outcomes and improvement activities specific to the programs assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:
 - ✧ Ensuring the Board of Directors are well-informed about the quality of care and services at North Central Health Care and opportunities for improvement.
 - ✧ Monitoring program/department-specific outcome dashboards, safety and compliance data for progress in achieving outcome targets,
 - ✧ Ensuring programs are continuously applying PDSA methods to improve processes,
 - ✧ Monitoring specific survey findings and follow-up to ensure improvement,
 - ✧ Reviewing any significant/sentinel events to ensure appropriate follow-up, and
 - ✧ Reviewing the findings from ongoing proactive auditing to ensure consistency in quality.

- ❖ **Corporate Compliance Committee:** The staff Committee responsible to monitor the activities and practices of NCHC to ensure compliance with all appropriate ethical and legal business standards through adherence to the Corporate Compliance Plan. Compliance will be ensured through the following activities:
 - ✧ Analyzing data from various sources including, but not limited to, financial reports, incident reports, patient surveys, audits, and employee or patient complaints;
 - ✧ Establishing policies, structures, and education to support compliance, grievance resolution, and reporting;
 - ✧ Investigating and resolves problems related to standards, compliance, and certification,
 - ✧ Developing, implementing and monitoring policies and procedures that support best ethical practice and promote the achievement of client centered outcomes;
 - ✧ Monitoring to ensure effective response and management of patient grievances and ethical case reviews;
 - ✧ Monitoring to ensure effective investigation and follow-up on potential HIPAA breaches;
 - ✧ Disseminating all relevant findings to program services, Medical Staff, administration, licensing agencies when necessary, and the Board of Directors;
 - ✧ Maintaining and continuously improving the overall ethical tenor of NCHC by establishing best ethical practices;
 - ✧ Performing case consultation for ethics-related issues;
 - ✧ Working with the HIPAA Privacy Officer to oversee the HIPAA Program;

- ✧ Serving in an advisory role to the HIPAA Privacy Officer and HIPAA decision making;
- ✧ Analyzing regulatory requirements as needed in which the organization must comply;
- ✧ Monitoring HIPAA breaches for the purpose of detecting deficiencies and implementing corrective actions; and
- ✧ Evaluating and responding to reported concerns of non-compliance.
- ✧ Delivering a monthly report of significant events, occurrences and corporate compliance matters to the Board of Directors.

❖ **Learning Council:** The Learning Council consists of representatives from across NCHC to identify compliance/training risks; identify training needs; prioritize development action items; collaborate on training projects to increase consistency, efficiency, and competence; and communicate with defined areas. The Learning Council serves as a forum to promote evidence-based research, education/training, and/or best practices to:

- ✧ Support organizational goals and objectives;
- ✧ Improve overall competence and compliance;
- ✧ Achieve optimal clinical and operational standards; and
- ✧ Improve overall patient care and satisfaction.

❖ **Safety Committee:** Is the staff Committee with representation from all services/programs at North Central Health Care, and Quality professionals that is responsible to monitor and improve Safety at North Central Health Care. This is accomplished through the following activities:

- ✧ Monitors the integration of the Safety and Security Management, Life Safety Management, Emergency Management, Hazardous Materials and Wasted Management, Medical Equipment Management, and Utility Management Plans.
- ✧ Identifies, monitors, assesses, and controls critical hazards/potential hazards including, but not limited to, medication administration safety, infection prevention, fall prevention, resident/client identification, suicide risk management, and injury prevention,
- ✧ Provides a channel of communication between employees and management regarding Safety concerns,
- ✧ Conducts inspection to identify potential safety issues, and
- ✧ Monitors safety policies, procedures, plans, and programs.

- ❖ **Infection Control Committee:** The Infection Control Committee is responsible to monitor the integration of the Infection Control and Prevention Plan and the outcomes and improvement activities specific to the programs and services assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:
- ✧ Assesses all programs and services for level of risk and integrates appropriate surveillance and prevention practices,
 - ✧ Monitors department/program-specific infection surveillance data to identify potential trends,
 - ✧ Initiates actions to address any trends, and
 - ✧ Reviews infection prevention practices to ensure the integration of evidence-based strategies that control and prevent infection.

Quality Processes

To support Quality Improvement and Compliance, the following Quality and Compliance infrastructure will continue to be points of focus in 2019:

1. **Patient Experience Monitoring and Improvement:** With the new Patient Experience survey tool in place, maintain heightened focus on effective survey processes and action planning to improve the patient experience at NCHC. This will include in-depth analysis of survey findings at the program/department level, integration of specific actions to improve the patient experience, and intense monitoring of progress made and/or adjustments needed.
2. **Outcomes:** Progress on Outcomes in all five dimensions of Quality (People, Service, Clinical, Community, and Financial) will be provided. Reports will include Organizational and Program-specific data. Key action steps taken utilizing the PDSA model will also be provided. The Board will be kept informed of all Outcome measures not progressing toward the targeted outcome.
3. **Process Improvement Methodology:** Initiate advanced training on process improvement facilitation skills will be provided to selected individuals who will be assigned to key cross-functional process improvement projects supporting:

- Service Excellence and the Patient Experience using the NCHC Person-Centered Service model.
 - Improved integration of electronic medical records to support clinical excellence. In addition, education on integration of process improvement methodologies at the department/ program level will continue to be provided for all leaders.
4. Data Management: Continued identification of key quality measures and external benchmark sources to ensure the ability to assess quality. The integrity and effectiveness of data collected will continue to be evaluated. Additional external data sources and project will be sought to advance the organization's ability to benchmark with other like organizations.

2019 Quality & Compliance Action Plan

Based on the review of the effectiveness of processes and outcomes in 2018, the following operational priorities and related actions have been established for 2019:

1. Clinical Effectiveness and Seamless Continuums of Care: Specific focus will continue to be placed on developing the ability to evaluate the effectiveness of clinical care on a concurrent basis and to measure population health outcomes for core patient populations. Focused efforts on improving patient point of access and care coordination among NCHC programs to improve patient experience and outcomes will occur.
2. Corporate Compliance: Our Corporate Compliance function is continuing to be improved to enhance effectiveness. Significant progress on identified opportunities within our Corporate Compliance work plan will continue to strengthen our compliance functions. Enhanced Board reporting on the Compliance function will be a focus for 2019 along with specific improvements to our occurrence reporting systems, root-cause analysis processes and grievance policies and procedures.
3. Physician Leadership and Support: Continued effort will occur with defining Physician leadership roles and support structure for Physician success. We will focus on onboarding and effectuating our new Director of Medical Staff Relationship. Developing Physicians

into defined leadership roles and creating support structures for productivity, clinical quality and graduate medical education.

4. **Physician Quality Management:** Physician led quality improvement will continue to be developed and articulated through the new Clinical Leadership Teams. Physicians will have a monthly quality dashboard and performance monitoring system in place that will effectively feed up into the Medical Staff's Focused Professional Practice Evaluations (FPPE) and Ongoing Professional Practice Review processes.
5. **Campus Construction Phasing:** As construction on the new campus plan commences, specific efforts will be coordinated to maintain patient experience, access and clinical quality during the construction.
6. **Electronic Medical Record (EMR) Improvements:** Our two Electronic Medical Records are both in a full replace or upgrade cycle. The nursing home will be managing their migration to their new EMR platform in 2019. For our behavioral health programs, we are moving non-mental health and addiction programs out of the behavioral health record into other solutions. This is preparation for the needed upgrade or replacement of TIER, our EMR for our Human Services Operations. During the EMR evaluation and upgrade/replacement cycle for TIER, we will continue to enhance functionality within TIER to ensure patient safety and quality of care.
7. **Write-off Management:** Specific efforts will occur related to improve coding and clinical documentation quality for our programs. Write-offs and revenue cycle activity related to coding and clinical documentation will be receive elevated oversight through our Denial Management Committee.
8. **Adverse Events:** In 2019, there will be increased vigilance with our adverse event outcomes for consumers and employees. Zero Suicide, Just Culture and the Joint Commission's Zero-Harm initiative will be vetted for implementation in 2019. As they are developed, specific objectives will be shared with the Board of Directors.

2019 Dashboard Outcomes

The following organizational outcome targets have been established for 2019:



DEPARTMENT: **NORTH CENTRAL HEALTH CARE**

FISCAL YEAR: **2019**

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KEY: ↑ Higher rates are positive
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* Monthly Rates are Annualized

All departments and programs, as well as supporting departments will be expected to establish, measure and report on outcome measurements that support the NCHC Organizational Dashboard. The Executive Management Team reviews the appropriateness and alignment of all measures. All departments and programs will have 90 day action plans that will include dashboard outcomes, operational objectives and quality improvement plans. These plans will be reviewed and updated through a systematic review process throughout the year to achieve outcome targets and quality improvements.

CODE of CONDUCT



North Central Health Care
Person centered. Outcome focused.



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CEO CORPORATE COMPLIANCE STATEMENT



A Message from Your CEO

Corporate Compliance refers to the formal system that guides our daily activities and choices to ensure we remain in compliance with the laws and regulations that govern our operations. This document gives you an overview and connection to our Compliance Program. Every single employee at North Central Health has a duty and responsibility to ensure we do all things within the law. To fulfill this responsibility, each employee must understand our Compliance Program to ensure it is active in our organization.

Our Core Value of Integrity is at the center of our Corporate Compliance program. Integrity at North Central Health Care means that *we keep our promises and act in a way where doing the right things for the right reasons is standard*. The second Core Value inherent in our Corporate Compliance Program is Continuous Improvement in that *we embrace change, value feedback, creativity and the advancement of excellence*. Our Compliance Program is in service to these values.

Here at North Central Health Care we have a strong Compliance system and you have a strong partner in Jennifer Peaslee, our Compliance Officer. As a Compliance Officer, you have to be passionate about preventing, finding and fixing problems. Jennifer has this passion and as a result she can effectively lead our organization in preventing, finding, and fixing problems. We all have to audit, educate, analyze the law, conduct risk assessments, develop policies and have an effective reporting system. Further, we must build a culture where people do the right thing for the right reasons and create a belief system where people are convinced we all need to address issues, especially ethical concerns. It is a major commitment of resources on our part to get it right. At the end of the day, what we need to have a truly successful Compliance Program, is your eyes and ears. Know our Compliance Program in and out. As you look out in the organization and listen, remain cautious of allowing rationalization to occur. Remain vigilant, and remain committed to ethical behavior. Most of all, expect it of others.

I'm committed to a vision of a culture where compliance is alive and well, I'm asking you to join me in this important work. Thank you for making this commitment to our organization and the people we serve.

A handwritten signature in black ink that reads "Michael Loy".

Michael Loy
Chief Executive Officer
North Central Health Care



NCHC has a **duty** and **responsibility** to ensure
we do **ALL THINGS** within the **LAW**.

BOARD CHAIR COMPLIANCE STATEMENT



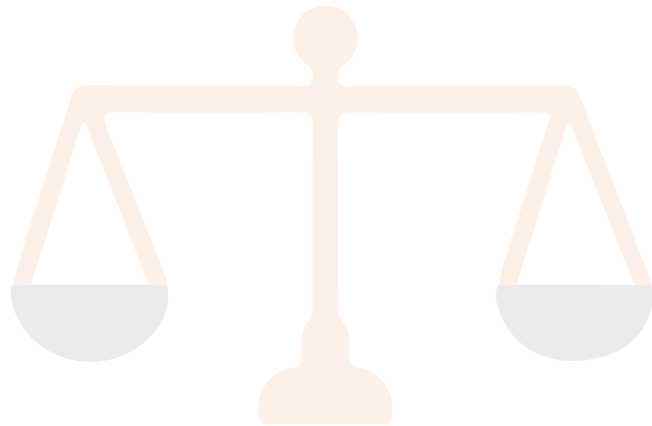
A Message from Your Board Chair

Everyone at North Central Health Care must remain committed not only to providing residents with high quality and caring services, but also to providing those services pursuant to the highest ethical, business and legal standards. These high standards apply to our interactions with everyone we deal with. This includes our residents, the community, other healthcare providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services is sought and received. Our community is defined broadly and there are a lot of stakeholders impacted by our choices. In this regard, all personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. We must hold ourselves to the highest of ethical standards. I believe our Compliance Program provides the necessary framework to accomplish this worthy objective.

As part of North Central Health Care's commitment to ethical dealings, and in an effort to assist North Central Health Care's personnel in meeting their compliance obligations, North Central Health Care has established our Compliance Program. The Compliance Program is designed to implement the Code of Conduct and prevent violations of applicable laws and regulations and, where such violations occur, to promote their early and accurate detection and prompt resolution through education, monitoring, disciplinary action and other appropriate remedial measures. As a Board, we are counting on every member of the NCHC team to help insure we are doing the right thing. We thank you for your commitment to compliance.

A handwritten signature in black ink, appearing to read "Jeff Zriny".

Jeff Zriny,
Executive Committee Chair
North Central Community Services
Program Board



We must *hold* ourselves to the **HIGHEST** of ethical **STANDARDS**.

DUTY TO COMPLY AND REPORT

A Message from Your Compliance Officer

At North Central Health Care, we are committed to high quality health care and dedicated to the health and well-being of the people we serve. We are also committed to fully complying with all federal, state, and local laws and regulations. This includes state and federal insurance regulations, employment laws, and the federal healthcare rules and regulations.

My goal as your Compliance Officer is to provide support to YOU. I'm here to help you with the situations created by today's confusing and complex health care environment. This Code of Conduct will provide guidance to you for appropriate conduct that is expected of everyone at North Central Health Care and also offer the way to get the answers within the organization with more challenging situations that you may face.



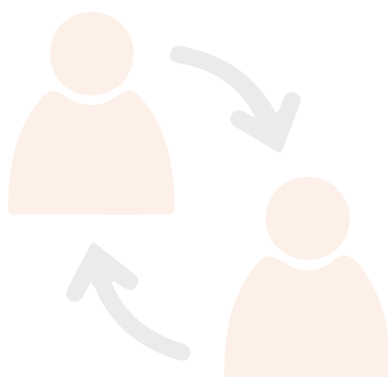
Four Simple Things to remember

1. Uphold our core values in all that you do
2. Understand and follow our Code of Conduct, policies and procedures
3. Obey applicable laws, rules and regulations
4. Report all suspected violations of the Code of Conduct without fear of retaliation

Everyone at North Central Health Care is responsible for maintaining an ethical environment. Your actions in the workplace must demonstrate your commitment to integrity and accountability every day. Thankfully, you don't have to do this alone-my door is always open, I'm here to help!

Jennifer Peaslee

Jennifer Peaslee
Compliance Officer
715-848-4507



“ This Code of Conduct will provide
GUIDANCE for appropriate **CONDUCT**.

NORTH CENTRAL HEALTH CARE'S FIVE END STATEMENTS

North Central Health Care is committed to providing quality, safe care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Clinical, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

People *"I'm proud to work at NCHC because*

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."

Service *"I'm so grateful for the care we received.*

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."

Clinical *"I feel safe in NCHC's care. I would*

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

personally seek care here for my family or myself...my first choice."

Community *"A great community partner.*

Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."

Financial *"We could never get a better value*

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

than what we receive from NCHC. It's affordable care."

At North Central Health Care, we have developed a set of core qualitative strategies which include:

- To take care of a population that others are unable or willing to take care of and do it better than anyone else.
- To solve problems on behalf of our referral sources through our mission.
- Seek people who are hungry, humble and smart and develop a culture around them where people do the right thing, work to the best of their ability and care about people.
- Be Physician-Led and Professionally-Managed.

UNDERSTANDING YOUR RESPONSIBILITY



MANAGEMENT RESPONSIBILITIES

EDUCATE

- Training and educating staff on how to spot and report misconduct
- Ensure employees know they can always report suspected violations of applicable laws, this code of conduct and/or policies and procedures without fear of retaliation

LEAD

- Not revealing the identity of staff members who wish to report misconduct anonymously
- Protecting staff members from retaliation for reporting misconduct
- Creating a work environment in which concerns can be raised and openly discussed without fear of retaliation
- Promote honesty and integrity and model it for others

COMMUNICATE

- Responding properly to employee reports of misconduct
- Immediately inform the Corporate Compliance Officer if you receive or suspect a violation of the Code of Conduct, policies and/or applicable laws

STAFF RESPONSIBILITIES

LEARN

- Be familiar with and understand and uphold our Code of Conduct
- Learn the policies and procedures, rules and regulations that are relevant to your specific daily responsibilities
- Know how to spot and report misconduct

BE AWARE

- Report any suspected violations of our Code of Conduct, policies or the law
- Cooperate in any NCHC investigations related to these

COMMIT

- Complete required compliance trainings
- To speaking up if I am in doubt as to the proper course of conduct or I become aware of possible violations
- Abide by the standards outlined in this code of conduct and in company policies and with the law



EVERYONE at North Central Health Care is responsible for **MAINTAINING** an **ETHICAL** environment.

Commitment to the People We Serve

We are committed to high quality, ethical care of our patients, residents and clients. Further, we are committed to ensure that business, financial and patient-related information is used and safeguarded effectively and appropriately.

Safeguarding Patient Information/Records

We are required by our own policies, as well as by state and federal laws and regulations, to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and all other confidential information. Regarding PHI, the Health Insurance Portability and Accountability Act (HIPAA) establishes rules that restrict who can access and/or receive PHI and sets limits on how PHI can be used and disclosed. We treat our patient's information with care, respecting our patient's privacy. We will only use patient information for treatment purposes, to obtain payment, and for other health care operations, including administrative purposes and evaluation of the quality of care that our patients receive.

How We Use Patient Information

We collect information, including a patient's medical condition, history, medication, and family illnesses in order to provide the best possible care. Although there may be emergent or other situations where it is necessary to disclose a patient's information (such as instances where the disclosure is required by law), we take care to maintain the confidentiality of our patients' information by sharing patient information only with those individuals who have a need to know for the purposes of treatment, payment or other healthcare operations.

Employees must never use or disclose confidential patient information in a manner that violates the privacy rights of our patients. Violation of this policy may result in disciplinary action up to and including termination.

We discuss or share protected patient information only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas. We pro-actively safeguard patient information by keeping in line with the HIPAA regulations and our privacy and security policies and procedures.

For more information, please refer to our policies regarding HIPAA*

Patient Rights and Choice

All patient care at North Central Health Care is administered in accordance with the Patient's Bill of Rights. Every patient is provided with a statement of these rights and with a Notice of Privacy Practices. We are responsible for informing patients about their proposed plan of care, including the risks, benefits and alternatives available to them. We respect their rights to make informed decisions about treatment, as well as to establish and have followed advance directives.



Commitment to Our Colleagues

It is the expectation that employees, board members, medical staff and agents remain free of conflicts of interest in the performance of their responsibilities and services at North Central Health Care. Further, we are committed to a diverse workforce and a safe work environment.

- **Stark Laws (Physician Self-Referral)** The purpose is to prohibit improper referral relationships that can harm Federal Health Care Programs (Medicaid and Medicare) and program beneficiaries. It limits physician referrals where there is a financial relationship (either their own or an immediate family member) with the business entity. For example: referring a patient to a medical equipment company that they own.
- **Gifts and Gratuities** We do not solicit, accept or give gifts, payments, fees, services, valued privileges or other favors where these would, or might appear to, improperly influence the performance of our official duties.
- **Conflict of Interest** We do not tolerate any business or financial opportunity which might conflict, or appear to conflict, with the interests of North Central Health Care or those we serve. A conflict exists whenever a trustee, officer, physician or employee (or a related party such as a business or family member) may receive a financial benefit from any decision or action that he/she takes.
- **Health and Safety** We will comply with state and federal laws as it pertains to maintaining a safe working and service environment. We immediately report any unsafe acts or circumstances which may create an unsafe condition.

Commitment to Government Regulators

We are committed to satisfying the payment conditions required by payers with which North Central Health Care transacts business, including Federal Health Care Programs. Further, we are committed to monitor and structure North Central Health Care's relationships with physicians and other healthcare providers to be consistent with relevant federal and state laws and regulations.

- **Coding and Billing** We bill only for those services that are actually provided, medically necessary, appropriately authorized and properly documented, using billing codes that most accurately describe the services and care provided. Up-coding or improperly bundling charges to increase reimbursement is strictly prohibited.
- **Zero Tolerance for Fraud and Abuse** We will not tolerate the submission of any claim for payment or reimbursement that is false, fraudulent, fictitious, or is grossly misleading or inaccurate.
- **Anti-Kickback** We prohibit asking for or receiving anything of value to induce or reward referrals of Federal Health care program business (Medicare and Medicaid) to include bribes, rebates, cash, in-kind donations-referred to as "kickbacks."



KNOW FRAUD

*You can access the NCHC policy database through MyPolicies at <https://northcentralhealthcare.mypolicies.com>



FREQUENTLY ASKED QUESTIONS

While we cannot list every possible violation, we can highlight those that occur most frequently. Here are just some examples of situations that would violate our Code of conduct.

Q: A client or a family member of a client I work with offers me a gift?

A: Frequently, relatives of patients wish to provide gifts to departments as a way of saying thank you for the care given. Gifts of candy, cookies and fruit in small quantities may be accepted on behalf of all department personnel and shared among staff. While we do not wish to encourage this practice we do not want to deny someone the opportunity to say thank you. Gifts of this sort may be misinterpreted as a method of gaining favored treatment by the relatives of other patients.

NCHC requires employees and agents not to accept gifts or benefits that could create conflict between their personal interests and NCHC legitimate business interests. Examples of gifts received in connection with his/her job include: all monetary and non-monetary gifts including meals and entertainment. If relatives of patients, service clubs or other persons or organizations indicate a desire to make a donation to NCHC, they should be referred to Administration.

Q: My client sent me a friend request on Facebook?

A: Avoid blurring the lines between your professional and personal life by steering clear of relationships with clients on social media. Per NCHC Policy, employees of NCHC are "prohibited from seeking out a patient/client/resident on social media and discouraged from accepting friend requests."



Q: Can I take a photograph of a resident I work with?

A: Staff is prohibited from taking or using photographs or recordings, in any manner that would demean or humiliate a resident/patient. This would include using any type of equipment (e.g. cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media. Snapping pictures could be considered caregiver misconduct.

Q: What if I report a potential violation involving my supervisor? Can I get in trouble?

A: No. Each employee is responsible for reporting any potential or actual violation of our policies, Code of Conduct or laws and/or regulations. You will not get in trouble, if in good faith, you make a report. In addition, we will not tolerate any retaliation against you for your report.

Q: I learned that my co-worker who is a nurse is performing patient care with a suspended license. What should I do?

A: You should immediately report this occurrence either to your supervisor, Administrator On-Call, Human Resources, or to the Corporate Compliance Officer. Employees must have a valid and current license and any applicable certification that is required for their job at NCHC. Employees, physicians, and other caregivers are responsible for maintaining a current and valid license.

Steer **CLEAR** of relationships
with clients on **SOCIAL MEDIA**.

Q: What is Protected Health Information (PHI)?

A: PHI is any health information that can be used to identify a patient and that relates to the patient's health care services provided to the patient or the payment of these services. PHI includes all medical records and other information that identifies the patient, including demographic, medical, and financial information in any form (electronic, paper or verbal).

Q: I just learned that my cousin has been admitted into our inpatient hospital. I am genuinely concerned about her well-being and am not sure she is being honest with me about how she is doing. Although I have access to medical records, is it okay to take a look at my cousin's chart?

A: No. All employees, physicians and others who have been granted access to medical records, may only access this confidential information for authorized purposes, including treatment, payment, and/or health care operations.

Q: I know someone who has violated our Code of Conduct, should I report this? And what will happen to the employee?

A: Yes, you should report any violation of the Code. Employees are responsible and are held accountable for reporting suspected or known violations of our Code of Conduct, policies and procedures, laws and regulations. Any employee found to be in violation of our Code of Conduct, policies and procedures, or laws and regulations, may be subject to disciplinary or corrective action, up to and including termination of their employment with North Central Health Care.



To make a report by phone
dial **715.848.4507** or visit
www.norcen.org/employee-resources



Q: Government agencies are diligently monitoring for Medicare and Medicaid fraud, waste and abuse. What does the government consider to be fraud and abuse in healthcare?

A: Examples of occurrences of fraud, waste and abuse in the healthcare industry that government agencies are investigating include the following:

- Billing for items and services not medically necessary
- Billing for items or services not actually provided
- Duplicate billing
- Upcoding for higher reimbursement than what actually are entitled to receive
- Falsifying information or documentation to maximize reimbursement
- Knowingly failing to report and return overpayment made by Federal Healthcare Programs (Medicare and Medicaid)
- Employing person excluded from participation in Federal Healthcare Programs (Medicare/Medicaid)

Q: I work in the medical records department and I have reason to believe that a provider has inaccurate information related to the level of service provided to a patient. What should I do?

A: First, you should discuss the issue with the physician and ask for additional information. If you are not satisfied with the answer or believe that inaccurate information is still being provided, then the situation should be immediately discussed with either your Supervisor, Administration, Human Resources or the Corporate Compliance Officer. You should never accuse the provider of wrongdoing. A review will be undertaken and if wrongdoing is proven, it will be handled through the appropriate process.

You may **ONLY** access
confidential patient information
for **AUTHORIZED** purposes.

REPORTING A CONCERN

To report a concern about a possible violation of the Code of Conduct, or for clarification of any law or regulation that is unclear, please begin by speaking with your Supervisor. In the event that you and your supervisor cannot resolve the issue, then proceed to your Department Director.

If discussions are not satisfactory, you have several other options such as speaking with a member of the Executive Team, submitting a written concern via the integrity boxes located around the campus, or by contacting the Compliance Officer directly.

NCHC Compliance Officer: Jennifer Peaslee

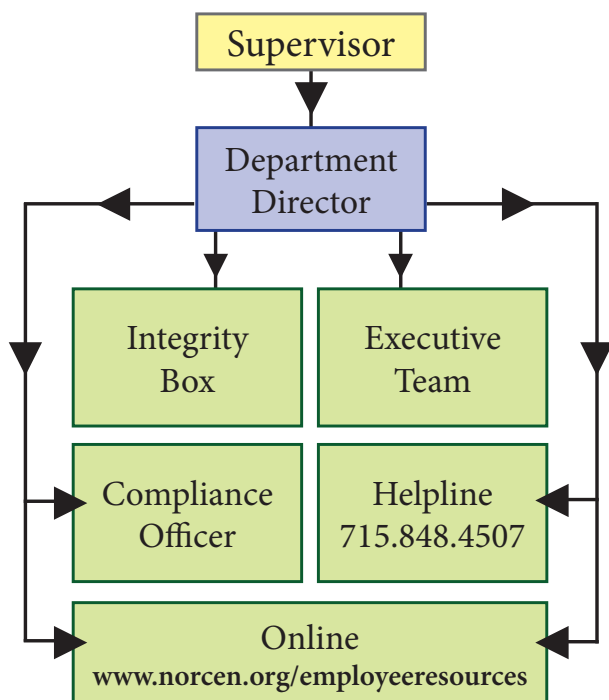
email: jpeaslee@norcen.org

phone: **715.848.4507**

mail: **North Central Health Care
Attn: Compliance Officer
1100 Lake View Drive
Wausau, WI 54403**

online: www.norcen.org/employeeresources

To make a report by telephone outside of regular business hours, please contact the Administrator On-call by dialing **715.848.4488** or leave a message with the Compliance Officer.



If you suspect a violation of our Code of Conduct, you must report it.

There will be no retaliation for making a report, even if no violation is found.

When facing a possible ethical dilemma, please use the following questions as a guide during any decision-making process.

- Is it legal?
- Does it comply with our rules, regulations and guidelines?
- Is it inline with our mission, vision and values?

If you answered "no" to any of these questions or are unsure, stop and seek help before proceeding.

NON-RETALIATION

NCHC is committed to ensuring that you do not face retaliation for reporting concerns about actions that may violate or be inconsistent with our Code of Conduct or the law.

Prohibited acts of retaliation include discharge, demotion, suspension, harassment, threats, or any other action that discriminates against an individual who submits a report.

If you suspect retaliation for making a report, contact the Compliance Officer immediately.

*If you **SUSPECT** a violation of our Code of Conduct, you must **REPORT IT**.*



North Central Health Care

Person centered. Outcome focused.

Acknowledgement

As stated in our Code of Conduct, obeying the law and meeting the highest ethical standards is the foundation of everything we do. Meeting this standard and following all applicable laws and regulations does not just happen; it requires a commitment from each of us.

I acknowledge that I have read and understand our Code of Conduct and I agree to abide by its guidelines. I also agree to:

- Abide by the standards of conduct contained in the Code and in company policies.
- Complete all required training courses on ethics and compliance topics including training on the Code.
- Speak up, using the resources listed in the Code, if I am in doubt as to the proper course of conduct or I become aware of possible violations of our standards or the law.

Print Name _____

Position/Title _____

Department _____

Signature: _____

Date: _____

*This signed document will be placed in the employee's personnel file.

OUR CORE VALUES

Moving Forward Together

Dignity, Integrity, Accountability,
Partnership, Continuous Improvement







North Central Health Care

Person centered. Outcome focused.

OUR MISSION


Langlade, Lincoln and Marathon Counties
partnering together to provide
compassionate and specialize care
for people with complex
behavioral and skilled nursing needs.

OUR VISION

Lives Enriched and Fulfilled.



www.norcen.org

Name of Document: Employee Grievance Policy Policy: X <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>		 North Central Health Care Person centered. Outcome focused.	
Document #: 0205-1		Department: Human Resources (HR)	
Primary Approving Body: HR Executive		Secondary Approving Body: NCCSP Board of Directors	

Related Forms:

- [..\HR Forms\Employee Grievance Form.docx](#)

I. Policy Statement

In compliance with Section 66.0509(1m), Wis. Stats., North Central Health Care (NCHC) will provide a grievance procedure for addressing issues concerning employee discipline, termination and workplace safety.

II. Purpose

To provide a mechanism where employees can file a grievance related to issues or concerns of employee discipline, termination or workplace safety.

III. Definitions

Grievance: Any dispute or misunderstanding regarding the actions of NCHC officials which relate to employee discipline, termination, and work place safety

Employee Discipline: May result when an employee's actions do not conform with generally accepted standards of good behavior, an employee violates a policy or rule, an employee's performance is not acceptable, or the employee's conduct is detrimental to the interests of the NCHC. Disciplinary action may call for any of the following steps depending on the problem and the number of occurrences:

- Written warning
- Suspension (with or without pay)
- Termination of employment

There may be circumstances when one or more progressive discipline steps are bypassed. Certain types of employee problems are serious enough to justify either a suspension or termination of employment without going through progressive discipline steps. North Central Health Care reserves the right, in its sole discretion, to impose disciplinary action as may be appropriate to the particular circumstances.

“Employee Discipline” shall not include the following items:

- Placing an employee on administrative leave pending an internal investigation;
- Counseling, meetings or other pre-disciplinary action;
- Actions taken to address work performance, including use of a performance improvement plan or job targets;
- Demotion, transfer or change in job assignment; or
- Other personnel actions taken by NCHC that are not a form of progressive discipline.

Employee Termination: An involuntary separation from employment as a result of action taken by the employer to terminate or discharge an employee from employment for rule misconduct or performance reasons.

“Employee Termination” shall not include the following personnel actions:

- Voluntary quit;
- Layoff or failure to be recalled from layoff at the expiration of the recall period;
- Reduction in workforce or job transfer;
- Completion of temporary employment, seasonal employment, contract employment, or assignment;
- Retirement;
- Job abandonment, “no-call, no-show”, or other failure to report to work;
- Termination of employment due to medical condition, lack of qualification or license, or inability to perform job duties.

Workplace Safety: Conditions of employment affecting an employee’s physical health or safety, the safe operation of workplace equipment and tools, safety of the physical work environment, personal protective equipment, workplace violence, and training related to the same.

IV. General Procedure

Employees should first discuss complaints or questions with their immediate supervisor. Every reasonable effort should be made by supervisors and employees to resolve any questions, problems or misunderstandings that have arisen before filing a grievance.

1) Steps of the Grievance Procedure

Any written grievance filed in Step 1 of the grievance procedure must be filed with the Senior Leader using the *Written Grievance Form* attached to this policy.

A. Step 1 – Written Grievance Filed with the Senior Leader

The employee must prepare and file a written grievance with their Senior Leader or his/her designee with a copy to the Executive - Human Resources, within ten (10) business days of when the employee knows, or should have known, of the events giving rise to the grievance. The written grievance shall be submitted using the *Written Grievance Form* and give a detailed statement concerning the subject of the grievance, the facts of which the grievance is based and indicate the specific relief sought. The Senior Leader or his/her designee will investigate the facts giving rise to the grievance and inform the employee and the Executive – Human Resources of his/her decision, in writing, within five (5) business days of receipt of the grievance if possible. The written response shall contain a statement of the date the meeting between the Senior Leader or his/her designee and the Grievant occurred, the decision to sustain or deny the grievance, and the deadline for the Grievant to appeal the grievance to the next step of this procedure. In the event the grievance involves the Senior Leader, the employee may initially file the grievance with the Executive - Human Resources or his/her designee, thereby waiving Step 1 of the procedure moving directly to Step 2. Any request to waive Step 1 must be made to the Executive - Human Resources and approved.

B. Step 2 – Review by the Executive - Human Resources

If the grievance is not settled at Step 1, the employee may appeal the grievance to the Executive - Human Resources, in writing to the Executive – Human Resources or his/her designee, within five (5) business days from the Senior Leader or his/her designee's decision at Step 1. The notice of appeal shall contain a statement of appeal and why further consideration is being sought. The Executive - Human Resources or his/her designee will review the matter and inform the employee and the Senior Leader of his/her decision, in writing, within five (5) business days of receipt of the grievance.

C. Step 3 – Impartial Hearing Officer

If the grievance is not settled at Step 2, the employee may request in writing, within five (5) business days from the Executive – Human Resources decision, a request for a hearing by an Impartial Hearing Officer. The appeal should be sent to the Executive - Human Resources. North Central Health Care shall select the Impartial Hearing Officer with the expenses of the hearing being split evenly between NCHC and the grievant. The Impartial Hearing Officer shall not be a NCHC employee. The hearing shall be held at a mutually agreeable time in a public building. All reasonable efforts will be made to schedule the hearing within 90 days of receipt of hearing request. Employees may be accompanied by a representative of their choice during the Impartial Hearing process. All testimony shall be taken under oath. In all cases, the Grievant shall have the burden of proof to support the grievance. The rules of evidence shall not be strictly followed, but no factual conclusions may be based solely on hearsay evidence.

Hearing Procedure:

Neither the complainant nor NCHC can discuss the case with the Impartial Hearing Officer in advance of the formal hearing. If oral arguments are heard, a court reporter or audio recording will be obtained, with any costs shared between NCHC and Grievant. Oral arguments will be allowed a maximum of hour for Grievant and NCHC each to present necessary information at the hearing. The Grievant will go first for both the initial statement and presentation of witnesses. The Impartial Hearing Officer has discretion to allow additional witnesses with time given to both parties equally. The Impartial Hearing Officer will only consider information provided to both parties and at the hearing.

After receiving the evidence and closing the hearing, the Impartial Hearing Officer shall issue a written response to the parties involved. The Impartial Hearing Officer shall have the power to issue a written response to the grievance. The response shall contain findings of fact, analysis and recommendation, and decision whether NCHC acted in a manner that was arbitrary and capricious. The Impartial Hearing Officer shall have no power to issue any remedy and shall only determine whether NCHC acted in an arbitrary and capricious manner.

D. Step 4 – Review by the Governing Body

If the grievance is not resolved after Step 3, the employee or NCHC shall request within fourteen (14) business days of receipt of the written decision from the Impartial Hearing Officer a written review by the NCHC Board. No formal hearing will be required and the NCHC Board shall not take testimony or evidence; it may only determine whether the Impartial Hearing Officer reached an arbitrary or incorrect result based on a review of the written record before the hearing officer. The NCHC Board may request additional written submittals of the parties on matters which were raised before the Impartial Hearing Officer or, at its discretion, meet with the parties to review the matter. The preparation of the written record shall be at the expense of the party seeking appeal and the appealing party shall supply a copy of the written record to the other party without charge. The matter will be scheduled for the NCHC Board's next regularly scheduled meeting. The Impartial Hearing Officer's determination may be affirmed, modified, or reversed by a majority vote of the NCHC Board. The NCHC Board's decision shall be final and binding on the parties. There shall be no subsequent right of appeal.

The NCHC Board will inform the employee of its findings and decision in writing and provide a copy of the decision to the Executive - Human Resources within five (5) business days of the NCHC Board meeting.

E. Timeliness of Grievance

An employee may not file a grievance outside of the time limits set forth in the procedure above without mutual agreement of the parties involved. If the employee fails to meet the deadlines set forth above, the grievance will be considered resolved. If it is impossible to comply with the deadlines due to meeting notice requirements or meeting preparation, the grievance will be reviewed at the next possible meeting date. An employee must process his/her grievance outside of normal work hours, unless the employee elects to use accrued paid time (vacation, comp time etc.) in order to be paid for time spent processing his/her grievance during normal work hours through the various steps of the grievance procedure.

V. Program-Specific Requirements:

References:

- Section 66.0509(1m), Wis. Stats.

Related Documents:

- None

2018 NCCSP BOARD CALENDAR – As of November 21, 2018

Thursday December 20, 2018 (Third Tuesday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: Zero Suicide Initiative, Recovery Coaching Collaborative

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: Board – CEO Succession Planning

Board Action: Approve the 2019 NCCSP Board Calendar