North Central Health Care
Person centered. Outcome focused.

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

A meeting of the **North Central Community Services Program Board** will be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room** at **12:00 PM** on **Thursday, June 30th, 2016**.
(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 24 hours prior to the start time of the meeting for further instructions.)

AGENDA

1. Call to Order
2. Roll Call
3. Approval of Consent Agenda
   a. Approval of 5/26/16 Board Meeting Minutes
4. Chairperson's Report: J. Zriny
   a. Review Draft Minutes of the 6/14/16 Executive Committee Meeting
   b. Policy Question to be Asked of the County Board in September
   c. Criteria for Evaluating the Two Governance Options
   d. Tentative Public Meeting Schedule for Marathon County Withdrawal Decision
5. Finance, Personnel & Property Committee Report – B. Weaver
   a. Review Draft Minutes of the 5/26/16 Finance, Personnel & Property Committee Meeting
   b. Overview of 6/30/16 Finance, Personnel & Property Committee Meeting
6. Financial Report: B. Glodowski
   a. Motion to Accept the Financial Report and May Financial Statements
7. Quality Committee Report
   a. Motion to Accept Organizational Quality Dashboard
8. Human Services Operations Committee Report: J. Robinson
   a. Review Draft Minutes of the 6/10/16 Human Services Operations Committee Meeting
9. Nursing Home Operations Committee Report: J. Burgener
   a. Review Draft Minutes of 6/17/16 Nursing Home Operations Committee Meeting
10. Review and Endorsement of Collaborative Care Quality Committee Charter
11. Presentation on Collective Impact
12. Discussion of Morningside Report
13. CEO Report
14. Discussion of Future Agenda Items for Board Consideration
15. Adjourn

- If time permits, beginning discussions may take place on future agenda items.
- 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/Michael Loy
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald
Antigo Daily Journal
Tomahawk Leader
Merrill Foto News
Lincoln & Marathon County Clerk Offices

DATE: 06/24/16 TIME: 4:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 06/24/16 TIME: 4:00 PM
By: Debbie Osowski

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

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

May 26, 2016 | 12:00 Noon | NCHC – Wausau Campus

Present:

X	Randy Balk	EXC	Ben Bliven	EXC	Jean Burgener
X	Joanne Kelly	EXC	Holly Matucheski	X	Bill Metter
X	Bill Miller	X	Scott Parks	EXC	Dr. Eric Penniman
EXC	John Robinson	X	Greta Rusch	EXC	Robin Stowe
X	Bob Weaver	X	Jeff Zriny		

Also present: Michael Loy, Brenda Glodowski, Kim Gochanour, Laura Scudiere, Becky Schultz, Sue Matis, Debbie Osowski

Guest: Rick Seefeldt, John Fisher

Board meeting was called to order at 12:08 p.m., roll call taken, and a quorum noted.

Consent agenda

- **Motion**/second, Metter/Rusch, to approve the consent agenda which includes the 4/28/16 NCCSP Board Meeting minutes. Motion carried.

Chairperson's report

- The Executive Committed discussed the appointments of Board members to committees, including vice-chair appointments.
- **Motion**/second, Weaver/Miller, to approve the recommendations of appointments as follows:
    - Robin Stowe – Executive Committee
    - Margaret Donnelly – non-board member of the Nursing Home Operations Committee
    - Dr. Steve Benson – Quality Committee (upon official appointment to Board)
    - Randy Balk - Vice-Chair, Finance, Personnel & Property Committee
    - Greta Rusch - Vice-Chair, Human Services Operations Committee
    - Bill Metter - Vice-Chair, Nursing Home Operations Committee
    - Ben Bliven - Vice-Chair, Quality Committee

  Motion carried.

Finance, Personnel & Property Committee report

- Nursing home census continues to struggle; hospital is busy.
- Combined statement of Revenue and Expense shows a loss of $308,000 due primarily to:
    - Out of county placements (state institutes). As a reminder, when out of county placements occur it is due to either full capacity, individual is under age 13, individuals are not allowed roommates, if adolescent is on unit and documented sex offender is needing admission.
    - Nursing home is working diligently to bring expenses in line i.e. working on staffing model, compensation, and utilization of staff.
- Reviewed collateralization of funds.
- Beginning 2017 budget process in May.

Financial report

- Showed a small gain of just over $1,500.
- Expense management continues to be a focus.
- **Motion/**second, Weaver/Kelly, to approve the financial report. Motion carried.

Quality Committee Report

- Organizational dashboard was reviewed.
  - Patient experience is a major initiative; maintaining in the 40% range. An average of 190 surveys is sent each month. Not many responses below 7; majority score a 7-8; top box is 9-10 (scale of 1-10).
  - Crisis Treatment: Collaborative Outcome Rate is under discussion. The Crisis Process Improvement team has identified a method to receive immediate response to a one question survey 'How collaborative staff are' from our partners i.e. law enforcement, primary care provider, etc. scored on a scale of 1 to 5. Currently have 10 days of data, 49 cards received, 3 indicated '4' and 46 indicated '5'.
  - Services to criminal justice system – Can begin collecting data once management contract is initiated and metric(s) identified.
- **Motion/**second, Balk/Kelly, to accept the Organizational Quality Dashboard. Motion carried.

Human Services Operations Committee

- The Crisis Structure Modification Proposal was reviewed by the committee.
  - Proposal is to phase in an expanded model of care.
  - Additional staff is needed to meet demands, implement a larger scale care model transition, and lay the foundation of this model of care.
  - Call volume in crisis contacts has doubled and year to date we are on track to increase volume again.
  - The increased expenses experienced to date is due to this model which was developed after 2016 budget process was identified but it will be built into the 2017 budget as a line item. These recommendations have come out of the crisis pi team.
  - This would add approximately $528,000 in additional costs but will prove to be what is necessary.
  - 2016 cost is 98,879 for implementation of the transportation which includes all three counties.
- **Motion**/second, Balk/Metter, to approve Crisis Structure Modification Proposal and to exceed budget expectation for remainder of 2016. Motion carried.
- Committee discussed two major operational changes i.e. Community Corner Clubhouse Hope House Concept which will be a pilot for one year, and the Bellewood CBRF facility transitioning to Andrea Street which will allow for expansion of services, and increased profit margin.

Nursing Home Operations Committee

- Margaret Donnelly, from Aspirus, agreed and has been approved to be a non-board committee member.
- Concern expressed about the changes in the 5-Star Rating program which will be reviewed in depth at another meeting.
- Committee will be discussing the $15 million nursing home remodel project including the substantial reimbursement from the state when renovations are made.

- Committee commended the entire leadership team. NCHC is not what it was a year ago. All of the changes in the last year are good and a result largely because of an excellent leadership team. Board agreed.

NCHC Facilities Capital Plan and CIP Requests

- The vision was laid out in documents and reviewed with each operational committee of the Board and approved. The pool and nursing home will be submitted under a separate process.
- Eight projects were submitted to Marathon County Capital Improvement (CIP) for ranking which takes place in mid-July.
- **Motion**/second, Miller/Weaver, to approve the 5-year Facilities Capital Plan with the exception of the nursing home remodeling and pool projects. Motion carried.

Collaborative Care Model

- John Fisher, Ruder Ware, provided an overview of the Collaborative Care Model.
- In January Marathon County passed the Performance Management Contract specific to services provided to the offender population to Marathon County working on clarifying expectations.
- Collaborative Care Model is the foundation and groundwork to strengthen the relationship with our County partners including the level of communication and responsiveness.
- This model allows the committee to discuss information about individuals we serve (if necessary to resolve an issue), with no legal risk, moving the conversations into a two-way communication link. Discussion of identifiable and confidential information outside of this committee is prohibited.
- **Motion**/second, Metter/Balk, to endorse the concept and empower the Senior Executive Team and the Executive Committee of the Board to move forward with the Collaborative Care Model and report back to the Board. Suggestion made to include the Chair of the Quality Committee also. Motion carried.

Performance Management Contract

- Working copy of the Performance Management Contract was distributed and reviewed.
- Markups by Michael Loy and Scott Corbett were reviewed.
- **Motion/**second, Miller/Metter, to approve the noted changes and forward to Scott Corbett, Marathon County Corporation Counsel. Motion carried.

LeadingChoice Network Participation Agreement

- LeadingAge is a membership organization for skilled nursing homes in the State of which we have been a member for a long time.
- The organization saw the need to assist its members with group contracting. We feel there are many benefits to the contracting process and resources. To end contract, we would provide 120 day notice. Legal counsel is reviewing contract.
- **Motion**/second, Metter/Weaver, to move forward with the Participation Agreement. Motion carried.

Dr. Black Event on May 12, 2016

- After the event, we learned that the call was initially received in Crisis from Outpatient Services.
- This is initiated in one of two ways: through a hardwired system or remote buttons.
- Crisis protocol is to call the area where the alert came from to verify the emergency. When this was done there was no response in Outpatient Services which initiated protocol to call 911.
- Internal Dr. Black is called and the building goes into lock down. In the process, an employee sent incorrect information in a text that there was a gun in the building.
- Law Enforcement had to treat this as a real situation regardless.
- After extensive evaluation, many interviews with staff and individuals involved, we have determined that it was an undetermined system failure.
- Have identified areas to strengthen our system.
- Law Enforcement was professional and did an excellent job.
- Replacement of the system was already in place and will continue to pursue. Will be including the installation of security cameras, better floor plans, better communications, improved radio system, and others.
- Michael Loy and the leadership team were commended. Thanks to Ben Bliven, Scott Parks and the law enforcement agencies they represent, who were here as well helping in the situation.

CEO Report

- Transition Oversight Task Force is responsible for crafting the question for the Marathon County Board in September regarding the relationship with North Central Health Care.
- Morningside report is expected July 11 at 7 p.m.
- Invitation distributed for an Annual Meeting inviting all three county board of supervisors to NCHC. Will be talking about NCHC accomplishments of 2015, what we are working on in 2016, providing a walking tour with leaders available in each area to talk about their program and answer questions. A great way to see and experience what NCHC is about.

Future agenda items

- No items noted.

Motion/second, Miller/Parks, to adjourn at 2:03 p.m. Motion carried.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

June 14, 2016 10:30 AM NCHC – Wausau Campus

Present: Jeff Zriny, Bob Weaver, Jean Burgener, Robin Stowe (by phone)

Also Present: Michael Loy, Becky Schultz, John Fisher (Ruder Ware)

10:33 a.m. – Jeff Zriny called the meeting to order

Action: Approve 05/16/2016 Executive Committee meeting minutes
Motion to approve the 05/16/2016 Executive Committee meeting minutes made by Bob Weaver, seconded by Jean Burgener, motion passed 3-0.

A request was made to take items out of order to respect the time of our guests. No objection made.

Charter for Collaborative Care Quality Committee
The Charter was reviewed with the Committee to outline the concept and address some specific areas needing direction to complete the Charter. Committee structure, membership, and reporting relationships were all discussed. The Committee thought this was an important opportunity to provide an environment for accountability and responsiveness, which are two of the evaluation criteria for Marathon County. Further, it offers an opportunity to discuss concerns with services in a protective environment and reduce potential liabilities.

Robin Stowe joined the meeting by phone at 10:57 am.

The committee recommended adjustments to the Charter be made based on the discussion and sent to the full Board at their June meeting.

Becky Schultz and John Fischer left the meeting.

Performance Contract Update
The performance contract approved by the NCCSP Board and sent to the County Corporation Counsel on Friday May 27th. There has been no communication or return of the document to date.

Transition Oversight Task Force Update
The Committee reviewed the policy question and criteria for evaluating the two governance options along with a timeline for the public meeting process. Discussion on the process, the question scop, and evaluation criteria were discussed. Concern about the limitation to NCHC's opportunity to have significant and meaningful input into the process was shared. Possible outcomes and consequences of action during the process and as a result of the potential outcomes were deliberated.

Discussion occurred regarding Lincoln and Langlade counties' tentative planning and need to ensure their services and resources. Both Counties are positioning in their own best interest and are working together given Marathon County's direction and unwillingness to include them in their evaluation.

Administrator's Work Group Update

The County Administrator has cancelled all scheduled meetings of the group and has hired another consultant to aid in understanding legal and financial implications of Marathon County withdrawing. Future updates will be provided if something changes with this group.

CEO Report

- Planning for an onsite interview with a Child Psychiatrist on July 15th.
- Dr. Espinoza is back from her visa issue in Peru.
- Dr. Ticho's last day on the Inpatient unit is Friday, he is transitioning to part-time in Outpatient.
- The Marathon County Finance Committee has an upcoming agenda item on NCHC's collateralization practices.
- State surveyors are in the building on a self-report.

Jean Burgener left the meeting at 11:50 am

Agenda for 6/30/16 Board meeting

- Collaborative Care Committee Charter
- Presentation of Collective Impact
- Morningside Report

Future agenda items for committee consideration

No items were requested.

Committee discussed potentially moving the meeting later in the day to accommodate schedules. The committee was going to try moving the meeting to 12:00 pm to 1:30 pm on the 2nd Tuesday of each month.

Motion by Bob Weaver to adjourn at 12:10 pm, seconded by Robin Stowe, motion carried 3-0.

CRITERIA FOR EVALUATING OPTIONS RELATED TO MARATHON COUNTY'S FUTURE PARTICIPATION IN NORTH CENTRAL HEALTH CARE

Policy Question:

What is the best organizational structure for Marathon County to provide quality mental health services (including alcohol and drug treatment) to its residents?

Public Accountability – (40%) Obligation of a public enterprise entrusted with public resources to be answerable for fiscal and social responsibilities to those who have assigned such responsibilities to them. For purpose of our discussion the parties who assigned responsibilities to Marathon County Government for mental health services are the State of Wisconsin (51.42) and the residents of Marathon County.

Change Resiliency – (30%) Capacity of an organization to redirect the use of resources including human resources, budget allocations, changed policies or priorities to respond to new conditions, opportunities or respond to community demands or needs. Transparency in decision-making and planning of services which is community inclusive are indicators of customer focus and support change resiliency. Having a strong organizational culture with skilled leadership in place to support employees, as they adjust to changes in job roles, changes in service delivery, organizational structure and the types and use of technology are factors that can be considered in assessing an organization's capacity to successfully change and adapt.

Transitional Costs – (15%) Additional cost incurred as a result of changing from one form, state, activity or place to another. Delays in recovering County assets when withdrawing from the Tri-County Agreement, delays in Medicare and Medicaid reimbursements as a result of new provider certifications and re-licensing, the time and expense of negotiating new payer contracts, the cost of copying or transferring patient records are examples of transitional costs associated with withdrawing from the TriCounty Agreement and forming a new County Human Services Department.

Ongoing Costs – (15%) Changes in federal, state or private payer revenues as a result of a changed government structure. Included in this area of assessment are changes in the amount regularly spent to operate an organization for things like salaries, facilities, utilities. Factors like economies of scale or reduction of administrative duplication will be considered, as well as the long term loss of any state incentives only available to regional organizations.

Public Meeting Schedule

NCHC Transition

May 23, 2016	Task Force identifies the policy question and evaluation criteria
May 31, 2016	Task Force reviews the policy question and criteria
June 13, 2016	Health and Human Services Committee considers the policy question and evaluation criteria
June 21, 2016	County Board considers policy question and evaluation criteria
July 11, 2016	7 PM-Morningside Consulting presents its report to the county board
July 12, 2016	7AM-Executive Committee meets with Morningside Consulting
	8:30AM Task Force meets
July 18, 2016	Task Force evaluates options in relation to the options identified by Morningside in rank order each in relation to the criteria
Aug. 8, 2016	Health and Human Services committee considers the Task Force recommended rank order of options
Aug. 10, 2016	Executive Committee needs to prepare itself for guiding the discussion of the county board in September
Aug. 18, 2016	Public invited to comment on the right options
Sept. 20, 2016	County Board selects an option for the future of mental health services to Marathon County

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
FINANCE, PERSONNEL & PROPERTY COMMITTEEMEETING MINUTES

May 26, 2016 | 11:00 a.m. | NCHC – Wausau Health Care Center

Present:

X	Randy Balk	X	Bill Miller	EXC	Robin Stowe
X	Bob Weaver	X	Jeff Zriny		

Others Present: Michael Loy, Brenda Glodowski

Guest: Rick Seefeldt

The meeting was called to order at 11:00 AM, roll call taken, and a quorum noted.

Minutes

- **Motion**/second, Miller/Weaver, to approve the minutes of the 4/28/16 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- April financials were reviewed.
- There was a small gain in April. The hospital census was ahead of target. Nursing Home revenues are struggling. Nursing Home census averaged 204 with a target of 213. The month of May has seen an improvement in the nursing home census averaging 207-208. Medicare census improved with an average of 22 compared to the target of 23.
- Overall, Outpatient areas were at target with some areas exceeding target.
- Making progress with expenses with benefits back on target for the month, however, health insurance year to date is still high. State institute expenses continue to be over target, and drugs were also high during the month.
- Nursing Home is showing a loss of $569,000 to date which is reflective of the low census. Administrator is managing expenses. Based on the presentation by Wipfli a year or two ago, a decline in revenue was anticipated if the upgrades to the nursing were not completed; so this is not a surprise as a result of the 'no action' by the County. The Nursing Home Operating Committee is diligently working on an action plan.
- Committee expressed concern that the county has not yet released the $475,000, or even a partial payment, to cover the additional expenses incurred in 2016 following the additional services requested.
- **Motion**/second, Miller/Balk , to approve the April financial statements. Motion carried.

Write-off's

- Nothing significant to report. No questions/concerns.

CFO Report

- Vendor for nursing home billing software (ECS) is onsite this week building the billing system. On target to proceed with parallel billing in July.
- Days in Accounts Receivable measure is within the target range for the third month in a row; currently at 64 days (target is 60-65 days).

Review and Discussion of Capital Policy/Processes and Discussion: 2017 Budget Process

- Budget process begins in May and will be a topic on the agenda each month throughout the budget process; will bring updates each month and review proposed budget prior to Board approval.
- Committee reviewed the Capital Policy in February but wanted to review capital component again.
- Committee reviewed what the 'undesignated funds' component consists of as well as our goal to have 90 days invested cash on hand.
- Committee requested to have a review of the Fund Balance at the next meeting.

Approval of 5-Year Capital Plan and Marathon County 2017 CIP Requests

- Items that impact the facility/capital are submitted to Marathon County CIP for approval in the county budget.
- 2017 projects were submitted to the Health & Human Services Committee for approval as required. Health & Human Services recommended approval of all items except the pool and nursing home projects which will be handled separately. CIP will provide their determination by the end of July. We will then need to build into our budget anything that is not approved through CIP.
- **Motion**/second, Miller/Balk, to approval the 5-year facilities capital plan for recommendation to the Board for approval with the exception of the nursing home remodeling and pool. Motion carried.

Consideration of Collateralization of Funds Requirements in the Investment Policy

- Background: Eight to nine years ago NCHC had limited investments and cash backup. An objective at that time as an organization was to build reserves. Our targets were identified and a policy developed which identifies invested cash and 90 days cash on hand (90 days is a standard in healthcare).
- Last year the Finance Committee discussed the potential of collateralizing funds. We began to pursue this process with Abby Bank, as it holds the majority of our CD's, which took several months to accomplish. Not all banks are willing to do this.
- Collateralization is a pledge of a government agency to cover the funds should the bank fail. This is not a normal process in health care.
- Committee recommended a discussion on collateralization be done with Marathon County Finance Director along with a review of our policy.
- CFO requested additional direction/review of 'not insured'.

Future agendas:

- Update on 2017 Budget Process
- Fund Balance
- Investment Policy

Motion/second, Miller/Weaver, to adjourn the Finance, Personnel & Property Committee meeting. Motion carried. Meeting adjourned at 11:55 a.m.

dko

North Central Health Care
Person centered. Outcome focused.

MEMO

TO: **North Central Health Care Finance Committee**
FROM: **Brenda Glodowski**
DATE: **June 16, 2016**
RE: **Attached Financials**

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

BALANCE SHEET

Most areas remain consistent with prior months. Patient Accounts Receivable continues to improve; the balance in this account continues to decrease.

STATEMENT OF REVENUE AND EXPENSES

The month of May shows a loss of $343,318, compared to a target loss of $32,360, resulting in a negative variance of $310,959.

Overall revenue slipped below targets for May. The hospital census dropped to an average of 12, compared to the target of 14. The nursing home census improved, showing an average of almost 209 per day. The target is 210 per day. The Medicare census, however, dropped in May to an average of 21 per day; the target is 23. Outpatient areas are remaining stable but some are still below targets.

Overall expenses continue to exceed budget targets. Health insurance exceeded budget targets again in May by $119,000. State institutions continue to exceed targets, and are over by $162,000 for May. Crisis and the hospital continue to exceed budget targets, and as indicated in prior months, are likely to exceed targets for the rest of the year as work continues to be done in these areas.

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

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MAY 2016

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	4,228,669	1,051,631	5,280,300	7,367,617
Accounts receivable:				
Patient - Net	3,294,657	3,458,943	6,753,600	7,683,372
Outpatient - WIMCR	500,000	0	500,000	409,167
Nursing home - Supplemental payment program	0	294,100	294,100	309,680
Marathon County	189,754	0	189,754	72,809
Net state receivable	114,552	0	114,552	989,427
Other	286,046	0	286,046	180,948
Inventory	0	303,535	303,535	273,822
Other	605,255	512,895	1,118,150	482,418
Total current assets	9,218,933	5,621,105	14,840,038	17,769,259
Noncurrent Assets:				
Investments	9,800,000	0	9,800,000	7,108,686
Assets limited as to use	1,937,716	893,082	2,830,798	2,191,315
Restricted assets - Patient trust funds	26,444	43,947	70,391	54,244
Net pension asset	2,642,551	2,204,387	4,846,938	0
Nondepreciable capital assets	237,039	537,151	774,190	1,188,620
Depreciable capital assets - Net	7,579,245	3,346,456	10,925,701	10,501,630
Total noncurrent assets	22,222,994	7,025,023	29,248,018	21,044,495
Deferred outflows of resources - Related to pensions	2,645,224	2,206,618	4,851,842	0
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	34,087,151	14,852,746	48,939,897	38,813,754

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MAY 2016

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Current portion of related-party note payable	151,257	0	151,257	148,264
Accounts payable - Trade	855,804	748,027	1,603,831	1,599,518
Appropriations advances	575,894	141,667	717,561	747,761
Accrued liabilities:				
Salaries and retirement	747,913	623,901	1,371,814	1,504,219
Compensated absences	912,278	761,013	1,673,291	1,647,670
Health and dental insurance	467,236	389,764	857,000	652,000
Other Payables	223,741	186,642	410,383	422,809
Amounts payable to third-party reimbursement programs	433,333	0	433,333	354,322
Unearned revenue	135,130	0	135,130	188,513
Total current liabilities	4,502,587	2,851,013	7,353,599	7,265,075
Noncurrent Liabilities:				
Related-party note payable	636,181	0	636,181	787,438
Patient trust funds	26,431	43,887	70,318	54,163
Total noncurrent liabilities	662,612	43,887	706,499	841,601
Total liabilities	5,165,199	2,894,899	8,060,098	8,106,676
Deferred inflows of resources - Related to pensions	46,273	38,600	84,873	0
Net Position:				
Net investment in capital assets	7,816,284	3,883,607	11,699,891	11,690,250
Unrestricted	16,322,160	4,292,756	20,614,917	17,992,016
Restricted - Pension benefit	5,235,835	4,367,677	9,603,512	0
Operating Income / (Loss)	(498,599)	(624,794)	(1,123,393)	1,024,811
Total net position	28,875,680	11,919,247	40,794,926	30,707,077
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	34,087,151	14,852,746	48,939,897	38,813,754

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2016

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$3,489,541	$3,629,945	($140,404)	$17,844,975	$17,967,135	($122,159)
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	1,623,290	1,625,598	(2,308)
Grant Revenue	190,312	190,628	(316)	983,963	952,872	31,091
County Appropriations - Net	740,619	740,566	53	3,703,095	3,702,828	267
Departmental and Other Revenue	126,098	200,733	(74,635)	941,598	1,003,215	(61,617)
Total Other Revenue	1,381,687	1,457,047	(75,359)	7,251,946	7,284,513	(32,567)
Total Revenue	4,871,228	5,086,993	(215,764)	25,096,922	25,251,648	(154,726)
Expenses:						
Direct Expenses	3,929,981	3,695,595	234,386	19,749,153	18,094,250	1,654,902
Indirect Expenses	1,303,659	1,431,258	(127,599)	6,531,700	7,102,320	(570,619)
Total Expenses	5,233,640	5,126,853	106,787	26,280,853	25,196,570	1,084,283
Operating Income (Loss)	(362,412)	(39,860)	(322,552)	(1,183,931)	55,078	(1,239,009)
Nonoperating Gains (Losses):						
Interest Income	10,919	7,500	3,419	47,231	37,500	9,731
Donations and Gifts	8,174	0	8,174	13,307	0	13,307
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	19,093	7,500	11,593	60,538	37,500	23,038
Operating Income / (Loss)	($343,318)	($32,360)	($310,959)	($1,123,393)	$92,578	($1,215,971)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2016

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,431,005	$1,543,572	($112,567)	$7,853,392	$7,672,505	$180,887
Other Revenue:						
State Match / Addendum	324,658	325,120	(462)	1,623,290	1,625,598	(2,308)
Grant Revenue	190,312	190,628	(316)	983,963	952,872	31,091
County Appropriations - Net	598,953	598,899	54	2,994,765	2,994,495	270
Departmental and Other Revenue	84,400	169,437	(85,038)	675,472	846,737	(171,265)
Total Other Revenue	1,198,323	1,284,084	(85,761)	6,277,490	6,419,702	(142,212)
Total Revenue	2,629,328	2,827,657	(198,329)	14,130,882	14,092,207	38,675
Expenses:						
Direct Expenses	2,271,802	2,044,970	226,832	11,071,609	10,000,883	1,070,725
Indirect Expenses	661,295	818,376	(157,081)	3,615,051	4,061,021	(445,971)
Total Expenses	2,933,097	2,863,346	69,751	14,686,659	14,061,905	624,755
Operating Income (Loss)	(303,769)	(35,689)	(268,080)	(555,778)	30,302	(586,080)
Nonoperating Gains (Losses):						
Interest Income	10,919	7,500	3,419	47,231	37,500	9,731
Donations and Gifts	6,983	0	6,983	9,947	0	9,947
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	17,902	7,500	10,402	57,179	37,500	19,679
Operating Income / (Loss)	($285,867)	($28,189)	($257,678)	($498,599)	$67,802	($566,401)

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MAY 31, 2016

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,058,536	$2,086,373	($27,837)	$9,991,584	$10,294,630	($303,046)
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	708,330	708,333	(3)
Departmental and Other Revenue	41,698	31,296	10,403	266,126	156,478	109,648
Total Other Revenue	183,364	172,962	10,402	974,456	864,811	109,645
Total Revenue	2,241,899	2,259,335	(17,435)	10,966,040	11,159,441	(193,402)
Expenses:						
Direct Expenses	1,658,180	1,650,625	7,554	8,677,544	8,093,367	584,177
Indirect Expenses	642,364	612,882	29,482	2,916,650	3,041,298	(124,649)
Total Expenses	2,300,543	2,263,507	37,036	11,594,193	11,134,665	459,528
Operating Income (Loss)	(58,644)	(4,172)	(54,471)	(628,154)	24,776	(652,930)
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,192	0	1,192	3,360	0	3,360
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	1,192	0	1,192	3,360	0	3,360
Operating Income / (Loss)	($57,452)	($4,172)	($53,280)	($624,794)	$24,776	($649,570)

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
May 31, 2016

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collaterized
Abby Bank	365 Days	07/19/2016	0.75%	$500,000	X
People's State Bank	365 Days	08/21/2016	0.50%	$500,000	
BMO Harris	395 Days	08/26/2016	0.50%	$500,000	
Abby Bank	365 Days	08/29/2016	0.75%	$500,000	X
Abby Bank	456 Days	09/01/2016	0.95%	$500,000	X
CoVantage Credit Union	456 Days	09/01/2016	1.00%	$500,000	
People's State Bank	365 Days	10/30/2016	0.55%	$500,000	
Abby Bank	365 Days	01/06/2017	0.75%	$500,000	X
Abby Bank	730 Days	02/25/2017	0.80%	$500,000	X
People's State Bank	395 Days	03/28/2017	0.65%	$250,000	
CoVantage Credit Union	455 Days	03/30/2017	1.00%	$500,000	
CoVantage Credit Union	578 Days	05/07/2017	1.05%	$500,000	
BMO Harris	365 Days	05/28/2017	0.80%	$500,000	
People's State Bank	395 Days	05/29/2017	0.75%	$350,000	
People's State Bank	395 Days	05/30/2017	0.75%	$500,000	
CoVantage Credit Union	578 Days	07/28/2017	1.10%	$300,000	
Abby Bank	730 Days	10/29/2017	1.10%	$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	$500,000	
Abby Bank	730 Days	12/30/2017	1.10%	$500,000	X
Abby Bank	730 Days	03/15/2018	1.20%	$400,000	X
Abby Bank	730 Days	05/03/2018	1.20%	$500,000	X
TOTAL FUNDS AVAILABLE				$9,800,000	
WEIGHTED AVERAGE	509.17 Days		0.873% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of May 31, 2016

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	4,989.38
Adventure Camp	798.41
Birth to 3 Program	2,035.00
Clubhouse	24,017.86
Community Treatment	10,366.66
Fishing Without Boundries	3,913.00
General Donated Funds	61,743.21
Housing - DD Services	1,370.47
Langlade HCC	3,309.63
Legacies by the Lake	
Music in Memory	1,648.25
Legacies by the Lake - Other	4,143.50
Total Legacies by the Lake	5,791.75
Marathon Cty Suicide Prev Task	10,796.42
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Nursing Home - General Fund	1,956.81
Outpatient Services - Marathon	101.08
Pool	9,550.33
Prevent Suicide Langlade Co.	2,444.55
Resident Council	1,021.05
United Way	460.00
Total CHECKING ACCOUNT	149,807.98
Total Checking/Savings	149,807.98
Total Current Assets	149,807.98
TOTAL ASSETS	**149,807.98**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	-9,706.84
Total Equity	149,807.98
TOTAL LIABILITIES & EQUITY	**149,807.98**

North Central Health Care
Budget Revenue/Expense Report

Month Ending May 31, 2016

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
TOTAL NET REVENUE	4,871,228	5,086,993	25,096,922	25,251,648	(154,726)
EXPENSES:					
Salaries and Wages	2,539,827	2,636,578	12,515,384	12,827,646	(312,262)
Fringe Benefits	1,061,520	976,665	5,238,950	4,751,877	487,073
Departments Supplies	64,011	466,527	2,223,135	2,332,636	(109,501)
Purchased Services	309,098	270,981	1,925,671	1,369,907	555,764
Utilitites/Maintenance Agreements	308,185	323,097	1,717,461	1,649,483	67,977
Personal Development/Travel	26,691	39,229	171,676	196,146	(24,470)
Other Operating Expenses	120,551	153,317	517,339	766,584	(249,244)
Insurance	36,844	47,292	185,222	236,458	(51,237)
Depreciation & Amortization	134,567	138,167	671,408	690,833	(19,426)
Client Purchased Services	632,347	75,000	1,114,608	375,000	739,608
TOTAL EXPENSES	**5,233,640**	**5,126,853**	**26,280,853**	**25,196,570**	**1,084,283**
EXCESS REVENUE (EXPENSE)	**(362,412)**	**(39,860)**	**(1,183,931)**	**55,078**	**(1,239,009)**

North Central Health Care
Write-Off Summary
May 2016

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$67,972	$91,934	$11,007
Bad Debt	$5,958	$8,244	$697
Outpatient:			
Administrative Write-Off	$32,270	$44,578	$37,073
Bad Debt	$1,192	$3,904	$4,685
Nursing Home:			
Daily Services:			
Administrative Write-Off	$13,877	($4,189)	$0
Bad Debt	$0	$5,394	$20,852
Ancillary Services:			
Administrative Write-Off	$9,596	$4,727	$9,116
Bad Debt	$0	($126)	$0
Pharmacy:			
Administrative Write-Off	$0	$0	$0
Bad Debt	$0	$0	$0
Total - Administrative Write-Off	$123,715	$137,050	$57,196
Total - Bad Debt	$7,150	$17,416	$26,234

North Central Health Care
2016 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
January	Nursing Home	6,510	6,441	(69)	87.50%	86.57%
	Hospital	434	402	(32)	87.50%	81.05%
February	Nursing Home	6,090	5,953	(137)	87.50%	85.53%
	Hospital	406	407	1	87.50%	87.72%
March	Nursing Home	6,510	6,363	(147)	87.50%	85.52%
	Hospital	434	459	25	87.50%	92.54%
April	Nursing Home	6,300	6,131	(169)	87.50%	85.15%
	Hospital	420	462	42	87.50%	96.25%
May	Nursing Home	6,510	6,467	(43)	87.50%	86.92%
	Hospital	434	377	(57)	87.50%	76.01%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%

North Central Health Care
Person centered. Outcome focused.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2016

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2015
PEOPLE																	
Vacancy Rate	**6-8%**	**N/A**	⇩	8.0%	5.8%	4.8%	5.2%	3.9%								**5.5%**	**7.6%**
Employee Turnover Rate*	**20-23%**	**17%**	⇩	19.6%	29.2%	29.3%	28.4%	26.3%								**26.3%**	**28.9%**
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	**70-84th Percentile**	**N/A**	⇧	53rd	48th	45th	46th	53rd								**47th**	**51st**
Community Partner Satisfaction	**75-80%**	**N/A**	⇧	\	\	77%	\	\								**77%**	**76%**
CLINICAL																	
Nursing Home Readmission Rate	**11-13%**	**18.2%**	⇩	13.8%	6.7%	12.0%	10.7%	14.8%								**11.5%**	**13.7%**
Psychiatric Hospital Readmission Rate	**9-11%**	**16.1%**	⇩	12.8%	11.1%	3.2%	5.0%	7.2%								**7.7%**	**10.8%**
AODA Relapse Rate	**18-21%**	**40-60%**	⇩	30.0%	33.3%	20.7%	25.0%	24.3%								**26.7%**	**20.7%**
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	**90-97%**	**N/A**	⇧	\	\	\	\	100.0%									**N/A**
Access to Behavioral Health Services	**90-95%**	**NA**	⇧	58%	65%	87%	86%	92%								**78%**	**73%**
Recidivism Rate for OWI	**27-32%**	**44.7%**	⇩	22.6%	20.5%	29.2%	28.2%	18.2%								**%**	**26.4%**
FINANCE																	
***Direct Expense/Gross Patient Revenue**	**58-62%**	**N/A**	⇩	71%	65%	66%	64%	65%								**67%**	**63%**
Days in Account Receivable	**60-65**	**54**	⇩	70	65	64	64	58								**58**	**68**

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.

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. *Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.*
SERVICE	
Patient Experience: Satisfaction Percentile Ranking	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey. *Benchmark: HealthStream 2015 Top Box Percentile*
Community Partner Satisfaction Percent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. *Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction*
COMMUNITY	
Crisis Treatment: Collaborative Decision Outcome Rate	Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs.
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services - within 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
Recidivism Rate for OWI	Percentage of people that recieve there OWI services from NCHC and then reoffend. *Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit*
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts. *Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.*

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
HUMAN SERVICES OPERATIONS COMMITTEE MEETING MINUTES

June 10, 2016 **10:30 a.m.** **NCHC – Wausau Campus**

Present:

X	John Robinson	EX	Holly Matucheski	X	Greta Rusch
X	Scott Parks	EX	Nancy Bergstrom	X	Lee Shipway
X	Linda Haney				

Others Present: Michael Loy, Laura Scudiere, Brenda Glodowski, Becky Schultz, Sue Matis, Tom Dowe, Ben Bliven

The meeting was called to order, roll call was noted, and a quorum declared.

Consent Agenda

- **Motion**/second, Parks/Shipway, to approve the consent agenda which includes the 5/13/16 Human Services Operations Committee meeting minutes and the financial report. Committee discussed the number of individuals served, staff shortages critical to the delivery of services, and the strategies and efforts being done to fill positions. Motion carried.

Human Services Operations Outcome Reporting

- Data was reviewed in depth. Additional data to include:
    - Quarterly report of how many clients are open in multiple programs in a rolling 12 month period.
    - Referrals through case manager from criminal justice system. Tracking mechanism will need to be identified.
    - Average length of time from event to assessment i.e. court ordered assessments received to appointment.
    - Glossary of terms (terms used in the charts).
    - Brief Executive Summary page for data set.
    - Clarify 'no roommate beds (adult') – patient days lost.
    - Waiting list by program i.e. Medically Monitored Treatment
    - How often do we refer individuals to other providers?
    - Time from request for appointment to first available appointment.
    - Number of individuals who have never received services from referrals; include process for follow-up.
- Psychiatry in Marathon County will show a decline in May due to vacancy for psychiatric nurse practitioner and a delay in Dr. Espinoza returning home from a visit to Peru due to issues with her visa to return to the U.S. Staff is working with the Congressional Office. Also, Dr. Ticho will be transitioning to Outpatient Services from Inpatient. Committee suggested looking at how to engage other components of the health care system i.e. primary care, in providing services which had been part of the BHIC project (Behavioral Health Integrated Care).
- Crisis and Inpatient Data are provided to Marathon County on a monthly basis.

- Committee asked law enforcement representatives if the data provided to track performance of NCHC is meeting their expectations. Sheriff Parks indicated the information is good. Other questions committee members asked: Are people asking for mental health or AODA treatment and being turned away because of capacity and/or they cannot be served? What is the overall community need and how many are not seeking services? Will Morningside be providing info relative to this?

Human Services Operations Committee Charter

- Deferred discussion to next month's committee meeting.
- Consideration for a CCCW member on the committee as well as a United Way member in anticipation of Joanne Kelly's upcoming retirement.

Juvenile Criminal Justice Discussion

- A lot of resources are being applied to adults in the criminal justice system with many as a result from being in the juvenile criminal justice system.
- We want to begin a dialogue to better position ourselves to meet the needs of juveniles entering the criminal justice system.
- Asking law enforcement to identify challenges for mental health needs of juveniles and can we meet these needs i.e. shelter facility, limited capacity of NCHC for juveniles, etc.
- Collaborative coalition discussion would be valuable and would include social services, law enforcement, United Way, etc.
- Will frame an outline and identify roles.

Future agenda items

- Human Services Operations Committee Charter
- Juvenile justice discussion

Meeting adjourned at 12:03 p.m.

dko

NORTH CENTRAL COMMUNITY SERVICES PROGRAM
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES

June 17, 2016 8:00 A.M. NCHC – Wausau Campus

Present:	X	Jean Burgener	X	Bill Metter	EXC	Bill Miller
	EXC	John Robinson	X	Margaret Donnelly		

Also Present: Michael Loy, Kim Gochanour, Sue Matis, Brenda Glodowski, Becky Schultz

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

Minutes

- **Motion**/second, Metter/Donnelly, to approve the 5/20/16 Nursing Home Operation Committee meeting minutes. Motion carried.

Financial Report

- There was a loss of just over $57,000 for the month of May.
- Census improved in May with 209; target is 210. Medicare census was at 22 from 21 the previous month.
- Bulk of expenses in May relate to benefits which is also seen overall in the organization. Even though this year has seen an increase in high claims, the last high claim year was 5-6 years ago.

Senior Executive Nursing Home Operations and Quality Report

- The pharmacy review will be completed at the end of June with a report next month.
- Therapy expenses are getting back in line after modifying the contract. Committee would like expenses quantified for next month to better understand what to expect the rest of the year.
- Medicaid reimbursement for vent unit is good at $561/day; Medicare averages about $470/day; VA is slightly lower. A report on the vent unit capacity/census of other vent units in Wisconsin will be provided at next month's meeting.
- Referrals were reviewed. Committee asked for a report on why another facility is chosen over Mount View Care Center at next month's meeting.
- We were contacted by the State to be part of a panel on dementia crisis. Committee will be kept updated as more information is available.
- Mr. Loy was asked to provide Mr. Bootz a report on the dementia crisis panel that we have been asked to participate in, recognizing NCHC as a knowledgeable source in the State of Wisconsin, and the grant Adult Protective Services received for a mobile app., and request that he present it to the entire County Board.

2016 Usage, Financial Allocation, and Value of Consultants

- YTD we have $16,000 in expenses for consultants. Expenses were for orientation training, which we are now doing ourselves; conducting a mock survey; providing chart reviews, as well as an MDS review which resulted in an increase of $3 in Medicaid rate reimbursement. At this time we do not anticipate any large consulting costs.
- There is a difference between cost of consultants and utilizing interim staffing for leadership vacancies. Will break out these costs at future meetings.

Understanding the Five Star Nursing Home Rating methodology

- Handout was reviewed.
    - Much energy is spent looking at issues and remedies which will help organize these efforts i.e. follow a good standard operating care plan throughout the organization for consistent outcomes, keep us focused on building infrastructure, etc.
    - Committee asked for continued communication. The work plan will be reviewed next month including detail on progress being made i.e. are we staying on target, timeline, what if anything has happened to take us off track, priority processes, how it is sustained, survey preparation process, etc.
    - Surveys are sent regularly to families and residents which provides our customer satisfaction score. We also obtain information from resident council meetings, etc.

Nursing Home Renovation Plan

- We are in a holding pattern on the capital improvement plan that was submitted. Health & Human Services indicated discussion/decision won't happen until December. In the meantime we are trying to determine what they need to continue the discussion.
- County personnel are beginning to understand about bundled plan payments and what it means for the county. Also, the preliminary Morningside report indicates that Mount View Care Center should have a 5-20 year vision on what we will do with our care i.e. more higher acuity based care. The County mentioned it may be beneficial for Larry Lester from Wipfli to talk again about financial projections. Committee feels dementia care and higher acuity based care such as ventilator patients will be our focus along with bundled payment, episodic care planning, and managing the health population. Our relationship between acute and post-acute care is vital.
- Population health is critical at the county level; county needs to understand there are 33 metrics CMS uses for convocare organizations. North Central Health Care has to be involved in those conversations to be beneficial for the county and help them understand the niche we served with difficult to manage dementia patients (that most facilities will not take).

Work shortages

- LeadingAge is looking at the long term care work crisis (information in packet).
- Innovative senior care program pilot in progress at Pine Crest in Merrill with another pilot beginning in LaCrosse.
- 50% of providers have had no applicants for positions that are open.
- Wages are being reviewed; median is currently $13/hour. Difficult to compete with workers at local fast food restaurants making $11. Have been looking at our competitiveness.
- We are last out of the 50 states in Medicaid reimbursement. Contacting state legislators to look at reimbursement level. Also asking board members to contact stakeholders to increase Medicaid funding, as well as LeadingAge to assist, etc. to raise reimbursement rates.
- We have reviewed turnover for the last two years for CNA's along with reasons for leaving:
    - Turnover averaged 56%
        - 25-30% in the first 0-3 month period.
        - 67% was involuntary which relates to criteria for hiring. Hiring process for correct individuals and how we onboard were identified.
        - Working to understand 'do we have to grow our own', develop an onboarding process to be ready to be on the floor. A 'staff educator' role would be vital.

        - From a financial perspective we need to be competitive with Aspirus and other nursing homes. Average base rate for CNA's is $14. If we decrease turnover, we will more than make up the cost of a higher wage.
        - Have also begun to talk about our benefits i.e. retirement and how to educate this population on the importance and value of retirement planning and our retirement benefit.
    - Committee suggested the need for leadership development, i.e. are we using disciplinary process properly, hiring mentoring CNA's, etc.

<u>Future Agenda Items for Committee Consideration</u>

- Funding issues

Committee expressed deepest sympathy for the loss of John Bandow as a knowledgeable and caring individual of this committee, County Board and community.

Request made to poll committee members to verify best day/time for committee meetings.

Motion/second, Metter/Donnelly, to adjourn the meeting at 9:16 a.m. Motion carried.

dko

CHARTER OF THE COLLABORATIVE CARE QUALITY COMMITTEE

OF

NORTH CENTRAL HEALTH CARE

I. Formation of Committee

The Collaborative Care Quality Committee ("**Committee**") of North Central Health Care ("**NCHC**") is created by the North Central Community Services Program (NCCSP) Board of Directors (**"Board")** for the purposes and to perform quality assessment and review of the collaborative functions of North Central Health Care and various County and Community stakeholders.

II. Background

2.1 NCHC has been delegated various responsibilities from Marathon, Lincoln and Langlade Counties under Wisconsin Statutes 51.42 including, skilled nursing and long term care (in the case of Marathon County), mental health, developmental disability, and alcohol and drug abuse responsibilities and other services (the "Delegated Responsibilities").

2.2 The scope of NCHC's responsibilities include the obligation to coordinate and collaborate with various community resources in furtherance of its Delegated Responsibilities. For purposes of this Charter, the scope and jurisdiction of this Committee include the programs and services of NCHC as they relate to coordination and collaboration with other County Stakeholders and Community Resources. This scope shall be referred to herein as (the "Collaborative Responsibilities").

2.3 The Collaborative Care Quality Committee is constituted as an advisory committee to the NCCSP Board of Directors and as a part of the review and evaluation of NCHC related to the Collaborative Responsibilities. The Committee shall operate as part of the NCHC quality review and assessment program and may make recommendations to the NCHC Quality Committee and to the NCCSP Board of Directors within the scope of the Collaborative Responsibilities. The Committee shall be operated in furtherance of quality health care.

2.4 Although the Collaborative Care Model is built around the responsibilities that are delegated from Marathon County to NCHC under Wis. Stats. 51.42, it recognizes that the activities and responsibilities of a broad range of County Stakeholders and Community Resources have an opportunity to have a positive impact on the Collaborative Responsibilities and the overall health of the population served by NCHC (the "Managed Population"). County Stakeholders may include County courts, law enforcement, corrections, probation and parole, social services, welfare, various other components of the County governmental structure and private community organizations ("Community Resources") that may have a collective impact on the Collaborative Responsibilities, health and welfare of the Managed Population.

2.5 In order to more efficiently and effectively meet its obligations, NCHC has developed a formal system of collaborative and interactive activity between NCHC and the various County Stakeholders and Community Resources (the "Collaborative Care System" or "System"). The Collaborative Care System creates a formal mechanism for participation by county and other community stakeholders in the quality assessment process of NCHC relating to the Collaborative Responsibilities.

III. Purpose of the Committee. The purpose of the Committee is to assist the NCCSP Board and its Quality Committee with review and evaluation of the quality of care provided to the Managed Population within the scope of the Collaborative Responsibilities.

IV. Goals of the Committee. The overall goals of the Committee are:

4.1 To create an integrated and innovative system to coordinate and promote collaboration between and among various resources, including County Stakeholders and Community Resources, that may have a positive impact on the health of the Managed Population within the scope of the Collaborative Responsibilities.

4.2 To leverage the expertise and perspective of County Stakeholders and Community Resources in the review and assessment of the quality of services related to the Collaborative Responsibilities.

4.3 To apply a population health management approach to the review and assessment of the services provided as part of the Collaborative Responsibilities.

4.4 To encourage and promote collaborative solutions, protocols and operating procedures across various components of the System.

4.5 To evaluate, assess, measure and reevaluate results of Collaborative Care System solutions.

4.6 To further additional goals as defined by the Board.

V. Committee Structure. The Committee will be advisory to the Board of Directors of NCHC on matters relating to the Collaborative Responsibilities and on other matters requested by the Board of Directors. The Committee will work functionally as part of the NCHC quality assessment process through the Committee Chairperson and will make regular reports to the NCCSP Board and to the Quality Committee.

IV. Voting Members and Membership

5.1 Composition of Committee. The Committee shall consist of seven members (7) members, of which five (5) members shall be Voting Members. Committee members will be as appointed by the NCCSP Board and shall serve subject to the will of the Board. The initial Committee shall be comprised of the top appointed official in Marathon County, the top appointed official in Lincoln County, the top appointed official in Langlade County, the NCCSP Chairman of the Board of NCHC, the NCCSP Quality Committee Chair, the Chief Executive Officer of NCHC and the Quality Executive of NCHC. The Chief Executive Officer and Quality Executive shall not be voting members of the Committee but will have all other rights and obligations as a member. The Board is authorized to change the composition of the Committee. No participant on the Committee may have at any time been excluded from participation in any government-funded health care program, including Medicare and Medicaid. Members of the Committee must meet such other qualification that are established by the Board.

5.2 Terms of Committee Members. The members of the Committee shall serve for such terms as the Board may determine or until earlier resignation or death. The Board may remove any member from the Committee or any subcommittee or work group of the Committee at any time with or without cause and may restructure the Committee and any subcommittee or work group in its discretion to maximize goals and objectives. Committee members who are appointed based on their office or position shall be replaced by their successor to that office or position subject to approval by the Board. In the event that a member of the Committee resigns or is otherwise unavailable of unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

5.3 Subcommittees and Work Groups. It is the intent and desire of the Board for the Committee to seek broad participation from various experts from within County Stakeholders and Community Resources in order to maximize available expertise to address issues that are defined by the Committee. The Committee is authorized to create subcommittees and work groups to work on specific issues relating to the Collaborative Responsibilities and to advise the Committee with respect to those issues. Members of the Committee, any subcommittee, work group, or other panel shall be considered to be participants in the assessment and review of the quality of NCHC services. Members of committees, subcommittees and work groups will meet the same qualifications as are required of members of the Committee. The Committee shall keep the NCCSP Quality Committee and Board advised regarding the activity of the Committee, subcommittees

and work groups. The Board may assign representatives to Subcommittees and work groups in its discretion and to maximize expertise available to address specific issues.

VI. Structure and Operation of Committee

6.1 Chairperson of Committee. The Chairman of the Board of NCHC shall be the Chairperson of the Committee.

6.2 Regular Committee Meetings. The Committee shall meet as frequently as required to fulfill its duties and responsibilities. Meetings shall be at such times and places as the Committee deems necessary to fulfill its responsibilities. The Board shall also have the authority to convene a meeting of the Committee for any purpose.

6.3 Special Committee Meetings. The Chairman of the NCCSP Board or the CEO may call a special meeting of the Committee or any subcommittee or work group.

6.4 Committee Agenda. The Committee will sets its own general agenda based on issues that it deems to be of importance in furtherance of quality review and assessment of the Collaborative Responsibilities. The Chairman of the NCCSP Board, the Chair of the County Board of Marathon, Langlade or Lincoln Counties, and any Member of the Committee may also request that an item be placed on the agenda of the Committee at a regular or a special meeting. Upon receipt of any such request, the Chairperson of the Committee shall place the requested item on the Agenda for the next regularly scheduled meeting of the Committee; provided that the issue is within the scope of the Collaborative Responsibilities. The requesting party shall be responsible for summarizing and presenting the issue. The Committee shall vote whether to take further action on the recommended agenda item. Proposed agenda items that are declined because they are not within the scope of Committee authority will be reported to the Board. Approved agenda items will be assigned for further action by the Committee, a subcommittee, or a work group. The Board of Directors of NCCSP may also direct the Committee to place any item on its agenda.

6.5 Committee Reporting. The Committee shall report regularly and upon request to the Board regarding its actions and the activities of subcommittees and work groups and make recommendations to the Board as appropriate.

6.6 Governing Rules. The Committee is governed by the same rules regarding meetings (including meetings in person or by telephone or other similar communications equipment), action without meetings, notice, waiver of notice, and quorum and voting requirements as are applicable to the Board.

6.7 Review of Charter. The Committee shall review this Charter at least annually and recommend any proposed changes to the Board for approval.

6.8 Manner of Acting. The Committee shall be advisory to the Board and shall have reporting responsibilities to the Quality Committee of NCHC and the Board. The Committee shall make recommendations to the Quality Committee of NCHC regarding suggested quality measures and other program changes relating to the Collaborative Responsibilities that are consistent with the objectives and goals set forth in this Charter, or as otherwise requested by the Board. The Committee can also make recommendations to other Stakeholders regarding their participation in the Collaborative Responsibilities. Formal recommendation by the Committee may be made based on a majority vote of the Voting Members in attendance at a meeting at which a quorum is present. All votes taken shall be reported to the Board and the Quality Committee. The Chairperson of the Committee shall provide regular reports to the Board and to the Quality Committee regarding the activities, discussions, actions, votes, and other issues relative to the Committee. The Board may direct or take further action with respect to any issues with or without a formal recommendation from the Committee.

VII. Duties and Responsibilities of Committee. The Committee shall have the following duties and responsibilities within and across the scope of the Collaborative Responsibilities:

7.1 Review and recommend standards for reporting information regarding the Collaborative Responsibilities to County Stakeholders to assist the County Stakeholders in performing their Collaborative Responsibilities. Standards shall be within the confines of all applicable laws, including but not limited Wisconsin and Federal laws protecting patient confidentiality and health information.

7.2 Review and make recommendations on the content and format of the System-wide quality dashboard.

7.2 Recommend priorities for System-wide quality initiatives that emphasize improving quality and patient safety while managing resource consumption and cost.

7.3 Maintain awareness of external factors influencing the direction of quality improvement and reporting.

7.4 Utilize evidence-based criteria and standards to recommend quality benchmarks, identify defined scope areas of focus, create achievable quality and performance standards, establish objectively measureable goals, and create reliable methods to measure of achievement of goals.

7.5 Facilitate transparency by providing insight into the process of reporting quality and cost information to the public and various Stakeholders.

7.6 Benchmark with other organizations to broaden insight into innovation in quality improvement.

7.7 Annually review programs and practices related to quality of Collaborative Responsibilities and recommend any proposed changes.

7.8 Receive notice of complaints and allegations relating to the Collaborative Responsibilities received through an anonymous complaint procedure or otherwise, that are deemed to be material by the Chairperson of the Committee, and consult with management regarding the resolution of all such material complaints and allegations through the appropriate channels.

7.9 Review and make recommendations for processes to achieve excellent performance and meeting quality performance benchmarks.

7.10 Consider risks relating to quality, including compliance with applicable legal, regulatory, operational, health and safety requirements as well as high ethical standards in compliance with NCHC compliance programs.

7.11 Form and delegate authority to subcommittees if determined to be necessary or advisable, provided that any subcommittee shall report any actions taken by it to the whole Committee at its next regularly scheduled meeting.

7.12 Make reports to the NCCSP Quality Committee and Board at their next regularly scheduled meeting (or sooner as deemed to be necessary) following the meeting of the Committee accompanied by any recommendation.

7.13 Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.

7.14 Annually review its own performance.

7.15 Make recommendations regarding use of Population Management tools and processes to assess the provision and quality of services.

7.16 Exercise such other authority and responsibilities as may be assigned to it from time to time by the Board.

7.17 Review and make recommendations for adjustments to performance metrics and targets;

7.18 Recommend operational standards, protocols and processes;

7.19 Recommend quality goals and metrics.

VIII. Relationship With NCHC Quality Review Functions. The Committee may advise the NCCSP Quality Committee regarding issues that are within the scope of the Collaborative Responsibilities. The Committee shall not have the power or authority to discipline any party, medical staff members, health care provider or any other person or entity or to take any direct action except as a recommendation to the Board and the Quality Committee. The Committee can make referral recommendations to the Quality Committee for consideration if legitimate quality deficiencies are identified with respect to NCHC or any health care professional providing service within the Collaborative Responsibilities through NCHC. Further action within the NCHC Quality process shall be at the discretion of the Quality Committee and Board. The Committee shall have no power or authority to make recommendations to or compel participation from any component of NCHC except through the reporting structure to the Quality Committee and the Board.

IX. Quality Planning Activities of Committee.

9.1 Collaborative Responsibility Strategic Plan. The Committee shall conduct an annual assessment of the strengths, weaknesses, opportunities and challenges relating to the Collaborative Responsibilities and shall develop an annual strategic plan, or an update to a prior strategic plan, that identifies the strategies, goals, objectives and budget of the Collaborative Responsibilities. Further, the Committee shall develop and recommend annual service, outcomes, goals and objectives for the Collaborative Responsibilities. The annual work product of the Committee is defined as the "Collaborative Responsibility Strategic Plan." The Collaborative Responsibility Strategic Plan shall be subject to approval by the Board.

9.2 Quality Improvement. The Committee shall be responsible to conduct an annual evaluation of the quality of services provided on a unified basis by all Stakeholders involved in the Collaborative Responsibilities including patient satisfaction surveys, satisfaction of various Stakeholders, and develop annual initiatives for recommendation to the Board to enhance the ability of the various Stakeholders to improve the quality of care delivered in connection with the Collaborative Responsibilities through improvement by individual Stakeholders, enhancements to coordination and collaboration between the Stakeholders, and other improvements to benefit the System, (defined as "Quality Improvement Initiatives").

9.3 Annual Quality Work Plan. The Committee shall develop an annual quality work plan for the Collaborative Responsibilities that establishes priorities for and that allocates responsibility among Stakeholders in a manner designed to achieve the performance objectives and improvement priorities, and identifies the Quality Improvement Initiatives (the "Quality Work Plan").

9.4 Work Plan Standards. The Committee shall submit Quality Work Plans that meet or exceed standards relevant to the Collaborative Responsibilities established by any independent or governmental health care quality organizations.

9.5 Work Plan Review. The Committee shall submit all required Work Plans to the Board for consideration and action.

X. Quality Assessment Protections

10.1 Activities in Furtherance of Quality Healthcare. All quality evaluation activities pursuant to this Charter and in connection with the Collaborative Care System shall be performed in furtherance and as a review of the quality of health care by NCHC in accordance with Wisconsin and Federal law.

10.2 Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient safety as part of the operation of the Collaborative Care Quality Committee or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. No person who participates in the review or evaluation of the services of health care providers or charges for such services may disclose an incident or occurrence report or any information acquired in connection with such review or evaluation except as required by law. All persons, organizations, or evaluators, as part of the NCHC Collaborative Care Quality Committee and subcommittees, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any person who testifies during or participates in the review or evaluation may testify in any civil or criminal action as to matters within his or her knowledge, but may not testify as to information obtained through his or her participation in the review or evaluation, nor as to any conclusion of such review or evaluation. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any member of the applicable committee or subcommittee who becomes aware of a breach of confidentiality must immediately inform the NCHC Quality Executive.

10.3 Quality Review Immunity. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC quality review process, including but not limited the operation of the Collaborative Care Quality Committee, which is organized and operated to help improve the quality of health care, to avoid improper utilization of the services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken within the scope of authority granted to the Collaborative Care Quality Committee or against a health care provider or

other party involved in the delivery of care. Such privileges shall extend to members of the Collaborative Care Quality Committee, subcommittees of the Collaborative Care Quality Committee, administration and, the governing body, and any of their designated representatives and to third parties who supply information to or receive information from any of the foregoing authorized to receive, release, or act upon the same. For the purposes of this Section, the term "third parties" means both individuals and organizations who have supplied information to or received information from an authorized representative of NCHC or the applicable reviewing committee or subcommittee (including the committee members, subcommittee members, governing body, the medical staff, or administration) and includes but is not limited to individuals, health care facilities, governmental agencies, quality improvement organizations and any other person or entity with relevant information.

[END OF CHARTER]