



OFFICIAL NOTICE AND AGENDA of a meeting of the Board or a Committee:

A meeting of the North Central Community Services Program Board will be held at NCHC – Wausau Board Room, 1100 Lake View Drive, Wausau, WI, at 12:00 p.m., on Thursday, July 30th, 2015.

(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 by one hour prior to the meeting start time for further instructions.)

AGENDA

1. Call to order
2. Roll call
3. Consent Agenda
 - a. May and June financial statements
 - b. 5/28/15 and 6/25/15 Finance, Personnel & Property Committee meeting minutes
 - c. 5/28/15, 6/25/15 and 7/9/15 Board meeting minutes
 - d. 6/9/15 Executive Committee meeting minutes
 - e. 5/21/15 Quality Committee meeting minutes
 - f. 4/24/15 and 5/22/15 Nursing Home Operations Committee meeting minutes
 - g. CEO's report
4. Final Strategies Report: Schafer Consulting
5. Chairperson's report: R. Nye
6. Quality Committee report: L. Scudiere
 - a. Organizational Quality Dashboard
 - b. Joint Commission survey report
7. Financial report: B. Glodowski
8. Finance, Personnel & Property Committee report: L. Olkowski
9. Human Services Operations Committee Report: J. Robinson
10. Nursing Home Operations Committee Report: J. Burgener
 - a. Action: approve 6/26/15 and 7/9/15 Nursing Home Operations Committee meeting minutes
11. Mental health services to the criminal justice system update
12. Psychiatry residency program update
13. Future meeting agendas
14. Adjourn

- Action may be taken on any agenda item.
- In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/Gary Bezucha
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices
DATE 07/24/15 TIME 12:00 PM
VIA: ☒ FAX ☒ MAIL BY: D. Osowski

THIS NOTICE POSTED AT NORTH CENTRAL HEALTH CARE

DATE 07/24/15 Time 12:00 PM By D. Osowski
Anyone attending this meeting who needs some type of special accommodation in order to participate should call Administration at 715-848-4405. For TDD telephone service, call 715-845-4928.



MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: June 19, 2015
RE: Attached Financials

Attached please find a copy of the May Financial Statements for your review. To assist you in your review, the following information is provided.

BALANCE SHEET

Accounts Receivable continues to show improvement and continues to be a priority. Cash continues to remain adequate for operations.

STATEMENT OF REVENUE AND EXPENSES

The month of May shows a gain of \$287,468 compared to a budgeted loss of (\$82,354), resulting in a positive variance of \$369,822.

The hospital averaged just over 14 patients per day, compared to the target of 13. The nursing home census decreased again in May, averaging 203 per day. The target is 213. The Medicare census also decreased for May, averaging 21, compared to the target of 26. Although the nursing home census is down, the Medicaid rates have improved compared to the target rates. This is helping the overall nursing home revenue to stay closer to targets.

Overall expenses were well below budgeted targets for May. Most of this is due to benefits coming in below target, especially health insurance.

Through May, the overall organization shows a gain of \$1,024,813 compared to the targeted gain of \$137,500. The Human Services Program shows a gain of \$924,275 and the nursing home shows a gain of \$100,538.

If you have questions, please feel free to contact me.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
MAY 2015**

	51.42/.437 <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	TOTAL <u>31-May-14</u>
CURRENT ASSETS:				
CASH AND EQUIVALENTS	7,171,736	(26,544)	7,145,192	4,126,717
SHORT-TERM INVESTMENTS	7,108,686		7,108,686	6,630,319
CASH FOR APPROVED CAPITAL PURCHASES	1,768,829	422,486	2,191,315	1,669,682
DONATED FUNDS	222,424		222,424	126,737
ACCOUNTS RECEIVABLE:				
PATIENT (NET)	3,835,401	3,847,971	7,683,372	7,174,069
STATE GRANTS	989,427		989,427	906,092
OTHER	253,757		253,757	405,035
APPROPRIATIONS RECEIVABLE			0	1,480,361
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	409,167	309,680	718,847	862,297
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>417,514</u>	<u>64,904</u>	<u>482,418</u>	<u>605,539</u>
TOTAL CURRENT ASSETS	<u>22,193,860</u>	<u>4,875,399</u>	<u>27,069,259</u>	<u>24,317,853</u>
CAPITAL ASSETS				
CAPITAL ASSETS	30,093,806	14,664,366	44,758,172	42,797,099
ACCUMULATED DEPRECIATION	<u>(22,330,007)</u>	<u>(10,737,914)</u>	<u>(33,067,921)</u>	<u>(31,452,246)</u>
CAPITAL ASSETS - NET	<u>7,763,799</u>	<u>3,926,452</u>	<u>11,690,250</u>	<u>11,344,853</u>
OTHER ASSETS - DEFERRED CHARGES	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RESTRICTED ASSETS - PATIENT TRUST FUNDS	<u>19,301</u>	<u>34,943</u>	<u>54,244</u>	<u>287,670</u>
TOTAL ASSETS	<u>29,976,960</u>	<u>8,836,794</u>	<u>38,813,753</u>	<u>35,950,375</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
MAY 2015**

	51.42/.437 <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	TOTAL <u>31-May-14</u>
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	3,512,220	0	3,512,220	3,258,944
THIRD PARTY PAYABLE	354,322	0	354,322	541,000
APPROPRIATIONS ADVANCES	747,761	0	747,761	16,667
ACCRUED LIABILITIES:				
SALARIES & RETIREMENT	1,129,919	0	1,129,919	1,126,160
PAYROLL TAXES AND WITHHOLDING	399,299	0	399,299	452,710
COMPENSATED ABSENCES	1,647,670	0	1,647,670	1,661,990
OTHER PAYABLES	72,806	0	72,806	74,611
DEFERRED REVENUE - STATE GRANTS	<u>188,513</u>		<u>188,513</u>	<u>188,238</u>
TOTAL CURRENT LIABILITIES	<u>8,052,510</u>		<u>8,052,510</u>	<u>7,320,320</u>
PATIENT TRUST FUNDS	<u>19,301</u>	<u>34,862</u>	<u>54,163</u>	<u>287,451</u>
NET ASSETS:				
INVESTED IN CAPITAL ASSETS	7,763,799	3,926,452	11,690,250	11,344,853
UNRESTRICTED	13,217,075	4,774,943	17,992,017	17,142,064
OPERATING INCOME(LOSS)	<u>924,275</u>	<u>100,538</u>	<u>1,024,813</u>	<u>(144,315)</u>
TOTAL NET ASSETS	<u>21,905,148</u>	<u>8,801,932</u>	<u>30,707,081</u>	<u>28,342,603</u>
TOTAL LIABILITIES AND NET ASSETS	<u>29,976,960</u>	<u>8,836,794</u>	<u>38,813,753</u>	<u>35,950,375</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2015**

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$3,529,129</u>	<u>\$3,419,644</u>	<u>\$109,485</u>	<u>\$16,855,253</u>	<u>\$17,148,235</u>	<u>(\$292,981)</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	1,625,301	1,625,598	(297)
Grant Revenue	220,079	184,113	35,966	942,671	920,071	22,600
County Appropriations - Net	736,232	730,192	6,040	3,681,162	3,650,960	30,202
Departmental and Other Revenue	<u>170,863</u>	<u>180,658</u>	<u>(9,796)</u>	<u>856,355</u>	<u>903,292</u>	<u>(46,937)</u>
Total Other Revenue	<u>1,452,234</u>	<u>1,420,083</u>	<u>32,151</u>	<u>7,105,489</u>	<u>7,099,921</u>	<u>5,568</u>
TOTAL REVENUE	4,981,363	4,839,728	141,636	23,960,742	24,248,156	(287,414)
EXPENSES						
Direct Expenses	3,479,389	3,510,912	(31,523)	16,869,473	17,102,539	(233,066)
Indirect Expenses	<u>1,225,502</u>	<u>1,418,671</u>	<u>(193,169)</u>	<u>6,116,098</u>	<u>7,045,617</u>	<u>(929,519)</u>
Total Expenses	<u>4,704,891</u>	<u>4,929,582</u>	<u>(224,691)</u>	<u>22,985,571</u>	<u>24,148,156</u>	<u>(1,162,585)</u>
Operating Income (Loss)	<u>276,472</u>	<u>(89,854)</u>	<u>366,326</u>	<u>975,171</u>	<u>100,000</u>	<u>875,171</u>
Nonoperating Gains (Losses):						
Interest Income	5,736	7,500	(1,764)	29,069	37,500	(8,431)
Donations and Gifts	5,260	0	5,260	20,573	0	20,573
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>10,996</u>	<u>7,500</u>	<u>3,496</u>	<u>49,641</u>	<u>37,500</u>	<u>12,141</u>
Operating Income / (Loss)	<u>\$287,468</u>	<u>(\$82,354)</u>	<u>\$369,822</u>	<u>\$1,024,813</u>	<u>\$137,500</u>	<u>\$887,313</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2015**

51.42/.437 PROGRAMS	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$1,490,180</u>	<u>\$1,377,963</u>	<u>\$112,217</u>	<u>\$6,914,693</u>	<u>\$7,115,584</u>	<u>(\$200,891)</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	1,625,301	1,625,598	(297)
Grant Revenue	220,079	184,113	35,966	942,671	920,071	22,600
County Appropriations - Net	594,566	588,525	6,041	2,972,831	2,942,627	30,204
Departmental and Other Revenue	<u>124,776</u>	<u>145,825</u>	<u>(21,049)</u>	<u>658,762</u>	<u>729,125</u>	<u>(70,363)</u>
 Total Other Revenue	 <u>1,264,482</u>	 <u>1,243,583</u>	 <u>20,899</u>	 <u>6,199,565</u>	 <u>6,217,422</u>	 <u>(17,856)</u>
TOTAL REVENUE	2,754,662	2,621,546	133,116	13,114,258	13,333,005	(218,747)
 EXPENSES						
Direct Expenses	1,956,688	1,928,963	27,725	9,115,833	9,382,693	(266,860)
Indirect Expenses	<u>547,924</u>	<u>781,601</u>	<u>(233,676)</u>	<u>3,120,719</u>	<u>3,881,704</u>	<u>(760,985)</u>
 Total Expenses	 <u>2,504,612</u>	 <u>2,710,564</u>	 <u>(205,952)</u>	 <u>12,236,552</u>	 <u>13,264,397</u>	 <u>(1,027,845)</u>
 Operating Income (Loss)	 <u>250,050</u>	 <u>(89,018)</u>	 <u>339,068</u>	 <u>877,707</u>	 <u>68,609</u>	 <u>809,098</u>
 Nonoperating Gains (Losses):						
Interest Income	5,736	7,500	(1,764)	29,069	37,500	(8,431)
Donations and Gifts	3,502	0	3,502	17,499	0	17,499
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
 Total Nonoperating Gains / (Losses)	 <u>9,238</u>	 <u>7,500</u>	 <u>1,738</u>	 <u>46,568</u>	 <u>37,500</u>	 <u>9,068</u>
 Operating Income / (Loss)	 <u>\$259,288</u>	 <u>(\$81,518)</u>	 <u>\$340,806</u>	 <u>\$924,275</u>	 <u>\$106,109</u>	 <u>\$818,166</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2015**

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$2,038,949</u>	<u>\$2,041,681</u>	<u>(\$2,733)</u>	<u>\$9,940,560</u>	<u>\$10,032,651</u>	<u>(\$92,091)</u>
OTHER REVENUE						
County Appropriations - Net	141,666	141,667	(1)	708,331	708,333	(2)
Departmental and Other Revenue	<u>46,086</u>	<u>34,833</u>	<u>11,253</u>	<u>197,592</u>	<u>174,166</u>	<u>23,426</u>
Total Other Revenue	<u>187,752</u>	<u>176,500</u>	<u>11,252</u>	<u>905,923</u>	<u>882,500</u>	<u>23,424</u>
TOTAL REVENUE	2,226,700	2,218,181	8,520	10,846,483	10,915,150	(68,667)
EXPENSES						
Direct Expenses	1,522,701	1,581,948	(59,247)	7,753,640	7,719,846	33,794
Indirect Expenses	<u>677,577</u>	<u>637,070</u>	<u>40,508</u>	<u>2,995,379</u>	<u>3,163,913</u>	<u>(168,534)</u>
Total Expenses	<u>2,200,278</u>	<u>2,219,018</u>	<u>(18,740)</u>	<u>10,749,019</u>	<u>10,883,759</u>	<u>(134,740)</u>
Operating Income (Loss)	<u>26,421</u>	<u>(837)</u>	<u>27,259</u>	<u>97,465</u>	<u>31,391</u>	<u>66,073</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,758	0	1,758	3,073	0	3,073
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>1,758</u>	<u>0</u>	<u>1,758</u>	<u>3,073</u>	<u>0</u>	<u>3,073</u>
Operating Income / (Loss)	<u>\$28,179</u>	<u>(\$837)</u>	<u>\$29,016</u>	<u>\$100,538</u>	<u>\$31,391</u>	<u>\$69,147</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
May 31, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
BMO Harris	395 Days	07/26/2015	0.30%	\$500,000
Abby Bank	365 Days	07/05/2015	0.55%	\$500,000
Abby Bank	365 Days	07/19/2015	0.55%	\$500,000
People's State Bank	365 Days	08/21/2015	0.45%	\$500,000
Abby Bank	365 Days	08/29/2015	0.45%	\$500,000
CoVantage Credit Union	456 Days	10/01/2015	0.65%	\$500,000
People's State Bank	365 Days	10/30/2015	0.50%	\$500,000
Abby Bank	365 Days	10/29/2015	0.55%	\$500,000
River Valley Bank	365 Days	12/27/2014	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
People's State Bank	365 Days	02/28/2016	0.45%	\$250,000
Abby Bank	365 Days	03/15/2016	0.65%	\$400,000
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE	337.15 Days		0.471% INTEREST	

**North Central Health Care
Write-Off Summary
May 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$168	\$11,007	\$2,900
Bad Debt	\$255	\$697	\$2,983
<i>Outpatient:</i>			
Administrative Write-Off	\$5,189	\$37,073	\$5,815
Bad Debt	\$3,785	\$4,685	\$19,450
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$0	\$0	\$6,860
Bad Debt	\$15,357	\$20,852	\$1,662
Ancillary Services:			
Administrative Write-Off	\$8,589	\$9,116	\$3,320
Bad Debt	\$0	\$0	\$676
<i>Pharmacy:</i>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$13,945.94	\$57,195.95	\$18,895.00
Total - Bad Debt	\$19,396.38	\$26,233.93	\$24,771.00

**North Central Health Care
2015 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,603	6,500	(103)	88.75%	87.37%
	Hospital	403	403	0	81.25%	81.25%
February	Nursing Home	5,964	6,007	43	88.75%	89.39%
	Hospital	364	446	82	81.25%	99.55%
March	Nursing Home	6,603	6,607	4	88.75%	88.80%
	Hospital	403	439	36	81.25%	88.51%
April	Nursing Home	6,390	6,162	(228)	88.75%	85.58%
	Hospital	390	403	13	81.25%	83.96%
May	Nursing Home	6,603	6,301	(302)	88.75%	84.69%
	Hospital	403	440	37	81.25%	88.71%
June	Nursing Home					
	Hospital					
July	Nursing Home					
	Hospital					
August	Nursing Home					
	Hospital					
September	Nursing Home					
	Hospital					
October	Nursing Home					
	Hospital					
November	Nursing Home					
	Hospital					
December	Nursing Home					
	Hospital					

North Central Health Care
Finance Committee-Analysis
Calendar Year: 2015

	Target	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Days Cash On Hand:														
Invested	70	61	62	62	60	61								61
Operating		48	36	33	47	46								46
Total		109	98	95	107	107								107
Average Daily Census:														
Nursing Home	213	210	215	213	205	203								209
Hospital	13	13	16	14	13	14								14
Days in Accounts Receivable:**	55-60 days	80	79	75	72	71								71
Direct Expense/Gross Patient Revenue**	55%-59%	61%	51%	59%	62%	65%								58%
Write Offs**	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%								0.30%
Excess Revenue (Expense):														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468								\$1,024,813
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,354)								\$137,500
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)								(\$144,315)

**Dash Board Outcomes

NCHC-DONATED FUNDS**Balance Sheet****As of May 31, 2015****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	4,861.91
Adventure Camp	693.99
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	98,655.40
Community Services - M/H	2,348.62
CSP	-492.15
Fishing Without Boundries	850.00
General Donated Funds	71,293.46
Housing - DD Services	1,370.47
Langlade HCC	3,103.80
Legacies by the Lake	
Music in Memory	2,192.65
Legacies by the Lake - Other	4,325.33
Total Legacies by the Lake	6,517.98

Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	5,798.02
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,816.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	3,172.09
Outpatient Services - Marathon	101.08
Pool	6,730.48
Prevent Suicide Langlade Co.	1,543.55
Suicide Prevention Walk	750.00
United Way	274.60

Total CHECKING ACCOUNT 222,423.97

Total Checking/Savings 222,423.97

Accounts Receivable

Accounts Receivable 16.00

Total Accounts Receivable 16.00

Total Current Assets 222,439.97

TOTAL ASSETS 222,439.97

LIABILITIES & EQUITY**Equity**

Opening Bal Equity 123,523.75

Retained Earnings 59,745.02

Net Income 39,171.20

Total Equity 222,439.97

TOTAL LIABILITIES & EQUITY 222,439.97

North Central Health Care Budget Revenue/Expense Report

Month Ending May 31, 2015

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
TOTAL NET REVENUE	4,981,363	4,839,728	23,960,742	24,248,156	(287,414)
<u>EXPENSES:</u>					
Salaries and Wages	2,280,847	2,464,882	11,280,479	11,914,392	(633,913)
Fringe Benefits	850,270	1,003,348	4,331,892	4,850,003	(518,111)
Departments Supplies	471,252	431,133	2,321,869	2,155,667	166,202
Purchased Services	377,833	273,725	1,588,379	1,409,625	178,754
Utilitites/Maintenance Agreements	279,868	307,644	1,472,444	1,574,221	(101,777)
Personal Development/Travel	42,071	40,350	154,790	201,750	(46,960)
Other Operating Expenses	104,903	172,988	527,412	864,942	(337,529)
Insurance	41,598	48,258	208,921	241,292	(32,371)
Depreciation & Amortization	140,600	137,253	719,685	686,265	33,420
Client Purchased Services	<u>115,650</u>	<u>50,000</u>	<u>379,700</u>	<u>250,000</u>	<u>129,700</u>
TOTAL EXPENSES	4,704,891	4,929,582	22,985,571	24,148,156	(1,162,585)
EXCESS REVENUE (EXPENSE)	276,472	(89,854)	975,171	100,000	875,171



MEMO

TO: North Central Health Care Finance Committee
FROM: Brenda Glodowski
DATE: July 24, 2015
RE: Attached Financials

Attached please find a copy of the June Financial Statements for your review. To assist you in your review, the following information is provided:

BALANCE SHEET

Accounts Receivable shows a very nice improvement from May. This area continues to improve each month as is reflected in the Days in Accounts Receivable measurement.

STATEMENT OF REVENUE AND EXPENSES

The month of June shows a gain of \$550,567 compared to a budgeted gain of \$62,582, resulting in a positive variance of \$487,985.

The hospital census averaged just over 14 patients per day, compared to the target of 13. The nursing home census improved, compared to May, averaging 204 per day. The target is 213. The Medicare census decreased for June, averaging 19 per day. The target for this census is 26. Included in the overall revenue for June is approximately \$125,000 from a reconciliation of January-May revenue.

Overall expenses remain below budget target. Salaries and benefits remain below targets.

Through June, the overall organization shows a gain of \$1,575,380 compared to the targeted gain of \$200,081. The Human Services Program shows a gain of \$1,437,828 and the nursing home shows a gain of \$137,553.

If you have questions, please feel free to contact me.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
JUNE 2015**

	51.42/.437 <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	TOTAL <u>30-Jun-14</u>
CURRENT ASSETS:				
CASH AND EQUIVALENTS	6,855,714	(1,485)	6,854,229	4,141,947
SHORT-TERM INVESTMENTS	7,150,831		7,150,831	6,644,253
CASH FOR APPROVED CAPITAL PURCHASES	1,751,743	397,427	2,149,169	1,655,748
DONATED FUNDS	232,688		232,688	128,927
ACCOUNTS RECEIVABLE:				
PATIENT (NET)	3,306,096	3,884,041	7,190,137	6,279,691
STATE GRANTS	1,339,650		1,339,650	1,104,115
OTHER	234,595		234,595	323,054
APPROPRIATIONS RECEIVABLE	0		0	2,047,503
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	418,000	476,346	894,346	564,500
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>378,385</u>	<u>64,904</u>	<u>443,289</u>	<u>509,476</u>
TOTAL CURRENT ASSETS	<u>21,684,623</u>	<u>5,078,135</u>	<u>26,762,758</u>	<u>23,730,219</u>
CAPITAL ASSETS				
CAPITAL ASSETS	30,231,368	14,682,894	44,914,262	42,860,506
ACCUMULATED DEPRECIATION	<u>(22,436,443)</u>	<u>(10,771,921)</u>	<u>(33,208,364)</u>	<u>(31,565,275)</u>
CAPITAL ASSETS - NET	<u>7,794,925</u>	<u>3,910,974</u>	<u>11,705,898</u>	<u>11,295,231</u>
OTHER ASSETS - DEFERRED CHARGES	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RESTRICTED ASSETS - PATIENT TRUST FUNDS	<u>21,415</u>	<u>35,204</u>	<u>56,619</u>	<u>247,187</u>
TOTAL ASSETS	<u>29,500,963</u>	<u>9,024,312</u>	<u>38,525,274</u>	<u>35,272,636</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET ASSETS
JUNE 2015**

	<u>51.42/.437 PROGRAM</u>	<u>NURSING HOME</u>	<u>TOTAL</u>	<u>TOTAL 30-Jun-14</u>
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	3,595,791	0	3,595,791	3,328,346
THIRD PARTY PAYABLE	405,214	0	405,214	85,454
APPROPRIATIONS ADVANCES	0	0	0	0
ACCRUED LIABILITIES:				
SALARIES & RETIREMENT	1,157,610	0	1,157,610	1,141,441
PAYROLL TAXES AND WITHHOLDING	147,119	0	147,119	151,979
COMPENSATED ABSENCES	1,643,932	0	1,643,932	1,642,612
OTHER PAYABLES	72,806	0	72,806	74,608
DEFERRED REVENUE - STATE GRANTS	<u>188,536</u>		<u>188,536</u>	<u>0</u>
TOTAL CURRENT LIABILITIES	<u>7,211,008</u>		<u>7,211,008</u>	<u>6,424,440</u>
PATIENT TRUST FUNDS	<u>21,415</u>	<u>35,204</u>	<u>56,619</u>	<u>246,968</u>
NET ASSETS:				
INVESTED IN CAPITAL ASSETS	7,794,925	3,910,974	11,705,898	11,295,231
UNRESTRICTED	13,035,788	4,940,582	17,976,369	17,191,689
OPERATING INCOME(LOSS)	<u>1,437,828</u>	<u>137,553</u>	<u>1,575,381</u>	<u>114,306</u>
TOTAL NET ASSETS	<u>22,268,540</u>	<u>8,989,108</u>	<u>31,257,649</u>	<u>28,601,227</u>
TOTAL LIABILITIES AND NET ASSETS	<u>29,500,963</u>	<u>9,024,312</u>	<u>38,525,274</u>	<u>35,272,636</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2015**

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$3,603,753</u>	<u>\$3,447,869</u>	<u>\$155,883</u>	<u>\$20,459,006</u>	<u>\$20,596,104</u>	<u>(\$137,098)</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	1,950,361	1,950,718	(357)
Grant Revenue	203,035	183,990	19,046	1,145,706	1,104,061	41,646
County Appropriations - Net	736,232	730,192	6,040	4,417,395	4,381,152	36,242
Departmental and Other Revenue	<u>193,602</u>	<u>180,658</u>	<u>12,944</u>	<u>1,049,957</u>	<u>1,083,950</u>	<u>(33,993)</u>
Total Other Revenue	<u>1,457,930</u>	<u>1,419,960</u>	<u>37,971</u>	<u>8,563,419</u>	<u>8,519,881</u>	<u>43,538</u>
TOTAL REVENUE	5,061,683	4,867,830	193,854	29,022,425	29,115,985	(93,560)
EXPENSES						
Direct Expenses	3,377,165	3,423,287	(46,122)	20,246,638	20,525,825	(279,187)
Indirect Expenses	<u>1,141,708</u>	<u>1,389,462</u>	<u>(247,754)</u>	<u>7,257,805</u>	<u>8,435,078</u>	<u>(1,177,273)</u>
Total Expenses	<u>4,518,873</u>	<u>4,812,748</u>	<u>(293,876)</u>	<u>27,504,443</u>	<u>28,960,904</u>	<u>(1,456,461)</u>
Operating Income (Loss)	<u>542,810</u>	<u>55,082</u>	<u>487,728</u>	<u>1,517,982</u>	<u>155,081</u>	<u>1,362,901</u>
Nonoperating Gains (Losses):						
Interest Income	6,690	7,500	(810)	35,759	45,000	(9,241)
Donations and Gifts	1,067	0	1,067	21,639	0	21,639
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>7,757</u>	<u>7,500</u>	<u>257</u>	<u>57,398</u>	<u>45,000</u>	<u>12,398</u>
Operating Income / (Loss)	<u>\$550,567</u>	<u>\$62,582</u>	<u>\$487,985</u>	<u>\$1,575,380</u>	<u>\$200,081</u>	<u>\$1,375,299</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2015**

51.42/.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$1,649,536</u>	<u>\$1,450,128</u>	<u>\$199,408</u>	<u>\$8,564,229</u>	<u>\$8,565,712</u>	<u>(\$1,483)</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	1,950,361	1,950,718	(357)
Grant Revenue	203,035	183,990	19,046	1,145,706	1,104,061	41,646
County Appropriations - Net	594,566	588,525	6,041	3,567,398	3,531,152	36,245
Departmental and Other Revenue	<u>131,808</u>	<u>145,825</u>	<u>(14,017)</u>	<u>790,570</u>	<u>874,950</u>	<u>(84,380)</u>
Total Other Revenue	<u>1,254,470</u>	<u>1,243,460</u>	<u>11,010</u>	<u>7,454,035</u>	<u>7,460,881</u>	<u>(6,846)</u>
TOTAL REVENUE	2,904,006	2,693,588	210,418	16,018,264	16,026,593	(8,329)
EXPENSES						
Direct Expenses	1,871,711	1,878,133	(6,422)	10,987,544	11,260,826	(273,282)
Indirect Expenses	<u>526,090</u>	<u>765,508</u>	<u>(239,419)</u>	<u>3,646,808</u>	<u>4,647,212</u>	<u>(1,000,404)</u>
Total Expenses	<u>2,397,800</u>	<u>2,643,641</u>	<u>(245,841)</u>	<u>14,634,352</u>	<u>15,908,038</u>	<u>(1,273,686)</u>
Operating Income (Loss)	<u>506,205</u>	<u>49,946</u>	<u>456,259</u>	<u>1,383,912</u>	<u>118,555</u>	<u>1,265,357</u>
Nonoperating Gains (Losses):						
Interest Income	6,690	7,500	(810)	35,759	45,000	(9,241)
Donations and Gifts	657	0	657	18,156	0	18,156
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>7,347</u>	<u>7,500</u>	<u>(153)</u>	<u>53,915</u>	<u>45,000</u>	<u>8,915</u>
Operating Income / (Loss)	<u>\$513,553</u>	<u>\$57,446</u>	<u>\$456,106</u>	<u>\$1,437,827</u>	<u>\$163,555</u>	<u>\$1,274,272</u>

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2015

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
REVENUE						
Net Patient Service Revenue	<u>\$1,954,217</u>	<u>\$1,997,741</u>	<u>(\$43,525)</u>	<u>\$11,894,777</u>	<u>\$12,030,392</u>	<u>(\$135,615)</u>
OTHER REVENUE						
County Appropriations - Net	141,666	141,667	(1)	849,997	850,000	(3)
Departmental and Other Revenue	<u>61,795</u>	<u>34,833</u>	<u>26,961</u>	<u>259,387</u>	<u>208,999</u>	<u>50,387</u>
Total Other Revenue	<u>203,461</u>	<u>176,500</u>	<u>26,961</u>	<u>1,109,384</u>	<u>1,058,999</u>	<u>50,384</u>
TOTAL REVENUE	2,157,676	2,174,241	(16,564)	13,004,161	13,089,392	(85,231)
EXPENSES						
Direct Expenses	1,505,454	1,545,153	(39,699)	9,259,094	9,265,000	(5,905)
Indirect Expenses	<u>615,618</u>	<u>623,953</u>	<u>(8,335)</u>	<u>3,610,997</u>	<u>3,787,866</u>	<u>(176,870)</u>
Total Expenses	<u>2,121,072</u>	<u>2,169,107</u>	<u>(48,035)</u>	<u>12,870,091</u>	<u>13,052,866</u>	<u>(182,775)</u>
Operating Income (Loss)	<u>36,604</u>	<u>5,135</u>	<u>31,471</u>	<u>134,070</u>	<u>36,526</u>	<u>97,544</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	410	0	410	3,483	0	3,483
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>410</u>	<u>0</u>	<u>410</u>	<u>3,483</u>	<u>0</u>	<u>3,483</u>
Operating Income / (Loss)	<u>\$37,014</u>	<u>\$5,135</u>	<u>\$31,879</u>	<u>\$137,553</u>	<u>\$36,526</u>	<u>\$101,027</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
June 30, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
BMO Harris	395 Days	07/26/2015	0.30%	\$500,000
Abby Bank	365 Days	07/19/2015	0.55%	\$500,000
People's State Bank	365 Days	08/21/2015	0.45%	\$500,000
Abby Bank	365 Days	08/29/2015	0.45%	\$500,000
CoVantage Credit Union	456 Days	10/01/2015	0.65%	\$500,000
People's State Bank	365 Days	10/30/2015	0.50%	\$500,000
Abby Bank	365 Days	10/29/2015	0.55%	\$500,000
River Valley Bank	365 Days	12/27/2014	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
Abby Bank	183 Days	01/05/2016	0.65%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
People's State Bank	365 Days	02/28/2016	0.45%	\$250,000
Abby Bank	365 Days	03/15/2016	0.65%	\$400,000
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE	327.37 Days		0.476% INTEREST	

**North Central Health Care
Write-Off Summary
June 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$266	\$11,273	\$2,900
Bad Debt	\$577	\$1,274	\$2,983
<i>Outpatient:</i>			
Administrative Write-Off	\$3,901	\$40,974	\$5,815
Bad Debt	\$98	\$4,783	\$19,450
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$2,483	\$2,483	\$6,860
Bad Debt	\$2,448	\$23,300	\$1,662
Ancillary Services:			
Administrative Write-Off	\$12,557	\$21,673	\$3,320
Bad Debt	\$0	\$0	\$676
<i>Pharmacy:</i>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$19,206.92	\$76,402.87	\$18,895.00
Total - Bad Debt	\$3,122.94	\$29,356.87	\$24,771.00

**North Central Health Care
2015 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	6,603	6,500	(103)	88.75%	87.37%
	Hospital	403	403	0	81.25%	81.25%
February	Nursing Home	5,964	6,007	43	88.75%	89.39%
	Hospital	364	446	82	81.25%	99.55%
March	Nursing Home	6,603	6,607	4	88.75%	88.80%
	Hospital	403	439	36	81.25%	88.51%
April	Nursing Home	6,390	6,162	(228)	88.75%	85.58%
	Hospital	390	403	13	81.25%	83.96%
May	Nursing Home	6,603	6,301	(302)	88.75%	84.69%
	Hospital	403	440	37	81.25%	88.71%
June	Nursing Home	6,390	6,115	(275)	88.75%	84.93%
	Hospital	390	420	30	81.25%	87.50%
July	Nursing Home Hospital					
August	Nursing Home Hospital					
September	Nursing Home Hospital					
October	Nursing Home Hospital					
November	Nursing Home Hospital					
December	Nursing Home Hospital					

North Central Health Care Budget Revenue/Expense Report

Month Ending June 30, 2015

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
TOTAL NET REVENUE	5,061,683	4,867,830	29,022,425	29,115,985	(93,560)
<u>EXPENSES:</u>					
Salaries and Wages	2,292,342	2,385,378	13,572,821	14,299,770	(726,949)
Fringe Benefits	696,763	971,018	5,028,655	5,821,021	(792,366)
Departments Supplies	533,284	431,133	2,855,153	2,586,800	268,353
Purchased Services	212,829	273,725	1,801,208	1,683,350	117,858
Utilitites/Maintenance Agreements	250,213	302,644	1,722,657	1,876,865	(154,208)
Personal Development/Travel	36,375	40,350	191,165	242,100	(50,936)
Other Operating Expenses	125,256	172,988	652,668	1,037,930	(385,262)
Insurance	40,803	48,258	249,724	289,550	(39,826)
Depreciation & Amortization	140,442	137,253	860,126	823,518	36,609
Client Purchased Services	<u>190,566</u>	<u>50,000</u>	<u>570,265</u>	<u>300,000</u>	<u>270,265</u>
TOTAL EXPENSES	4,518,873	4,812,748	27,504,443	28,960,904	(1,456,461)
EXCESS REVENUE (EXPENSE)	542,810	55,082	1,517,982	155,081	1,362,901

NCHC-DONATED FUNDS

Balance Sheet

As of June 30, 2015

June 30, 2015

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	4,861.91
Adventure Camp	693.99
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	103,354.40
Community Services - M/H	2,276.20
CSP	-492.15
Fishing Without Boundries	4,945.00
General Donated Funds	71,154.18
Housing - DD Services	1,370.47
Langlade HCC	3,103.80
Legacies by the Lake	
Music in Memory	1,922.90
Legacies by the Lake - Other	4,279.12
	<hr/>
Total Legacies by the Lake	6,202.02
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	5,348.02
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,816.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	3,117.18
Outpatient Services - Marathon	101.08
Pool	9,007.82
Prevent Suicide Langlade Co.	1,543.55
Suicide Prevention Walk	750.00
United Way	350.05
	<hr/>

Total CHECKING ACCOUNT 232,538.19

Total Checking/Savings 232,538.19

Accounts Receivable

Accounts Receivable 166.00

Total Accounts Receivable 166.00

Total Current Assets 232,704.19

TOTAL ASSETS 232,704.19

LIABILITIES & EQUITY

Equity

Opening Bal Equity 123,523.75

Retained Earnings 59,745.02

Net Income 49,435.42

Total Equity 232,704.19

TOTAL LIABILITIES & EQUITY 232,704.19

North Central Health Care
Finance Committee-Analysis
Calendar Year: 2015

	Target	January	February	March	April	May	June	July	August	September	October	November	December	YTD
Days Cash On Hand:														
Invested	70	61	62	62	60	61	62							61
Operating		48	36	33	47	46	46							45
Total		109	98	95	107	107	108							106
Average Daily Census:														
Nursing Home	213	210	215	213	205	203	204							208
Hospital	13	13	16	14	13	14	14							14
Days in Accounts Receivable:**	55-60 days	80	79	75	72	71	67							71
Direct Expense/Gross Patient Revenue**	55%-59%	61%	51%	59%	62%	65%	60%							59%
Write Offs**	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%							0.33%
Excess Revenue (Expense):														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468	\$550,567							\$1,575,380
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,354)	\$62,582							\$200,082
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)	\$258,622							\$114,307

**Dash Board Outcomes

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
FINANCE, PERSONNEL & PROPERTY COMMITTEE
MEETING MINUTES**

May 28, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

EXC	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
X	Bob Weaver	X	John Robinson		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Debbie Osowski

The meeting was called to order 11:01 AM, roll call taken, and a quorum noted.

Minutes

Motion/second, Zriny/Weaver, to approve the minutes of the 4/30/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- Balance sheet:
 - Cash continues to improve; is comparable to last year.
 - Accounts Receivable continues to see improvement; has decreased about \$811,000 since January; days in Accounts Receivable has dropped to 72; target by year end is 55-60 days.
 - No significant write-offs identified through April; about \$15,000 has been identified in the nursing home billing area in May so far as we continue to clean-up that area.
- Revenues:
 - April showed a gain of \$107,200.
 - Hospital census is 13 which is at target; nursing home census dropped to 205 which is below the target of 213; Medicare census averaged 26 per day which is at target.
 - Outpatient revenues overall were down; in May we should see some spikes. No billing is able to be done until documentation is complete. We have established a policy in all programs with documentation guidelines and are working with staff on timely completion. A monitoring tool by individual is also being established.
 - Overall revenue was down slightly for the month; expenses were down also
 - Overall the organization shows a gain over \$737,344, which is ahead of target.
- Expenses:
 - Health Insurance was high in April however; May health insurance is very low; medications were up due to extra invoice date in April.
 - The vendor for rehab services changed as of 5/14/15 from RehabCare to Aegis; have seen March/April with expenses higher and revenue lower. This is not uncommon when a contract change occurs; we will continue to monitor closely.

Motion/second, Zriny/Weaver, to approve the April financial statements. Motion carried.

CFO Report

- Working on testing with ledger and reconciliation.
- Budget process has begun.
- In the nursing home we are looking at a 1% acuity increase in the Medicaid rate with the second year of the biennium. Medicaid increases continue to be below inflation rate.

Accounts Receivable Update

- Continuing to see the days in accounts receivable decrease.
- Continuing to get cash application process up to date.
- Developing internal reports for aging activity as we are not yet able to generate the reports on the system. Note: the vendor is currently working on two required projects: Meaningful Use and ICD10. These are large projects which prevent them from focusing on other projects at this time. The vendor has also experienced turnover which adds to the frustration and delay of projects.

2016 Capital Requests

- Each capital request item was reviewed in detail.
- **Motion**/second, Zriny/Robinson, to recommend the 2016 capital requests to the board and if approved, forward to Marathon County for approval. Motion carried.

Proposal for Contractual Nursing Assistant Recruitment/Retention Compensation Strategy

- The Executive Team and the Nursing Home Operations Committee have reviewed and recommend to the Finance Committee the approval of the CNA Recruitment/Retention Compensation Strategy for CNA staff in the nursing home
 - Goals are to increase current CNA compensation up to the projected market rate with a four-year phased-in approach; adjustments occurring in 6-month increments. Currently 70% of our CNA's are below market rate; 41% are in the nursing home.
 - In 2015 there would be a projected budget impact of \$67,000 with estimated financial impacts of \$200,000 over the next four budget cycles.

Motion/second, Robinson/Zriny, to advance the CNA Recruitment/Retention Compensation Strategy to the Board of Directors for approval. Motion carried.

Education on Fund Balances

Reviewed the definitions for Generally Accepted Accounting Principles (GAAP), Government Accounting Standards Board (GASB) and North Central Health Care Fund Balance reporting. Committee expressed the importance of providing an education session to County Board members on why it is prudent and beneficial to have fund balances and reserves, their purpose, etc. It was also felt the education should be provided by a non-affiliated outside resource.

Future Agendas

- Continued fund balance review

Motion/second, Weaver/Zriny, to adjourn the meeting at 12:04 p.m. Motion carried.

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
FINANCE, PERSONNEL & PROPERTY COMMITTEE
MEETING MINUTES**

June 25, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
X	Bob Weaver	X	John Robinson		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Debbie Osowski

The meeting was called to order 11:02 AM, roll call taken, and a quorum noted.

Minutes

Motion/second, Weaver/Zriny, to approve the minutes of the 5/28/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- Revenues:
 - May showed an overall gain of just over \$287,000.
 - Hospital census averaged over 14 patients per day and is remaining above target; nursing home decreased to 203 from 205 with a target of 213; Medicare census improved from the prior month to 21. Committee felt the negative publicity on the nursing home renovations may be a factor in the decreasing nursing home census.
 - Nursing Home Medicaid rate is helping to maintain revenue targets. A consultant has been working with staff on documenting acuity more accurately which has helped.
 - Outpatient is under target due to staffing vacancies
 - It is expected to see a decrease in volumes over summer months.
 - Revenue overall exceeded budgeted targets
 - As mentioned last month, there are write-off's in the nursing home area due to the turnover in the nursing home billing area.
- Expenses:
 - Overall expenses were below targets but anticipate expenses will slowly increase for rest of year as vacancies are filled.
 - Salaries/Wages/Fringes seem to be largest expenses. Concern expressed about employee burnout.
 - Turnover is trending down; responding to issues employees have expressed.
 - Outpatient schedules are managed differently to be more efficient with their time due to high no-show rate; employees are also being held accountable for productivity. Billing targets per FTE were established which provides consistency in expectations and accountability. Employee engagement is another area that is monitored in that managers are held accountable for levels of employee engagement in their area.
- Overall, through May the organization shows an overall gain of \$1,024,813.

Motion/second, Zriny/Weaver, to approve the May financial statements. Motion carried.

CFO Report

- Have been working with NetSmart (vendor for TIER product) to resolve our issues and develop a finish plan; NetSmart has had individuals on site working directly with staff; several issues have been resolved which has improved flow; re-writing interface with billing to general ledger; will continue with weekly calls to resolve issues.
- ICD10 will be coming out October 1; training is scheduled.

Accounts Receivable Update

- Making progress on large projects
- Temporary staff have been helping with cash application.
- Days in A/R dropped again this past month.
- Staying on a steady pace and moving ahead.

Scheduler, Time and Attendance 2015 Capital Projects

- Budgeted \$200,000 for time and attendance and \$30,00 for scheduler systems
- Kronos bought Stromberg; Stromberg will be discontinued.
- Kronos is offering \$30,000 per year plus replace time clocks; about \$50,000 to implement and \$30,000/year thereafter.
- Kronos will host (in a 'cloud') vs. licensing our own.
- Kronos will allow apps to use for scheduling, signing up for shifts, etc.
- Researched with little competition; city/county spent comparable amount on their system.
- Committee agreed with project, research, and recommended to proceed. No action necessary.

Education on Fund Balances

- Discussion on fund balances continued from last month.
- Several suggestions were made: continue to discuss how best to prepare financial reports regarding the Fund balances, address any misconceptions, invite County Finance Committee to attend meetings of the Finance, Personnel & Property Committee.

Future Agendas

- No suggestions made

Motion/second, Weaver/Zriny, to adjourn the meeting at 11:56 a.m. Motion carried.

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

May 28, 2015

12:00 p.m.

NCHC – Antigo Campus

Present:

X	Jean Burgener	X	Joanne Kelly	EXC	Holly Matucheski
X	Bill Metter	EXC	Bill Miller	X	Ron Nye
X	Lee Olkowski	X	Dr. Eric Penniman	X	John Robinson
X	Greta Rusch	X	Laura Scudiere	X	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: Gary Bezucha, Brenda Glodowski, Becky Schultz, Toni Simonson, Michael Loy, Debbie Osowski

The meeting was called to order at 12:07 p.m. Roll call was taken and a quorum declared.

Consent agenda

Motion/second, Burgener/Metter, to remove the CEO report from the consent agenda. Motion carried.

Motion/second, Metter/Burgener to approve the 4/30/15 minutes of the Finance, Personnel & Property Committee meeting and the 4/30/15 Board meeting minutes. Motion carried.

CEO Report

In addition to the written report:

- Just Like Us event
 - Thanks to all board members who attended.
 - The entire event was very successful and raised over \$15,000.
 - Planning is underway for next year's event already.
- Aquatic Therapy Program
 - USAquatics was hired and rendered an opinion to build a new pool/facility on this campus.
 - Project will be brought to the Marathon County Board through their approval process.
 - We are currently in the process of looking at philanthropic funding and have \$680,000 of committed funds to date. It is the opinion of the Aquatic Fundraising Committee that we will meet the million dollar target.
- Employee Health Care Consortium
 - The purpose is to pool health care resources and risk.
 - Four entities are involved: Marathon County, D.C. Everest, Wausau Area Schools, and NCHC
 - Working with Benefits Services Group.

- After initial feasibility and cost projections were completed and identified as a viable opportunity, the next step is issuing an RFP for shared administrative services, etc.
- Initial cost savings for the group is estimated at \$7-8 million. NCHC anticipates about \$1 million in savings.

Chairperson's Report

- **Motion**/second, Metter/Tange, to approve the 5/22/15 Executive Committee minutes.
- Committee discussed the relationship with Marathon County regarding the nursing home renovation project and mental health services to the jail.
- Nursing Home Operations Committee would like to work with Marathon County members in educating them on who the NCHC Board members are, services provided, as well as a better understanding of the project and its importance to the residents and community. Committee feels it is important to rebuild the relationship between the NCHC Board and Marathon County; project could now cost considerably more due to this delay.
- Mental health services to the jail must be resolved:
 - There is a misconception by law enforcement on how our unit operates, that we are a licensed hospital, etc. and will work to provide opportunities for our staff to visit the jail and jail personnel to visit NCHC.
 - Work group has been formed with: Criminal Justice, NCHC, Sheriff's Dept., Jail staff, etc. to:
 - Identify what the needs of the jail are and how we can meet their needs.
 - Possibly provide a Forensic Counselor specific for the jail and developing skills in crisis staff who will then respond to jail 'crisis' situations.
 - Expanding medication management services, psychiatry services, educating jail personnel to improve screening process at jail, etc.
 - Connecting to after-care services, helping make a more positive transition after jail by developing a support network i.e. regular staffings, etc.
 - Many individuals released from jail have substance abuse issues, therefore, looking at how we can provide substance abuse services and appropriate mental health services, etc.
 - Working with State Dept. of Health Services and State Corrections for support in devising solutions, educational opportunities for jail staff, etc.
 - Goal is to implement by July 1. Plan is aggressive with many resources and costs.
 - Innovation Funds may be used for 2015 but anticipate additional costs to be incurred for 2016.
 - Once there are demonstrable results an education/update will be provided to the Marathon County Board.
- **Motion**/second, Olkowski/Burgener, to provide NCHC staff to bring in trusted expertise if needed, in finding a solution. Motion carried.
- Motion carried to approve Executive Committee meeting minutes.

Motion/second, Metter/Tange, to reorder agenda to address items 12-13 next: Joint County Contract/Nursing Home Management Agreement/NCHC Campus Maintenance and Use Agreement. Motion carried.

Joint County Contract

- Our Executive Committee and Board worked with legal counsel, reviewed, revised and approved this contract over two years ago and then forwarded to all three counties for approval.
- Lincoln and Langlade Counties approved the contract at that time; Marathon County acted on it about six months ago, formed a Task Force and has forwarded recommendations.
- Corporation Counsels from three counties have approved the recommendations.
- Lincoln and Langlade Counties have asked Marathon County to approve the contract before going back to their county boards.
- **Motion**/second, Zriny/Penniman, to endorse the Joint County Contract and forward to Marathon, Lincoln and Langlade Counties for review/approval with Marathon County to review first. Motion carried.

Nursing Home Management Agreement and NCHC Campus Maintenance and Use Agreement

- Nursing Home Management Agreement was reviewed.
- **Motion**/second, Metter/Kelly, to endorse the Nursing Home Management Agreement and forward to the Marathon County Health & Human Services Committee for review and approval. Motion carried.
- NCHC Campus Maintenance and Use Agreement was reviewed.
- It was noted the date of the agreement should be added to read: 1/1/15.
- **Motion**/second, Olkowski/Penniman, to endorse the agreement, with the addition of the date of the agreement of 1/1/15, and forward to the Marathon County Health & Human Services Committee for review/approval. Motion carried.

Quality Committee

- Committee reviewed the Quality dashboard, outcomes from drill-down dashboard, incidents, etc. All actions were appropriate and in compliance.
- Organizational Quality Dashboard was reviewed.
 - Error was noted for Nursing Home Readmission rate. Earlier this year the Nursing Home Operations Committee reviewed the national data on calculating nursing home and hospital readmission rates and determined our calculations should be consistent with the industry.
 - The 30 day readmission rate had been adjusted (and will be corrected on the Dashboard). Target range is 11-13.
 - The 2014 rate will also be corrected to read 11.9%
 - An explanation will be added to the dashboard explaining the correction.
 - A footnote will also be added explaining the targets are set each year with a 10-25% improvement over the previous year.
 - **Motion**/second, Burgener/Tange, to approve the Quality Committee report. Motion carried.

Financial Report

- April showed a gain of \$107,200; overall the organization shows a gain of over \$737,000 for the year.
- Continuing to work on accounts receivable.
- Budget process for 2016 has begun.
- **Motion**/second, Rusch/Kelly, to accept the Financial Report. Motion carried.

Finance, Personnel & Property Committee

- April financials were reviewed; committee is watching accounts receivables closely and is comfortable with the progress being made.
- 2016 capital improvement requests were reviewed and is recommended for approval.
- **Motion**/second, Olkowski/Zriny, to approve the 2016 capital improvement requests and forward to Marathon County for consideration/approval. Motion carried.
- Proposal for Contractual Nursing Assistant Recruitment/Retention Compensation Strategy was reviewed. This proposal and strategy is designed to improve the compensation for our nursing assistants based on the current market. Proposal is being recommended by the Nursing Home Operations Committee and the Finance Committees.
- **Motion**/second, Olkowski/Burgener, to approve the Contractual Nursing Assistant Recruitment/Retention Compensation Strategy proposal. Motion carried.
- **Motion**/second, Burgener/Kelly, to approve Financial Report. Motion carried.

Nursing Home Operations Committee (NHOC) Report

- Discussed Marathon County's failure to approve the nursing home renovation project.
- Committee feels a detailed explanation of the CMS 5 Star rating change is important to understand. CMS notified the entire industry that all would see a 1-Star decline due to the changes in criteria and calculation, NOT a reflection of declining quality.

Joint Commission Education

- Anticipating Joint Commission Survey any time after June 1, 2015.
- Notification will be sent to the Board of Directors when Joint Commission surveyors arrive.

Future meeting agendas

- Strategic Planning Update

Motion/second, Kelly/Rusch, to adjourn at 1:59 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

June 25, 2015

12:00 p.m.

NCHC – Wausau Board Room

Present:

X	Jean Burgener	X	Joanne Kelly	X	Holly Matucheski
X	Bill Metter	X	Bill Miller	X	Ron Nye
X	Lee Olkowski	X	Dr. Eric Penniman	X	John Robinson
X	Greta Rusch	X	Laura Scudiere	EXC	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: Gary Bezucha, Gretchen Brown, Brenda Glodowski, Michael Loy, Becky Schultz, Toni Simonson, Brenda Budnik, Debbie Osowski, Vicki Tylka, Joanne Leonard, John Bandow, Brad Karger, Ken Day, Maynard Tremelling, Kurt Gibbs, Russ Michalski, Deb Hagar, Peter Weinschenk

The meeting was called to order at 12:20 p.m. Roll call was taken and a quorum declared.

Introductions were made.

All agreed to move agenda item #5 - Dialogue with Marathon County Health & Human Services Committee to the beginning of the agenda. Discussion highlights:

- Communication between NCHC and county board members needs to include a better understanding of expectations and trust.
- Tri-county agreements have been updated and will be on the agenda for Health & Human Services Committee in July; Langlade and Lincoln Counties will bring agreements for approval following Marathon County's review/approval.
- Counties need a better understanding of the statutory requirements of NCHC.
- A paper was distributed by J. Leonard regarding concerns about capacity (lack of) of youth crisis and indicated North Central Health Care was making inappropriate recommendations for placement of children. V. Tylka clarified the situation described in the paper and stated that Social Services made the placement decisions.
- Both Committees agreed that a joint meeting would be beneficial every six months.
- Primary Care/Behavioral Health Care integration project with Bridge Clinic update
 - The Behavioral Health Integrated Care (BHIC) project that NCHC and Bridge Clinic were involved in with the State over the last couple of years, which the State discontinued discussions last year, spawned further discussion between the two organizations to consider developing a medical clinic.
 - Project considered for inclusion in the CIP evaluation process.
 - Many projects are funded internally but after evaluation it was determined that this project needed consideration from Marathon County for assistance with funding.

Medical Staff

- **Motion** / second, Penniman / Zriny, to approve the bylaw change request for Disaster Privileges as recommended and pending final approval from Medical Staff. Motion carried.
- **Motion** / second, Penniman / Scudiere, to approve the bylaw change request for Histories & Physicals as recommended and pending final approval from Medical Staff. Motion carried.

Motion / second, Olkowski / Burgener, to dispense with the routine reports and postpone action on agenda items 3, 4, 6, 7, 8, 9. Motion carried.

Special meeting of the Board for review of Strategic Planning Final Report

- July 9 at 7 a.m., Wausau Board Room was identified

Members of the Marathon County Health & Human Services Committee were thanked for attending and participating in good dialogue.

Motion / second, Olkowski / Metter, to adjourn the meeting at 2:43 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

July 09, 2015

7:00 a.m.

NCHC – Wausau Board Room

Present:

X	Jean Burgener	EXC	Joanne Kelly	EXC	Holly Matucheski
X	Bill Metter	X	Bill Miller	X	Ron Nye
X	Lee Olkowski	EXC	Dr. Eric Penniman	X <small>Via phone</small>	John Robinson
X	Greta Rusch	X	Laura Scudiere	EXC	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: John Bandow, Gary Bezucha, Gretchen Brown, Brenda Glodowski, Michael Loy, Toni Simonson, Steve Schafer and Neil Shapiro by phone, Debbie Osowski

The meeting was called to order at 7:20 a.m. Roll call was taken and a quorum declared.

Strategic Planning Discussion

- Steve Schafer and Neil Shapiro presented their final report.
- Priorities of focus were discussed:
 - Financial
 - Community Need
 - People
 - Quality & Technology
 - Marketing & Branding
 - Service Expansion:
 - General
 - Geriatric Services
 - Mental Health & AODA
 - Children's Services
- The Board identified the following three areas of priority:
 - Service Expansion: Mental Health & AODA
 - Service Expansion: Geriatric Services
 - People
- Next steps
 - Develop strategies over the next 3-5 years for the areas of priority identified above

Motion / second, Scudiere / Metter, to adjourn the meeting at 8:50 a.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE MEETING MINUTES

June 9, 2015

10:30 AM

NCHC – Wausau Campus

PRESENT: Ron Nye, Bob Weaver, Laura Scudiere, Lee Olkowski

ALSO PRESENT: Gary Bezucha

AGENDA:

1. The meeting was called to order by Ron Nye at 10:31 AM and a quorum was noted.
2. Minutes of 5/22/15 Executive Committee: moved for approval by Lee Olkowski, seconded by Bob Weaver and approved without change unanimously.
3. CEO Report:
 - a. Joint meeting with Marathon County Health & Human Services Committee: Gary Bezucha reported that the Marathon County HHS Committee has requested an opportunity to meet jointly with the NCHC board at its next board meeting on 6/25/15 for the purpose of engaging in dialogue and gaining a better understanding of how each body operates. Motion by Lee Olkowski, seconded by Laura Scudiere to invite the Marathon County HHS Committee to meet jointly with the NCHC board on 6/25/15. Motion passed unanimously.
 - b. Psychiatry Residency Program: Gary Bezucha provided an update on the progress thus far in developing the infrastructure for a Psychiatry residency training program. It was suggested that a report be provided to the whole board at its next meeting.
 - c. Employee Health Insurance Consortium: Gary Bezucha provided an update on the multi-organizational task force working on this initiative. A R.F.P. has been released for a network provider and TPA. Both UMR and Security Health Plan have elected not to respond to the RFP due to competitive reasons. We expect to have responses to the RFP within the next few weeks.
 - d. Strategic Planning: Schafer Consulting is prepared to present a first draft of the strategic planning document. Due to the joint meeting with the Marathon HHS Committee and allowing sufficient time for open dialogue, it was determined that presentation of the strategic plan document be delayed to a later meeting. Decision was made to attempt to arrange a special NCHC board meeting in early July for the purpose of reviewing the strategic plan. Gary Bezucha was charged with bringing some potential dates for that meeting to the next board meeting.
 - e. Mental Health Services to Marathon County Jail: Gary Bezucha provided an update on current work being done with the Marathon County jail aimed at improving mental health services.
 - f. Medically Monitored Treatment (Residential AODA): Gary Bezucha reported that the MMT program will open as scheduled on July 1, 2015 with six beds.

4. Update on Nursing Home Renovation Project: Gary Bezucha continuing to work with some of the members of the Marathon County board who voted against the funding for this project.
5. Mental Health Services to jails: Gary Bezucha reported that current efforts underway to improve mental health services to the Marathon County jail will eventually benefit all three counties. The pilot program under way in Marathon County will be extended to all three counties if it is successful in Marathon County.
6. Agenda for 6/25/15 NCHC Board Meeting:
 - a. Dialogue with Marathon County HHS Committee
 - b. Update on Mental Health Services to jails
 - c. Update on Primary Care/Behavioral Health Care integration project being done with Bridge Clinic
 - d. Update on Psychiatry Residency Program
 - e. Discussion of possible dates for a special NCHC board meeting to review initial draft of strategic plan
7. Motion for adjournment by Laura Scudiere, seconded by Lee Olkowski and the meeting was adjourned by Ron Nye at 11:32 AM.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM QUALITY COMMITTEE MEETING MINUTES

May 21, 2015, 10:30 a.m.

NCHC – Wausau Campus

Present: Darren Bienvenue, Bill Miller, Laura Scudiere, Jean Burgener

Excused: Dr. Eric Penniman, Holly Matucheski

Also present: Gary Bezucha, Becky Schultz, Gretchen Brown, Michael Loy, Toni Simonson, Dianna Schlicher, Miki Gould

The meeting was called to order at 10:33 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared.

Minutes

- **Motion**/second by Burgener/Bienvenue to approve the minutes of the March 23, 2015, meeting. Motion carried.

Outcome Data/Safety

- The Committee reviewed organization-wide and program-specific outcome data and safety data.
- Outbreak of norovirus-like symptoms increased the adverse events rate.
- Staff was commended for the community employment rate measure.
- Action plans are in place for measures that are not being met.
- **Motion**/second by Burgener/Bienvenue to approve the Outcome Data as presented. Motion carried.
- **Motion**/second by Bienvenue/Burgener to approve the Safety information and Adverse Events graphs as presented. Motion carried.

Closed Session

- **Motion**/second by Bienvenue/Burgener to adjourn into Closed Session, pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency and to allow staff to remain. Motion carried and moved into closed session at a.m. Roll Call taken, Yes=4, No=0.
- **Motion**/second by Bienvenue/Burgener to come out of closed session. Motion carried.
- The Committee reviewed and approved the Corporate Compliance and Ethics Reports and Sentinel Events.

Emergency Operations Plan

- The Emergency Operations Plan, as well as the Emergency Disaster Operations Manual were updated to reflect current practice.
- **Motion**/second by Burgener/Bienvenue to approve the revised Emergency Operations Plan. Motion carried.

Compliance Auditing

- Audits have been conducted to ensure documentation is being completed in a timely manner and billing is completed appropriately.
- All programs will formally report monitoring and a report will be provided to the Quality Committee.

Joint Commission Education

- Reviewed information regarding Joint Commission.

Future Agenda Items

- No future agenda items were identified.
- **Motion**/second by Burgener/Bienvenue to adjourn at 11:39 a.m. Motion carried.

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES

April 24, 2015

8:00AM

NCHC – Wausau Campus

Present: X Jean Burgener X Lee Olkowski
X Bill Metter X John Bandow

Also Present: X Brenda Glodowski X Gary Bezucha X Gretchen Brown
X Terry Kaiser X Becky Schultz X Michael Loy
X JoAnn Pemble

The meeting was called to order to 8:00 a.m.

Minutes

- **Motion** / second, Olkowski / Bandow to approve minutes of the March 13, 2015, meeting. Motion carried.

Financial Report

- The nursing home had a gain of \$12,000 in March, which equates to \$82,000 ahead of targets year-to-date.
- Average census for March was down from February's average of 214 to 213. April started out down, but has come back up during the last part of the month. Was noted that both hospitals and other area nursing homes are also low in census. March is typically low due to spring break/school vacation.
- Medicare census remains above target of 25/day.
- All other areas continue to be at or above targets.

Nursing Home Update

- A Nurse Manager has been hired for the Long-Term Care program. Noelle Washatko will start on May 4th.
- Kristin Woller has been promoted to Program Manager for the Legacies by the Lake program.
- The target for the re-hospitalization rate within 30 days has been set a little higher. Because there is no national industry standard, we recalculated our data to be consistent with how most of the nursing homes in our area calculate their rate. Our current recalculated rate of 9.1% is still below state and national rates.
- We continue to see a reduction in the CNA turnover rate with only four terminations in March. We are the only nursing home working closely with Northcentral Technical College and Human Resources has worked very hard to improve our onboarding process.
- Our external customer satisfaction has come up from 70.3% to 80% in February. March results are not yet available.
- Bill Metter reported hearing our ad on the radio. Gretchen was asked to bring an audio clip for the committee to hear at the May meeting.

Master Facility Plan Update

- No new information on construction phasing at this time.

Marathon County Board Action

- At their April 21st meeting, the Marathon County Board delayed a vote on the funding / bonding of the renovation until their next meeting on May 19th.
- We have a 90-day hold on bids. If the funding is not approved by June 9, we would have to start the bidding process all over.
- Should not overlook how much time and money has already been invested and that the Marathon County Board has already given approval for the renovation.
- There was a letter distributed at the April 21st Marathon County Board meeting that contained some inaccurate or partial information.
- Reviewed and discussed contents of letter. Information will be provided to the Marathon County Board to clarify statements made in the letter.
 1. Tax levy information and usage:
 - a. Levy listed for the nursing home is accurate.
 2. Statement: Employee incentive plan was not budgeted by NCHC and is based on excess profits:
 - a. It is true that the incentive plan had not been budgeted for, but they typically are not because it is required to create its own funds.
 - b. The incentive money was distributed to all NCHC employees, not just nursing home employees.
 - c. Excess revenue contributed to the Marathon County fund balance each year after the employee incentive payout. Of note, during the three years the employee incentive was paid out to employees, reserves grew by an amount more than the incentive paid out. These dollars were from excess revenue. The employee incentive also involves quality targets that must be met or exceeded for this payout to occur.
 - d. Provide specific numbers and exact excess fund balance after payout of incentive.
 - e. During this time, Marathon County Employees were paying 12% for their insurance and NCHC employees were paying 20%. Also, when Governor Walker mandated restraints of ACT 10, NCHC employees took a 6.7% pay reduction on top of having to pay more for insurance.
 3. Statement: Money was transferred to the nursing home by NCHC that was meant for Mental Health, Developmental Disabilities, and Alcohol / Drug Treatment:
 - a. In October 2011, the Finance Committee of the North Central Community Services Program approved a resolution to dissolve the intrafund payable, which was to separate the nursing home operations from the 51.42 program operations, and transfer the balances to the appropriate portions of the Marathon County Fund Balance. A copy of this resolution will be given to the Marathon County Board.
 - b. Technically, it's just moving liability from Marathon County to Marathon County, a left pocket to right pocket situation.
 - c. When looking at the structure of financials, there is an amount of levy designated for the nursing home and another for 51.42. There is no movement of that levy between the two programs. The 51.42 side is not "getting cheated" out of anything, they are getting their full levy. The transfer of funds was a matter of better performance resulting in an excess.
 - d. These misconceptions are due to a lack of understanding of the complexities of the operations of NCHC.
 - e. The letter is giving the perceptions that we are withholding services; we are fulfilling what we have been designed to provide.

- f. While there are issues with the way our jail, mental health, and alcohol dependence systems are designed, we need to work together as a team and build relationships between these programs and NCHC.
- 4. Statement: Marathon County continues to pay property and liability insurance on the nursing home building:
 - a. Marathon County does pay the property and liability insurance, but then invoices NCHC for the amount to pay back to them. Marathon County used to pay the insurance, but that changed 2-3 years ago.
- 5. “Where are We Now” section give the impression services are deteriorating because we are not a 5-Star facility at this time.
 - a. CMS has dramatically changed the criteria for the star rating.
 - b. MVCC had a 1-Star rating in 2008. With the inception of the Nursing Home Operations Committee and the growth of the Quality program, the nursing home earned a 5-Star rating, which is the highest rating. Our quality outcomes speak for themselves as they remain above state targets.
 - c. Our affiliation agreement with Aspirus also speaks to the quality of our programs.
- Other speaking points for Board:
 - Bring the residents back to the forefront. This renovation is about people.
 - On a personal note, Bill Metter knows three residents at Mount View that all speak well of the care they have received.
 - We will be compiling a list of families who have residents at Mount View and contacting them to come forward to speak to their County Board representative.
 - List things that are unique to what we do that other area nursing homes don’t or cannot do.
 - Reeducate on the cost of placing residents with behaviors and disabilities outside of Marathon County. Mount View does take challenging residents that other nursing homes will not take. The newer facilities in the area are designed for Medicare residents only and either do not take any or take very few Medicaid payers.
 - Key to note that while the County is borrowing \$13.8 million for us, we are reimbursing them for it because of increased reimbursements. If we don’t spend the money for the renovation, we won’t get those reimbursements. Our facility has not had any major renovations for 30 years. In order to be contemporary, we need to do the renovation. Quantify the additional money gained from capital investment.
 - Clarify that of the \$13.8 million needed for the renovation, NCHC is responsible for 70% and Marathon County is only responsible for 30% or \$4 million. Spread over 20 years, it amounts to only \$200,000 a year.
 - We have actually helped Marathon County by reducing the tax levy, bringing it from \$5.5 million in 2007 to \$1.7 million.
- Summarization of talking points for Marathon County Board:
 - Explain incentive compensation
 - Show that quality targets are being met
 - Provide resolution dissolving the intra-fund payable and transferring balances to the appropriate portions of the Marathon County Fund Balance
 - Provide difference in health insurance costs for Marathon County employees and NCHC employees
 - Use “left pocket / right pocket” example
 - Clarify that 51.42 is not being cheated and what the allocation we do receive is used for
 - We are part of the Marathon County team and will do whatever it takes to work together with the other systems

- Clarify star rating and changes CMS has made
- Speak to actual care delivered here
- Marathon County would only be responsible for 30% of the \$13.8 million; 20-year amortization – what does it really cost
- Capital improvement costs
- If we don't do the renovation, list what will happen
- Mental health partnership with the jail; what we can envision
- Upcoming meetings:
 - April 30 – full Board – get on agenda and provide 1-2 page summary and distribute to Board members
 - May 11 – Health and Human Services
 - May 14 – Marathon County Board informational meeting
 - May 19 – Marathon County Board meeting (vote)

Education – Update on CNA Recruitment/Retention and Compensation Strategies – Michael Loy

- Presentation provided information on the following (see attachment):
 - CNA turnover demographics
 - New employee demographics
 - Economic forces
 - Current wage and benefits and market projections
 - Recruitment and retention strategies
 - Proposed wage strategy implementation and plan review

Motion / second, Olkowski / Metter to recommend CNA wage strategy implementation to the Marathon County Finance Committee. Motion carried.

- July 24 meeting date: Consensus of committee to leave the July 24th NHOC meeting date as is.
- Future agenda items: No future agenda items to be added.

Motion / second, Olkowski / Bandow to adjourn. Motion carried and meeting adjourned at 9:50am.

jhp



North Central Health Care

Person centered. Outcome focused.

Certified Nursing Assistant Recruitment & Retention

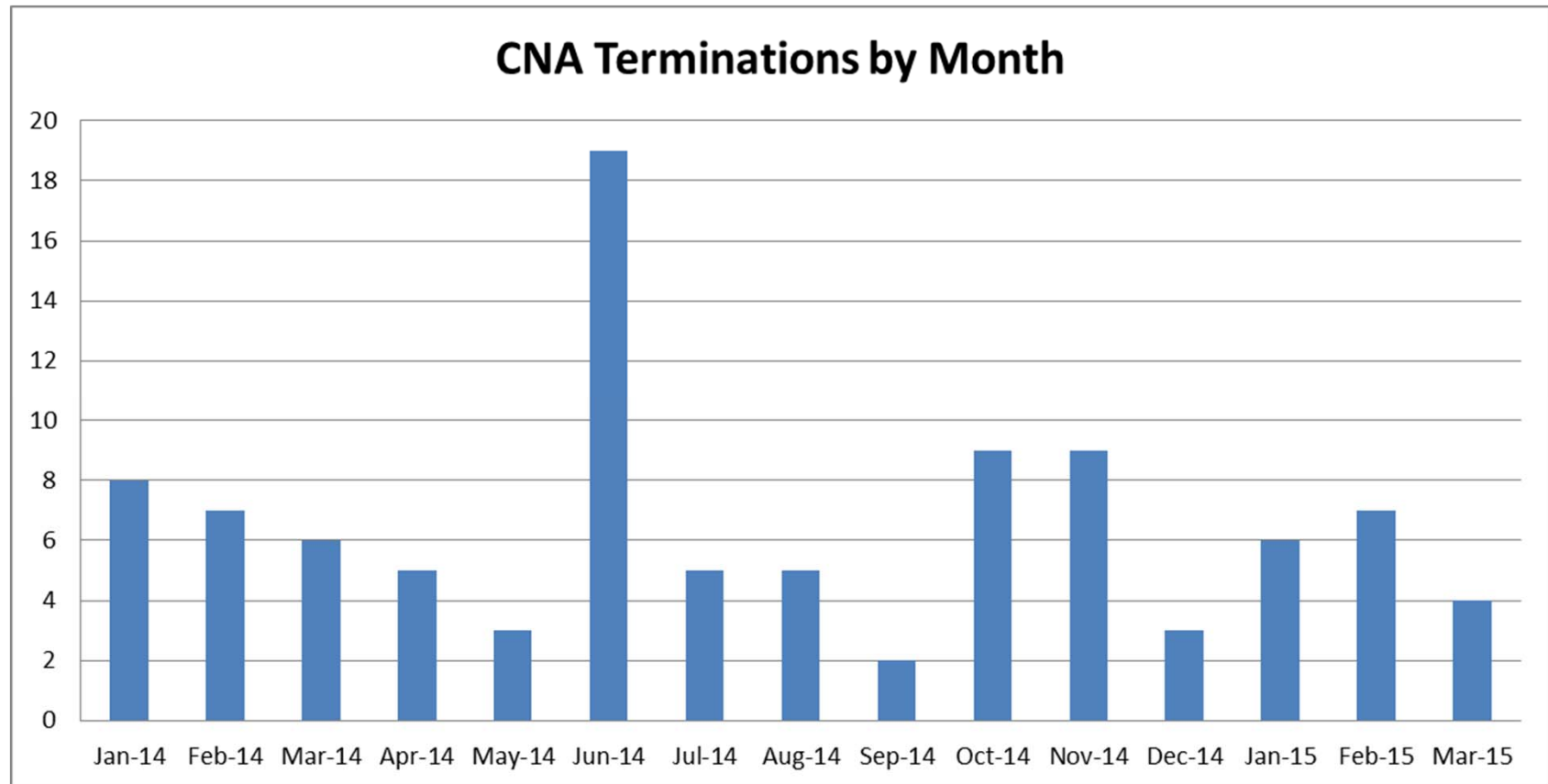
Key Discussion Points

- Termination Demographics
- New Employee Demographics
- Economic Forces
- CNA Career Value Proposition
- Wage Efficiency Theory Proposal
- Overview of Other Recruitment and Retention Strategies



2014 CNA Total Turnover

98 Total Terminations



CNA Turnover by Program

CNA Turnover January 1 to December 31 2014

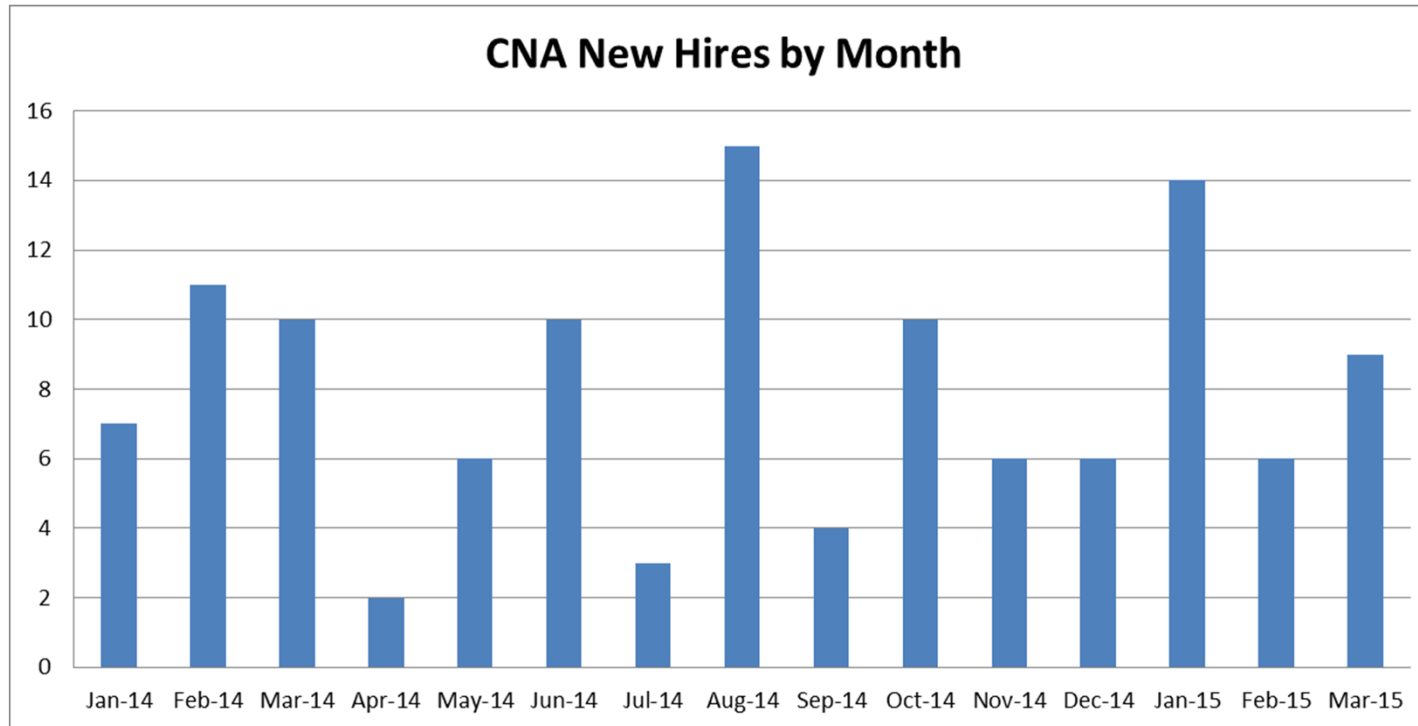
Program	Terminated Employees	Turnover Rate
Legacies by the Lake	24	27.0%
Post-Acute Care	18	39.1%
Reflections Long-Term Care	39	65.0%
Total	81	41.5%

2014 CNA Turnover by FTE

Program	0 – 0.24 FTE	0.25 - 0.49 FTE	0.50 - 0.74 FTE	0.74 – 1.0 FTE
Legacies by the Lake	8	3	2	11
Post-Acute Care	4	2	4	8
Reflections Long-Term Care	9	2	7	21
Total	21	7	13	40

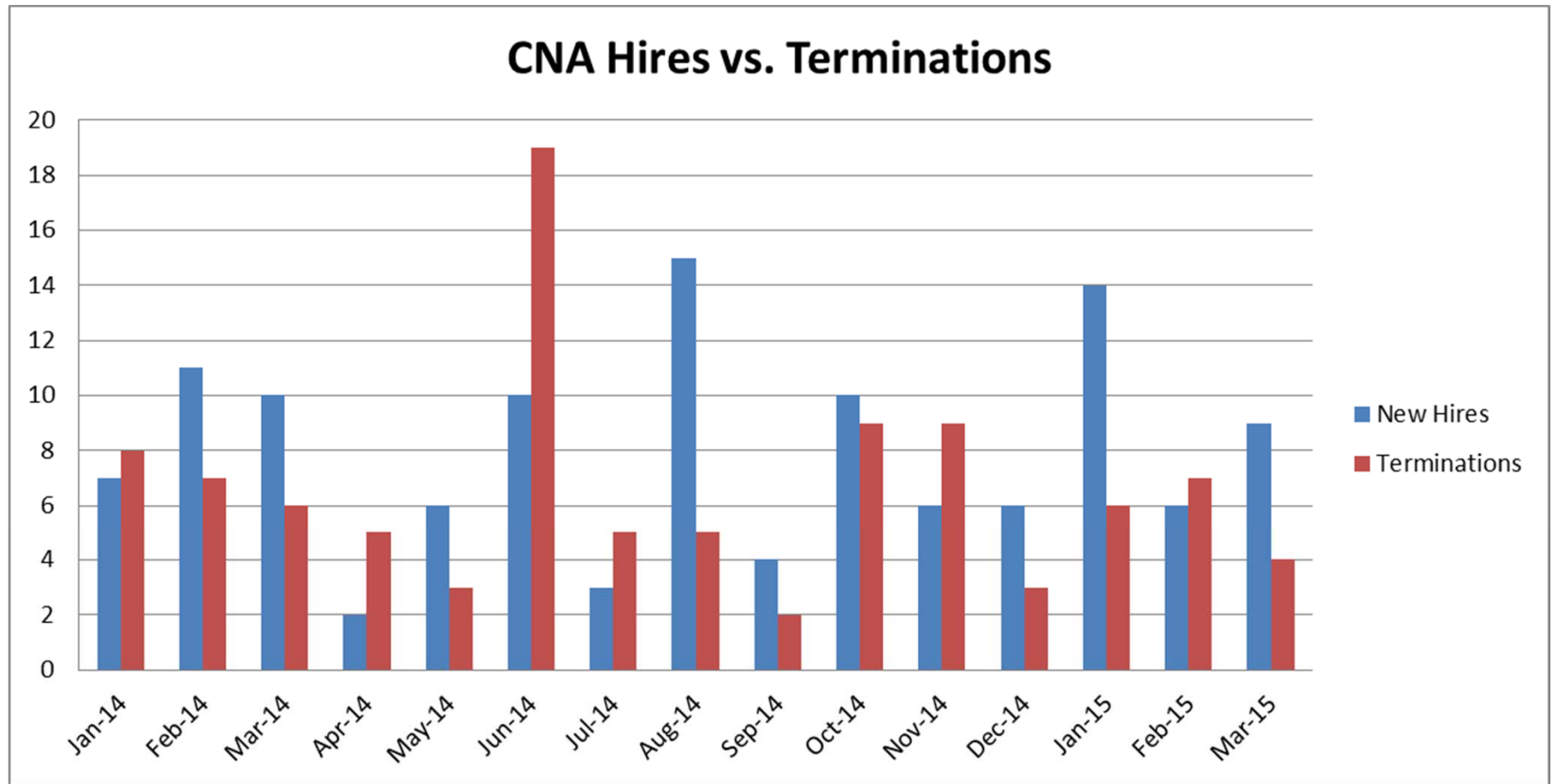
- 63% of Turnover was voluntary
- 43% of Turnover was within 180 days
- Average age was 25 years old
- Average service length was 1.7 years

New Hire Demographics – Since January 1st 2014



- 84% Female
- 75% Millennial generation
 - mean age of 29 years old
 - median age of 25 years old
- 53% from the Wausau metro area

CNA Workforce Planning



Based on 2014 Terminations: 6.75 New CNA's/Month

Current CNA Staffing Mix

2015 Budgeted CNA FTE's

Legacies
59.0

Long-Term Care
31.60

Post-Acute
23.50

2015 CNA FTE's

Legacies
47.21

Long-Term Care
33.0

Post-Acute
24.3

Current Vacancy Rates

Legacies
80%

Long-Term Care
104.4%

Post-Acute
103.4%

Economic Forces

Marathon County employment projections estimate an additional 3,000 jobs will be created by 2020.

At the same time, the population is slated to increase by 4,472 with increased population rates projected in the non-working population, especially the older adult population.

- Decreased labor pool
- Increased demand for health care services

Heavy Jobs Competition from Retail, IT, Manufacturing and Health Care sectors.

9 Nursing Homes in Marathon County
> 800 beds

Value Proposition of CNA Career

Wage Offer: \$11.25 an hour w/benefits

Bi-weekly compensation: \$720 Gross

EE Benefit Contributions

Payroll Taxes (7.65%): (\$55.08)

Single Health Plan: (\$69.89)

Retirement (6.8%) (\$48.96)

\$546.07 Net



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Person centered. Outcome focused.

Value Proposition of CNA Career

Wage Offer: \$11.25 an hour w/benefits

Bi-weekly compensation: \$720 Gross

EE Benefit Contributions

Payroll Taxes (7.65%): (\$55.08)

Family Health Plan: (\$209.66)

Retirement (6.8%) (\$48.96)

\$406.30 Net



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Wage Efficiency Theory

Wage rates are explained by the same market forces as a gallon of gas.

Suggests that organizations have incentive to pay more than the going rate because doing so attracts better candidates, motivates them to work harder, and encourages them to stay longer.

“Being Competitive”

Current CNA Wage Analysis

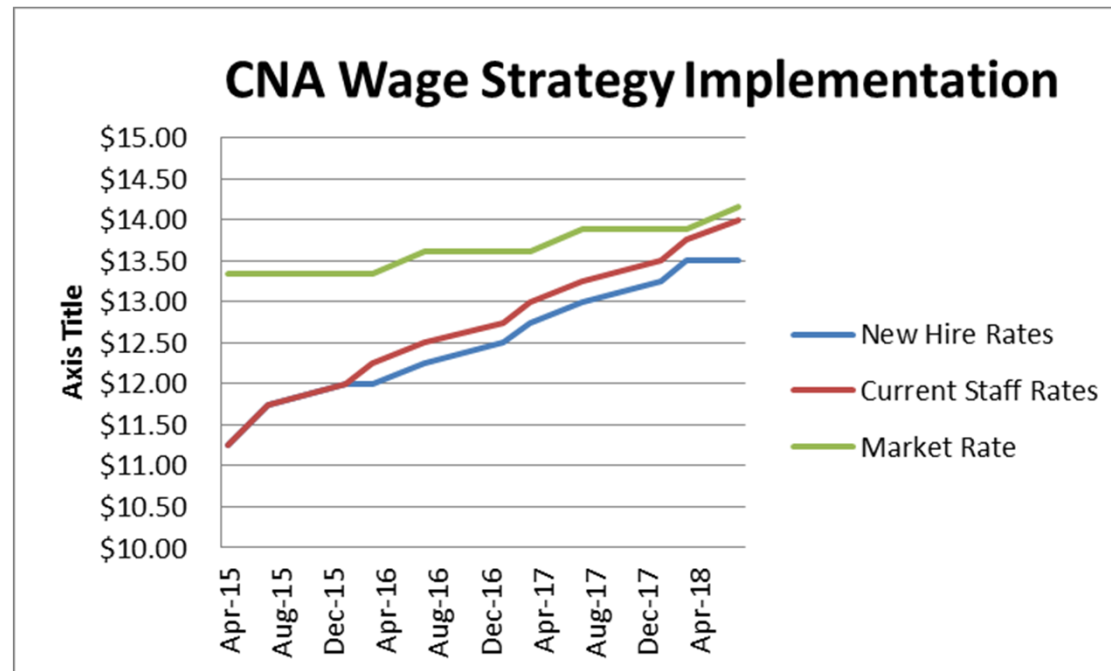
Market Rate:	\$13.34
Mean:	\$12.56
Median:	\$12.15
Min:	\$11.25
Max:	\$15.64

71% (141/198) of current staff is below the market rate.

Market Rate Projections

Year	Market Trend %	Market Rate
2015	-	\$13.34
2016	2%	\$13.62
2017	2%	\$13.88
2018	2%	\$14.14

CNA Wage Strategy Implementation



Current Staff projected at lowest current rate \$11.25

Financial Costs

Based on current staff:

July 2015:	\$66,800
January 2016:	\$29,500
July 2016:	\$28,500
January 2017:	\$23,900
July 2017:	\$19,500
January 2018:	\$13,600
<u>July 2018:</u>	<u>\$12,200</u>
	\$194,000

Impacts 2015-2019 Budgets

Other CNA Recruitment & Retention Strategies

Employee Engagement

Best Places to Work

CNA Program

Employee Referral Bonus



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Person centered. Outcome focused.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES

May 22, 2015

8:00AM

NCHC – Wausau Campus

Present:	X Jean Burgener	X Lee Olkowski	X John Robinson
	X Bill Metter	X John Badow	
Also Present:	X Brenda Glodowski	X Gary Bezucha	X Gretchen Brown
	X Terry Kaiser	X Becky Schultz	X Michael Loy
	X JoAnn Pemble	X Ron Nye	X Kurt Berner, Samuels Group

The meeting was called to order at 8:00 a.m.

Minutes

- **Motion** / second, Metter / Badow to approve minutes of the April 24, 2015, meeting. Motion carried.

Financial Report

- April had a slight loss due to census being slightly below target and to payer mix. Average census in April was 205, down from 213 in March.
- Patient revenue was close to target due to miscellaneous department revenue being up.
- Expenses were higher due to overall benefits being up in April facility-wide, particularly health insurance, and because drugs were high related to having an extra invoice day in April, which happens periodically.
- Overall census is also down at other area nursing homes, as is their Medicare census. Our Medicare census has remained strong at 26 for April.
- Staffing saw an increase in overtime hours, which was due to on-boarding of new staff and orientation hours. We are currently down to 19 open positions. Last year staff turnover rate was 41.5%. Year-to-date we are at 32.5%.
- Our YTD gain is at \$72,000, which is \$40,000 ahead of target.
- Census for May is averaging at 204. Hospital census is up from earlier in the month and we are seeing an increase in admissions as of today.
- Utilization of temporary agency staff is down.
- We continue to monitor staffing levels relative to current census.

Nursing Home Update

- MVCC Overall Dashboard for April:
 - Rehospitalization rate is 11.1%; YTD is at 15.3% due to an increase in January. This is above target, but below state and national percentages. Expect this to continue to go down by year end.
 - Employee turnover rate is 32.5%, which is trending down a bit from previous months.
 - YTD External customer service is 68.8%; target is 82-86%. An action plan has been implemented for all NCHC departments, working with Leadership team focusing on customer service, and HealthStream is coming in to provide additional education on analyzing these results. Of note is that the 68% represents customers that ranked at 9 or 10, which is a high ranking.

- CMS 3-Star Rating
 - The nursing went from a 5-star to a 4-star rating after our annual survey in September 2014 when we were cited for documentation issues and received an “H” tag. Those issues have been corrected and resolved. An action plan has been in place since September 2014, which includes proactive audits that are ongoing. Our ECS software was also modified so documentation is more concise.
 - When CMS published the new ratings, a Kaiser Family Foundation article stated, “their analysis found that more than one-third of the nation’s 15,500 nursing homes, caring for 30 percent of all nursing home residents, received one- to two-star ratings under the CMS’ recently revamped five-star quality rating system.”
 - Also included in the new rating system is a trigger for use of antipsychotic medications. Many of our residents come in with orders for these medications. While we are quick to wean as many as we can, it is the first MDS completed at admission that triggers the usage to CMS. Any reductions we are able to do are not translated into that report until the second MDS.
 - There are only a few diagnoses that CMS deems appropriate for antipsychotic medications, schizophrenia or Huntington’s chorea. Many of our dementia and ventilator-dependent residents who need these medications do not have these diagnoses. Therefore, by virtue of our population, we will continue to trigger under this quality measure.
 - None of our quality indicators have changed. Our psychotropic usage is still lower than state and national averages.
- Nursing Home leadership and therapy staff are meeting with Navi Health on May 28 to better understand what they are looking at and how we can work together.
- Our new therapy provider, Aegis, is now on board and doing a good job. They have reassessed all residents and are working on getting started with outpatient therapy services. Approximately three-quarters of the previous RehabCare staff stayed with Aegis. We did see reduced revenues for rehab services in April due to the transition, not being as aggressive in seeing residents, and under-utilization of Part B.
- Reviewed draft of Affiliation Agreement with Aspirus, which basically encompasses ease of transition between different continuums and quality. There is a meeting with them in early June to identify specific diagnoses to focus on. The final Affiliation Agreement will also be presented. Gretchen will report as they move forward.

Master Facility Plan Update

- No new information on construction phasing to report.

Marathon County Board Action

- At their May 19th meeting, the Marathon County Board vote for funding of the master facility plan did not receive the required 75% support of the full board, therefore, the vote failed. Vote results were 24-10, plus 4 absentees that count as no votes.
- Reviewed reasons behind the “no” votes:
 - Not enough information about NCHC, the 51.42 board, and the master facility renovation project in general.
 - Historic issues with provision of mental health services, specifically to the jail.
 - A few that still feel the county should not be in the nursing home business.

- The support of the majority of the supervisors was extraordinary. Written and verbal comments made by supporting supervisors were shared.
- The funding vote can only be brought back for reconsideration by a supervisor that voted no.
- Moving forward:
 - Determine how to provide additional education and information to those who felt they did not have enough information.
 - Allow time to demonstrate that we are willing and capable to work with the mental health issues and the jail; reestablish/build trust.
 - Progress has already begun on this issue and it will get resolved.
 - NCHC will have to make a large investment to get the desired results; however, we do not have control over all the variables, both sides need to address their problems and work together as equal partners.
 - Ordinance #0-14-15 was established to create a task force consisting of county board leadership, the Sheriff's Department, and representation from the NCCSP Board to oversee the work of previously established work groups addressing facets of Marathon County's relationship with NCHC. Jean Burgener will serve on the task force as a representative of the 51.42 Board.
- Kurt Berner from the Samuels Group shared some of the financial implications of delaying the MVCC renovation.
 - The difference between their bid and the next lowest bid was \$1 million. If the bids expire due to delay, we are basically walking away from a \$1 million opportunity.
 - If the start of construction is extended into July, there would be approximately \$30,000 of additional cost.
 - If construction is delayed until 2016, construction costs could be as much as 6 to 8 percent higher due to current skyrocketing construction costs.
 - The county has already spent in excess of \$600,000 for design costs.
 - Kurt feels those who voted no should be also aware of these financial implications while there is still a window of opportunity to maintain current bids.
 - Kurt was asked to clarify and confirm the actual money on the table before presenting that information to the County Board. Also confirm exactly how long the current bid will hold. Kurt to send a draft of his comments to Gary. Then can determine how to relay the information to the County Board.

Education – Nursing Home Management Agreement with North Central Community Services Program – Gary Bezucha

- Briefly reviewed an updated agreement between Marathon County and North Central Community Services Program for governance of the Mount View Care Center. The agreement has been in place for many years and was recently reviewed by the Governance Task Force.
- The agreement is to be reviewed by the Executive Committee to be placed on the agenda for the NCHC Board to approve at their meeting next week. If approved, it goes to the Health and Human Services Committee, and then to the Marathon County Board for approval.
- Updates include:
 - Committee members to be appointed by the NCHC Board and approved by the Marathon County Board.
 - Eliminated annual review of this agreement as the term of the agreement is for 10 years.
 - Omitted: The Reserve Policy shall require NCHC to separately identify reserve funds realized as a result of the operation of the Nursing Home Facility on behalf of Marathon County.

Added: Expenditure of Marathon County reserves retained by NCCSP which exceed the minimum described in the NCCSP policy are not to be expended or distributed without Marathon County approval.

Motion / second, Metter / Bandow to recommend the Nursing Home Management Agreement be brought to the 51.42 Board for review and approval. Motion carried.

- Future agenda items: No new future agenda items.
- Gretchen to research the changes to the 5-star rating criteria to determine if the nursing home could ever achieve a 5-star rating again based on residents admitted with psychotropic medications, and if not, what would we have to do to meet the criteria for a 5-star rating.

Motion / second, Bandow / Metter to adjourn. Motion carried and meeting adjourned at 9:45am.

jhp

CEO Report: July, 2015

1. **Psychiatry Recruitment:**

- a. Dr Brigitte Espinoza: Dr Espinoza has been in Wausau for over two weeks and unfortunately cannot begin work with us. Due to a major system failure at a federal site in Vermont where J-1 Visas are processed, her visa has not yet been processed. We are using our legal counsel to put pressure on the system and most recently have notified the office of Congressman Duffy, and his staff is doing what they can. Throughout this process, Dr Espinoza has been extremely patient.
- b. Continued Recruitment: We are continuing to recruit and had a very promising interview with a Psychiatrist who has just started his fourth year of residency. Following a very positive telephone interview, we are scheduling him for a site visit as soon as it can be arranged.
- c. Psychiatry Residency: We have compiled all of the stipend commitments that we need and will be filing the application within the next several weeks.

2. **Medically Monitored Treatment (Residential AODA):** We received our initial certification from the State of Wisconsin and can now begin admitting clients. We expect to admit the first clients on July 27.

3. **JCAHO Survey and Accreditation:** We submitted the first of our responses to the findings identified during the survey. The second submission will be done within the next two weeks. After that we expect to hear from JCAHO about our accreditation. An engineering surveyor made a follow-up visit on 7/24/15 to verify completion of some environment of care findings and all were cleared.

4. **Nursing Home Administrator:** We have secured interim leadership for the nursing home to assist in preparation for the upcoming state survey in the form of Lori Koeppel who we hired through her consulting business. Her engagement will commence on 8/4/15. We have also initiated a search for a permanent replacement for the nursing home administrator. We are using a search firm in addition to local and statewide recruitment.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	TARGET** (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
CLINICAL																
Nursing Home Readmission Rate	11-13%	↓	24.2%	13.8%	9.1%	11.1%	16.1%	18.5%							16.0%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	↓	11.0%	9.3%	12.7%	7.1%	17.2%	10.7%							11.5%	10.0%
AODA Relapse Rate	18-21%	↓	17.9%	25.0%	26.7%	15.4%	30.0%	20.8%							22.2%	20.8%
NCHC Adverse Event Rate	3.8-4.0	↓	3.5	4.1	4.3	4.0	3.8	3.7							3.9	4.1
PEOPLE																
Injury Claims*	50-60	↓	24	18	24	24	22	20							20	n/a
Employee Turnover Rate*	20-23%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%							22.6%	25.5%
SERVICE																
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	↑	66th	70th	39th	41st	67th	44th							51st	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	68%	\	\	79%	\	\		\	\		\	73%	71%
COMMUNITY																
Community Employment Rate	15.8-18%	↑	27.2%	25.2%	22.9%	24.7%	24.4%	23.6%							24.6%	n/a
NCHC Access Measure	90-95%	↑	98%	98%	91%	83%	70%	59%							82%	n/a
Recidivism Rate for OWI	27-32%	↓	31.37%	26.32%	24.40%	36.60%	23.50%	20%							27.60%	31.30%
FINANCE																
Direct Expense/Gross Patient Revenue	55-59%	↓	61%	51%	59%	62%	65%	60%							59%	59.7%
Days in Account Receivable	55-60	↓	80	79	75	72	71	67							67	79
Write-Off Percent of Gross Revenue	.5-.6%	↓	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%							0.33%	n/a

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

** Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES

June 26, 2015

8:00 AM

NCHC – Wausau Campus

Present:	X Jean Burgener	X Lee Olkowski	X John Robinson
	X Bill Metter	X John Bandow	X Bill Miller
Also Present:	X Brenda Glodowski	X Gary Bezucha	X Gretchen Brown
	X Becky Schultz	X Michael Loy	
	X JoAnn Pemble		

The meeting was called to order at 8:00 a.m.

Minutes

- **Motion** / second, Bandow / Metter to approve minutes of the May 22, 2015, meeting. Motion carried.

Financial Report

- May showed excess revenue of \$28,179. YTD gain is \$100, 537, which is \$69,000 ahead of target through May.
- Average census for May was 203, down from 205 in April.
- Average Medicare census was 21.
- Revenues stayed on track due to Medicaid rates being better than anticipated.
- May expenses were below target.

Nursing Home Update

- As of today, Medicare census is 22. Hospital census has been low.
- Since the new therapy provider came on board in mid-May we have seen an increase in the higher RUG levels from 17.65% to 37.38%. When Aegis came in, they reassessed all residents and many were assessed at higher levels. Aegis staff also provides services seven days a week; this was not the case with our previous provider. We are also anticipating an increase in Part B therapy participation.
- To clarify the difference between Medicare Part A and Part B, a Medicare Part A stay is all-inclusive and the rate of reimbursement is based on the RUG level. The top 16 RUG levels are rehab categories. Medicare Part B is an optional coverage for when a person is not covered by Medicare Part A. A person opting for Part B coverage must pay a monthly premium and there is usually a co-pay for services.
- Was asked if we use an independent monitoring system to ensure we are optimizing RUG levels and/or appropriately determining RUG levels for each resident. Aegis has their own benchmarking tools and an internal quality control to monitor how residents are assessed and the appropriateness of RUG level. We also have had an independent auditor access our MDS process and documentation.
- A guide from CMS that provides a comprehensive description of the design of the Five Star Rating System and its complexities was provided and will also be shared with Mr. Gibb's, Marathon County Board Chairman, and the Marathon County Health & Human Services Committee.

- Suggested we establish a regular audit for monitoring our case mix index and continue to assess the Five Star rating criteria to see what we need to do to attain the Five Star rating again. Having a favorable annual health inspection is key and is an area of focus. A mock survey conducted by MetaStar was completed this week. The outcome will be reported at the July meeting.
- With the recent change to include use of psychotropic medications in the rating criteria, we have begun assessing medication usage in the preadmission stages, asking referring hospitals to review the necessity of any psychotropic medications prior to admission for the possibility of them being discontinued before they are admitted here.
- We have also identified that we have not been capturing the diagnoses for the use of a suprapubic catheter correctly for the MDS. Staff have been educated and improvements will be made in this area.
- Becky and Gretchen have compiled a list of key processes. Assessments are being done on every process as well as all elements of nursing practice and documentation. It is important that documentation clearly shows that the processes are being done.
- Was noted that according to the Nursing Home Compare summary, we rank well in comparison with other area nursing homes except for the health inspection. Regulatory compliance is foundational.
- The Board members on this committee would like to be notified immediately of any significant changes in the nursing home, such as the drop in the CMS star rating and any leadership changes. This information will be sent to the board members by Gretchen's office via email.
- Director of Nursing:
 - Lisa Henkelman, Director of Nursing, has resigned effective July 3. Human Resources is in the process of screening two applicants. Becky Schultz will act as the interim DON overseeing policies and nursing practice until the position is filled.
 - Suggested that because this is a critical position requiring a higher professional level, we should consider expanding our search nationwide.
 - Also suggested that because Becky is still very involved in the Joint Commission accreditation process, that we hire an interim DON.
 - Gary, Becky, Michael, and Gretchen will discuss these suggestions further. Jean volunteered her resource base if needed.
- Hospitals have created fact sheets on each facility, including data from Nursing Home Compare, to provide to those discharging from the hospital so they can make an informed choice of where to go following discharge. Therefore, how we perform is also critical to referring facilities.
- CNA Compensation Package:
 - This committee approved the new CNA Compensation package at the April 24, 2015, meeting. At this time, it is being brought back to this committee to be sure there is still support to move forward with implementation in light of the tight operating margin. We believe this is still needed.
 - 17 CNAs have left so far in June, which is typically a high turnover month. The current market rate is \$13/hour. Most of our CNAs are in the \$12/hour range (not including benefits). The biggest challenge is the WRS compensation and the contribution for health insurance for those who take it. With these two employee contributions take-home pay is often minimal. Other than the WRS compensation, our benefits are not much different than that of our competitors.
 - We are also experiencing a dwindling applicant base with some going elsewhere for better pay. We have been running CNA classes every couple months.

- Would plan to move ahead with compensation package in July.
- All committee members were in agreement to move forward.
- John Robinson will communicate the implementation of the new CNA wage compensation package to the Health and Human Services Committee.
- MVCC Overall Dashboard for May:
 - Rate for rehospitalization within 30 days spiked up from 11.1% in April to 16.1%; YTD is slightly above target at 15.5%. Spike in May was due to three pulmonary emboli in vent unit residents due to their immobility. We have inserviced staff to stay abreast of acute care issues. NTC is also coming to provide an acute care assessment with licensed staff. Hospitals are also being looked at by their regulatory agencies just as much so when one of their patients is readmitted to the hospital, they will be looking at the reasons and circumstances for the readmission.
 - Employee turnover rate is 32.4%, slightly down from April and above the target of 18-20% at 32.4% YTD.
 - External customer service dropped to 42.9% in May due to a number of factors: Legacies sent their surveys out all at once in January and April and none were returned; only four surveys were returned for Post Acute Care. On a positive note, Long Term Care has increased their external customer service rating from 42.3% to 55.7% since the new unit manager started.
 - Becky and Gretchen are working on an action plan in this area, looking at the eval itself, and working with leadership to move the mark.
 - Customer satisfaction should be a part of the overall culture beginning with the resident's admission. We want our customers to feel they can discuss any concerns or issues right away. Rounding on clients/residents by department leaders throughout the organization is being considered.

Improving Communication / Transparency with Marathon County Board Discussion

- We need a clearer definition of what needs to be communicated and to whom.
- At the county level, they are working on having Board and committee meeting minutes more easily available to County Board members.
- Capital improvements – some are included in the bonding referendum, others are not. All suspected needs should be on a capital improvement plan; get it all out there even if it's just in the conceptual stage. Develop of 5-year capital improvement plan; look at things farther out, not just immediate needs.
- All reporting should be through the Health and Human Services Committee. They will pass on to other committees as appropriate.
- Look at a capital contingency fund. Capital is funded through the fund balance. There is no latitude. Once the balance is gone, you either shrink the pool of projects or bond. If it goes to a bond, then it goes to the ¾ vote threshold.
- For County Board purposes, NCHC needs to develop a list of projects and any potential projects so there is no surprise when projects come up.
- Concerning the 15% levy support, think about the value the nursing home is providing. The nursing home creates a revenue stream and we can't improve on it without spending money to be competitive.
- Asked if there would be a way to survey the Marathon County Board to see what they want and what they consider to be their informational gaps.

- Communication / transparency will be a part of the agenda to establish what communication the HHSC needs.

Miscellaneous

- Jean Burgener will not be able to attend the July 24th or August 28th NHOC meetings. She can call in for the July 24th meeting, but will be out of the country August 28th.
- Committee in agreement for Jean to call in on July 24th and John Robinson will chair the August 28th meeting.

Future Agenda Items

- Communication / transparency with HHSC.
- Quantify numbers for staff turnover.

Motion / second, Olkowski / John Badow to adjourn. Motion carried and meeting adjourned at 9:30 a.m.

jhp

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

July 09, 2015

9:00 AM

NCHC – Wausau Campus

Present:	X Jean Burgener	X Lee Olkowski	EXC John Robinson
	X Bill Metter	X John Bandow	X Bill Miller
Also Present:	X Bob Weaver	X Brenda Glodowski	X Gary Bezucha
	X Michael Loy	X Debbie Osowski	

The meeting was called to order at 9:00 a.m.

Recruitment of and interim replacement for leadership position

- The discussion is for informational purposes and to seek input from the committee regarding recruitment due to the resignation of Gretchen Brown, Administrator. Her last day worked will be Aug. 3.
- We are currently working with a firm for the recruitment of a DON; an interim DON started today. This firm also works with the recruitment of Administrators and all agreed to engage them in this process as well.
- The focus for recruitment of an Administrator should be priority; the new Administrator will then be vital to the recruitment of a DON to help make a strong leadership team.
- Administrator does not need to qualify as the Nursing Officer (having an RN degree). Important qualities to consider: excellent communication skills/charisma, experience in proprietary arena.
- Lee Olkowski and Jean Burgener will be involved in the selection and interviewing process.
- Communication of this change is being provided to the Marathon County Board Chair, the Chair of Health & Human Services Committee, as well as the usual communications to the State, etc.

Motion / second, Bandow / Olkowski to adjourn the meeting at 9:12 a.m. Motion carried.

dko