

**OFFICIAL NOTICE AND AGENDA**

**MEETING of the North Central Community Services Program Board** to be held at  
**North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room,**  
**at 12:00 pm on Thursday, October 31, 2019**

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
  - A. Introduction and Welcome of New Board Member - Eric Anderson
3. Mount View Care Center and Pine Crest Recognized by Newsweek as among the Best Nursing Homes in Wisconsin for 2020
4. Chairman's Report and Announcements – J. Zriny
  - A. Overview of October 29, 2019 Nursing Home Operations Committee Meeting – J. Zriny
5. Consent Agenda
  - A. ACTION: Approval of 9/26/2019 NCCSP Board Meeting Minutes
  - B. Board Committee Minutes and Reports
    - i. Draft Minutes of the 10/10/19 Executive Committee Meeting
  - C. Monitoring Reports
    - i. CEO Work Plan Review and Report – M. Loy
    - ii. Quarterly Operational Plan Update
    - iii. ACTION: Review and Accept the September Quality Dashboard and Executive Summary
    - iv. Chief Financial Officer's Report – B. Glodowski
      - a. ACTION: Review and Accept September Financial Statements
    - v. Human Services Operations Report – L. Scudiere
    - vi. Nursing Home Operations Report – K. Gochanour
  - D. ACTION: Annual Review of Board Policy - Recruitment, Retention and Removal of the Chief Executive Officer
  - E. Approve Medical Staff Privileges for: Dileep Borra, MD, Kimberly Hoenecke, DO, Richard Immler, MD, Michael Lance, MD, George Manatta, MD, Gbolahan Oyinloye, MD, Brian Smith, MD, David Tange, MD, Gabriel Ticho, MD, Susan Tran, MD,
6. Board Education
  - A. Update on Medical Staff Initiatives – Dr. Richard Immler
  - B. Update on 2019 Quality and Compliance Plan Progress
7. Board Discussion and Possible Action
  - A. Results of Board Competency Self-Evaluation and Next Steps for Board Development
  - B. ACTION: Amend the 2020 Capital Plan
  - C. ACTION: Consideration of Revision to Board Per Diems
  - D. NCCSP Board Input into the Update to the Joint County Agreement
8. 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:
    - i. Report of Investigations related to Corporate Compliance Activities and Significant Events.
    - ii. Annual CEO Succession Plan Exercise
9. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
10. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
11. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
12. 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: 10/25/2019 TIME: 2:00 PM BY: D. Osowski



Presiding Officer or Designee

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

September 26, 2019

12:00 Noon

Wausau Board Room

Present:

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

Also Present: Michael Loy, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Tom Boutain, Dr. Rick Immler, Jennifer Peaslee

Guest: Craig McEwen

1. Call to order
  - Meeting was called to order at 12:04 p.m. by J. Zriny.
2. Public Comment for Matters appearing on the Agenda
  - No public comment
3. Chairman's Report and Announcements
  - Executive Committee met Sept. 19; draft minutes are in the packet.
  - Retained County Authority Committee (RCA) is beginning to work on the Joint County Agreement now (year 3) rather than the end of the contract in year 5.
  - Will talk today about the Board self-evaluation, Board calendar i.e. reducing the number of meetings.
  - Nursing Home Operations Committee met Sept. 19. The Committee consists of members of the Pine Crest Board of Trustees, NCCSP Board members, and an outside resource. The inaugural meeting was very positive with great discussion. The next meeting in October will include the new Administrator for Pine Crest, Zach Zeisemer. The Committee Charter was approved. The Committee will meet monthly through 2019 and will determine frequency of meetings in 2020.
4. Consent Agenda
  - **Motion**/second, Norrbom/Wagner, to approve the consent agenda which includes:
    - Approval of 8/29/29 NCCSP Board Meeting Minutes
    - CEO Work Plan Review and Report
    - August Quality Dashboard and Executive Summary
    - Human Services Operations Report
    - Nursing Home Operations Report
  - **Motion** carried following discussion on Quality Dashboard and Employee Adverse Events.

5. Board Education

- None

6. Board Discussion and Possible Action

A. Chief Financial Officer's Report – B. Glodowski

- Showed a deficit in August of approximately \$360,000. Three main drivers continue to be the same as prior months i.e. health insurance, diversions, and psychiatry. Through August, diversions and psychiatry services share make up \$2.3 million of the YTD loss. Action plans were put in place in August to reduce expenses which should be positively reflected in September.
- Outpatient psychiatry leveled off in August so the deficit stayed level in this area.
- Intent for remainder of year for any programs not at target within service lines, is for programs to identify and work on action plans to at least get within target by end of year. We likely will not overcome the current deficit but should slow the deficit.
- Saw significant census drop in August in the hospital and nursing home. Nursing home census is dropping again in September but we are working to manage expenses.
- Overall revenue is ahead of target.
- Our policy prohibits providing employee incentives if we do not have financial gain. However, if we adhere to this policy it is felt it may be detrimental to recruitment and retention and the Board may want to revisit the policy. Executive Committee will review policy.
- **Motion**/second, Seefeldt/Metter, to accept the August financial statements. Following discussion motion carried.

B. Annual Approval and Acknowledgement of Policy Governance Manual

- Review occurs annually.
- Revisions include those that were identified at the Board Retreat earlier this year. Other revisions noted:
  - Cover Page – correct Most Recent Amendment: September 26 ~~27~~, 2019
  - page 4, Policy 1.2, 2) Fail to communicate a clear understanding of what may/may not be expected from services offered ~~and failing or fail to ensure....~~
  - Page 6, Policy 1.7, 2) ~~Fail to~~ develop and maintain a corporate compliance plan...
- **Motion**/second, Metter/Breske, to approve the Policy Governance Manual with the changes noted. Motion carried.
- All in attendance signed and returned the acknowledgement form.

C. Annual Board Self-Evaluation of Governance

- 100% participation.
- Top strengths by highest mean score, priority areas for improvement by lowest mean score, and statistical variability were reviewed.
- The following Recommended and Prioritized Action Plan for the Board was reviewed:
  - Direct staff to develop an annual stakeholder summit in March which we are committed to do.
  - Board will have facilitated discussion on defining diversity and cultural competency to match the identity of our community.
  - Develop a process and criteria for Board recruitment (this would require defining Board composition prior).
  - Develop an annual CEO Succession exercise for the Board to conduct both with the CEO and in Executive Session (Closed Session without the CEO).

- Facilitate a discussion on the quality of the strategic plan to gain better alignment of expectations and structure of the formal strategic plan.
  - **Motion**/second, Benson/Metter, to accept the Recommended and Prioritized Action Plan for the Board and place these items on the Board calendar. Motion carried.
- D. Competency-Based Board Recruitment and Development – M. Loy
  - These recommendations have been presented to the RCA.
  - Determining the skills, knowledge base and ability needed to operate as a Board and the challenges it faces are important. The Board sets the guidelines and through training and education Board members build those competencies over time. It also identifies a recruitment plan when filling vacancies.
  - Discussion included the importance of maintaining and building on the current good relationships with the three counties; incorporating the needs/knowledge of Pine Crest Nursing Home, Lincoln Industries, and Sober Living.
  - **Motion**/second, Weaver/Ashbeck, to recommend proceeding with the Competency-Based Board Recruitment and Development. Motion carried.
  - **Motion**/second, Wagner/Wetzsteon, to extend current Board Officer appointment terms to May 2020 as recommended. Motion carried.
  - The Executive Committee will review and determine a mechanism for Board prioritization of competencies.
- E. Amended and Restated Bylaws of the NCCSP
  - Amended Bylaws were provided in the Board packet for review and consideration.
  - Correction noted: Date of document should read 'September 26, 2019'.
  - **Motion**/second, Metter/Ashbeck, to approve the amendments to the Bylaws. Motion carried. Updated Bylaws will be forwarded to the three counties.
- F. 2020 NCCSP Board Calendar
  - Proposing change in time of meetings to: 3-5 p.m.
  - Reducing the number of meetings per year from 12 to 9.
  - Following discussion, **motion**/second, Weaver/Benson, to approve the 2020 calendar. Motion carried.
- 7. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
  - With the established Nursing Home Operations and Policy Governance Committees, the monthly per diem should be clarified for those committees.
  - Executive Committee will discuss/clarify Board recruitment/competency.
- 8. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
  - R. Wagner noted the content of the meeting is top shelf, timely to review, and his compliments to those who developed materials.
  - All are invited to a 'Welcome to NCHC Picnic' for Pine Crest Nursing Home employees and its new Administrator on Mon, Sept. 30 from 10-2:30 and 4-6 p.m.
- 9. Adjourn
  - **Motion**/second, Seefeldt/Wagner, to adjourn the meeting at 1:25 p.m. Motion carried.



## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

**October 10, 2019**

**10:00 AM**

**NCHC – Juniper Room**

Present:	X	Jeff Zriny	X	Steve Benson
	X	Corrie Norrbom	X	Bob Weaver

Others present: Michael Loy, Jarret Nickel

### Call to Order

- Meeting was called to order at 10:02 a.m.

### Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

### ACTION: Approval of 09/19/19 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 09/19/19 Executive Committee meeting minutes; motion passed.

### CEO Report

- September financials lowered the deficit by about \$100,000; revenues were largely at target for September; the usual high expense areas, except health insurance this month, continue to be challenges.
- Our new Chief Medical Officer, Dr. Rob Gouthro, begins the first week in November. With his arrival the Juniper Room will no longer be available for meetings as it will be needed for an office.
- Recruitment continues for a Chief Nursing Officer. Recruitment has been challenging from a compensation gap standpoint. We had a phone interview with a new excellent candidate and will be coordinating an onsite interview soon.
- Construction updates: pool is progressing well and we broke ground for the new CBRF and Youth Hospital this week. There are two contractors on site: Miron (pool) and Altman (CBRF and Hospital).
- Remodel of Gardenside Crossing in preparation for moving the MMT program has been delayed two weeks. MMT will move once approvals are received.
- There has been a delay in the release of the nursing home tower bids until November 1 due to architects delay in finalizing the construction documents which may also delay the start of the tower construction until 2020.

- M. Loy and J. Nickel will be meeting this week with Marathon County on the Lease Agreement. We have been operating without an updated agreement since 2014. We have had previous discussions, however, one area of concern in particular is with the facility maintenance performance which has risen to the extent of being a cause for concern for Joint Commission Accreditation. S. Benson expressed serious concern over the risk of JACHO accreditation. J. Zriny felt if concerns cannot be remedied it may be necessary to request this be placed on the agenda of the Executive Committee of the Marathon County Board.
- NCHC hosted Eric Borgerding, CEO of Wisconsin Hospital Association (WHA) this week. Over the last several years it has been beneficial to be part of WHA from a resource point and has resulted in collaboration on state legislation. He talked with several psychiatry residents and was really excited to see/realize the energy in the residency program. He was also very impressed with our organization, the future, and the new construction.
- The Department of Health Services (DHS) and the State are working on legislation for emergency detention for psychiatric emergency departments. We had looked at this as part of our renovation project but from a financial aspect we were not be able to do it. However, it may be possible to retrofit a psychiatric emergency department onto our new hospital design with additional funding. We will continue to work with the State, Legislators, and DHS. This model would be beneficial to the hospitals, law enforcement, but especially the patients.
- Meeting with Pine Crest Board of Trustees to talk about wages for direct care staff and a plan to improve recruitment. We continue to discuss right sizing, efficiency, and staffing. We also anticipate reducing beds from 180 to 160.
- Lincoln Industries activities included hosting a Funder Meeting in Tomahawk with families and clients to talk about the program and how it will remain successful. Toni Kellner did an excellent job hosting the event and spent 2.5 hours talking and answering questions. At the end the families and clients were embracing the future of the program. We will begin with a one month trial of busing from Tomahawk to Merrill and will then meet to see how the process is going to make a determination long term. The program has a long history and currently has 45-50 participants.
- M. Loy and J. Zriny participated by phone today in the ADRC Board meeting. Feel they are supportive of transitioning Adult Protective Services. If the transition is approved by the ADRC Board, we will finalize the transition agreement. Feel this will be good for the community with no change of service or cost to deliver.

#### Review of Strategy Map

- Building our Compelling Future – NCHC Strategy Map was distributed.
- The recommended approach is to establish strategy at the five service line levels:
  1. Behavioral Health Services (BHS)
  2. Community BHS
  3. Community Living
  4. Mount View Care Center
  5. Pine Crest Nursing Home
- Areas of strategic focus would be:
  - Financial perspective
  - Customer Perspective
  - Operations perspective
  - Learning Perspective

- Identifying our metrics, creating efficiencies to service debt, having a better profile of who are customers are and their needs, and the gap we own will be an important exercise for the Board. A huge imperative is to establish a pool of well-trained caregivers providing excellent quality of care, quality supervision, and clinical leadership. Need to keep communication open with the three counties keeping them abreast of our programs. Medical College of Wisconsin has reached out to us to assist in training family medicine physicians to meet basic mental health and substance use needs. A main focus will be attracting the right talent to meet these expectations.
- Will build this into the Board calendar.

#### Board Competency Prioritization Process

- No additional feedback received for adding more competencies.
- Next step is to prioritize the competencies. Following discussion the Committee felt it is more important to have proper recruitment for the 12 competencies.
- Committee agreed that having community representation is important, and board members may not come with their own knowledge and expertise but will learn through the education and experience as a board member.
- Will work with RCA on the desired direction of the Board as they consider appointments of county board members.
- M. Loy will develop a self-assessment survey for board members to complete to help identify current level of competency, a gap analysis, and how to develop and focus on competencies over the next 3-5 years. Questions will be modified to include knowledge or expertise.

#### Board Action Plan for 2019-2020

- Five actions have been identified for next year.
  - 1) Annual Stakeholder Meeting
    - a. Planning in progress; anticipate summit in March/April 2020.
  - 2) Facilitated discussion on defining culture and diversity competency
    - a. Would like to have a speaker at the December Board meeting to address how to understand different cultures in the community, how this Board and workforce match, what is cultural competency.
    - b. C. Norrbom will provide additional information on a grant received for our community to provide an event on cultural competencies in mental health; NCHC may be able to participate on the organizing committee.
  - 3) Develop process and criteria for Board recruitment
    - a. In progress.
  - 4) Annual CEO succession exercise
    - a. Proposed as an agenda item for Closed Session at the October Board meeting. An article will be included in Board packet to frame the exercise.
  - 5) Quality of strategic plan for better alignment of expectations and structure
    - a. Will include on Board Agenda for January.

#### NCCSP Board Input into the Update to the Joint County Agreement

- RCA would like feedback from the Board on areas to be addressed in the Agreement. Will include for discussion at the next Board meeting.

#### Review of Board Per Diems

- Last discussed and modified was two years ago. Previous per diem paid was \$25 per meeting or \$35 for two meetings in one day plus mileage.
- In 2017 Board Bylaws and Policy Governance Manual identified per diems as \$100 per month for non-County Board members plus mileage. County Boards determine what they will pay their county board representatives per meeting.
- Following discussion B. Weaver recommended revising the policy to state a per diem of \$100 per meeting for non-County Board members plus mileage.
- **Motion**/second, Weaver/Norrbom, to make a recommendation to the Board to modify the per diem payment from \$100/month to \$100/meeting. Motion carried.

#### October Board Agenda

- Additions that will be added to the draft agenda that was distributed will include:
  - Results of Competencies
  - Board Per Diems

#### Future Agenda Items for Executive Committee or Board Consideration

- None

#### Adjourn

- **Motion**/second, Benson/Zriny, to adjourn the meeting at 11:27 a.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*



## MEMORANDUM

DATE: October 22, 2019  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: CEO Report

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

- 1) **Campus Renovations:** The pool construction continues with the foundation and footings installments. Over the next several weeks, the walls and building envelop will go up. The tentative completion date for the pool remains March, 2020. Altmann Construction was awarded the bid for the Youth Hospital and Crisis CBRF project. They have recently broken ground on Phase 1b and the project is slated to be completed in May, 2020. The State has approved the renovations made to Gardenside Crossing to accommodate the temporary move of the Medically Monitored Treatment program. We are still awaiting State approval on the licensure prior to physically relocating the program. Any prolonged delay on the approval could potentially hold up the necessary demolition of the “E” wing to prepare the site for the new skilled nursing tower. The bids for the new skilled nursing tower are out with a due date in early November. Overall, the project remains on-time and within budget.
- 2) **Physician Recognition:** We held our Inaugural Physician Recognition dinner on October 24<sup>th</sup>. Awards were given to Dr. Richard Immler for the Medical Staff Member of the Year, Dr. Dileep Borra received the Faculty Teaching Award (as voted on by the MCW Psychiatry Residents) and Dr. Albina Zimany received the Outstanding Resident Award.
- 3) **Strategic Plan for a Modern and Effective Mental Illness and Addiction System:** The Human Services Research Institute (HSRI) will be onsite again in November and December for interviews with the hospitals, community providers and focus groups.
- 4) **Adult Protective Services Transition to the Aging & Disability Resource Center:** The ADRC Board did not approve the transition of APS to the ADRC at their October meeting as planned. The ADRC Board will reconsider the transition at their November meeting once they have obtained additional information that was requested. We will be meeting with Administration from Langlade, Lincoln and Marathon Counties to help build support for the transition.
- 5) **Recruitments:** Physician recruitments continue for our open inpatient psychiatry position. We had a final interview with a Chief Nursing Officer candidate on Wednesday October 23, 2019.
- 6) **Board Recruitment:** Eric Anderson, MSHA, the Senior Vice President, Service Lines, Patient Experience and Post-Acute Care for Aspirus, Inc. has been appointed to the NCCSP Board. Eric’s resume is included in your packet for reference. The NCCSP Board now has all appointments filled and Eric fills many Board Competencies defined by the NCCSP Board.

## 2019 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
Develop NCHC into a Learning Organization	NCCSP	Jan-19	Board approved Roadmap for Learning Organization	Senior Management Team continues to meet on this initiative.	Open												
Build Medical Staff Leadership Capacity	NCCSP	Jan-19	All budgeted FTEs are filled. Physician roles defined and development plans in place. MCW PGY3 implemented.	We have hired a new Chief Medical Officer and Psychiatry Residency Program Director who will start in November. Medical Staff Bylaws are being reviewed by the Medical Executive Committee. We have transitioned all locums to direct contract and continue to work on filling our open Inpatient Psychiatry positions. An objective to get the Medical Staff President to be included on the NCCSP Board still continues.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	The MatrixCare implementation is complete. The new HR and Learning platform is actively being implemented in the 4th quarter of 2019 and will include Pine Crest and Lincoln Industries. The RFPs for the TIER replacement have been received and are under review. Proposals are within our budget.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO mid-year evaluation with the RCA has been completed.	Complete												
Annual Audit	NCCSP	Jan-19	Acceptance of annual audit by NCCSP Board and RCA	Audit is complete and will be presented to the Board in March.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-19	Policy Governance Board Effectiveness Review	Policy Governance Manual acceptance and Board Self-Evaluation are slated for September meeting.	Complete												
Nursing Home Governance	NCCSP	Jan-19	Approved Management Agreement	Sent to Marathon County Corporation Counsel for initial review.	Open												
Pool Management Governance	NCCSP	Jan-19	Approved Management Agreement	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	Jan-19	Adopted 3 Year Local Plan	Contract has been signed with the Human Services Research Institute which will deliver a strategic plan for behavioral health programs. The 2020 Budget will present rolling two year forecast.	Open												
Develop Training Plan for Counties	NCCSP	Jan-19	Adopted Annual Training Plan	NCHC is preparing for an annual stakeholder summit in March of 2020.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-19	Fund Balance Presentation	Presented at the March NCCSP Board meeting.	Complete												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	Draft Lease Agreement is expected to be completed by Marathon County in October. Met with Marathon County leadership in early October.	Open												
Develop Conflict Resolution Protocol	NCCSP	Jan-19	Board adoption of Conflict Resolution Protocol	Final approval slated for next RCA meeting.	Pending												
Reserve Policy Review	RCA	Apr-19	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	CFO has delivered the reports and is meeting with County Finance Directors.	Complete												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	Released in August.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A report will be provided to the RCA as soon as it is available (delayed per above) for prior year and in August for year to date.	Open												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Open												
Substance Abuse Strategy	NCCSP	Jan-19	A strategic plan for substance use treatment services will be approved by the NCCSP Board	Finalizing project scope with HSRI and gathering data.	Open												

2019 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
Develop a Comprehensive Youth Crisis Stabilization Continuum	RCA	Jan-19	A clearly defined and communicated 24/7 Youth Crisis stabilization program.	Working on one-page overview of current resources. Recruitment for a Youth Behavioral Health Director continues. Finalizing youth hospital design. Construction for the youth hospital begins in September.	Open												
Clarification and Communication of Services	RCA	Jan-19	A marketing and outreach plan will be approved by the NCCSP Board. Communication mediums will be updated and/or enhanced.	Identifying scope of the plan and resources to support its development. Working on a short resource guide for partner county agencies.	Open												
Improved Data Sharing	RCA	Jan-19	Essential crisis plan information is shared to improve care coordination while remaining protected.	Discussions on solutions to achieve success are pending.	Open												
Proposal for County Treatment Housing Needs	RCA	Jan-19	A written proposal for NCHC's service expansion in treatment focused housing.	The community fundraising for the remaining \$130,000 in needed funds is nearly completion. Langlade County has purchased the building and renovations are being initiated.	Complete												
Annual Budget	RCA	May-19	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The NCCSP Board and RCA have approved the 2020 Budget.	Complete												
CEO Appraisal & Compensation	RCA	Jan-19	Completed Appraisal	See "CEO Appraisal" item above.	Complete												
Performance Standards	RCA	Jul-19	Adopted Annual Performance Standards	Updated standards have been completed for 2020.	Complete												
Tri-County Contral Annual Review	RCA	Jan-19	Revision Recommendation to County Boards if necessary	A list of items to be examined have been provided. Meetings to occur over the next several months with the goal to have an updated Agreement for the Counties to consider in February.	Pending												

## NCHC Operational Plan

Executive Management Team Operational Initiatives							
ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
PEOPLE PILLAR							
1.1.	Employee Wellness and Resiliency Initiative	Awaiting final review from Broker and HR Department prepare for implementation in early 2020.	Comprehensive Employee Wellness Program designed, objectives defined and successfully implemented.	Ops. Exec.	Learning	Mar-19	Jul-19
1.2.	Human Resources Information Systems (HRIS) Implementation	Payroll went live 10/7. Learning Management System will go live on 10/17. Time keeping is still not ready but working through a plan to go-live in November.	Fully implement HRIS system prior to October 1st.	IMS Exec	Implementing	Jul-19	Oct-19
1.3.	Physician Development Program	Attended physician leadership conference in March. Will revisit once Dr. Gouthro is onboard.	Development program designed and implemented.	CEO	Learning	Jan-19	Dec-19
1.4.	Executive Development Program	Executive 360's in process.	Written development plan completed	CEO	Learning	Jan-19	Dec-19
1.5.	Implementation of Clinical Career Tracks for Nursing and Counseling (2018 Carryover)	Career tracks have been drafted and will be turned into communication pieces for rollout. Communications is reviewing the pieces submitted and creating materials for organizational use.	Career tracks are establish and there is a successful communication and rollout of the program.	Ops. Exec.	Implementing	Jan-19	Jun-19
1.6.	Learning Organization Roadmap	Initial structure introduced. Redesigning for implementation at the Learning Council.	Working with Executive Team and Sr. Management Team, develop a Learning Org. Roadmap customized to NCHC. Will	Ops. Exec.	Learning	Jan-19	Dec-19
1.7.	Competency Validation System Implementation	Organizational Development to rebuild the competency validation system within the new LMS. Will reevaluate after Q4 implementation.	All staff have their Competencies validated.	Ops. Exec.	Implementing	Jan-19	Dec-19
1.8.	Implementation of New Rounding Practice (2018 Carryover)	Survey completed and recommendations have been provided. Proposal will be reviewed as part of the Executive Planning Retreat for 2020.	Finalized/Customized NCHC rounding practice is implemented and management is utilizing the system	Ops. Exec.	Deferred	Jan-19	Mar-19
1.9.	Human Resources Workforce Strategic Plan (2018 Carryover)	Draft submitted.	Finalized Human Resources Strategic Plan approved.	Ops. Exec.	Deferred	Jun-19	Dec-19

NCHC Operational Plan

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
	SERVICE PILLAR						
2.1.	Campus Renovations	MMT renovations completed. Inspection for licensing pending. NH tower bids are out as of October 15th with a due date in the 1st week of November.	Implementation plan completed for 2019 phasing.	CEO	Implementing	Jan-19	Dec-19
2.2	Point of Access - RCA Priority	Creating "2-1-1" style guide for county agencies, sent to Marathon County for input.	Develop an outreach plan and update marketing collateral.	Ops. Exec.	Learning	Jan-19	Jun-19

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
	CLINICAL PILLAR						
3.1.	Pine Crest Acquisition	2nd North Central Nursing Home Operations Committee meeting scheduled for October 29th. Transition plan developed. Pine Crest Board of Trustees approved bed reduction, shift differential alignment and wage adjustments.	Pine Crest operations and employees are on boarded effectively as of January 1, 2020	NHO Exec	Implementing	Jan-19	Dec-19
3.2.	Youth Hospital Program Design	Meeting weekly and determined goals and vision. Reviewing final hospital plan designs and budget for 2020. Gant chart and work plan created. Policies and procedures identified. Licensure requirements reviewed. Visit being planned to existing hospital for research.	Program description, staff structure, and policies and procedures have been written.	HSO Exec	Learning	Feb-19	Dec-19
3.3.	Lincoln Industries Transition	Work plan approved. Townhall in Tomahawk accomplished. Transition items identified and work plan established in coordination with Pine Crest transition.	Integrated Lincoln Industries into regional Adult Day and Prevocational Services program. Onboard new staff.	HSO Exec	Learning	Jun-19	Dec-19
3.4.	Develop a Comprehensive Youth Crisis Stabilization Continuum	Working on providing 1-2 page roadmap for Youth services. Revising 1st draft.	RCA endorses and monitors roadmap.	HSO Exec	Implementing	Jan-19	Jul-19
3.5.	Tier Upgrade/Replacement Plan	Initial interview with 5 vendors. Goal is to narrow down to 2 by the end of October.	Develop a plan to gather EMR requirements and develop a plan to implement a replacement.	IMS Exec	Implementing	Jan-19	May-19
3.6.	Zero Suicide Initiative	Training of staff ongoing. Team is focusing on post-care planning and care transitions for remainder of the year.	NCHC implements a Zero Suicide program in 2019.	HSO Exec	Implementing	Jan-19	Dec-19
3.7.	Redeploy the Recovery Coaching Network	Coaches are Americorp trained. Connecticut Community for Addiction Recovery (CCAR) training happening in October. MOU being written for interface with United Way 2-1-1. Coaches will be paired starting week of 10/28/19.	North Central Recovery Coach Collaborative is actively matching coaches with recoveries.	HSO Exec	Implementing	Jan-19	Jun-19
3.8.	Sober Living Project in Langlade County	The building has been purchased. Funding is being acquired. The policies and procedures are being built. Renovation work is commencing. Townhall on the model occurred on 10/8/19. Hiring process for the coordinating position has begun.	Sober living facility opened and operating in Langlade County.	HSO Exec	Implementing	Jan-19	Dec-19
3.10.	Comprehensive Community Services Quality and Compliance Improvement Initiative	Met with Social Services about need for new agreement. Agreement still in drafting.	New 2020 contract instituted.	HSO Exec	Learning	Jan-19	Oct-19
3.11.	APS Transition to ADRC	ADRC-CW Board is still deliberating on whether or not to move forward. Will meet to consider again in November.	ADRC has taken full operational responsibility.	CEO	Learning	Jan-19	Dec-19
3.12.	Develop Clinical Standardized (HIM) Documentation Practices	Coding guidelines and standards for Psychiatry are being implemented. Training forthcoming.	Create document that calls out standard (required) documentation practices with coding guidelines and supporting audit practice.	IMS Exec	Implementing	Jan-19	Feb-19
3.13.	Overhaul and Implement Incident Command/Emergency Preparedness	The new Emergency Management Committee has been created and will have their initial meeting by the end of October.	Staff are more confident responding to emergencies.	Ops. Exec.	Learning	Jan-19	Oct-19
3.14.	Improve Occurrence, Grievance and Significant Event Reporting	The NCCSP Board will review the policy and progress being made with the Occurrence system at their December meeting.	Reporting compliance and resolution improved.	CEO	Implementing	Jan-19	Jun-19
3.15.	Megarule Phase III Implementation	Finalizing Emergency Management Plan. CMS has delayed implementation of some elements of the Megarule Phase III Ongoing piece is the competency training. Joint workgroup established for Mount View and Pine Crest to review current and set up implementation of new competency requirements.	Compliance achieved by October 31, 2019	NHO Exec	Implementing	Jan-19	Oct-19
3.16.	CMS Patient Driven Payment Model (PDPM) Implementation	Implementing.	Successful implementation of changes with no delay or reduction in cash flow.	NHO Exec	Learning	Jan-19	Sep-19
3.17.	MAT Program	Coordination meetings are being scheduled. Coordinator holding meetings to determine scope and work plan. Coordinator being trained on grant requirements by DHS. Meetings held monthly, workplan developed.	MAT program implemented in the jail as of December	HSO Exec	Implementing	May-19	Dec-19
3.18.	Dialectical Behavioral Therapy (DBT) Therapy Program Implementation	Identified 6 therapists for extended training.	Project plan objectives completed.	CMO	Implementing	Mar-19	Dec-19
3.19.	Develop Annual NHO Electronic Medical Record Training Plan	Training plan for implementation and new employees has been completed. An annual training plan will be completed.	Create and develop training plan based on newly implemented EMR.	IMS Exec	Implementing	Mar-19	Jun-19
3.20.	Community Living EMR Transition	Evaluating the possibility of using their current software for an expanded EMR function.	Migrate non-traditional BHS program to another system.	IMS Exec	Learning	Jun-19	Dec-19
3.21.	2019 Quality Plan	A report on progress will be made at October Board meeting.	Quality Plan objectives completed.	CEO	Implementing	Jan-19	Dec-19
3.22.	Assist MCW with Psychiatry Residency Program PGY3 Development	New Outpatient Supervision program has been implemented.	Third year residents have active schedule in 2019 and are seeing patients.	HSO Exec	Implementing	Jan-19	Sep-19
3.23.	Implement Personal Safety Devices	We have a couple of solutions to look at.	Proof of concept tested and implementation plan approved.	IMS Exec	Learning	Jan-19	Jun-19
3.24.	Birth to 3 Transition to Special Education	Waiting on DHS for transfer of contract to Marathon County Special Education. Constructing new agreements.	Marathon County Special Education has taken full operational responsibility.	HSO Exec	Implementing	Jan-19	Dec-19
3.25.	Open Day Treatment and Intensive Outpatient in Lincoln County	Hiring position and applying for day treatment license in May 2019. OP leadership is reviewing data on volume. Project delayed due to increased demand on service and providers.	Patients are being seen in Day Treatment in Lincoln County.	HSO Exec	Learning	Mar-19	Oct-19

## NCHC Operational Plan

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
3.26.	BHS Quality Improvement Initiative	Dr. Green policy approved. Program specific procedures need to be completed. Dr. Blue policy updates are the only remaining item from the list created in January.	All work plan items that are identified as a high safety priority will be resolved.	HSO Exec	Implementing	Jan-19	Jul-19
3.27.	Just Culture Program Implementation	HR Director, Quality and Clinical Transformation and Organizational Development Director are Just Culture certified. Executive Team briefed on implementation.	An assessment of past disciplinary actions and significant event reports. Recommendations for related updates to HR policies. Develop and send out a Just Culture survey assessment for staff.	Ops. Exec.	Learning	Jan-19	Dec-19
3.28.	Develop Annual HSO Electronic Medical Record Training Plan	IMS team will build and incorporate an annual training plan as part of the new EMR implementation next spring.	Created a standard operating procedure with business sponsors and develop an agreed upon training plan.	IMS Exec	Deferred	Jan-19	Aug-19
3.29.	RCAC Partnership with the City of Wausau	We are going to step away from this initiative and instead work collaboratively with Aspirus to help the City with occupancy and increasing the ability to take higher acuity residents.	Recommendation developed for NCCSP Board.	CEO	Deferred	Jan-19	Mar-19
3.30.	Alternative to Forest/Jackson	An initial discussion with the City has occurred.	Alternate location identified and relocation plan developed.	CEO	Learning	Jan-19	Dec-19
3.31.	Dialysis Partnership in MVCC	Gather data analysis of true community need for this service. Have an updated dialysis agreement for DaVita to get in place.	Evaluate potential partnership with dialysis provider to increase the ability to support dialysis patients onsite at MVCC.	NHO Exec	Learning	Jan-19	Jul-19

NCHC Operational Plan

ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
	COMMUNITY PILLAR						
4.1.	Data Sharing Initiative	Project targeting high utilizers has been initiated in Marathon County. Releases of information have been obtained for pilot group. Collaboration meetings have been scheduled. Also, software for info sharing will be purchased with the In-Home Youth Crisis program. Software implementation has been deferred until new EMR implementation.	Data on high utilizers is being shared in a safe collaborative and 42 CFR Part II compliant environment.	HSO Exec	Learning	Jan-19	Sep-19



ID	Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Successful Final Outcome	Responsible	Status	Start	Target Completion
	FINANCE PILLAR						
5.1.	Development of New Patient Access Services Program	Reviewing no-show policy, outpatient referral and scheduling processes. Fish Bone diagrams for the major write off categories are completed and action plans are being worked on.	New program is in place and there is improvement with front end revenue cycle.	CFO	Implementing	Jan-19	Dec-19
5.2.	Oxygen Contract Review	On hold for 2 reasons - new nursing home tower using current oxygen vendor to establish protocols for the oxygen farm and transition of Pine Crest. Will meet with company again in December to establish a 2020 timeline for review for savings.	New contract with better oxygen pricing for both facilities.	NHO Exec	Learning	May-19	Jun-19
5.3.	Data Analytics Expansion to the Dashboard	The gathering of information is complete. We will be assigning a Project Manager and kicking off the project in the next few weeks.	Have an on-demand, real-time data analytic reporting.	IMS Exec	Learning	Jan-19	Mar-19
5.4.	IT Strategic Plan	Currently developing the 5 year plan. Draft should be complete by 11/1.	Written IT strategic plan.	IMS Exec	Learning	Jan-19	Mar-19
5.5.	Review of Purchasing Systems and Processes - 2018 Carryover	Purchasing has moved to business operations and processes are being reviewed. Updated Purchasing Policy will be presented to the Board in December.	Recommendations are developed.	CFO	Learning	Jan-19	Jun-19
5.6.	Modernization Action Plan for HIM	Training plan has been developed, Ashley will be communicating with the team.	Work plan objectives completed.	IMS Exec	Implementing	Jan-19	Dec-19
5.7.	Financial Education (2018 Carryover)	Finance 101 has been prepared and the first class has occurred, with the class being full. A second session is being scheduled.	Education sessions are provided to Management Team.	CFO	Implementing	Jan-19	Dec-19

## Quality Executive Summary

### October 2019

#### Organizational Outcomes

##### People

###### ❖ Vacancy Rate

The Vacancy Rate target range for 2019 is 5.0 - 7.0%. Currently, the rate is 9.2% for September. The year average is 9.2%, slightly lower than 2018 at 9.5%. September orientation welcomed 12 new staff members to NCHC, October orientation welcomed an additional 11 staff from Pine Crest Nursing Home in Lincoln County that will become a part of the NCHC family in January 2020.

###### ❖ Employee Retention Rate

The Employee Retention Rate target range for 2019 is 80.0 – 82.0%. The rate is 87.3% for the month of September. Currently, the rate is projected to end the year at 83.1%, which positively exceeds target range.

##### Service

###### ❖ Patient Experience

NCHC Patient Experience target is 88.3-90.5. We are measuring patient experience via mean score of responses to the overall satisfaction question on the patient experience surveys. This month, we were slightly under target at 86.4.

##### Quality

###### ❖ Readmission Rate

The Readmission Rate is a combined measure consisting of the total number of residents re-hospitalized within 30 days of admission and the percent of patients who are readmitted within 30 days of discharge from the inpatient behavioral hospital for mental health primary diagnosis. BHS's readmission rate was above target at 12.5% due to a few very complex patients. The nursing home showed another month under target with a rate of 7.3%. We had two readmissions that were in the 30 day window and were unavoidable. Our target for 2019 is 8-10% total readmission rate. The combined rate year to date is 10.3%.

###### ❖ Nursing Home Star Rating

For 2019, we will be measuring the Nursing Home Star Rating as determined by CMS Standards with a target of 4 stars. The current rating as of September rating remains at 3 stars. This is a result of our annual survey and self-report which resulted in high level citation.

###### ❖ Adverse Event Rate

For 2019, we will be measuring adverse events for both patients and employees. Our definition of "adverse" is actual harm that reached the patient or the employee. This measure will not include "near misses" or events that could have had the potential for harm, although this data will be collected, measured, and analyzed for quality process improvement efforts.

For 2019, the target range for Patient Adverse Event is .71-.73 per 1,000 patient days. For September, we are positively exceeding the target at 0.48, with a year to date rate also positively exceeding target at 0.63. September showed a decrease in patient adverse events from the previous month. The Inpatient Unit was slightly over this measure in September, but programs experienced a decrease in patient-related adverse events overall. Please see program descriptions below for more information.

The target range for Employee Adverse Events is 3.31 - 3.51. For September, we positively exceeded our target at 0 with a year to date rate of 3.74. The average is overall trending downward after a high number of injuries in the beginning of the year due to inclement weather.

❖ **Total Hospital Days**

This measure includes the total number of days that all patients spend hospitalized for psychiatric care or evaluation either in our inpatient unit or at external diversion sites. The data for external diversion days will be at a one month lag. Our target for 2019 is 735 or less total hospital days. In September, NCHC missed the target by 13 days (an improvement over last month of 58 days). This is an early indication that the programming around high utilizing patients could be making an impact. This indicator has reduced each month since June.

**Community**

❖ **Access Rate for Behavioral Health Services**

The target range for this measure for 2019 is 90-95%. This month, we are below target at 65.6%. The NCHC Board was recently educated about the concern with reliability with this measure, the residential program reported 100% access to the housing programs. However, this doesn't take into account the system that is built to handle referrals for recovery-focused housing. Since the demand is so high, and the availability so low, case managers are alerted to vacancies by the Community Living Director. This creates a reverse-referral process, which is not accounted for in this measure. The ongoing demands for residential supportive housing remains high.

**Finance**

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue. The 2019 target is 60-64%. This measure for September is 71.9%. Expenses overall are still above target, but overall did improve again. The indirect programs are where most of the improvement is coming from. Overall direct revenue is showing improvement also.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2019 target is 36-38%. The percentage for September is 31.4%, which continues to be much better than target. With expenses in the direct areas running over budget, support programs continue to keep expenses down to help offset some of the direct overages.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2019 is 2-3%. September shows a large loss for the month, resulting in this target being at -4.1%. Although there is a loss for September, the amount of the loss does continue to come down. With the organization showing a loss year to date, this target continues to be off target.

## **Program-Specific Outcomes - *items not addressed in analysis above***

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

### **Human Service Operations**

#### **❖ Behavioral Health Services (Inpatient, MMT, CBRF, Crisis):**

- The BHS Vacancy Rate decreased to 12.7%. The program target is 5.8-7.8%. We still have some key leadership vacancies as well as a few nursing and crisis staff vacancies.
- Patient experience decreased for BHS and is at 82.4. Work is being focused on moving the bulk of the “good” surveys to “very good.” The focus of this will be in program improvement and the evaluation of group work on the unit.
- Readmission rate increased to 12.5% in September. Work is being focused on high utilizers of service or patients who have frequent hospitalizations.
- Patient Adverse Event Rate is over target. The measure has a target of 0.71 to 0.73 and currently BHS is at 0.94. While this is still slightly over target, this is a significant decrease from the previous month, which had a score of 7.16. The adverse event for BHS was one incident on inpatient in which the client became upset with his visitor and engaged in self harm. Staff have reviewed the incident and are addressing how to prevent similar situations from happening.
- Hospital days decreased for the fourth month in a row, though the unit is still slightly over target. Work is being focused on high utilizers of service or patients who have frequent hospitalizations. NCHC staff have had several complex case discussions that center on how to better anticipate the needs of individuals with higher needs. These meetings are multidisciplinary and have shown to have dramatic individual impact.
- Direct Expense/Gross Patient Revenue, BHS had a decrease from last month at 77.2% with a target of 64-69%. The unit had a significant decrease in use of contracted nursing service, which has contributed to a better financial outcome this month. The department is still over target, and has been working on further decreasing use of the contracting nursing service as well as decreasing diversions.

#### **❖ Birth to 3**

- Birth to 3 transferred to the Marathon County Special Education in June. Measures will no longer be reported for this program.

#### **❖ Community Living (Residential/ADS/PreVoc):**

- Vacancy Rate stayed the same at 7.3% for September. Community Living is recruiting by use of realistic job previews, referral cards, and social media. In addition the department has several Resident Care Assistant interviews scheduled over the next two weeks. October numbers should remain the same, while recruitment efforts will be realized in November, after NCHC orientation.
- Adverse Event Rates: While this measure is over target, the rate did decrease from the previous month to 1.06. Fall prevention work was done in September and October to address needs in the homes.
- Access Rate: We expanded in-home services to new clients at around Forest Street, which was the effect of a slight short term improvement.

❖ **Outpatient/Community Treatment/Community Corner Clubhouse:**

Measures not met in this group were:

- **Access Rate:** The access rate for this service line was at 54.0% decreasing slightly from last month. This program has been successful in recruiting for Community Treatment and new staff are in the training period. Other staff will be starting in the next orientation or offers pending. When Community Treatment is fully staffed it will have a positive impact on access. However, in Outpatient we have recently informed partners that we will be restricting our intakes to counseling providers who are booking less than six weeks out. This is in effort to provide high quality services to patients, who by standard of care, require the ability to book follow up appointments one week after their initial appointment. Some of our providers are booking out in excess of over eight weeks. Patients who receive adequate follow up care are more likely not to readmit into the hospital, and will have better outcomes in general.
- **Direct Expense/Gross Patient Revenue:** The Outpatient/Community Treatment service line has not meet its financial goal since January. This has been an identified issue within the outpatient area. A NCHC group has been convened to address critical access issues that are also impacting no-shows and turn over, which impacts the bottom line. Production continues to struggle in outpatient and is further complicated by recent counseling vacancies in Langlade County. Reduction in case loads for outpatient staff should improve provider and client satisfaction and no show rates. Decreasing no shows will positively impact the financials and will impact readmissions, which is a system financial benefit.

**Nursing Home Operations**

❖ **Aquatic Services:**

- **Vacancy Rate** for the month is 0% which makes our YTD 8.3%.
- **Retention rate** for smaller programs are more volatile when 1 or 2 staff members leave. Staffing has stabilized in recent months as positions were vacated.
- **Access** went back up in September to 97.7% with the addition of new staff members and priority of expanded hours and direction given for Physical Therapists to do more evaluations and leave the treatment plan to the Physical Therapy Assistants. This directive will help in closing our waiting list.
- **Direct Expense Budget/Gross Patient Revenue** is 51-56%. August was back in line at 50.3%. In September we were able to reduce our waiting list with the addition of the 2<sup>nd</sup> physical therapist. Again this is related to being down the physical therapist position.

❖ **MVCC Overall:**

- **Vacancy Rate** for the month of September was at 14.6% with a target range of 6.4-8.4%. This showed another increase. This is due to the change in student's schedules and returning to classes. The nursing home Vacancy and Retention Committee meets weekly and is working to impact this outcome. Food service is showing significant vacancies which are driving our vacancy rate as well as two full-time openings in the Laundry Department.
- **Readmission Rate** target for 2019 is 8-10%. In September the readmission rate was in target at 7.3%. In September we had 2 readmissions in the 30 day timeframe which were unavoidable admissions. Since July we have implemented changes to our day to day operations to assist in reducing 30 day readmissions and we are seeing success with these numbers. We anticipate that we should be in target by year end with our current YTD at 10.4%
- **Adverse Event Rate** for September dropped further to 2.3 events per 1,000 patient days which puts us in target. Now that we have some acclimation from our major move we have seen reduction in adverse events.

- Access Rate for September was at 100%. The short term target for 2019 is for a referral to have an admission within 48 hours after acceptance. This goal has been revised to measure when the facility accepts a referral versus actual referral date. September had 89 referrals.
- Direct Expense/Gross Patient Revenue for September was at 62.9% with a target of 46-51% which is a slight decrease from August. Our census showed a significant decline in September with our lowest occupancy to date. This is attributed to over 18 discharges and 11 long term expirations. Team continues to work on reduction of overtime, supply management, and payer mix and has implemented a daily metric for hours worked and monitoring punched breaks to reduce. Write offs remain in line at .00% for the month.

## **Support Programs**

### **❖ APS:**

- Vacancy rate was at 0% for another month as APS is fully staffed. Overall rate dropped to 8.2%. There have been no further staff resignations or changes in the past month.
- APS patient experience remains over target – 93.8% for August and 92.7 overall.

### **❖ Patient Financial Services:**

- Direct Expense Budget target is \$66,088-\$69,393 per month. Expenses for September are below target, but year to date expenses are slightly above target. This is due to collection expenses. There is an increase in revenue from this which offsets the expense.

### **❖ Pharmacy:**

- The Direct Expense/Gross Patient Revenue for September was at 41.3% with a target range of 37-41%. This year to date is 41.7 % which is a little off target. Factor influencing this is drug costs more than budget. Working on our contract for better drug costs. Pharmacy is continuing to review better pricing for drugs and also reviewing changing off hours contract to assist in reduction of cost.

DEPARTMENT: NORTH CENTRAL HEALTH CARE FISCAL YEAR: 2019																
PRIMARY OUTCOME GOAL	↑↓	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD	2018
PEOPLE																
Vacancy Rate	↓	5 - 7%	10.3%	9.0%	9.4%	9.0%	8.1%	10.0%	9.1%	9.0%	9.2%				9.2%	9.5%
Retention Rate	↑	80 - 82%	97.8%	96.5%	95.2%	94.1%	93.3%	92.1%	91.2%	88.5%	87.3%				83.1%	82.0%
SERVICE																
Patient Experience	↑	88.3 - 90.5	90.9	89.3	90.0	90.8	84.3	89.2	85.6	90.8	86.4				88.5	N/A
CLINICAL																
Readmission Rate	↓	8 - 10%	6.7%	10.9%	8.6%	15.7%	12.1%	10.8%	7.8%	8.5%	11.1%				10.3%	11.3%
Nursing Home Star Rating	↑	4+ Stars	★★	★★	★★	★★★★	★★★★	★★★★	★★★★★	★★★★	★★★★				★★★★	★★
Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.65	0.53	0.39	0.70	0.48	0.82	0.65	0.93	0.48				0.63	0.75
		NCHC EMP: 3.31 - 3.51	8.90	11.49	1.26	5.67	3.78	1.84	0.00	2.52	0.00				3.74	3.77
Hospital Days	↓	735 or less per month	770	667	821	715	768	930	875	793	748				787	N/A
COMMUNITY																
Access Rate	↑	90 - 95%	92.0%	86.2%	85.6%	80.1%	88.1%	59.1%	66.8%	69.3%	65.6%				76.1%	88.3%
FINANCE																
Direct Expense/Gross Patient Revenue	↓	60 - 64%	64.9%	68.0%	73.3%	65.5%	71.9%	76.6%	75.3%	70.5%	71.9%				70.8%	68.2%
Indirect Expense/Direct Expense	↓	36 - 38%	33.7%	37.9%	34.7%	31.9%	34.7%	31.6%	30.7%	34.1%	31.4%				33.3%	35.5%
Net Income	↑	2 - 3%	1.3%	-1.6%	-12.4%	0.2%	-9.2%	-1.1%	-7.0%	-5.5%	-4.1%				-4.1%	0.7%

↑ Higher rates are positive

↓ Lower rates are positive

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 score of 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 Assistive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Star Rating	Star rating as determined by CMS Standards.
Adverse Event Rate	Patients: # of actual harm events that reached patients/number of patient days x1000 Employees: #of OSHA Reportables x 200,000/hours worked
Total Hospital Days	Total Hospital days that all patients spend hospitalized for psychiatric stabilization or evaluation either in our inpatient unit or at external diversion sites. The current figure totals the NCHC current month hospital days to out of facility hospital days from the previous month. This lag is due to the processing time of invoices from other facilities.
COMMUNITY	
Access Rate	• 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
	- 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
	• CBRF % of eligible patients admitted within 24 hours
	• MMT % of eligible patients admitted within 60 days of UPC
	• Crisis Services % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral
	• Inpatient Services
	- within 4 days following discharge for counseling/post-discharge check
	- 14 days from hospital discharge to psychiatry visit
	- Ratio of patient days served at NCHC vs. Out of County placements
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.
Net Income	Net earnings after all expenses have been deducted from revenue.



2019 - Primary Dashboard Measure List

↑ Higher rates are positive  
↓ Lower rates are positive

Department	Domain	Outcome Measure	2018	↑↓	Target Level	2019 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	9.5%	↓	5 - 7%	9.2%
		Retention Rate	82.0%	↑	80 - 82%	83.1%
	Service	Patient Experience: % Top Box Rate	N/A	↑	88.3 - 90.5	88.5
	Quality	Readmission Rate	11.3%	↓	8 - 10%	10.3%
		Nursing Home Star Rating	★★	↑	4+ Stars	★★★
		Adverse Event Rate	0.75	↓	PAT: 0.71 - 0.73	0.63
			3.77		NCHC EMP: 3.31 - 3.51	3.74
		Hospital Days	N/A	↓	<= 735 / month	787
	Community	Access Rate	88.3%	↑	90 - 95%	76.1%
	Finance	Direct Expense/Gross Patient Revenue	68.2%	↓	60 - 64%	70.8%
		Indirect Expense/Direct Expense	35.5%	↓	36 - 38%	33.3%
		Net Income	0.7%	↑	2 - 3%	-4.1%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BHS	People	BHS Vacancy Rate	↓	5.8 - 7.8%	14.6%
		BHS Retention Rate	↑	80 - 82%	79.7%
	Service	BHS Patient Experience	↑	88.3 - 90.5	84.1
	Quality	BHS Readmission Rate	↓	8 - 10%	10.3%
		BHS Adverse Event Rate	↓	PAT: 0.71 - 0.73	4.73
				NCHC EMP: 3.31 - 3.51	3.74
		Hospital Days	↓	<= 735 / month	787
	Community	BHS Access	↑	90 - 95%	
	Finance	BHS Budgeted Direct Expense/Gross Patient Revenue	↓	64 - 69%	80.4%
		BHS Write-Offs	↓	0.69%	1.06%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
COMMUNITY LIVING	People	Community Living Vacancy Rate	↓	4.6 - 6.6%	6.6%
		Community Living Retention Rate	↑	80 - 82%	87.5%
	Service	Community Living Patient Experience	↑	88.3 - 90.5	95.1
	Quality	Community Living Adverse Event Rate	↓	PAT: 0.73 - 0.75	0.95
				NCHC EMP: 3.31 - 3.51	3.74
	Community	Community Living Access Rate	↑	90 - 95%	45.9%
	Finance	Community Living Direct Expense/Gross Patient Revenue	↓	56 - 61%	53.8%
		Community Living Write-Offs	↓	0.10%	0.01%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
OP/CT/CLUBHOUSE	People	OP/CT/Clubhouse Vacancy Rate	↓	3.3 - 5.3%	6.1%
		OP/CT/Clubhouse Retention Rate	↑	80 - 82%	84.4%
	Service	OP/CT/Clubhouse Patient Experience	↑	88.3 - 90.5	89.7
	Quality	OP/CT/Clubhouse Adverse Event Rate	↓	PAT: 0.71 - 0.73	0.05
				NCHC EMP: 3.31 - 3.51	3.74
	Community	OP/CT/Clubhouse Access Rate	↑	90 - 95%	72.3%
	Finance	OP/CT/Clubhouse Direct Expense/Gross Patient Revenue	↓	73 - 78%	87.5%
		OP/CT/Clubhouse Write-Offs	↓	0.45%	0.32%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
AQUATIC	People	Aquatic Vacancy Rate	↓	3.7 - 5.7%	8.3%
		Aquatic Retention Rate	↑	80 - 82%	51.5%
	Service	Aquatic Patient Experience	↑	88.3 - 90.5	95.4
	Quality	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Community	Aquatic Access	↑	90 - 95%	95.1%
	Finance	Aquatic Direct Expense/Gross Patient Revenue	↓	51 - 56%	62.0%
		Aquatic Write-Offs	↓	0.45%	2.91%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MOUNT VIEW CARE CENTER	People	MVCC Vacancy Rate	↓	6.4 - 8.4%	13.4%
		MVCC Retention Rate	↑	80 - 82%	80.0%
	Service	MVCC Patient Experience	↑	88.3 - 90.5	88.5
	Quality	MVCC Readmission Rate	↓	8 - 10%	10.4%
		MVCC Nursing Home 5-Star Rating	↑	4+ Stars	★★★
		MVCC Adverse Event Rate	↓	2.43 - 2.55	2.73
	Community	MVCC Access Rate	↑	90 - 95%	85.1%
	Finance	MVCC Direct Expense/Gross Patient Revenue	↓	46 - 51%	60.7%
		MVCC Write-Offs	↓	0.16%	0.07%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
APS	People	APS Vacancy Rate	↓	3.7 - 5.7%	8.2%
		APS Retention Rate	↑	80 - 82%	50.0%
	Service	APS Patient Experience	↑	88.3 - 90.5	92.7
	Quality	Support Programs Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	APS Direct Expense Budget	↓	\$45,491 - \$47,765 per month	\$44,451

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
BUSINESS OPERATIONS	People	Business Operations Vacancy Rate	↓	3.8 - 5.8%	0.0%
		Business Operations Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Business Operations Direct Expense Budget	↓	\$57,205 - \$60,065 per month	\$51,663

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HIM	People	HIM Vacancy Rate	↓	3.3 - 5.3%	7.8%
		HIM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	HIM Direct Expense Budget	↓	\$34,970 - \$36,719 per month	\$37,977

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
HUMAN RESOURCES	People	Human Resources Vacancy Rate	↓	3.6 - 5.6%	0.0%
		Human Resources Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Human Resources Direct Expense Budget	↓	\$74,859 - \$78,602 per month	\$58,397

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
IMS	People	IMS Vacancy Rate	↓	3.1 - 5.1%	1.8%
		IMS Retention Rate	↑	80 - 82%	80.9%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	IMS Direct Expense Budget	↓	\$191,668 - \$201,251 per month	\$180,547

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
MARKETING AND COMMUNICATION	People	MARCOM Vacancy Rate	↓	6.3 - 8.3%	0.0%
		MARCOM Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	MARCOM Direct Expense Budget	↓	\$30,931 - \$32,477 per month	\$32,532

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
ORGANIZATIONAL DEVELOPMENT	People	Org Dev Vacancy Rate	↓	8.3 - 10.3%	3.7%
		Org Dev Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Org Dev Direct Expense Budget	↓	\$44,077 - \$46,280 per month	\$32,584

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT ACCESS SERVICES	People	Patient Access Services Vacancy Rate	↓	2.1 - 4.1%	1.2%
		Patient Access Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Patient Access Services Direct Expense Budget	↓	\$50,225 - \$52,737 per month	\$49,666

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PATIENT FINANCIAL SERVICES	People	Patient Financial Services Vacancy Rate	↓	1.9 - 3.9%	
		Patient Financial Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Patient Financial Services Direct Expense Budget	↓	\$66,088 - \$69,393 per month	\$69,634

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PHARMACY	People	Pharmacy Vacancy Rate	↓	2.7 - 4.7%	0.0%
		Pharmacy Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Pharmacy Budgeted Direct Expense/Gross Patient Revenue	↓	37 - 41%	41.7%

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
PURCHASING	People	Purchasing Vacancy Rate	↓	7.5 - 9.5%	0.0%
		Purchasing Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Purchasing Direct Expense Budget	↓	\$18,643 - \$19,575 per month	\$19,205

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
TRANSPORTATION	People	Transportation Vacancy Rate	↓	3.7 - 5.7%	0.0%
		Transportation Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
		Access: On-Time Arrivals	↑	90 - 95%	95.2%
	Finance	Transportation Direct Expense Budget	↓	\$32,062 - \$33,665 per month	\$31,992

Department	Domain	Outcome Measure	↑↓	Target Level	2019 YTD
VOLUNTEER SERVICES	People	Volunteer Services Vacancy Rate	↓	16.1 - 18.1%	0.0%
		Volunteer Services Retention Rate	↑	80 - 82%	100.0%
	Service	NCHC Overall Patient Experience	↑	88.3 - 90.5	88.5
	Quality	Support Program Overall Adverse Event Rate	↓	NCHC EMP: 3.31 - 3.51	3.74
	Finance	Volunteer Services Direct Expense Budget	↓	\$9,453 - \$9,926 per month	\$9,771

## MEMORANDUM

DATE: October 25, 2019  
TO: North Central Community Services Program Board  
FROM: Brenda Glodowski, Chief Financial Officer  
RE: Monthly CFO Report

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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 financials continue to struggle, with September showing a loss of (\$257,716). However, this continues to be an improvement over the past months.
- 2) **Revenue Key Points:**
  - The nursing home census was down in September averaging 174/day. The target is 185/day. The census is improving in October. The declining census also impacts the Rehab revenue, as there are fewer residents receiving services.
  - The hospital census was on target with an average of 14/day.
  - Overall patient revenue for September does exceed target.
- 3) **Expense Key Points:**
  - Overall expenses for the month are over budget target by \$(214,822). This is an improvement over the prior month.
  - The major drivers of the increased expenses are diversions and Psychiatry services. While diversions were over target, the amount over the target did decrease again. This continues to indicate that the level of this area being off target is slowing down.
  - Overall employee benefits for the month were below target.
  - The support programs continue to overall remain below budget targets. This continues to help with some of the overages in the direct programs.
- 4) **New Program Transitions:** The financial set up and transition of Lincoln Industries and Pine Crest will be a priority over the remainder of the year so these programs are in place by the beginning of 2020.
- 5) **2019 Audit:** The audit planning meeting is scheduled.

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
SEPTEMBER 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	(386,527)	3,205,265	2,818,738	6,391,987
Accounts receivable:				
Patient - Net	2,934,956	1,532,431	4,467,387	4,669,444
Outpatient - WIMCR & CCS	3,769,000	0	3,769,000	2,598,750
Nursing home - Supplemental payment program	0	222,849	222,849	546,000
Marathon County	0	0	0	100,035
Appropriations receivable	0	0	0	0
Net state receivable	991,730	0	991,730	1,022,547
Other	427,455	0	427,455	393,096
Inventory	398,393	29,294	427,687	342,220
Other	<u>422,387</u>	<u>282,531</u>	<u>704,918</u>	<u>898,088</u>
Total current assets	<u>8,557,395</u>	<u>5,272,371</u>	<u>13,829,765</u>	<u>16,962,167</u>
Noncurrent Assets:				
Investments	13,646,000	0	13,646,000	12,200,000
Assets limited as to use	246,350	93,662	340,012	381,318
Contingency funds	500,000	500,000	1,000,000	1,000,000
Restricted assets - Patient trust funds	15,601	23,096	38,697	38,402
Receivable restricted to pool project	3,213,262		3,213,262	0
Net pension asset	3,331,431	2,228,367	5,559,798	0
Nondepreciable capital assets	959,065	0	959,065	1,290,887
Depreciable capital assets - Net	<u>6,895,728</u>	<u>3,207,950</u>	<u>10,103,677</u>	<u>10,154,382</u>
Total noncurrent assets	<u>28,807,436</u>	<u>6,053,075</u>	<u>34,860,511</u>	<u>25,064,989</u>
Deferred outflows of resources - Related to pensions	<u>6,154,191</u>	<u>4,116,489</u>	<u>10,270,680</u>	<u>12,070,837</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<u><b>43,519,022</b></u>	<u><b>15,441,934</b></u>	<u><b>58,960,956</b></u>	<u><b>54,097,993</b></u>



**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
SEPTEMBER 2019**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of capital lease liability	22,460	6,789	29,249	0
Accounts payable - Trade	569,708	381,073	950,781	2,062,858
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	855,577	572,288	1,427,865	1,348,889
Compensated absences	1,067,571	714,090	1,781,661	1,638,430
Health and dental insurance	507,522	339,478	847,000	622,000
Other Payables	123,522	82,623	206,145	239,000
Amounts payable to third-party reimbursement programs	254,981	0	254,981	312,564
Unearned revenue	<u>41,117</u>	<u>0</u>	<u>41,117</u>	<u>76,834</u>
Total current liabilities	<u>3,442,459</u>	<u>2,096,341</u>	<u>5,538,800</u>	<u>6,300,575</u>
Noncurrent Liabilities:				
Net pension liability	565,969	378,572	944,541	1,582,088
Long-term portion of capital lease liability	62,084	18,765	80,849	0
Related-party liability - Master Facility Plan	263,719	79,710	343,429	0
Patient trust funds	<u>15,601</u>	<u>23,096</u>	<u>38,697</u>	<u>38,402</u>
Total noncurrent liabilities	<u>907,373</u>	<u>500,143</u>	<u>1,407,516</u>	<u>1,620,490</u>
Total liabilities	<u>4,349,832</u>	<u>2,596,484</u>	<u>6,946,315</u>	<u>7,921,065</u>
Deferred inflows of resources - Related to pensions	<u>6,587,067</u>	<u>4,406,036</u>	<u>10,993,103</u>	<u>5,021,704</u>
Net Position:				
Net investment in capital assets	7,482,115	3,207,950	10,690,064	11,445,268
Restricted for capital assets - pool project	3,213,262	0	3,213,262	0
Unrestricted:				
Board designated for contingency	500,000	500,000	1,000,000	1,000,000
Board designated for capital assets	246,350	93,662	340,012	381,318
Undesignated	23,549,748	4,495,338	28,045,086	28,257,553
Operating Income / (Loss)	<u>(2,409,351)</u>	<u>142,464</u>	<u>(2,266,888)</u>	<u>71,085</u>
Total net position	<u>32,582,123</u>	<u>8,439,414</u>	<u>41,021,536</u>	<u>41,155,224</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>43,519,022</b></u>	<u><b>15,441,934</b></u>	<u><b>58,960,956</b></u>	<u><b>54,097,993</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING SEPTEMBER 30, 2019**

<b>TOTAL</b>	<b>CURRENT MONTH <u>ACTUAL</u></b>	<b>CURRENT MONTH <u>BUDGET</u></b>	<b>CURRENT MONTH <u>VARIANCE</u></b>	<b>YTD <u>ACTUAL</u></b>	<b>YTD <u>BUDGET</u></b>	<b>YTD <u>VARIANCE</u></b>
Revenue:						
Net Patient Service Revenue	<u>\$4,476,127</u>	<u>\$4,221,721</u>	<u>\$254,406</u>	<u>\$39,695,296</u>	<u>\$38,894,818</u>	<u>\$800,478</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	3,763,355	3,763,355	0
Grant Revenue	241,654	210,375	31,279	2,014,809	1,893,375	121,435
County Appropriations - Net	525,486	525,486	(0)	4,729,372	4,729,373	(1)
Departmental and Other Revenue	<u>316,232</u>	<u>349,219</u>	<u>(32,987)</u>	<u>2,984,663</u>	<u>3,142,967</u>	<u>(158,304)</u>
Total Other Revenue	<u>1,501,522</u>	<u>1,503,230</u>	<u>(1,708)</u>	<u>13,492,200</u>	<u>13,529,070</u>	<u>(36,870)</u>
Total Revenue	5,977,648	5,724,951	252,698	53,187,496	52,423,888	763,608
Expenses:						
Direct Expenses	4,926,790	4,316,730	610,061	43,399,176	39,011,459	4,387,716
Indirect Expenses	<u>1,341,628</u>	<u>1,484,169</u>	<u>(142,541)</u>	<u>12,507,292</u>	<u>13,444,268</u>	<u>(936,976)</u>
Total Expenses	<u>6,268,418</u>	<u>5,800,899</u>	<u>467,519</u>	<u>55,906,467</u>	<u>52,455,727</u>	<u>3,450,740</u>
Operating Income (Loss)	<u>(290,770)</u>	<u>(75,948)</u>	<u>(214,822)</u>	<u>(2,718,972)</u>	<u>(31,840)</u>	<u>(2,687,132)</u>
Nonoperating Gains (Losses):						
Interest Income	30,869	20,833	10,036	276,194	187,500	88,694
Donations and Gifts	2,185	0	2,185	41,200	0	41,200
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>134,690</u>	<u>0</u>	<u>134,690</u>
Total Nonoperating Gains / (Losses)	<u>33,054</u>	<u>20,833</u>	<u>12,220</u>	<u>452,084</u>	<u>187,500</u>	<u>264,584</u>
Income / (Loss)	<u>(\$257,716)</u>	<u>(\$55,115)</u>	<u>(\$202,601)</u>	<u>(\$2,266,887)</u>	<u>\$155,660</u>	<u>(\$2,422,548)</u>

**NORTH CENTRAL HEALTH CARE**  
**COMBINING STATEMENT OF REVENUES AND EXPENSES**  
**FOR PERIOD ENDING SEPTEMBER 30, 2019**

<b>51.42/.437 PROGRAMS</b>	<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>\$2,837,892</u>	<u>\$2,582,501</u>	<u>\$255,391</u>	<u>\$24,238,914</u>	<u>\$24,015,020</u>	<u>\$223,894</u>
Other Revenue:						
State Match / Addendum	418,151	418,151	0	3,763,355	3,763,355	0
Grant Revenue	241,654	210,375	31,279	2,014,809	1,893,375	121,435
County Appropriations - Net	400,486	400,486	(0)	3,604,372	3,604,373	(1)
Departmental and Other Revenue	<u>200,917</u>	<u>238,277</u>	<u>(37,360)</u>	<u>1,875,636</u>	<u>2,144,493</u>	<u>(268,857)</u>
Total Other Revenue	<u>1,261,207</u>	<u>1,267,288</u>	<u>(6,082)</u>	<u>11,258,172</u>	<u>11,405,596</u>	<u>(147,423)</u>
Total Revenue	4,099,099	3,849,790	249,309	35,497,087	35,420,615	76,471
Expenses:						
Direct Expenses	3,647,396	3,097,519	549,877	31,348,529	27,988,624	3,359,905
Indirect Expenses	<u>752,434</u>	<u>825,747</u>	<u>(73,313)</u>	<u>6,996,929</u>	<u>7,479,987</u>	<u>(483,058)</u>
Total Expenses	<u>4,399,831</u>	<u>3,923,266</u>	<u>476,565</u>	<u>38,345,459</u>	<u>35,468,612</u>	<u>2,876,847</u>
Operating Income (Loss)	<u>(300,732)</u>	<u>(73,476)</u>	<u>(227,256)</u>	<u>(2,848,372)</u>	<u>(47,996)</u>	<u>(2,800,376)</u>
Nonoperating Gains (Losses):						
Interest Income	30,869	20,833	10,036	276,194	187,500	88,694
Donations and Gifts	487	0	487	28,137	0	28,137
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>134,690</u>	<u>0</u>	<u>134,690</u>
Total Nonoperating Gains / (Losses)	<u>31,356</u>	<u>20,833</u>	<u>10,523</u>	<u>439,021</u>	<u>187,500</u>	<u>251,521</u>
Income / (Loss)	<u>(\$269,376)</u>	<u>(\$52,643)</u>	<u>(\$216,733)</u>	<u>(\$2,409,351)</u>	<u>\$139,504</u>	<u>(\$2,548,855)</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING SEPTEMBER 30, 2019**

<b>NURSING HOME</b>	<b>CURRENT MONTH <u>ACTUAL</u></b>	<b>CURRENT MONTH <u>BUDGET</u></b>	<b>CURRENT MONTH <u>VARIANCE</u></b>	<b>YTD <u>ACTUAL</u></b>	<b>YTD <u>BUDGET</u></b>	<b>YTD <u>VARIANCE</u></b>
Revenue:						
Net Patient Service Revenue	<u>\$1,638,235</u>	<u>\$1,639,219</u>	<u>(\$985)</u>	<u>\$15,456,382</u>	<u>\$14,879,798</u>	<u>\$576,584</u>
Other Revenue:						
County Appropriations - Net	125,000	125,000	0	1,125,000	1,125,000	0
Departmental and Other Revenue	<u>115,315</u>	<u>110,942</u>	<u>4,373</u>	<u>1,109,027</u>	<u>998,474</u>	<u>110,553</u>
Total Other Revenue	<u>240,315</u>	<u>235,942</u>	<u>4,373</u>	<u>2,234,027</u>	<u>2,123,474</u>	<u>110,553</u>
Total Revenue	1,878,550	1,875,161	3,389	17,690,409	17,003,272	687,137
Expenses:						
Direct Expenses	1,279,394	1,219,211	60,183	12,050,646	11,022,835	1,027,811
Indirect Expenses	<u>589,193</u>	<u>658,422</u>	<u>(69,229)</u>	<u>5,510,362</u>	<u>5,964,281</u>	<u>(453,919)</u>
Total Expenses	<u>1,868,588</u>	<u>1,877,633</u>	<u>(9,045)</u>	<u>17,561,009</u>	<u>16,987,116</u>	<u>573,893</u>
Operating Income (Loss)	<u>9,962</u>	<u>(2,472)</u>	<u>12,434</u>	<u>129,401</u>	<u>16,157</u>	<u>113,244</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,698	0	1,698	13,063	0	13,063
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>1,698</u>	<u>0</u>	<u>1,698</u>	<u>13,063</u>	<u>0</u>	<u>13,063</u>
Income / (Loss)	<u>\$11,660</u>	<u>(\$2,472)</u>	<u>\$14,132</u>	<u>\$142,464</u>	<u>\$16,157</u>	<u>\$126,307</u>

**NORTH CENTRAL HEALTH CARE**  
**REPORT ON AVAILABILITY OF FUNDS**  
September 30, 2019

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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	365 Days	12/5/2019	2.84%	\$484,000	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
PFM Investments	367 Days	1/2/2020	2.80%	\$968,000	X
PFM Investments	455 Days	2/13/2020	2.73%	\$482,000	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
People's State Bank	365 Days	3/28/2020	2.10%	\$250,000	X
PFM Investments	365 Days	4/4/2020	2.58%	\$486,000	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
BMO Harris	365 Days	5/28/2020	2.45%	\$500,000	X
People's State Bank	365 Days	5/29/2020	2.40%	\$350,000	X
People's State Bank	365 Days	5/30/2020	2.40%	\$500,000	X
PFM Investments	365 Days	6/3/2020	2.53%	\$486,000	X
PFM Investments	365 Days	7/8/2020	2.27%	\$487,000	X
People's State Bank	365 Days	8/21/2020	1.74%	\$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
CoVantage Credit Union	456 Days	12/9/2020	2.00%	\$500,000	X
Abby Bank	730 Days	1/6/2021	2.65%	\$500,000	X
Abby Bank	730 Days	2/25/2021	2.69%	\$500,000	X
CoVantage Credit Union	730 Days	3/8/2021	2.72%	\$500,000	X
Abby Bank	730 Days	7/19/2021	2.45%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$13,646,000	
WEIGHTED AVERAGE		550.72 Days	2.332% INTEREST		

**NCHC-DONATED FUNDS****Balance Sheet**

As of September 30, 2019

**ASSETS**

## Current Assets

## Checking/Savings

**CHECKING ACCOUNT**

Adult Day Services	6,151.18
Adventure Camp	2,829.96
Alvin Therapy Dog	569.50
Birth to 3 Program	2,035.00
Clubhouse	3,966.98
Community Treatment - Adult	663.03
Community Treatment - Youth	7,187.37
Fishing Without Boundries	6,657.28
General Donated Funds	57,845.90
Hope House	1,847.09
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,388.82
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	1,747.25
Total Legacies by the Lake	3,705.50
Marathon Cty Suicide Prev Task	28,343.51
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	4,867.71
Outpatient Services - Marathon	401.08
Pool	30,519.46
Prevent Suicide Langlade Co.	2,444.55
Recovery Coach	20,000.00
Resident Council	521.05
United Way	3,686.29
Voyages for Growth	33,442.72

**Total CHECKING ACCOUNT** 232,998.64

Total Checking/Savings 232,998.64

Total Current Assets 232,998.64

**TOTAL ASSETS** **232,998.64****LIABILITIES & EQUITY**

## Equity

Opening Bal Equity	123,523.75
Retained Earnings	86,757.12
Net Income	22,717.77

Total Equity 232,998.64

**TOTAL LIABILITIES & EQUITY** **232,998.64**

# North Central Health Care Budget Revenue/Expense Report

Month Ending September 30, 2019

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,977,648</u>	<u>5,724,951</u>	<u>53,187,496</u>	<u>52,423,888</u>	<u>763,608</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,665,823	2,844,300	24,158,188	25,744,277	(1,586,089)
Fringe Benefits	976,757	1,055,657	10,123,377	9,554,887	568,490
Departments Supplies	668,656	666,986	6,021,160	6,002,874	18,287
Purchased Services	952,417	501,254	7,159,930	4,559,287	2,600,643
Utilitites/Maintenance Agreements	452,951	259,704	3,257,737	2,337,338	920,399
Personal Development/Travel	37,074	44,663	363,819	401,963	(38,144)
Other Operating Expenses	104,215	177,169	1,011,751	1,594,601	(582,850)
Insurance	37,419	39,250	330,961	353,250	(22,289)
Depreciation & Amortization	170,337	145,250	1,459,420	1,307,250	152,170
Client Purchased Services	<u>202,769</u>	<u>66,667</u>	<u>2,020,123</u>	<u>600,000</u>	<u>1,420,123</u>
<b>TOTAL EXPENSES</b>	<b>6,268,418</b>	<b>5,800,899</b>	<b>55,906,467</b>	<b>52,455,727</b>	<b>3,450,740</b>
Nonoperating Income	<u>33,054</u>	<u>20,833</u>	<u>452,084</u>	<u>187,500</u>	<u>264,584</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>(257,716)</u></b>	<b><u>(55,115)</u></b>	<b><u>(2,266,887)</u></b>	<b><u>155,660</u></b>	<b><u>(2,422,548)</u></b>

**North Central Health Care  
Write-Off Summary  
September 2019**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$23,362	\$71,504	\$89,158
Bad Debt	(\$11,316)	\$771	\$8,870
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$7,730	\$81,528	\$103,558
Bad Debt	(\$8,100)	\$4,944	\$3,604
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$0	\$8,703	\$35,289
Bad Debt	\$9	\$1,623	\$11,163
Ancillary Services:			
Administrative Write-Off	\$0	\$2,028	\$4,300
Bad Debt	\$0	\$0	\$574
<b><i>Pharmacy:</i></b>			
Administrative Write-Off	\$29	\$876	\$3,173
Bad Debt	\$0	\$14	\$239
<b>Total - Administrative Write-Off</b>	<b>\$31,121</b>	<b>\$164,640</b>	<b>\$235,478</b>
<b>Total - Bad Debt</b>	<b>(\$19,407)</b>	<b>\$7,351</b>	<b>\$24,450</b>



**North Central Health Care  
2019 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
<b>January</b>	Nursing Home	5,735	5,491	(244)	92.50%	88.56%
	Hospital	434	360	(74)	87.50%	72.58%
<b>February</b>	Nursing Home	5,180	5,050	(130)	92.50%	90.18%
	Hospital	392	336	(56)	87.50%	75.00%
<b>March</b>	Nursing Home	5,735	5,591	(144)	92.50%	90.18%
	Hospital	434	457	23	87.50%	92.14%
<b>April</b>	Nursing Home	5,550	5,367	(183)	92.50%	89.45%
	Hospital	420	420	0	87.50%	87.50%
<b>May</b>	Nursing Home	5,735	5,720	(15)	92.50%	92.26%
	Hospital	434	433	(1)	87.50%	87.30%
<b>June</b>	Nursing Home	5,550	5,538	(12)	92.50%	92.30%
	Hospital	420	465	45	87.50%	96.88%
<b>July</b>	Nursing Home	5,735	5,717	(18)	92.50%	92.21%
	Hospital	434	428	(6)	87.50%	86.29%
<b>August</b>	Nursing Home	5,710	5,578	(132)	92.10%	89.97%
	Hospital	434	404	(30)	87.50%	81.45%
<b>September</b>	Nursing Home	5,575	5,231	(344)	92.92%	87.18%
	Hospital	420	422	2	87.50%	87.92%
<b>October</b>	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
<b>November</b>	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
<b>December</b>	Nursing Home	0	0	0	0.00%	0.00%
	Hospital	0	0	0	0.00%	0.00%
<b>YTD</b>	Nursing Home	50,505	49,283	(1,222)	92.50%	90.26%
	Hospital	3,822	3,725	(97)	87.50%	85.28%

**North Central Health Care  
Review of 2019 Services  
Langlade County**

	2019 Jan-Sept Actual Rev	2019 Jan-Sept Budg Rev	Variance	2019 Jan-Sept Actual Exp	2019 Jan-Sept Budg Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$376,237	\$508,492	(\$132,255)	\$480,274	\$598,659	\$118,385	(\$13,870)
Community Treatment-Adult	\$495,852	\$447,970	\$47,882	\$419,696	\$454,720	\$35,024	\$82,906
Community Treatment-Youth	\$1,111,420	\$958,127	\$153,293	\$985,341	\$958,127	(\$27,214)	\$126,079
Day Services	\$229,426	\$244,500	(\$15,074)	\$255,333	\$244,500	(\$10,833)	(\$25,907)
	\$2,212,935	\$2,159,089	\$53,846	\$2,140,644	\$2,256,006	\$115,362	\$169,208
<b>Shared Services:</b>							
Inpatient	\$340,432	\$348,940	(\$8,508)	\$425,747	\$408,409	(\$17,338)	(\$25,846)
Hospital Psychiatry	\$27,857	\$69,617	(\$41,760)	\$175,030	\$141,535	(\$33,495)	(\$75,256)
CBRF	\$107,026	\$71,601	\$35,425	\$75,837	\$71,601	(\$4,236)	\$31,189
Crisis	\$54,649	\$46,658	\$7,991	\$253,554	\$221,633	(\$31,922)	(\$23,931)
MMT (Lakeside Recovery)	\$35,472	\$41,678	(\$6,206)	\$82,426	\$65,996	(\$16,431)	(\$22,637)
Outpatient Psychiatry	\$74,782	\$103,637	(\$28,855)	\$336,265	\$325,632	(\$10,633)	(\$39,488)
Protective Services	\$19,888	\$19,364	\$525	\$57,620	\$63,846	\$6,226	\$6,751
Birth To Three	\$72,009	\$78,575	(\$6,566)	\$129,320	\$144,797	\$15,477	\$8,912
Group Homes	\$216,263	\$146,017	\$70,246	\$201,873	\$146,017	(\$55,856)	\$14,390
Supported Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$246,601	\$74,038	(\$172,563)	(\$172,563)
	\$948,378	\$926,087	\$22,292	\$1,984,273	\$1,663,502	(\$320,771)	(\$298,479)
<b>Totals</b>	<b>\$3,161,313</b>	<b>\$3,085,175</b>	<b>\$76,138</b>	<b>\$4,124,917</b>	<b>\$3,919,508</b>	<b>(\$205,409)</b>	<b>(\$129,271)</b>
Base County Allocation	\$598,898	\$598,898	(\$0)				(\$0)
Nonoperating Revenue	\$17,854	\$11,573	\$6,282				\$6,282
County Appropriation	\$223,862	\$223,862	(\$0)				(\$0)
<b>Excess Revenue/(Expense)</b>	<b>\$4,001,927</b>	<b>\$3,919,508</b>	<b>\$82,419</b>	<b>\$4,124,917</b>	<b>\$3,919,508</b>	<b>(\$205,409)</b>	<b>(\$122,990)</b>

**North Central Health Care  
Review of 2019 Services  
Lincoln County**

	2019 Jan-Sept Actual Rev	2019 Jan-Sept Budget Rev	Variance	2019 Jan-Sept Actual Exp	2019 Jan-Sept Budg Exp	Variance	Variance By Program
<b>Direct Services:</b>							
Outpatient Services	\$226,379	\$321,493	(\$95,114)	\$274,097	\$488,423	\$214,326	\$119,213
Community Treatment-Adult	\$608,897	\$524,459	\$84,438	\$554,421	\$531,209	(\$23,212)	\$61,226
Community Treatment-Youth	\$1,363,452	\$1,247,117	\$116,335	\$1,440,023	\$1,247,117	(\$192,906)	(\$76,571)
	\$2,198,728	\$2,093,069	\$105,659	\$2,268,541	\$2,266,750	(\$1,791)	\$103,868
<b>Shared Services:</b>							
Inpatient	\$464,226	\$475,826	(\$11,600)	\$580,566	\$556,922	(\$23,644)	(\$35,243)
Inpatient Psychiatry	\$37,986	\$94,932	(\$56,946)	\$238,677	\$193,002	(\$45,675)	(\$102,621)
CBRF	\$145,945	\$97,638	\$48,307	\$103,415	\$97,638	(\$5,777)	\$42,530
Crisis	\$74,521	\$63,626	\$10,896	\$345,755	\$302,226	(\$43,529)	(\$32,634)
Outpatient Psychiatry	\$101,976	\$141,324	(\$39,348)	\$458,544	\$444,044	(\$14,501)	(\$53,849)
MMT (Lakeside Recovery)	\$48,370	\$56,834	(\$8,464)	\$112,399	\$89,993	(\$22,406)	(\$30,870)
Protective Services	\$27,121	\$26,405	\$716	\$78,573	\$87,062	\$8,489	\$9,205
Birth To Three	\$92,198	\$100,004	(\$7,806)	\$165,578	\$184,288	\$18,710	\$10,904
Apartments	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Contract Services	\$0	\$0	\$0	\$336,273	\$100,961	(\$235,313)	(\$235,313)
	\$992,343	\$1,056,589	(\$64,246)	\$2,419,780	\$2,056,136	(\$363,645)	(\$427,890)
<b>Totals</b>	<b>\$3,191,071</b>	<b>\$3,149,658</b>	<b>\$41,413</b>	<b>\$4,688,321</b>	<b>\$4,322,885</b>	<b>(\$365,436)</b>	<b>(\$324,023)</b>
Base County Allocation	\$622,483	\$622,483	\$0				\$0
Nonoperating Revenue	\$24,920	\$16,433	\$8,488				\$8,488
County Appropriation	\$534,312	\$534,312	\$0				\$0
Excess Revenue (Expense)	\$4,372,786	\$4,322,885	\$49,901	\$4,688,321	\$4,322,885	(\$365,436)	(\$315,535)

**North Central Health Care  
Review of 2019 Services  
Marathon County**

	2019 Jan-Sept. Actual Rev	2019 Jan-Sept. Budget Rev	Variance	2019 Jan-Sept. Actual Exp	2019 Jan-Sept. Budget Exp	Variance	Variance by Program
<b>Direct Services:</b>							
Outpatient Services	\$1,040,029	\$1,425,646	(\$385,617)	\$1,607,492	\$1,686,963	\$79,471	(\$306,146)
Community Treatment-Adult	\$2,979,156	\$2,933,293	\$45,863	\$3,017,914	\$2,993,293	(\$24,621)	\$21,242
Community Treatment-Youth	\$3,346,212	\$2,809,271	\$536,942	\$3,043,521	\$2,809,271	(\$234,251)	\$302,691
Day Services	\$1,129,404	\$1,117,690	\$11,714	\$1,093,614	\$1,117,690	\$24,076	\$35,790
Clubhouse	\$215,508	\$378,074	(\$162,566)	\$352,145	\$447,074	\$94,929	(\$67,637)
Demand Transportation	\$322,995	\$328,676	(\$5,681)	\$306,371	\$328,676	\$22,305	\$16,624
Aquatic Services	\$493,281	\$601,097	(\$107,816)	\$794,615	\$857,856	\$63,241	(\$44,575)
Pharmacy	\$4,184,208	\$3,845,915	\$338,293	\$4,215,472	\$3,845,915	(\$369,557)	(\$31,264)
	\$13,710,793	\$13,439,662	\$271,131	\$14,431,144	\$14,086,738	(\$344,406)	(\$73,275)
<b>Shared Services:</b>							
Inpatient	\$2,290,181	\$2,347,413	(\$57,232)	\$2,864,118	\$2,747,478	(\$116,640)	(\$173,872)
Inpatient Psychiatry	\$187,400	\$468,332	(\$280,932)	\$1,177,474	\$952,145	(\$225,329)	(\$506,261)
CBRF	\$719,995	\$481,681	\$238,314	\$510,178	\$481,681	(\$28,497)	\$209,817
Crisis Services	\$367,636	\$313,886	\$53,751	\$1,705,727	\$1,490,982	(\$214,745)	(\$160,995)
MMT (Lakeside Recovery)	\$238,627	\$280,382	(\$41,755)	\$554,501	\$443,969	(\$110,533)	(\$152,287)
Outpatient Psychiatry	\$503,079	\$697,196	(\$194,117)	\$2,262,150	\$2,190,614	(\$71,536)	(\$265,653)
Protective Services	\$133,793	\$130,264	\$3,529	\$387,628	\$429,507	\$41,879	\$45,408
Birth To Three	\$530,644	\$457,162	\$73,482	\$952,978	\$842,459	(\$110,520)	(\$37,037)
Group Homes	\$1,326,015	\$1,353,983	(\$27,968)	\$1,237,784	\$1,353,983	\$116,199	\$88,231
Supported Apartments	\$1,931,638	\$1,788,000	\$143,638	\$1,789,589	\$1,788,000	(\$1,589)	\$142,049
Contracted Services	\$0	\$0	\$0	\$1,658,949	\$498,072	(\$1,160,877)	(\$1,160,877)
	\$8,229,008	\$8,318,298	(\$89,290)	\$15,101,076	\$13,218,890	(\$1,882,187)	(\$1,971,477)
<b>Totals</b>	<b>\$21,939,801</b>	<b>\$21,757,960</b>	<b>\$181,841</b>	<b>\$29,532,220</b>	<b>\$27,305,627</b>	<b>(\$2,226,593)</b>	<b>(\$2,044,752)</b>
Base County Allocation	\$2,541,974	\$2,541,974	\$1				\$1
Nonoperating Revenue	\$233,419	\$159,495	\$73,924				\$73,924
County Appropriation	\$2,846,199	\$2,846,199	\$0				\$0
<b>Excess Revenue/(Expense)</b>	<b>\$27,561,393</b>	<b>\$27,305,627</b>	<b>\$255,766</b>	<b>\$29,532,220</b>	<b>\$27,305,627</b>	<b>(\$2,226,593)</b>	<b>(\$1,970,827)</b>

## MEMORANDUM

DATE: October 24, 2019  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, Human Services Operations Executive  
RE: Monthly HSO Report

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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. **DHS Statewide Service Map:** DHS has released a dashboard map of [Mental Health](#) and [Substance Use](#) services that can be drilled down into county-wide data. Lincoln, Langlade, and Marathon County's data has been combined and it shows an increase in people served over time for mental health treatment, as well as the top 5 most used services in the county. For the 3-county area, the most frequent services are Intake/Assessments, Crisis services, and Outpatient Counseling. The most common substance in 2018 was alcohol, followed by amphetamines and marijuana.
2. **Marathon County Jail Medically Assisted Treatment (MAT) Program:** NCHC staff continue to convene partners to start a MAT program in the jail this year, with the intent to grow slowly next year. Two different medications will be offered, Suboxone and Vivitrol. Per the state, this is the first time that grant funds from DHS will be used to provide both these medications in a jail setting. NCHC is using the [NIATx model](#) for program design and implementation.
3. **Langlade County Sober Living:** On October 8, 2019, Michelle Devine Giese, CEO of Apricity, visited Antigo and answered questions about the model in a town hall. Key stakeholders in the project had the opportunity to learn more about the operational details. Michelle was also able to tour the building and give program advice based on the building's layout. She was very complimentary of the building, and felt that the building was well suited for a sober living environment.
4. **North Central Recovery Coaching Collaborative:** Four coaches received the Connecticut Community for Addiction Recovery ([CCAR](#)) training on the week of October 14. Once trained, they will slowly be introduced to Recovery Coaching in the area. Coaches have been attending committee meetings including Langlade County's TAD meeting and Marathon County's EBDM to get to know key stakeholders and understand community systems and outreach.
5. **Lincoln Industries:** A work plan has been developed and a team is actively working on the transition. A town hall for guardians and funders of Lincoln Industries clients was held on September 30. The meeting was an opportunity for parents and guardians to voice concerns and ask questions. The audience considered it beneficial and another town hall will be scheduled further into the transition plan.



## MEMORANDUM


DATE: October 25, 2019  
TO: North Central Community Services Program Board  
FROM: Kim Gochanour, Regional Nursing Home Operations Executive  
RE: Nursing Home Operations Report

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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) **Pine Crest Transition:** September has been a flurry of activity with the start of the Pine Crest Transition meetings. We are currently working on 16 different areas which includes clinical, finance, human resources, and transportation to name a few. We have had kick off meetings in most areas and have developed updates that we are providing on the progress to the Nursing Home Operations Committee.
- 2) **Patient Driven Payment Model (PDPM) Training:** PDPM kicked off October 1, 2019 without any significant issues or concerns. The Center for Medicare and Medicaid Services (CMS) had some issues with our transmission of data but was resolved quickly. The full impacts of the PDPM shift will be better understood 6-8 weeks post implementation, around mid-November.
- 3) **Renovation Updates:** After our successful move of residents to their new locations, the Mount View team has been working to ensure that the transition has minimal impact on the residents. After adjusting to new dining and facility layout, residents and staff have done a wonderful job continuing the high quality services that our Legacy program is known for. September was also spent reviewing and making revisions in the resident room design. Suggestions from staff, residents and families were given to the architects with changes made and preparations underway to send out for bids.
- 4) **Aquatics Program:** In September we were happy to add a new Physical Therapist and Physical Therapy Assistant. With these additions, we have expanded our hours to include some evening therapy hours. Now that we are fully staffed, we have reduced our waiting list for clients wanting to utilize our aquatic services.
- 5) **Regulatory Update:** During August Pine Crest Nursing Home submitted a self-report that resulted in a citation for reporting of abuse. A plan of correction was developed which incorporated a more advanced crisis protocol for identifying when a resident may be having a crisis and steps for staff to assist and reduce issues. The plan of correction was submitted in September and we are awaiting a verification visit in October.

- 6) **Pine Crest Updates:** As we continue working on bringing Pine Crest staff into the North Central Health Care family, we have established an Employee Advisory Committee. This committee is made up of 10 individuals from all the departments at Pine Crest. This group is formed to communicate upcoming changes and to gather input from them and their colleagues. Currently we are working on a modified employee engagement survey. This survey will assist in making recommendations to the management team at Pine Crest on areas we can address and assist through this transition. We held a Welcome picnic on September 30<sup>th</sup> for all Pine Crest staff and Zach Ziesemer, our new Pine Crest Administrator. Staff and Board members from North Central Health Care generously donated their time to assist with serving, grilling, and being part of the day to meet staff and tour Pine Crest.
- 7) **Employee Engagement:** During September we honored our Housekeeping staff. The residents and activity staff at Mount View held a special program in honor of the housekeeping staff. Staff also held a pot luck in appreciation for all that our housekeeping staff does for North Central Health Care. This is a small group of dedicated individuals who go above and beyond to ensure that our building remain clean and practices strong infection control practices to keep the residents, clients and staff safe.

<b>Name of Document: Recruitment, Retention and Removal of Chief Executive Officer (CEO)</b> Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>		 <b>North Central Health Care</b> Person centered. Outcome focused.
Document #: LD-0046	Department: Administration	
Primary Approving Body: CEO	Secondary Approving Body: NCCSP Board	

Related Forms: N/A

#### I. Policy Statement

The North Central Community Services Program (NCCSP) Board ~~has the responsibility for the selection, appointment, retention and removal of a Chief Executive Officer (CEO) for North Central Health Care (NCHC) subject to confirmation by the County Boards of Supervisors of all of the member counties.~~

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Deleted: to

Deleted: and

#### II. Purpose

To ensure that there is competent and expert leadership for NCHC provided by a Chief Executive Officer.

#### III. Definitions

#### IV. General Procedure

##### Appointment

1) In the event of a vacancy of the CEO position, the NCCSP Board shall use appropriate resources available to identify and recruit candidates who best meet the qualifications of this position as described in the CEO's job description.

2) Through a process of qualification verification, interviews, and professional referencing, the NCCSP Board shall select the most qualified candidate and submit the appointment of the candidate as CEO to the County Boards of Supervisors of all member counties for confirmation. The Retained County Authority Committee (RCA) may access all applicant materials, reports, and information obtained relevant to the selection of the CEO. The RCA shall also be afforded the opportunity to participate in candidate interviews. The RCA will make its own independent recommendation to the respective member county boards regarding the hiring decision. Each member County Board will then consider whether to confirm the CEO appointment upon receipt of both the NCCSP Board and RCA recommendations.

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3) It is the responsibility of the Executive Committee of the NCCSP Board to negotiate the terms of employment with the selected candidate.

A. The agreed upon terms of employment and the formal employment agreement must be approved by the NCCSP Board and considered within the



CEO Compensation guidelines set forth by the Retained County Authority Committee.

- 4) The employment agreement and terms of employment are reviewed and renewed annually by the Executive Committee of the NCCSP Board.
  - A. If there are no substantive changes in the terms of employment and there are no stated objections from any members of the NCCSP Board or the Retained County Authority Committee, the Executive Committee may renew the terms of employment and the employment agreement.

#### Performance Review

- 1) It is the responsibility of the NCCSP Board to formally review the performance of the CEO at least annually.

A. The responsibility for administering the annual review of the CEO's performance is delegated to the Executive Committee of the NCCSP Board led by the Board Chair.

B. The results of the review and any recommendations related to it are presented by the Board Chair to the NCCSP Board.

C. The review of the CEO's performance is administered at the close of the fiscal year of NCHC and must be completed and presented to the NCCSP Board at the February meeting.

D. The review of the CEO's performance shall include at least the following:

- i. Review of attainment of objectives set for the CEO and the organization for the previous year; and
- ii. Feedback from stakeholders to include at least:
  - a. The NCCSP Board Members;
  - b. Direct reports of the CEO; and
  - c. The Retained County Authority Committee who shall conduct a performance appraisal based on the CEO Work Plan, which includes performance metrics, on a semi-annual basis and provide their appraisal to the NCCSP Board for consideration in the CEO's annual review.

E. The Executive Committee of the NCCSP Board shall review the CEO's performance review with him/her and make recommendations for improvement in addition to setting expectations for the upcoming year.

#### Compensation

- 1) Compensation of the CEO is adjusted annually, or as needed, and is related to the performance of the CEO in carrying out the objectives of NCHC and the

Deleted: March

overall performance of the organization along domains determined by the NCCSP Board.

- 2) The NCCSP Board shall ensure that there is a competitive wage and benefit package for the CEO for the purpose of attracting the best candidates and retaining the existing executive.

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A. Comparisons with industry surveys are utilized to ensure a competitive wage and benefit package.

B. An independent, external review of CEO compensation should be completed annually.

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Deleted: at least every three (3) years

- 3) The RCA shall review the compensation plan for the CEO adopted by the NCCSP Board on an annual basis. The RCA is authorized to modify the proposed CEO compensation plan and grant final approval on behalf of the respective County Boards.

- 4) The compensation of the CEO as well as the terms of employment for the CEO is determined by the Executive Committee of the NCCSP Board.

Deleted: with ratification by the NCCSP Board.

#### Removal of the CEO

- 1) The NCCSP Board may elect not to renew the CEO employment agreement for the overall good of the organization.
- 2) It is the responsibility of the NCCSP Board to make a decision to terminate the CEO when it is determined that he/she is not and cannot be effective in directing the programs and services of the NCCSP Board and its facilities and programs.
- 3) The Executive Committee of the NCCSP Board shall make a decision that the CEO is no longer effective and must be removed.
  - A. The recommendation shall be communicated to the NCCSP Board where a two-thirds (2/3) vote of the board will be necessary for removal of the CEO.
- 4) The RCA has the authority to, and is charged to, if appropriate circumstances are deemed to exist, make an independent recommendation to the respective County Boards for the removal of the CEO.

#### **V. Program-Specific Requirements:**

#### **References:**

Joint County Agreement 2017-2021  
Medicare Conditions of Participation  
Wisconsin State Statutes Chapter 51.42

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Dileep Borra, M.D. Appoint/Reappoint 12-01-2019 to 11-30-2020  
Time Period


Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ BHS Medical Director

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☒ Employee  
☐ Locum Locum Agency: \_\_\_\_\_  
☐ Contract Contract Name: \_\_\_\_\_

**MEC PRIVILEGE RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
  
\_\_\_\_\_  
(MEC Committee or Designee Signature) 10-17-19  
\_\_\_\_\_  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
\_\_\_\_\_  
(MEC Committee or Designee Signature) 10-17-19  
\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
Person centered. Outcome focused.

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

Provider Kimberly S. Hoenecke D.O. Appointment Period 06-27-2019 to 02-28-2021  
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner

Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee  
☒ Locum Locum Agency: Jackson + Coker  
☐ Contract Contract Name: \_\_\_\_\_

**AMENDMENT TYPE(S) REQUESTED:**

☒ Privilege Reason: MCW Resident Supervision privilege added

☐ Status Reason: \_\_\_\_\_

☐ Type Reason: \_\_\_\_\_

**PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION**

**MEC RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

\_\_\_\_\_  
(MEC Committee or Designee Signature)

10-17-19  
\_\_\_\_\_  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- ☒ The amendment(s) be approved  
☐ Action be deferred on the amendment(s)  
☐ The amendment(s) be denied

\_\_\_\_\_  
(MEC Committee or Designee Signature)

10-17-19  
\_\_\_\_\_  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)







**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee George S. Manatt, M.D. Appoint/Reappoint 10-31-2019 to 01-31-2021  
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ BHS Medical Director

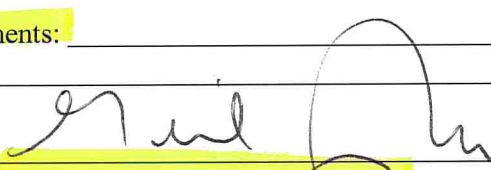
Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee  
☒ Locum Locum Agency: Jackson + Coker  
☐ Contract Contract Name: \_\_\_\_\_

**MEC PRIVILEGE RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

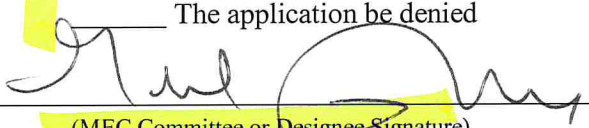
  
(MEC Committee or Designee Signature)

10-17-19  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(MEC Committee or Designee Signature)

10-17-19  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Gbolahan A. Oyinloye, M.D. Appoint/Reappoint 10-31-2019 to 02-28-2021  
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)  
☒ Psychiatry ☐ Medical Director  
☐ Mid-Level Practitioner ☐ BHS Medical Director

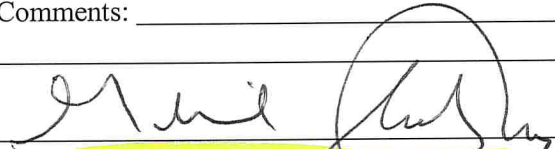
Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee  
☒ Locum Locum Agency: Daily Care  
☐ Contract Contract Name: \_\_\_\_\_

**MEC PRIVILEGE RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

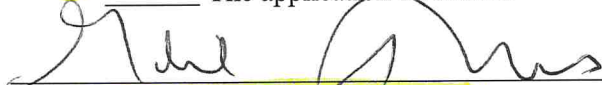
  
(MEC Committee or Designee Signature)

10-17-19  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested  
☐ Action be deferred on the application  
☐ The application be denied

  
(MEC Committee or Designee Signature)

10-17-19  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response: ☐ Concur  
☐ Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)











## MEMORANDUM

DATE: October 24, 2019  
TO: North Central Community Services Program Board  
FROM: Jennifer Peaslee, Quality & Clinical Transformation Director  
Michael Loy, Chief Executive Officer  
RE: Quality & Compliance Plan Update

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The Quality & Compliance Plan covers all services and programs provided by North Central Health Care in Langlade, Lincoln and Marathon Counties. The North Central Community Services Program (NCCSP) Board retains the ultimate responsibility for the quality of care for North Central Health Care and the population it serves. The annual Quality & Compliance Plan is a Board approved document that prioritizes and structures efforts for quality improvement, oversight and effective compliance activities.

The following items are general updates related to the 2019 Quality & Compliance Action Plan. The information includes an overview of the action items as listed in the plan, the progress made YTD and potential recommendations for 2020.

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.

### A. Updates

- i. Efforts defining and measuring quality of care, care transitions and outcomes continue to become more well-defined
- ii. Patient Access streamlining continues with the progress of a number of initiatives including point of access improvements to enrollment and scheduling
- iii. Clinical Leadership Teams developed and meeting weekly

**B. Looking Ahead**

- i. In collaboration with the Zero Suicide Workgroup, safe care transitions will be a priority; aimed at patient point of access and care coordination across programs for individuals identified as high risk for suicide
- ii. Reorganization and further refinement of our quality oversight and committee structures to increase speed, agility and flow of work around quality improvement

2. Corporate Compliance: Corporate Compliance function is continuing to be improved to enhance effectiveness.

**A. Updates**

- i. Board education on Compliance Responsibilities and Emerging Trends in June 2019
- ii. Enhanced bi-monthly compliance reporting provided to the Board.
- iii. Compliance Officer achieved HealthCare Compliance Certification
- iv. New Compliance Auditor position created and hired to support audit and monitoring function
- v. Identified compliance concerns more proactively and experienced a more effective response

**B. Looking Ahead**

- i. Continue to strengthen our compliance functions with a focus on structure and effectiveness to include Compliance Liaisons
- ii. Continue to review policies and structure to support a proactive compliance program
- iii. Develop a more defined Ethics support function for complex care issues and peer support

3. Physician Leadership and Support: Continued effort will occur with defining Physician leadership roles and support structure for Physician success.

**A. Updates**

- i. CEO and Psychiatrists attended the Wisconsin Hospitals Association's (WHA) Physician Leadership Conference in March
- ii. On-boarded our new Director of Medical Staff Relations
- iii. Chief Medical Officer position defined and successful support of Interim Chief Medical Officer
- iv. Hired new Chief Medical Officer
- v. Held 1<sup>st</sup> Physician Recognition Dinner in October
- vi. Updated the Medical Staff Bylaws

**B. Looking Ahead**

- i. Successful Onboarding of Chief Medical Officer
- ii. Defining clear leadership support roles within the Medical Staff at the Committee and Program level
- iii. Review of all Medical Staff policies
- iv. Formal Development Plans for all Physicians
- v. Successfully transition Physician support needs for nursing homes
- vi. Attend the WHA Physician Leadership Conference
- vii. Train Physicians and Management on dyad leadership model

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.

**A. Updates**

- i. Enhanced Ongoing Professional Practice Evaluation (OPPE) & Focused Professional Practice Evaluation (FPPE) structure and format established
- ii. Provider quality dashboard developed and implemented

**B. Looking Ahead**

- i. Implementation of more rigorous Peer Review practices for Practitioners
- ii. Comprehensive assessment of clinical quality of behavioral health programs

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.

**A. Updates**

- i. Resident Transition Coordinator role developed in Mount View Care Center
- ii. Successful relocation of 50 Mount View Care residents
- iii. Staff, resident and families provided input into the new resident room design for the new skilled nursing tower

**B. Looking Ahead**

- i. March is the target to open to new Aquatic Therapy Pool
- ii. The Youth Hospital and Crisis CBRF is slated to open in June
- iii. Final design work will be completed for the remaining phases



6. Electronic Medical Record (EMR) Improvements: Our two Electronic Medical Records are both in a full replace or upgrade cycle.

**A. Updates**

- i. MatrixCare was successfully implemented in the nursing home
- ii. Birth to Three programs are being transitioned out of the record
- iii. Selection process for a new behavioral health EMR to identify vendor is underway and will be completed later this year

**B. Looking Ahead**

- i. Implementation of the new Behavioral Health EMR system
- ii. Transition of Community Living programs into a new EMR solution will need to occur by end of 2020
- iii. Support for Pine Crest EMR will need to be established

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 receive elevated oversight through our Denial Management Committee.

**A. Updates**

- i. Write-off information is shared and visible through the dashboard system
- ii. Successful recruitment and onboarding of Coder/Clinical Documentation Specialist
- iii. Contract established with InterQual to align evidence-based clinical intelligence to support appropriate care and foster optimal utilization of resources
- iv. Clinical coding optimization through the development of resource guides and active audit support
- v. Review of Aquatic documentation practices

**B. Looking Ahead**

- i. Update the organization's Charge Master
- ii. Continued support for coding and clinic documentation improvements

8. Adverse Events: In 2019, there will be increased vigilance with our adverse event outcomes for consumers and employees.

**A. Updates**

- i. Zero Suicide Framework chosen as evidenced-based model to target suicide prevention. Accomplishments thus far include the administration of an all staff survey, creation of a work plan, education and Columbia Suicide Screening and Assessment tool integrated into the EMR. Zero Suicide will continue to be a priority for the organization in 2020
- ii. SafetyZone, a new occurrence reporting system was implemented in September that allows for ease in reporting and better follow up investigation aimed at reducing adverse events and harm
- iii. Exploration of evidence based methods for conducting root-cause analysis
- iv. Human Resources Director, Organizational Development Director and Quality & Clinical Transformation Director achieved Just Culture Certification. Implementation plan to be developed as a focus in 2020

**B. Looking Ahead**

- i. In addition to the items above, as our organization aims to continually improve the reliability and safety of care which impacts quality, we will be working to establish a foundation for achieving zero harm to patients, families and the workforce
- ii. The 2020 Quality & Compliance Plan will incorporate Safety initiatives more prominently as we implement the American College of Healthcare Executive's Blueprint for a Culture of Safety in support of achieving zero harm
- iii. Fall prevention needs to continue to be a heightened focus

## MEMORANDUM

DATE: October 22, 2019  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: Amend the 2020 Capital Plan

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### **Purpose**

Whether to amend the 2020 Capital Plan to include \$1,244,105 in technology related capital expenditures as part of the 2020 Proposed Budget.

### **Background**

The 2020 Capital Plan that was presented within the 2020 Proposed Budget (on page 100) inadvertently omitted the detail for approved technology capital requests. There are seven technology related capital expenditures that were approved in the budget development process that need to be included in the 2020 Budget document.

### **Assessment**

The 2020 Budget was developed with the inclusion of these projects and this correction does not change the total annual operating budget or any requests to the Counties. There would be no additional approval needed by the Counties to make this correction.

### **Recommendation**

Approve the use of the updated Capital Plan (replacing the current page 100 of the 2020 Proposed Budget) that is attached to this memorandum as part of the Final 2020 NCHC Budget.

## CAPITAL FUNDED IN NCHC 2020 BUDGET

PROGRAM NUMBER	DESCRIPTION OF PROGRAM	COST OF REQUEST	REQUEST	REASON FOR REQUEST
10-100-0400	PURCHASING	FORKLIFT	\$10,000	REPLACEMENT
10-100-0605	PATIENT ACCESS SERVICES	SIT TO STAND DESKS (2)	\$1,300	NEW***
10-100-0720	LAUNDRY	SMALL PIECE FOLDER	\$45,000	REPLACEMENT
10-100-0740	HOUSEKEEPING	ARMADA SWIVEL HEAD CARPET EXTRACTOR	\$4,300	REPLACEMENT
10-100-0745	NH HOUSEKEEPING	ARMADA SWIVEL HEAD CARPET EXTRACTOR	\$4,300	REPLACEMENT
20-100-1000	HOSPITAL	VITAL SIGN MACHINE	\$2,200	REPLACEMENT**
20-100-1100	YOUTH HOSPITAL	VITAL SIGN MACHINE (2)	\$4,400	NEW
20-100-2100	PSYCHIATRY SERVICES-OUTPATIENT	WHEELCHAIR SCALE	\$2,000	REPLACEMENT*
20-100-2100	PSYCHIATRY SERVICES-OUTPATIENT	VITAL SIGN MACHINE (2)	\$4,400	REPLACEMENT**
20-100-2600	AQUATIC SERVICES	24 INCH WATER WHEELCHAIR WITH REPLACEMENT SEAT AND WHEELS	\$3,500	REPLACEMENT
20-100-2750	DEMAND TRANSPORTATION	SIT TO STAND DESKS (2)	\$1,300	NEW***
20-115-1400	JELINEK APT	DINING ROOM SET (2)	\$3,000	REPLACEMENT
20-130-1400	ANDREA STREET	WHEELCHAIR SCALE	\$2,000	ADDITIONAL ITEM*
20-130-1400	ANDREA STREET	HIGH TEMP LOGGING DISHWASHER	\$5,700	REPLACEMENT
20-135-1400	CHADWICK STREET	HIGH TEMP LOGGING DISHWASHER	\$5,700	REPLACEMENT
20-135-1400	CHADWICK STREET	ADDITIONAL BEDROOM IN LOWER LEVEL	\$25,000	RENOVATION
20-145-1400	BISSELL STREET	HIGH TEMP LOGGING DISHWASHER	\$5,700	REPLACEMENT
20-150-1400	HEATHER STREET	HIGH TEMP LOGGING DISHWASHER	\$5,700	REPLACEMENT
20-150-1400	HEATHER STREET	HANDICAP ACCESS TO BATHROOM FROM HALLWAY	\$5,800	RENOVATION
25-100-0900	NURSING HOME ADMINISTRATION	SIT TO STAND DESKS (4)	\$2,600	NEW***
25-100-3000	POST ACUTE CARE	RECLINERS (7)	\$21,000	ADDITIONAL ITEM
25-100-3000	POST ACUTE CARE	BARIATRIC BEDS (2)	\$10,000	REPLACEMENT
25-100-3000	POST ACUTE CARE	AIR MATTRESSES (3)	\$4,500	REPLACEMENT
25-100-3000	POST ACUTE CARE	ONE ARM DRIVE WHEELCHAIR (3)	\$3,000	ADDITIONAL ITEM
25-100-3100	LONG TERM CARE	HOYER TRANSFER SYSTEM	\$5,000	ADDITIONAL ITEM
25-100-3100	LONG TERM CARE	BARIATRIC BED	\$5,000	ADDITIONAL ITEM
25-100-3100	LONG TERM CARE	AIR MATTRESSES (3)	\$4,500	REPLACEMENT
25-100-3100	LONG TERM CARE	E TAC LIFTING DEVICE (8)	\$2,800	ADDITIONAL ITEM
25-100-3100	LONG TERM CARE	WHEELCHAIR SCALE	\$2,000	REPLACEMENT*
25-100-3200	LEGACIES	BARIATRIC FULL BODY LIFT	\$9,000	REPLACEMENT
25-100-3200	LEGACIES	AIR MATTRESSES (4)	\$6,000	REPLACEMENT
25-100-3200	LEGACIES	SIT TO STAND LIFT (2)	\$16,000	REPLACEMENT
25-100-3800	VENT SERVICES	POWER WHEELCHAIR ASSIST	\$6,500	ADDITIONAL ITEM
25-100-3800	VENT SERVICES	FULL BODY BARIATRIC LIFT	\$9,000	ADDITIONAL ITEM
	PINE CREST	CARGO VAN FOR LAUNDRY TRANSPORT	\$65,000	NEW
	PINE CREST	PASSENGER VAN/ OR SMALL BUS	\$65,000	NEW
	PINE CREST	MED CARTS (9)	\$18,000	NEW
	PINE CREST	VITAL SIGNS MACHINES	\$4,500	REPLACEMENT
	PINE CREST	WHEELCHAIRS	\$10,000	REPLACEMENT
	PINE CREST	PRESSURE MATTRESSES (6)	\$12,000	ADDITIONAL ITEM
	PINE CREST	PATIENT LIFT	\$6,000	REPLACEMENT
<b>TECHNOLOGY REQUESTS:</b>				
10-100-0400	PURCHASING	SOFTWARE ADD-ON TO ABILA TO ENHANCE THE E-REQ SYSTEM	\$14,075	NEW
10-100-0500	INFO. MANAGEMENT SERVICES	ANALYTICS FOR ALL NCHC	\$40,030	NEW
10-100-0500	INFO. MANAGEMENT SERVICES	TIER REPLACEMENT	\$1,020,000	REPLACEMENT
10-100-0500	INFO. MANAGEMENT SERVICES	LAPTOP REPLACEMENTS	\$100,000	REPLACEMENT
10-100-0500	INFO. MANAGEMENT SERVICES	NCHC DATA CENTER UPGRADE	\$100,000	REPLACEMENT
10-100-0600	PATIENT FINANCIAL SERVICES	ABILITY TO PRINT COPY TO THE MFD FROM A PHONE	\$2,500	NEW
20-100-2100	PSYCHIATRY SERVICES-OUTPATIENT	TELEHEALTH EQUIPMENT	\$3,500	NEW

**TOTALS**

**\$1,708,805**

\* PURCHASE TOGETHER

\*\* PURCHASE TOGETHER

\*\*\* PURCHASE TOGETHER

## MEMORANDUM

DATE: October 22, 2019  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: Consideration of Revision to the Board Per Diems

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### **Purpose**

Whether to amend the Policy Governance Manual to increase the Board Per Diems for community members serving on the NCCSP Board.

### **Background**

The Policy Governance Manual provides the policy for Board Per Diem and Travel Expense Reimbursement. The last time this policy was reviewed by the Board was in December of 2017. The current policy is as follows:

*Per Diem stipends for community members serving on the Board will be \$100 per month. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County, if applicable.*

Recently, with the creation of the Nursing Home Operations Committee, the Board requested clarification on whether the Board Per Diem stipends for community members should be paid a Per Diem for each Board meeting. After review of the current policy, the Executive Committee of the NCCSP Board recommends that the Policy Governance Manual be amended as follows:

*Per Diem stipends for community members serving on the NCCSP Board will be \$100 per each meeting attended for all official meetings of the Board or any Board authorized Committee. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County, if applicable. Per Diems will not be paid to Board or Board Committee members who are current employees of NCHC or community members who are not also appointed NCCSP Board of Directors.*

The Per Diem policy of NCCSP Board members who are County Board Supervisors will continue to be determined according to each County's policy.

### **Assessment**

Based on the current Board composition, the current annual total cost increase would amount to approximately \$3,600 per year.

### **Recommendation**

The Executive Committee of the NCCSP Board has reviewed the current Board Per Diem policy and recommends adoption of the amendments to the Policy Governance Manual as described above.

## **2019 NCCSP BOARD CALENDAR – Next Three Months**

**November – No Meeting**

**Thursday December 12, 2019 (2<sup>nd</sup> Thursday) – 12:00 PM – 2:00 PM**

Educational Presentation: Defining Diversity and Cultural Competency in Health Care

Board Action: Approve the Quality, Compliance and Safety Plan for the upcoming year. Review and approve proposed Operational Plan, CEO and Board Work Plan, Quality, Organizational Dashboard, Code of Conduct and Utilization Review Plan for upcoming year. Report of recent investigations related to corporate compliance activities and significant events.

Board Policy to Review: Purchasing Policy, Complaints and Grievance Policy, Employee Grievance Policy

Board Policy Discussion Generative Topic: How does the NCCP Board ensure cultural competency within the Board, Management Team and Programming at NCHC?

**Thursday January 30, 2020 – 3:00 PM – 5:00 PM**

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment. This presentation should facilitate the generative topic below.

Board Action: CEO Performance Review – Initiate review of Chief Executive's performance, the method and timing of the executive's performance review

Board Policy Discussion Generative Topic: Facilitated Discussion on the quality of the strategic plan to gain better alignment of expectation and structure of the formal strategic plan.

Identify 5 priorities for Board Development and potential policy for the year. These five priorities should be informed through future Board Educational Presentations and/or Discussion Generative Topics.