North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **Executive Committee of the North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Monday, December 14, 2020 at 5:00 PM
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Phone Number: *1-408-418-9388* ***Access Code:*** *146 711 2895* ***Meeting Password****: 1234*

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at715-848-4405. For TDD telephone service call 715-845-4928.

AGENDA

1. CALL TO ORDER

2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
    (Limited to 15 Minutes)

3. ACTION: APPROVAL OF NOVEMBER 19, 2020 EXECUTIVE COMMITTEE MINUTES

4. REVIEW ORGANIZATIONAL DASHBOARD AND WORKPLAN (5 Minutes)

5. CEO REPORT (5 Minutes)
    A. Homelessness Pilot Project
    B. Northern Valley Industries, Inc. Due Diligence Report
    C. Skilled Nursing Market Study and Strategic Plan

6. DISCUSS 2021 WORKPLAN, OBJECTIVES AND KEY RESULTS (10 Minutes)

7. ACTION: APPROVAL OF THE 2021 DASHBOARDS AND PERFORMANCE
    EXPECTATIONS (10 Minutes)

8. ACTION: APPROVAL OF THE VARIABLE PAY PROGRAM (10 Minutes)

9. CONSIDERATION AND POTENTIAL ACTION: MARKET-BASED COMPENSATION STUDY AND RECOMMENDATION FOR CEO

10. MOTION TO MOVE INTO CLOSED SESSION
    A. Pursuant to §19.85(1)(c) Wis. Stats. to consider Performance Evaluation and Compensation of a Public Employee Over Which the Governmental Body has Jurisdiction or Exercises Responsibility, namely the Chief Executive Officer of North Central Health Care.

11. RECONVENE TO OPEN SESSION AND REPORT OUT ON POSSIBLE ACTION ON CLOSED SESSION ITEM(S)

12. FUTURE AGENDA ITEMS FOR EXECUTIVE COMMITTEE OR BOARD CONSIDERATION

13. ADJOURN

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

_____
Presiding Officer or Designee

DATE: _12/11/2020_ TIME: _4:30 PM_ BY: _D. Osowski_

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

November 19, 2020   **3:00 PM**   **NCHC – Wausau Board Room**

(Present via conference phone unless otherwise noted.)

Present: X(on site)Jeff Zriny   X   Nancy Bergstrom
                  X   Lance Leonhard   X   Robin Stowe
                  X   Eric Anderson

Others Present: Todd Penske and Marc Harding, PeopleFirst

Call to Order
- Meeting was called to order at 3:02 p.m.

Public Comment for Matters Appearing on the Agenda
- No public comment(s) made.

ACTION: Approval of October 13, 2020 Executive Committee Meeting Minutes
- **Motion**/second, Leonhard/Stowe, to approve the October 13, 2020 Executive Committee meeting minutes. Motion carried.

Motion to Move Into Closed Session:
A. **Motion**/second, Leonhard/Stowe, Pursuant to §19.85(1)(c) Wis. Stats. to consider Performance Evaluation of a Public Employee Over Which the Governmental Body has Jurisdiction or Exercises Responsibility, namely the Chief Executive Officer of North Central Health Care.
B. Roll call taken, all ayes. Motion carried. Meeting convened in closed session at 3:04 p.m.

Reconvene to Open Session and Report Out on Possible Action on Closed Session Item(s)
A. **Motion**/second, Leonhard/Stowe, to return to open session. Motion carried.
B. No report out or action.

Future Agenda Items for Executive Committee or Board Consideration
A. No discussion.

Adjourn
A. **Motion**/second, Leonhard/Stowe, to adjourn. Motion carried. Meeting adjourned at 3:59 p.m.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2020							

PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%	6.8%	7.5%	8.1%	8.3%		7.9%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%	85.1%	83.1%	79.9%	77.8%		75.8%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%	84.5%	83.5%	93.4%	88.1%		87.6%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%	10.9%	18.4%	15.5%	6.1%		10.3%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%	28.0%	14.8%	16.7%	23.5%		13.9%	11.4%
Nursing Home Star Rating - MVCC	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★		★★★	★★
Nursing Home Star Rating - Pine Crest	↗	★★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★		★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02	0.66	0.49	0.69	0.88		0.75	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25	3.07	4.70	4.72		3.15	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226	243	203	242		269	320
Hospital Length of Stay (Avg Days) - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22	5.10	4.45	4.71	4.60		5.35	5.86 Days
Hospital Length of Stay (Avg Days) - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96	10.08	11.19	10.33	14.79		11.44	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%	18.3%	17.4%	19.2%	19.1%		18.7%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%	1.31%	1.14%	1.17%	0.96%		1.22%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%	70.3%	78.9%	72.5%	73.5%		72.5%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%	39.5%	37.2%	42.1%	39.0%		39.3%	33.5%
Average Cost Per Day	↘	$67,000-$70,000	$81,197	$82,542	$73,304	$94,807	$79,437	$75,220	$97,104	$79,838	$107,002	$88,660	$98,417		$86,706	$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%	12.2%	-12.6%	-9.7%	-13.0%		-1.6%	-4.5%

↗ Higher rates are positive

↘ Lower rates are positive

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD Agg
North Central Health Care	People (Current Filled FTE / Open FTE) (777/65)	Vacancy Rate	↘	9.6%	/	7-9%	7.9%
		Retention Rate	↗	85.1%	/	82-84%	75.8%
	Service	Patient Experience	↗	81.0	/	81-83%	87.6%
	Quality	Hospital Readmission Rate	↘	11.9%	/	10-12%	10.3%
		Nursing Home Readmission Rate	↘	11.4%	/	10-12%	13.9%
		Nursing Home Star Rating - MVCC	↗	★★	/	★★★★	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★	/	★★★★	★★★
		Zero Harm - Patients	↘	0.64	/	Monitoring	0.75
		Zero Harm - Employees	↘	3.60	/	Monitoring	3.15
		Out of County Placements	↘	320	/	220 per month	269
		Hospital Length of Stay (Avg Days) - NCHC	↘	5.86 Days	/	Monitoring	5.35
		Hospital Length of Stay (Avg Days) - Diversions	↘	7.45 Days	/	Monitoring	11.44
	Community	No Show Rate	↘	12.9%	/	8-10%	18.7%
		Hospitalization Rate	↘	/	/	Monitoring	1.22%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	72.5%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.3%
		Average Cost Per Day	↘	$76,395	/	$67,000-$70,000	$86,706
		Net Income	↗	-4.5%	/	2-3%	-1.6%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Clubhouse	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	72.7%
	Service	Patient Experience	↗	81-83%	93.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$652 - $978 per month	($2,569)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Community Treatment	People (88/4)	Vacancy Rate	↘	7-9%	2.4%
		Retention Rate	↗	82-84%	81.2%
	Service	Patient Experience	↗	81-83%	90.6%
	Quality	Zero Harm - Patients	↘	Patients	0.11
		Zero Harm - Employees	↘	Employees	3.15
	Community	Hospitalization Rate	↘	Monitoring	1.34%
	Finance	Net Income	↗	$21,802 - $32,703 per month	$93,387

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Crisis & CBRF	People (34/3)	Vacancy Rate	↘	7-9%	8.2%
		Retention Rate	↗	82-84%	65.7%
	Service	Patient Experience	↗	81-83%	83.6%
	Quality	Zero Harm - Patients	↘	Patients	16.54
		Zero Harm - Employees	↘	Employees	3.15
	Community	Hospitalization Rate	↘	Monitoring	2.49%
	Finance	Net Income	↗	$6,091 - $9,136 per month	($19,029)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Hospital	People (48/2)	Vacancy Rate	↘	7-9%	17.3%
		Retention Rate	↗	82-84%	64.5%
	Service	Patient Experience	↗	81-83%	82.6%
	Quality	Hospital Readmission Rate	↘	10-12%	10.3%
		Zero Harm - Patients	↘	Monitoring	5.00
		Zero Harm - Employees	↘	Monitoring	3.15
		Out of County Placements	↘	220 per month	269
		Hospital Length of Stay - NCHC	↘	Monitoring	5.35
		Hospital Length of Stay - Diversions	↘	Monitoring	11.44
	Finance	Net Income	↗	$11,341 - $17,012 per month	($191,135)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MMT	People (0/0)	Vacancy Rate	↘	5-7%	6.1%
		Retention Rate	↗	82-84%	81.8%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.15
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	$2,594 - $3,892 per month	($22,618)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Outpatient	People (21/4)	Vacancy Rate	↘	7-9%	11.9%
		Retention Rate	↗	82-84%	68.8%
	Service	Patient Experience	↗	81-83%	90.1%
	Quality	Zero Harm - Patients	↘	Monitoring	0.23
		Zero Harm - Employees	↘	Monitoring	3.15
	Community	No Show Rate	↘	8-10%	20.5%
		Hospitalization Rate	↘	Monitoring	0.83%
	Finance	Net Income	↗	$5,774 - $8,661 per month	($20,796)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Psychiatry	People (20/0)	Vacancy Rate	↘	5-7%	2.1%
		Retention Rate	↗	82-84%	92.7%
	Service	Patient Experience	↗	81-83%	77.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.15
	Community	No Show Rate	↘	8-10%	16.4%
		Hospitalization Rate	↘	Monitoring	1.09%
	Finance	Net Income	↗	$10,386 - $15,578 per month	($50,072)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Day Services	People (30/0)	Vacancy Rate	↘	7-9%	0.4%
		Retention Rate	↗	82-84%	85.1%
	Service	Patient Experience	↗	81-83%	98.4%
	Quality	Zero Harm - Patients	↘	Monitoring	1.06
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$6,481 - $9,721 per month	($38,275)

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
Residential Group Homes	People (26/4)	Vacancy Rate	↘	7-9%	9.6%
		Retention Rate	↗	82-84%	87.5%
	Service	Patient Experience	↗	81-83%	95.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.15
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$3,463 - $5,195 per month	$29,935

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
Residential Services	People (29/3)	Vacancy Rate	↘	7-9%	12.1%
		Retention Rate	↗	82-84%	97.2%
	Service	Patient Experience	↗	81-83%	92.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.98
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$3,845 - $5,768 per month	$967

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
Aquatic	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	90.1%
	Service	Patient Experience	↗	81-83%	98.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.14
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$2,275 - $3,413 per month	($6,975)

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
MVCC	People (147/17)	Vacancy Rate	↘	7-9%	11.4%
		Retention Rate	↗	82-84%	69.2%
	Service	Patient Experience	↗	81-83%	87.0%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	13.5%
		Nursing Home Star Rating - MVCC	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.78
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$38,717 - $58,705 per month	$51,676

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
Pine Crest	People (133/20)	Vacancy Rate	↘	7-9%	9.3%
		Retention Rate	↗	82-84%	74.7%
	Service	Patient Experience	↗	81-83%	81.5%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	11.6%
		Nursing Home Star Rating - Pine Crest	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	1.88
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$24,836 - $37,253 per month	$52,492

Department	Domain	Outcome Measure	⇕	Target Level	2020 YTD Agg
Housekeeping and Laundry	People (39/4)	Vacancy Rate	↘	7-9%	8.0%
		Retention Rate	↗	82-84%	68.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$374,310 - $393,025 per month	$347,918

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Nutrition Services	People (45/3)	Vacancy Rate	↘	7-9%	9.1%
		Retention Rate	↗	82-84%	58.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$307,271 - $319,410 per month	$264,597

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Business Operations	People (10/1)	Vacancy Rate	↘	5-7%	1.8%
		Retention Rate	↗	82-84%	87.9%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$79,051 - $83,004 per month	$71,568

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Human Resources	People (6/0)	Vacancy Rate	↘	5-7%	1.5%
		Retention Rate	↗	82-84%	78.2%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$66,540 - $69,867 per month	$55,660

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Informatics	People (15/0)	Vacancy Rate	↘	5-7%	2.9%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$233,098 - $244,753 per month	$224,576

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Marketing & Communication	People (4/0)	Vacancy Rate	↘	5-7%	1.9%
		Retention Rate	↗	82-84%	81.8%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$30,969 - $32,518 per month	$29,109

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Organizational Development	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$48,344 - $50,751 per month	$33,460

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Access Services	People (19/1)	Vacancy Rate	↘	5-7%	1.0%
		Retention Rate	↗	82-84%	79.6%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$57,705 - $60,590 per month	$52,921

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Financial Services	People (13/0)	Vacancy Rate	↘	5-7%	0.7%
		Retention Rate	↗	82-84%	91.6%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	$70,757 - $74,295 per month	$65,214

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pharmacy	People (11/0)	Vacancy Rate	↘	5-7%	0.9%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$10,804 - $16,206 per month	$18,114

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Transportation	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	$720 - $1,080 per month	$8,399

North Central Health Care
Person centered. Outcome focused.

Dashboard Executive Summary
December 2020

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for is 7.0-9.0%. We were within our vacancy target for the month of November at 8.3% as well as YTD projection of 7.9%. We continue to have strong recruitment numbers, averaging 32 hires per month.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We were tracking towards a 75.8% YTD rate which remains below target. We continue our work on initiatives to increase retention. With a diminished ability to have our normal engagement with new employees, we are seeing higher than normal first year turnover rate increases. A full employee engagement survey was completed in November. Reports from the survey are projected to arrive in mid-December.

Service

❖ **Patient Experience**

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. For both October and November, we exceeded our target resulting in a YTD of 87.6%. October was our highest month YTD at 93.4%. In 2021, we will be evaluating our current survey distribution processes and will work with programs to identify actions to improve our response rate which remains an area of improvement.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is a percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. November brought an improved readmission rate of 6.1%, down from 18.4% in September and 15.5% in October. While it is within the target range for the month, at 10.3%, we continue to see increased use of Crisis services during the pandemic for our existing clients as well as many new cases that are unique to NCHC. To meet this need, we are working with our front-line staff, social work teams, and partnering with our community treatment and outpatient programs to ensure that communication and collaboration are at the forefront of our care.

❖ **Nursing Home Readmission Rate**

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for November between the two facilities was a readmission rate of 23.5% and year to date we are slightly over target with a 13.9% readmission rate. Readmission rate performance continues to be driven by COVID outbreaks and low admissions.

❖ **Nursing Home Star Rating - MVCC**
We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current MV overall rating is a 3 star as of November. The quality metric domain resides at a 4-star rating. Due to new Covid-19 guidelines, CMS and the State of Wisconsin have suspended many sections of the 5-star report which affects our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window. Currently, there is no plan for annual certifications per DHS.

❖ **Nursing Home Star Rating – Pine Crest**
No change since prior reporting. Pine Crest remains to be rated as an overall 3-star facility. The quality metric domain resides at a 4-star rating. We continue in not anticipating an increase to the overall star rating for the remainder of the year.

❖ **Zero Harm – Patient**
The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target and instead watch for trending. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. For the month of October and November, our rates increased slightly at 0.69 and 0.88 leading to a YTD rate of 0.75 which is above the 2019 YTD rate of 0.64. We are monitoring falls, medication errors and continuing with suicide prevention efforts as these remain the primary driver of this rate.

❖ **Zero Harm – Employees**
Year to date we are averaging a rate of 3.15 as our harm rate which is an improvement when compared to 2019 where we averaged a 3.60 harm rate. We have developed a new employee injury and illness reporting tool in our occurrence reporting software that will continue to aide in early identification and intervention opportunities.

❖ **Out of County Placements**
We continue to move closer to the target of 220 diversion days per month. October saw 203 days, November saw 242, placing our YTD average at 269—down from a 2019 monthly average of 320 days per month. Geriatric psychiatry needs continue to contribute to this number. Since the opening of our Youth Hospital, youth out of county placements have dipped to 1 to 2 youths placed on average. As the Youth Hospital expands to accept full capacity, out of county youth placements should become rare. Finally, we are working to increase our capacity to accept patients who are more severe in their presenting aggression/dangerousness, as this patient population is a small, but persistent, contributor to diversion costs.

❖ **Hospital Length of Stay – NCHC**
Hospital length of stay remains appropriate at an average of 5.35 days YTD. The average length of stay for October was 4.71, and for November was 4.60.

❖ **Hospital Length of Stay – Diversions**
Diverted patients have an average of 11.44 days YTD. October averaged 10.33 and November averaged 14.79 for length of stay in diversions. Negatively affecting the November rate (and likely December), is one patient who is currently requiring a longer-term mental health stabilization stay following a period of repeated readmissions, due to the patient's condition failing to stabilize despite these repeated hospitalizations.

Community

❖ **No-Show Rate (OP/Psychiatry)**
The No-Show Rate is reflective of the average daily same day cancellation and no-show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10% with October being 19.2%, November being 19.1% for a YTD rate of 18.7%. A policy and procedure was implemented in July to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows. These process improvement changes have been implemented and should positively impact this measure.

❖ **Hospitalization Rate**
Hospitalization Rate is a new monitoring measure for 2020 which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. For October, the rate remained steady at 1.17% as compared to the previous month and for November our rate decreased to 0.96% for a YTD rate of 1.22%.

Finance

❖ **Direct Expense/Gross Patient Revenue**
This measure looks at percentage of total direct expense to gross patient revenue which is essentially a productivity/efficiency measure. The 2020 target is 60-62%. This measure for November is 73.5%. This outcome is not within target range. The primary driver for the unfavorable result gross revenue being well under budget due to Covid related volume changes.

❖ **Indirect Expense/Direct Expense**
Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for November is 39.0%, which is favorable to the target. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**
The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions do not follow to the same degree. The target is $67,000-$70,000 per day. For November, the average cost per day outcome is $98,417 which highlights an operational inefficiency. This measure is unfavorable year-to-date as billed revenue has not kept pace with expenses.

❖ **Net Income**
Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at -1.6%. For November, the measure is -13.0%.

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2020 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. 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

❖ **Clubhouse:**
- Retention Rate: Target is 82-84%. YTD we are at 72.7%. Clubhouse will continue to have a vacancy for the reminder of the year which is contributing to this rate. We will continue to hold this position vacant as we move into 2021.

- Net Income: For the year Clubhouse revenue is below target. Target is $652 to $978. YTD is $2,569 deficit. We continue to face difficulty with revenue given our membership is not largely enrolled in a Medicaid reimbursable program such as Comprehensive Community Services. Clubhouse received 6 referrals, had 4 tours, and 7 returning members for the month of November. Active membership is down slightly to 108 from 110 the previous month and we continue collaboration efforts with Community Treatment and other NCHC programs to advocate for clients who need our services to increase revenues.

❖ **Community Treatment**
- Retention Rate: The 81.2% YTD outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. The monthly outcomes have exceeded or been within the target throughout 2020. At this time, we have not received notice of any resignations in December and we do not anticipate any terminations. Based on this information it is expected that the target will again be met for December.

- Patient Experience: For the month of October we exceeded the target at 95.3% however we did not meet the target for November with a rate of 75.0%. YTD, we are continuing to exceed the target at 90.6%. The return rate was low for November and is believed to be related to consumers being asked to complete the state Comprehensive Community Services (CCS) consumer satisfaction surveys during this time. It is difficult to have consumers complete both the agency and state surveys.

❖ **Crisis & CBRF**
- Retention Rate: This continues to be an area of opportunity as the Retention Rate for Crisis and CBRF is currently at 65.7% YTD which is not meeting the target of 82-84%. For both October and November, we did not meet the target at 74.3% and 68.6%. One employee moved out of the area and another was re-assigned to another program internally with one staff member leaving for a better suited opportunity.

- Net Income: Both October and November saw a loss leading to a YTD loss of $19,029. Staff overtime spiked in both areas largely due to COVID related issues.

❖ **Hospital**
- Retention Rate: The hospital retention rate has remained under target, at 64.5% YTD. Both October and November were under target at 65.8% and 67.5%. The increase in nursing leadership support is an effort to improve this measure, and increased efforts for recruitment for the Nurse Manager position have yielded positive results with two strong candidates currently in the interview process.

- Vacancy Rate: There has been a positive shift in the hospital vacancy rate, with a November rate of 3.4%, down from 11.3% in October. Several RNs are currently orienting on the unit and the leadership team is striving to ensure a positive experience.

- Out of County Placements: This is referenced above in NCHC's organizational dashboard results overview.

- Net Income: The hospital net income has continued to take hits from inconsistent patient volume during the pandemic. A positive area to note is that the Utilization Review social worker who entered the position several months ago has improved the hospitals paid patient days significantly, so that regardless of census our reimbursement for stays has maintained near 100% month to month.

❖ **Medically Monitored Treatment (MMT)**
The Medically Monitored Treatment program has been suspended due to Covid.

❖ **Outpatient**
- Vacancy Rate: The vacancy rate for both October and November were 19.8% leading to a YTD rate of 11.9% which is not meeting the target of 7-9%. We have had a couple of key recruitment positions filled with start dates in November and December. We also have an accepted offer for another therapist position beginning in January.

- Retention Rate: The 68.8% YTD outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. For both October and November, our rate was at 71.4.%. We are awaiting the results of the organization employee engagement survey to identify areas of opportunity to positively impact this measure. At this time, we have not received notice of any resignations in December and we do not anticipate any terminations.

- No Show Rate: The target is 8-10%, with October being 20.7%, November being 20.5%, resulting in a YTD rate of 20.5%. A no-show policy and procedure were implemented in July. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows. These process improvement changes have been implemented.   Since late September, 20 therapy clients have been referred to Open Access due to recurrent no shows.

- Net Income: The target is $5,774-$8,661, with October being $15,524, which is a substantial improvement from the previous months, however we saw a loss for November at $98,716 resulting in a YTD loss of $20,796, below target. Expenses are being managed, but revenue remains below target. A high expense has been discontinued. New employees continue to build their caseload which supports increased revenue.

❖ **Psychiatry**
- Patient Experience: The target is 81-83%, with October being 100%, November being 89.3% resulting in a YTD rate of 77.6%. Efforts to increase the return rate of surveys specific to psychiatry services have been successful. Low return rates factor in the high fluctuation of results.

- No-Show Rate: The target is 8-10%, with October being 17.3%, November being 17.4%, resulting in a YTD rate of 16.4%. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows and have been implemented. Since late July, 13 psychiatry clients have been referred to Open Access due to recurrent no shows.

- Net Income: The target is $10,386-$15,578, with October being ($139,528) and November showing a loss of ($30,691) resulting in a YTD loss of ($52,072). The efforts to maximize scheduling grid utilization are continuing with the goal of increasing revenue. Recruitment costs and sign on bonuses are a factor in the negative variance for expenses. In addition, the opening of the youth hospital has increased costs for provider services.

❖ **Day Services**
- Net Income: For November we were off target with a negative net income of $41,011 which is directly an effect of the pandemic. All three location Merrill, Antigo and Wausau sustained program closers and we have begun the re-opening of services however full membership has yet to return. In addition to the closer both the prevocational program and Wausau ADS were impacted by COVID outbreaks.

❖ **Residential Group Home**
- Vacancy rate: Vacancy rate continues off target with a rate of 15.8% in November. Year to date we are off target by 0.6%. The main cause for the high vacancy rate is difficulty in recruiting new employees. The overall residential applicant pool is small and applicants applying have limited health care background. As a result of these small applicant pools, we have been working within workforce and management to direct recruitment of potential employees.

❖ **Residential Services**
- Vacancy Rate: Vacancy rate was off target by 1.1% for November which has been the best month for entire year. Residential services experience the same challenges as Residential Group Homes with smaller applicant pools and limited healthcare experience. Efforts for direct recruitment have been a large factor for the reduction in vacancy rate month over month.

- Net Income: November net income was -$26,579 which brought the entire year financials into the red. The largest factor for the negative income is directly related to shortfalls within Forest Street Services. Primarily payor mixed has changed over time resulting in a decline in revenue. Payor mix changed due to demand and need within placement for individuals with mental health and AODA/substance abuse issues and with the service's ability to bill within acuity. The plan to resolve is to work with current members that have obtained maximum independence and benefit from the program to move towards finding community based housing and utilize in home services to allow admissions for higher needs individuals.

Nursing Home Operations
❖ **Aquatic Services**
- The Net Income target for Aquatic Services is $2,275 - $3,413 per month. November's net income was below target at ($18,642). Net income YTD remains negative at ($6,975) below target. Due to an increase in COVID cases in the community, the Aquatics program has seen a reduction in encounters.

❖ **MVCC Overall**
- Vacancy Rate: The month of October showed a 10.4% vacancy rate and November showed a 11.6% vacancy rate with a target range of 7-9%. Year to date we have reduced our rate to 11.4% which is above target but showing continual reduction. Focus remains on ongoing recruitment to fill openings. We are seeing increased resignations due to COVID-related concerns. Currently, we are no longer able to participate in the emergency CNA course training due to current state survey results which is anticipated to negatively impact our efforts in this area.

- Retention Rate: For the month of October and November, our retention rates fell below target at 75.0% for October and 71.8% for November with the YTD being at 69.2%. We had 11 resignations for the month of October and 8 resignations for the month of November. These were mostly related to employees not meeting occasional requirements by not picking up hours, employees moving out of the area and employees getting out of health care all together. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.

- Readmission Rate: The month of October showed a 23.8% readmission rate and November showed a 23.1% readmission rate with the YTD being at 13.5% which is above target. The rate was high the last several months because our units including our rehab unit have been on and off enhanced precautions related to COVID. This has prevented us from being able to accept admissions unless they are COVID recovered. We have had less admissions but are still needing to send residents out to the hospital for medical reasons that are unavoidable. Internally residents were reviewed by the in-house Nurse Practitioner or Physician prior to sending the resident to the hospital to ensure all medical concerns were addressed. No trends or patterns were noted related to these acute care transfers. Rates continue to be reviewed monthly.

- Nursing Home Star Rating: Nursing Home Star Rating for Mount View remains a 3 Star. Annual surveys have been limited due to the COVID pandemic and to date, there has been no update to when the State will resume annual certifications.

- Average Net Income: The goal is $38,717 to $58,075 per month. For October, we showed a loss of ($276,774) and November the loss was ($264,016) which was driven by payer mix and census not being at budgeted occupancy. Both the vent unit and rehab units were on enhanced precautions related to COVID and were not taking admissions. In preparation for our upcoming renovation, we have limited the size of our dementia unit and are currently revieing referrals to this program on an individual basis.

❖ **Pine Crest Overall**
- Retention Rate: Current YTD rate is at 76.1%, below the target of 82-84%. Five employees left during the month of October with one leaving due to retirement. During the month of November four employees left with two leaving due to the drive, one due to a relocation, and last finding that healthcare wasn't a right fit for them. We have identified an opportunity to improve upon our program level new hire orientation process. The intent of the added focus on this area will be to improve our one-year retention rates. We have been incorporating additional monthly employee recognitions programs such as the 'Pine Crest Star Award' to assist with improving retention metrics. Following negotiation with CMS we did receive notification that we approved once again to conduct C.N.A. clinicals in-house. This will serve as a great recruitment tool to meet the current vacancies that exist for this position.

- Patient Experience: Scores for the month of October had seen a favorable increase with an experience score of 100%. However, we had seen a downward trend for the month of November with a score of 70%, leading to a YTD rate of 81.5%. Areas of opportunity based on feedback learned from the November survey include decreased damage of clothing from internal laundering; improved call light response time; improved dining experience; and enhanced activity offerings. Each of the areas of concern are being addressed despite the added burdens being placed on the program from the ongoing pandemic.

- Hospital Readmission Rate: The program experienced an increased amount of hospitalizations for the month of November with a 30-day rehospitalization rate of 25% for a YTD rate of 11.6% which is within target. This includes 11 transfers out to the hospital with three associated to COVID symptoms. Preliminary analysis suggests each hospitalization was warranted as it best met the need of the resident in their presented condition.

- Nursing Home Star Rating: This report out remains unchanged from the month prior. Pine Crest continues to be rated as an overall 3-star facility. As an ongoing review we are not anticipating an increase to the overall star rating for the remainder of the year based on a citation received in 2019.

- Average Net Income: The program experienced a positive net income for the month of October with an experienced profit of $29,163; $645,588 YTD. Agency costs continues to be the highest area of opportunity for improvement as it relates to controllable expenses. As we head into the 2021, we will have a continued focus on reducing agency with the year-end goal of eliminating our reliance on its use.

Support Programs

❖ **Housekeeping & Laundry**
- Retention Rate: Housekeeping has had similar experiences to that of Nutrition Services with several employees seeking employment outside of the healthcare industry. Housekeeping & Laundry has a retention rate of 68% year to date, prior to June retention was at an all time high showing the direct impact of COVID on this program.

❖ **Nutrition Services**
- Retention Rate: Nutrition Services retention rate remains off target with a 58% retention rate year to date. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. COVID has been a major factor in retention with several employees seeking employment in the food service industry outside of healthcare.

❖ **Human Resources**
- Retention Rate: Due to an employee resignation in March retention rate for Human Resources will remain off target for 2020. No further employee resignations have occurred since March.

❖ **Marketing & Communication**
- Retention Rate: There has been no fluctuation in the program's retention since July and due to the size of the team, the two earlier employee departures will continue to impact the overall annual retention rate for the remainder of the year. The October direct/indirect expenses were slightly over target by $1,000 due to some planned purchases, commencement of Youth Behavioral health advertising plan, as well as planned employee vacations which required coverage.

❖ **Patient Access**
- Retention Rate: Patient access retention rate is now off target for the year at 79.6%. This is due to an occasional employee leaving the organization. The rate is only anticipated to drop further due to another employee leaving in December due to the closing of the Tomahawk Annex by Lincoln County. The employee was offered a position with NCHC but did not want to travel to the Merrill location because of the drive. Overall, the staff are much more engaged and interacting with our weekly WebEx huddle. We are going through training and cross covering of positions again due to staff changes and this has been working well.

Department	Domain	Outcome Measure	2019 YTD		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Community Treatment	QUALITY	% of treatment plans completed within required timelines	93.2%	↗	95.9% (116/121)	98.9% (95/96)	94.0% (94/100)	94.0% (80/85)	96.1% (99/103)	98.8% (79/80)	98.4% (122/124)	96.3% (52/54)
Community Treatment	COMMMUNITY	Average days from referral to initial appointment	65.7 days	↘	69.8 days (1953/28)	79.5 days (1589/20)	92.2 days (1291/14)	68.8 days (1582/23)	53.4 days (962/18)	51.1 days (3680/72)	142.4 days (3132/22)	61.3 days (1165/19)
Community Treatment	COMMMUNITY	Hospitalization rate of active patients	/	↘	1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%	0.82%
Community Treatment	QUALITY	Employment rate of Indivdual Placement and Support (IPS) Clients	53.2%	↗	49.0%	44.0%	42.0%	37.0%	39.0%	42.0%	42.0%	45.0%
Community Treatment	COMMMUNITY	% of eligible CCS and CSP clients admitted within 60 days of referral	42.2%	↗	15.5% (9/58)	25.0% (10/40)	35.1% (13/37)	36.7% (11/30)	63.2% (12/19)	45.5% (15/33)	32.3% (10/31)	39.0% (16/41)
Crisis & CBRF	QUALITY	Youth Crisis: Number and average length of stay for out of county placements of adolescents (13-17 years old)	12.8 diversions (7.2 days)	↗	12 diversions (10.0 days)	7 diversions (8.4 days)	5 diversions (6.5 days)	11 diversions (8.1 days)	6 diversions (5.6 days)	5 diversions (5.8 days)	16 diversions (7.3 days)	9 diversions (10.8 days)
Crisis & CBRF	QUALITY	Youth Crisis: Avoid youth diversions with a length of stay of less than 72 hours	10.2%	↗	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis & CBRF	COMMMUNITY	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of discharge	52.4%	↗	57.8%	55.9%	52.2%	56.8%	64.0%	64.1%	62.0%	57.8%
Crisis & CBRF	COMMMUNITY	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of discharge	56.5%	↗	61.8%	74.7%	62.9%	66.7%	74.4%	88.2%	71.2%	67.4%
Crisis & CBRF	QUALITY	Court Liaison: % of settlement agreements and commitments extended	78.8%	↗	75.0%	90.0%	69.0%	81.8%	88.9%	82.8%	83.3%	86.7%
Crisis & CBRF	COMMMUNITY	Court Liaison: Compliance rate with court liaison policy	96.2%	↗	81.7%	97.3%	98.7%	96.9%	98.8%	93.6%	100.0%	95.0%
Crisis & CBRF	COMMMUNITY	Court Liaison: % of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	73.0%	↗	33.3% (3/9)	50.0% (3/6)	40.0% (2/5)	75.0% (3/4)	0.0% (0/1)	100.0% (3/3)	100.0% (4/4)	85.7% (6/7)
Crisis & CBRF	QUALITY	CBRF: % of patients who kept their follow-up outpatient appointment, if applicable	93.9%	↘	80.0% (12/15)	76.9% (10/13)	61.1% (11/18)	87.5% (21/24)	87.0% (20/23)	97.5% (33/34)	93.3% (28/30)	96.5% (28/29)
Crisis & CBRF	QUALITY	CBRF: % of patients connected to a Primary Care Provider within 7 days of admission	100.0%	↘	100.0% (15/15)	100.0% (15/15)	95.5% (20/21)	100.0% (24/24)	100.0% (20/20)	97.5% (33/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMMUNITY	CBRF: % of patients admitted within 24 hours of referral	95.9%	↗	100.0% (15/15)	100.0% (16/16)	100.0% (24/24)	100.0% (24/24)	100.0% (20/20)	100.0% (34/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMMUNITY	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.67 to 1		1.72 to 1	2.00 to 1	2.16 to 1	2.22 to 1	2.26 to 1	1.55 to 1	1.76 to 1	2.80 to 1
Hospital	QUALITY	Average days for initial counseling appointment post-hospital discharge *(Shared with OP)*	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Hospital	QUALITY	Average days for initial psychiatry appointment post-hospital discharge *(Shared with OP)*	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Hospital	QUALITY	Detox: Average length since previous admission	266.4 days	↗	325.4 days	268.7 days	390.6 days	277.9 days	506.7 days	307.3 days	372.1 days	386.4 days
Hospital	QUALITY	Detox: % of Detox patients admitted to substance abuse programming after discharge	65.3%	↘	50.0% (5/10)	27.3% (3/11)	0.0% (0/7)	11.1% (1/9)	0.0% (0/5)	25.0% (3/12)	0.0% (0/5)	0.0% (0/5)
Hospital	COMMMUNITY	Ratio of adult patient days at NCHC vs Out of County Placements	1.17 to 1		1.18 to 1	1.08 to 1	1.67 to 1	1.33 to 1	1.04 to 1	1.74 to 1	1.28 to 1	1.54 to 1
MMT	QUALITY	MMT: Successful program completion rate	69.9%	↗	87.5% (14/16)	76.2% (16/21)	75.0% (12/16)	75.0% (3/4)	N/A	N/A	N/A	N/A
MMT	QUALITY	MMT: Compliance rate with discharge plan 60 days post-discharge	58.1%	↗	11.1% (1/9)	42.9% (9/21)	42.9% (9/21)	0.0% (0/0)	N/A	N/A	N/A	N/A
Outpatient	QUALITY	Average days for initial counseling appointment post-hospital discharge *(Shared with IP)*	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Outpatient	QUALITY	Average days for initial psychiatry appointment post-hospital discharge *(Shared with IP)*	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Outpatient	COMMMUNITY	% of patients offered an appointment within 4 days of screening by a referral coordinator	66.5%	↗	8.0%	6.0%	3.5%	17.0%	5.7%	9.8%	3.1%	23.0%
Outpatient	COMMMUNITY	Criminal Justice Post-Jail Release Access Rate (within 4 days of release)	73.4%	↗	0.0%	4.5%	0.1%	44.0%	28.0%	7.1%	21.7%	20.0%
Outpatient	QUALITY	Day Treatment: Successful Program completion rate	62.8%	↗	33.3% (2/6)	0.0% (0/3)	33.3% (1/3)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMMUNITY	Day Treatment: Average number of days from referral to start of day treatment	8.9 days		55 days (331/6)	8 days (38/5)	11 days (/)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMMUNITY	Hospitalization rate of active patients	1.90%	↘	0.93%	0.56%	0.57%	0.52%	1.16%	1.07%	0.77%	0.90%
Outpatient	COMMMUNITY	Same day cancellation and no-show rate	12.5%	↘	20.1%	18.1%	18.1%	24.0%	21.4%	22.5%	21.5%	19.8%
Outpatient	QUALITY	OWI - 5 Year Recidivism Rate	18.6%	↘	23.5%	9.7%	6.5%	9.5%	18.8%	25.0%	12.5%	12.0%

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open	■	■	■	■	■							
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report completion and community engagement will continue to be on hold into 2021.	Open								■	■	■	■	■
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending	■	■										
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report has been delayed as communication resources have been reprioritized to the COVID-19 response.	Open			■	■								
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	Slated for December Board meeting.	Open					■	■						
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	Open					■	■						
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Slated for December Board meeting.	Open									■			
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Slated for December Board meeting.	Open									■	■	■	■
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	Postponed until the Board can meet in-person.	Pending										■		
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in December.	Open											■	
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Slated for December Board meeting.	Open											■	■
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Slated for December Board meeting.	Open											■	■

NCHC Organizational Objectives

1. Improve the quality and reliability of our services

2. Expand our mental health and recovery continuum of care

3. Bring new capital assets online

4. Manage our declining and evolving long-term care operations

North Central
Health Care
Person centered. Outcome focused.

NCHC's Annual OKRs for 2021

OBJECTIVE

Improve the quality and reliability of our services, as measured by:

KEY RESULTS

R_1: Establish 6 Q/A processes in each program by November 1

R_2: Establish organizational and departmental competency checklists for each clinical position by June 15

R_3: Reduce adverse events each quarter

R_4: Establish functional improvement quality indicators for each program by the end of Q2

R_5: Increase Patient Experience survey volumes AND Net Promoter Scores each quarter

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NCHC's Annual OKRs for 2021

OBJECTIVE
Expand our mental health and recovery continuum of care, as measured by:

KEY RESULTS

R_1: Open Sober Living facility in Langlade County by March 15

R_2: Transition Crisis and Emergency Services to a Psychiatric Emergency Department model, capable of onsite Medical Clearance by October 1

R_3: Reopen the Medically Monitored Treatment program by the end of Q1

R_4: Increase Outpatient encounters each quarter

R_5: Increase Psychiatry encounters each quarter

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NCHC's Annual OKRs for 2021

OBJECTIVE
Bring our new capital assets online as measured by -

KEY RESULTS
R_1: Sunsetting TIER by December 31
R_2: Begin operations in the Nursing Home Tower by August 15
R_3: Complete the "D" Wing Renovations for the Hospital, Detox, Emergency Psychiatric Services, and MMT by December 15
R_4: Complete the final design of the Mount View Building by June 30

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NCHC's Annual OKRs for 2021

OBJECTIVE
Manage our declining and evolving long-term care operations, as measured by:
KEY RESULTS
R_1: Implement CLA Operational Assessment and Strategic Plan Recommendations by December 15
R_2: Identify solution to safely meet the geriatric psychiatric population's needs in a long-term care setting by May 15
R_3: Increase CMI and PDPM average reimbursement rates each quarter
R_4: Increase rehabilitation referral conversion rates and average days per quarter

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North Central Health Care

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DATE: December 11, 2020
TO: NCCSP Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: Performance Expectations and Outcomes for 2021

PURPOSE

The NCCSP Board's Executive Committee is charged with the responsibility of exercising the Retained County functions on behalf of each County's respective Board of Supervisors. We are embarking on the fourth iteration of these expectations and outcomes. The performance expectations and outcomes become the basis for performance dashboards and evaluation activities. There are two elements to creating performance expectations:

Program Standards: General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Program Standards are of great importance in NCHC's accountability to our County partners when we do not meet expectations on a consistent basis.

Outcomes: Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness. Our outcome measures aim to be actual outcomes versus structure or process quality measures. There continues to be opportunity to move towards finding actual functional improvement outcome measures.

BACKGROUND AND DISCUSSION

The goal of our performance monitoring system is to define what quality is and then measure it. W. Edwards Deming defined good quality as meaning a predictable degree of uniformity and dependability with a quality standard suited to the outcome. The underlying philosophy of almost any definition of quality is the same – consistency of conformance and performance, and most importantly in healthcare, focused on the patient outcomes. Our goal at NCHC is to ultimately become a high-reliability organization. There's a framework for achieving this vision. Plainly stated, a high-reliability organization is one with predictable and repeatable systems that support consistent operations while catching and correction potentially catastrophic errors before they happen. To cause zero harm and achieve positive functional improvement outcomes are our north stars.

Expectations

The following are a set of expectations that the Retained County Authority has previously determined. We intend to maintain these expectations into 2021 with no changes.

Behavioral Health Services Program Expectations

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

Program/Function Specific Expectations

> *Crisis & Suicide Prevention Hotline* –All callers to the hotline will be offered face to face evaluation and/or intervention with the expectation to link the caller with services within 72 hours; callers offered opportunity for voluntary admission if applicable.

> *Mobile Crisis* – Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must be:

> > o   Educated annually on admission laws in the State of Wisconsin;
> > o   Offer each patient resource literature during every Crisis assessment; and
> > o   If applicable, provide patients the opportunity for voluntary admission.

> *Youth Crisis Stabilization* - Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent).

> *Court Liaison* – Adhere to a policy approved by Corporation Counsels that outlines clear expectations for communication between NCHC and Corporation Counsels, with respect to:

> > o   Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
> > o   Standards for notification of admission to Corporate Counsels;
> > o   Managing admissions to other facilities;
> > o   Managing transition of care to outpatient providers;
> > o   Case management of patients under settlement agreements;
> > o   Managing timelines and requisite paperwork to proactively initiate recommitments; and
> > o   Training requirements on admission laws and court procedures and rights associated on an annual basis.

> *Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment programs:*

> > o   A comprehensive discharge plan will continue to be completed prior to discharge per best practice guidelines.

Community Behavioral Health Services Program Expectations

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

There should be increased case monitoring for all patients and clients under commitments and settlement agreements.

All patients and clients screened for services will receive information on services available and how to access them.

Enhanced community engagement through ongoing outreach activities to increase knowledge of referral process.

Program/Function Specific Expectations

Children's Long-Term Services – NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.

Outpatient Services – NCHC will be an active participant in youth counseling consortium in the schools.

Outcomes

North Central Health Care's organizational and program dashboards are aligned with the Board's End Statement which are categorized in five pillars for performance excellence: *People, Service, Quality, Community, and Financial.* At North Central Health Care (NCHC), excellence means simultaneously achieving high employee engagement, high patient satisfaction, unequalled quality of care, a strong community reputation, and positive net income. The following is an overview of the current state of these pillars of excellence.

People

End Statement:

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

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

Organizational Dashboard Outcomes:

PEOPLE	
Vacancy Rate	Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate.
Retention Rate	Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end. YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

Strengths:

We have long track records on vacancy and retention rates. The ability to establish an effective workforce planning system and operate an effective recruitment programs determines the vacancy rate. Managing vacancy rates also impacts overtime management and employee engagement outcomes.

Opportunities for Improvement:
Retention rates miss turnover that occurs within the year (people who are hired after January 1, but leave before December 31) are not included in this measure as currently constituted. Retention is an important indicator as we believe tenure drives quality.

Service

End Statement:

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

Organizational Dashboard Outcomes:

SERVICE	
Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score

Strengths: Likelihood to recommend scores encompasses all the elements of an individual's experience creating shared purpose. The question is transferable to most other survey products.

Opportunities for Improvement: We have yet to identify a reliable method for referral source feedback loops with sufficient sample sizes.

Quality

End Statement:

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

Organizational Dashboard Outcomes:

QUALITY	
Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)*
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.

Strengths: Readmission Rates are strong indicators, as are Out of County Placement days. Zero Harm measures have really drove the safety culture we're busy strengthening.

Opportunities for Improvement: The Hospitalization Length of Stay indicators are interesting but not as strong of a quality indicator for continued overall dashboard inclusion. Outliers have a profound impact on this indicator. Nursing Home Star Ratings are not ideal because of the time horizon to improve ratings. Ratings can drop quickly, but it takes years to build them back up. We are recommending that we look at the Quality Star Rating within the Overall Rating System, because that is the most controllable and dynamic indicator of Nursing Home quality. We propose moving to this indicator as opposed to the current total star ranking.

After numerous internal discussions, we feel that the Quality End Statement needs significant revision. It is not aspirational or differentiating if achieved. We propose a complete rewrite that better articulates how:

- Culture drives quality and safety
- Quality is safe, effective, person-centered, timely, efficient, equitable, and ethical
- Quality is reliable: predictable, repeatable, dependable
- There are three types of quality measures to consider: structure, process, and outcome
- People expect a quality outcome – different by being focused on life functioning as an outcome

We believe that the organization should move to identify and establish life functioning or quality of life indicators for our programs as an overall objective for 2021.

Community

End Statement:

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

Organizational Dashboard Outcomes:

COMMUNITY	
No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

Strengths: There has been cultural and process improvements because of the importance of these two indicators.

Opportunities for Improvement: No Show Rate is not really a Community Indicator but could be a Quality Indicator. The Hospitalization Rate has not yet derived any process improvement other than being interesting.

There is an opportunity to examine the each County's Strategic Plans for alignment.

Financial

End Statement:

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

Organizational Dashboard Outcomes:

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.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

Strengths: The Direct Expense/Gross Patient Revenue, Indirect Expense/Direct Revenue, and Net Income indicators are connected to our long-range financial plan and are easily cascaded throughout the organization.

Opportunities for Improvement: The Average Cost Per Day does not shed new insights relative to the other measures. In the future, with more advanced time-based activity costing, we can develop a new measure that is more effective at what this indicator was trying to accomplish.

Other Considerations
Executive Management is proposing the cessation of program dashboard for support programs to ensure alignment to operational success.

Lack of benchmark data availability.

Recommendations

The following are recommendations for 2021 Performance Expectations and Outcomes:

- There will be no amendments to the Retained County Authority's Performance Expectations.

- There will no longer be a Retained County Authority Dashboard, all performance outcomes measures will instead be placed on Program Specific Dashboards and reported in the Red/Green report.

- There will no longer be Program Specific Dashboards for Support Functions.

PROPOSED OVERALL DASHBOARD STRUCTURE

People

End Statement (slightly modified)

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified, competent staff who take pride in their work and the organization. As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.

Overall Dashboard Outcomes

Vacancy Rate

(NEW) Turnover Rate

(NEW) Diversity Composite Index –

Monthly Calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon County.

YTD Calculation: Weighted average of each month's Diversity Composite Index rate.

Service

End Statement

We exceed our stakeholder's expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Patient Experience -

Monthly Calculation: A weighted average of Net Promoter Score.

YTD Calculation: Weighted average of each month's Net Promoter Score.

Quality

End Statement (completely overhauled)

We are a regionally unequalled mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.

Composite Readmission Rate: Hospitals

Composite Readmission Rate: Nursing Homes

Composite Nursing Home Quality Star Rating: MVCC and Pine Crest

Zero Harm: Patient and Employee (Monitoring Outcome)

Community

End Statement (slightly modified)

Our Community will be able to access our services through a highly responsive and seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.

Out of County Placements – Reduce the number of out of county placements by 25%.

(NEW) Diversity, Equity and Inclusion (DEI) Access Equity Gap (Monitoring Outcome) – we would identify the number of consumers we serve and index their demographics against the demographics of service area. An access equity gap will be established based on the variability in matching the community to our service population, we will work to decrease the gap over the year.

Financial

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

Direct Expense/Gross Patient Revenue

Indirect Expense/Gross Patient Revenue

Net Income

PROGRAM SPECIFIC DASHBOARDS

The following are the proposed program dashboards which are designed around programs and broken out by location, not the leadership structure:

(*Vacancy, Retention, Readmission, Quality Star Ratings, Direct/Expense/Gross Patient Revenue and Net Income will all cascade to the program dashboards.*

PLEASE SEE THE ATTACHED PROPOSED ORGANIZATIONAL AND PROGRAM DASHBOARD ALONG WITH TARGET FOR 2021

2021 - Primary Dashboard Measure List

	NEW

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2020 YTD	2021 Target
North Central Health Care	People	Vacancy Rate	↘	7.8%	7-9%
		Turnover Rate	↘	N/A	20-23%
		Diversity Composite Index	↗	N/A	Monitoring
	Service	Patient Experience (Net Promoter Score)	↗	61.0	55-61
	Quality	Hospital Readmission Rate	↘	11.9%	10-12%
		Nursing Home Readmission Rate	↘	13.0%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
		Zero Harm - Patients	↘	0.74	Monitoring
		Zero Harm - Employees	↘	2.84	Monitoring
	Community	Out of County Placements Days	↘	279	230-250
		Diversity, Equity, and Inclusion Access Equity Gap	↗	N/A	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	72.4%	64-67%
		Indirect Expense/Direct Expense	↘	39%	44-47%
		Net Income	↗	0.4%	2-3%

Department	Domain	Outcome Measure	↕	2020 YTD (Community Treatment)	2021 Target
Adult Community Treatment	People	Vacancy Rate	↘	2.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	0.11	Monitoring
		% of Treatment Plans Completed within Required Timelines	↗	96.5%	96-98%
		Employment Rate of Individual Placement and Support (IPS) Clients	↗	46.5%	46-50%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	33.5%	60-70%
		Average Days from Referral to Initial Appointment	↘	72.8	55-60 Days
		Hospitalization Rate of Active Patients	↘	1.34%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	82-85%
		Net Income	↗	$93,387	$36,452-$36,809 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Crisis & CBRF)	2021 Target
Adult Crisis Stabilization Facility	People	Vacancy Rate	↘	8.2%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Patients who kept their Follow-up Appointment	↗	90.1%	90-95%
	Community	Out of County Placements Days	↘	269	230-250
		% of Patients Admitted within 24 hours of Referral	↗	100.0%	90-95%
	Finance	Direct Expense/Gross Patient Revenue	↘	17-22%	32-35%
		Net Income	↗	-$19,029	$24,608-$34,850 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Hospital)	2021 Target
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	17.3%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	5.00	Monitoring
		Hospital Readmission Rate	↘	10.3%	10-12%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	12.6 days	8-10 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	11.6 days	8-10 Days
		Average Days Since Previous Detox Admission	↗	337 days	330-360 Days
		% of Detox Patients Admitted to Substance Abuse Programming Post-Discharge	↗	14.3%	40-50%
	Community	Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	65-68%
		Net Income	↗	-$191,135	($104,797)-($105,825) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Aquatic)	2021 Target
Aquatic Therapy	People	Vacancy Rate	↘	0.0%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	83.1	83-87
	Quality	Zero Harm - Patients	↘	0.14	Monitoring
		% of Clients Meeting Treatment Goals	↘	N/A	90-95%
	Community	Referral Conversion Rate	↘	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	44-49%	45-48%
		Net Income	↗	-$6,975	$15,533-$15,685 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Clubhouse)	2021 Target
Clubhouse	People	Vacancy Rate	↘	0.0%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Average Work Order Day Attendance	↘	17.5	20-25
		% of Members Working 15 or More Hours Per Month	↘	80%	80-85%
	Community	Active Members Per Month	↘	108.00	110-120
	Finance	Direct Expense/Gross Patient Revenue	↘	125-130%	60-63%
		Net Income	↗	-$2,569	($1,878)-($1,896) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Crisis & CBRF)	2021 Target
Crisis and Emergency Services	People	Vacancy Rate	↘	8.2%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Crisis Asessments with Documented Linkage and Follow-up within 24 hours	↗	58.7%	70-75%
		Avoid Hosptializations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	N/A	5-10%
	Community	Ratio of Voluntary to Involuntary Admissions	↘	1.92 to 1	Monitoring
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP witihn 60 days	↗	60.4%	80-85%
		Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	380-385%	172-175%
		Net Income	↗	-$19,029	($10,600)-($10,704) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Day Services)	2021 Target
Day Services	People	Vacancy Rate	↘	0.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Patients	↘	1.06	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	98-101%
		Net Income	↗	-$38,275	($38,300)-($38,676) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Group Homes)	2021 Target
Group Homes	People	Vacancy Rate	↘	9.6%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Patients	↘	1.15	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	67-70%
		Net Income	↗	$29,935	$35,011-$35,354 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (MMT)	2021 Target
Medically Monitored Treatment	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Program Completion Rate	↘	N/A	`N/A
		Compliance Rate with Discharge Plan 60 Days Post-Discharge	↘	N/A	N/A
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	52-55%
		Net Income	↗	N/A	$15,108-$15,257 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (MVCC)	2021 Target
Mount View Care Center	People	Vacancy Rate	↘	11.4%	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Residents	↘	0.78	Monitoring
		Nursing Home Readmission Rate	↘	13.5%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	49-54%	58-61%
		Net Income	↗	$51,676	$42,696-$43,115 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Outpatient)	2021 Target
Outpatient Services	People	Vacancy Rate	↘	11.9%	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	0.23	Monitoring
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	12.6 days	8-10 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	11.6 days	8-10 Days
		Day Treatment Program Completion Rate	↗	33.3%	40-50%
		OWI - 5 Year Recidivism Rate	↘	15.5%	13-15%
	Community	Same Day Cancellation and No-Show Rate	↘	20.1%	15-18%
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	9.9%	20-25%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	12.9%	20-25%
		Average Number of Days from Referral to Start of Day Treatment	↘	24.7 days	16-20 Days
		Hospitalization Rate of Active Patients	↘	0.83%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	96-99%
		Net Income	↗	-$20,796	($49,061)-($49,542) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Pine Crest)	2021 Target
Pine Crest Nursing Home	People	Vacancy Rate	↘	9.3%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.9	55-61
	Quality	Zero Harm - Residents	↘	1.88	Monitoring
		Nursing Home Readmission Rate	↘	13.1%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	47-52%	59-62%
		Net Income	↗	$52,492	$10,251-$10,351 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Services)	2021 Target
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	N/A	55-61
	Quality	Zero Harm - Patients	↘	N/A	Monitoring
	Community	Occupancy Rate	↗	N/A	85-90%
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	N/A
		Net Income	↗	N/A	$67-$68 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Services)	2021 Target
Supported Apartments	People	Vacancy Rate	↘	12.1%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.9	55-61
	Quality	Zero Harm - Patients	↘	0.98	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	35-38%
		Net Income	↗	$967	$2,411-$2,434 per Month

Department	Domain	Outcome Measure	⇅	2020 YTD (Community Treatment)	2021 Target
Youth Community Treatment	People	Vacancy Rate	↘	2.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	11.0%	Monitoring
		% of Treatment Plans Completed within Required Timelines	↗	96.5%	96-98%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	33.5%	60-70%
		Average Days from Referral to Initial Appointment	↘	72.8	55-60 Days
		Hospitalization Rate of Active Patients	↘	1.34%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	78-81%
		Net Income	↗	$93,387	$81,075-$81,870 per Month

Department	Domain	Outcome Measure	⇅	2020 YTD (Crisis & CBRF)	2021 Target
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	N/A	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Patients who kept their Follow-up Outpatient Appointment	↗	N/A	90-95%
	Community	Out of County Placements Days	↘	269	230-250
		% of Patients Admitted within 24 hours of Referral	↘	100.0%	90-95%
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	127-130%
		Net Income	↗	-$19,029	($24,838)-($25,081) per Month

Department	Domain	Outcome Measure	⇅	2020 YTD (Hospital)	2021 Target
Youth Psychiatric Hospital	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	N/A	42-47
	Quality	Zero Harm - Patients	↘	N/A	Monitoring
		Hospital Readmission Rate	↘	N/A	10-12%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	N/A	5-7 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	N/A	5-7 Days
	Community	Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	63-66%
		Net Income	↗	N/A	($40,501)-($40,898) per Month

Senior Management Variable Pay Program Proposal

Senior Management, which includes Directors and Executives of North Central Health Care (NCHC), would be eligible to participate in a variable pay program developed and administered by the North Central Community Services Program (NCCSP) Board. The program will not be a budget expense and will only be paid subject to availability of positive fiscal year-end net income. No amount will be paid out if there is a negative net income for the organization as determined by the unaudited December financials of each year, and any amount paid, will not create a net income loss. The variable pay program will paid for from financial gains from operations.

For 2021, a Senior Manager who has been employed with NCHC prior to July 1, 2021, would be eligible for a variable pay incentive, relative to the performance on the Organization's Overall Dashboard. Under the program, Senior Managers would be eligible for up to 5% in variable pay dependent on final year-end outcomes.

The variable pay program would be paid according to a composite score from all Organizational Dashboard measures (excluding any monitoring outcomes). The composite score will be based on individual outcomes on applicable outcome measures based on targets set by the Board of Directors. Each outcome, based on target achievement will be given a score as follows:

      0.0 - Target Not Met

      0.5 - Target Met

      1.0 – Target Exceeded

The composite score will be equally weighted and applied to the available pool. For example:

Composite Score	0.65
Variable Pay Available	5%
Variable Pay Factor	3.25% of salary variable compensation payment

The Board would review the year-end performance at the January Board meeting and authorize the payment. The payment would not apply to the base rate. Please reference the Proposed 2021 Organizational Dashboard to review the eligible Dashboard Outcomes for this program.