

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

**February 25, 2021**

**3:00 p.m.**

**Wausau Board Room**

Present via conference phone (due to Covid19) unless otherwise noted (HCC)

|                    |               |   |                |     |               |
|--------------------|---------------|---|----------------|-----|---------------|
| X                  | Eric Anderson | X | Randy Balk     | EXC | Chad Billeb   |
| X                  | Ben Bliven    | X | John Breske    | X   | Kurt Gibbs    |
| EXC                | Deb Hager     | X | Lance Leonhard | X   | Dave Oberbeck |
| X <sub>(HCC)</sub> | Robin Stowe   | X | Gabe Ticho     | X   | Pat Voermans  |
| X                  | Bob Weaver    | X | Cate Wylie     |     |               |

Staff Present: Michael Loy, Jill Meschke, Jaime Bracken, Jarret Nickel, Tom Boutain, Dr. Rob Gouthro, Jennifer Peaslee

Others Present: John Sauer, Leading Age  
Dejan Adzic, Asst. Marathon County Corp. Counsel  
Paul Gilk, Lincoln County Board Member

### Call to Order

- Meeting was called to order at 3:00 p.m. by Chairman Gibbs.

### Chairman Announcements

- The review authorized by the Board at the January meeting is proceeding. A preliminary draft report is anticipated for the Board at the March meeting.

### Public Comments for Matters Appearing on the Agenda

- None

### Patient in the Board Room

- Toni Kellner, Community Living Program Director, introduced a resident from the Community Living Program who shared how the program has helped her with her independence and work experience.

### Nomination and Appointment of NCCSP Board Member to the North Central Health Foundation, Inc. Board

- The Foundation was created in the 1980's as a funding vehicle to purchase a property in the community with donated funds. It is its own legal entity and not under control of NCHC. The link between the entities has been through the CEO position, however the Foundation Board prefers someone from the NCCSP Board serve on the Foundation. About a year ago a partnership was developed to jointly employ an Executive Director of the Foundation on a 2-year pilot to expand what we're doing with the Foundation, raise funds, and enhance what we can do to support programs and services. Hiring the Director was paused due to Covid, but we would like to revisit if there is funding available for this partnership. The Board representative would be part of these efforts.

- If interested in serving on the Foundation Board, please contact Chairman Gibbs. The appointment will then move forward at the March Board meeting.

#### Committee Assignments – Chairman Gibbs

- Committee assignments will be placed on hold should there be any recommendations that may come from the Board review as there may be opportunities for restructuring of committees and Board oversight responsibilities.

#### Consent Agenda and Monitoring Reports

- **Motion**/second, Leonhard/Bliven, to approve the Consent Agenda and Monitoring Reports. Loy reviewed his CEO Report. Chairman Gibbs provided highlights of the Governor's budget. Motion carried.

#### Board Education

- Update on the Skilled Nursing Industry in Wisconsin – John Sauer, CEO, Leading Age Wisconsin
- Program Overview – Emergency and Crisis Services – M. Loy
- The Board's Role in Achieving Zero Harm and Leading a Culture of Safety will be moved to March Board agenda

#### Board Discussion and Action

- Highlights of the Dashboards and Executive Summary were provided.
  - Turnover rate is an annualized number i.e., January's turnover was 2.8% (January, May, August/Sept. are typically higher turnover months due to 'clean-up of records' of occasional staff who have not worked recently); we anticipate this number to come down throughout the year.
  - New measure for Organization Diversity Composite Index takes the four statistically significant minority populations in our community (Hmong/Asian, Spanish/Latino, Black/African American, Native American) and compares the community percentages of minority groups with the percentage of our workforce. If the index is 1.0 our workforce perfectly matches our community, if the number is above 1.0 we are more diverse, and if below 1.0 we are less diverse. This is a monitoring outcome only.
  - Patient Experience (Net Promoter Score) is new this year. Of a 5-point scale any ratings that are 4 are removed (5 is best and 1 is least) then it subtracts the 1, 2, and 3 responses from 5. We are currently below our target mostly due to low number of survey responses. Our first goal is to improve the survey volumes.
  - Client Diversity Composite Index is also new and works just like the workforce diversity index comparing to patient population. Currently we are less diverse than we would like to be.
- **Motion**/second, Leonhard/Anderson, to accept the Dashboards and Executive Summary. Motion carried.
- December Preliminary Financial Statements and January Financials
  - Request was made to defer approval of financial statements until March. With an entirely new accounting staff and the CFO still in her first year, staff have been asked to push for accuracy in the statements and in addition the 2020 audit process has begun which is also adding to their workload volume.

- M. Loy provided an overview which included how Covid impacted the operations financially. Even with Cares Act funding it didn't cover all the losses. In addition, there were large volumes of staff out with Covid over extended periods of time for the months of November and into December, admissions to the nursing homes were significantly hindered as units had to be closed to admissions during outbreaks, there were also additional expenses related to mandatory weekly testing of staff and residents from November through January.
- Reforecasting of the 2021 budget is in progress to adjust to current census and patient volumes.
- **Motion**/second, Balk/Leonhard, to postpone action of the December and January financials until the March Board meeting. Motion carried.
- Modifications to the Medical Staff Bylaws - M. Loy
  - a. Modification allows residents in 3<sup>rd</sup> and 4<sup>th</sup> years of residency to moonlight (work for our organization) which gives them more advanced and extensive training and allows us to expand psychiatry services in crisis and inpatient on nights and weekends. Medical Staff has considered this change and is very supportive. To do this we have to create a new classification of membership on the Medical Staff for privileges and to go through the credentialing process, etc.
  - b. **Motion**/second, Leonhard/Anderson, to approve the changes in the Medical Staff Bylaws as presented. Motion carried.
- Purchasing Policy – D. Adzic
  - From discussion at the January Board Meeting the following revisions have been made to the Purchasing Policy:
    - A. Procurement Thresholds and Approval Levels
      - 1. Micro Purchases
        - Budgeted purchases must be approved by a member of the Senior Management Team. Non-budgeted purchases may be approved by the Chief Financial Officer.
      - 2. Small Purchases
        - Includes purchases ranging from \$10,000-\$74,999 but does not include public work improvement projects that exceed \$30,000 (should read \$25,000)
        - Budgeted purchases must be approved by an Executive. Non-budgeted purchases must be approved by the CEO but must be reported to the Board.
      - 3. Medium Purchases
        - Includes purchases ranging from \$75,000-\$249,999 but does not include public work improvement projects that exceed \$30,000 (should read \$25,000)
        - Budgeted purchases must be approved by the Chief Financial Officer. Non-budgeted purchases must be approved by the Board.
        - Price and rate quotes must be obtained from at least three (3) qualified sources. Price rate quotes must be documented in writing and retained by organization for audit and other purposes. For non-budgeted medium purchases, the Board may require, on a case-by-case basis, that specific items are procured according to large purchase standards and competitive bidding procedures.

- Following the discussion it was felt that additional changes should be considered regarding the limits and process in which emergency non-budgeted purchase approvals would occur so as not to hinder the operations of the organization but to include the appropriate oversight and approvals in these circumstances.
- **Motion**/second, Stowe/Leonhard, for K. Gibbs, M. Loy, and D. Adzic to prepare additional proposed changes purchasing emergency non-budgeted items and present to the Board for review and approval at the March Board meeting. Motion carried.
- Consulting Services Agreement with CliftonLarsonAllen for Skilled Nursing Market Assessment, Operational Benchmarking, and Corresponding Strategic Planning – M. Loy
  - a. Proposal is for scope of work that the Nursing Home Operations Committee had recommended to put forward a policy recommendation to our counties relative to size and scope of our nursing homes. The proposal includes a three-phase approach as outlined in the packet document. We feel we need to do this to determine appropriate changes to our master facility plan at NCHC as well as with Pine Crest and potential renovation options. We also need to determine appropriate size and scope of facilities relative to our market, as well as regionalization efforts between our counties and the potential with Portage County.
  - b. **Motion**/second, Leonhard/Ticho, to empower the CEO to enter into an agreement as outlined. Motion carried.

#### Consideration of a Motion to Move into Closed Session

- **Motion**/second, Leonhard/Stowe, to postpone the closed session review for Report of Investigations Related to Corporate Compliance Activities and Significant Events to the March meeting of the Board. Motion Carried.

#### Board Calendar and Future Agenda Items

- As outlined and possible preliminary report on Board Review as authorized by the Board

#### Board Experience Optimizer

- Within 24 hours of the Board meeting a brief survey will be sent via email to each Board member. The Experience Optimizer is a Board governance effectiveness tool. Results are shared with the Board chair which helps in preparing and moving the Board forward.

#### Adjourn

- **Motion**/second, Anderson/Stowe, to adjourn the meeting at 5:15 p.m. Motion carried.