

**OFFICIAL NOTICE AND AMENDED AGENDA**

of a meeting of the North Central Community Services Program Board to be held at  
North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Board Room at  
12:00 p.m. on Thursday, January 26<sup>th</sup>, 2017

In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD service call 715-845-4928.

**A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT FOR THE JANUARY 26, 2017, NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.**

1. Call to Order the North Central Community Services Program Board
2. Public Comment for Matters Appearing on the Agenda
3. Introduction of Retained County Authority Committee Members and North Central Community Services Program Board Members
  - a. Discussion by NCCSP Board regarding what issues members feel are most pressing for the Retained County Authority Committee to address
4. ACTION: Approval of 12/15/16 NCCSP Board Meeting Minutes
5. Chairman's Report and Announcements– J. Zriny
6. Committee Reports
  - a. Executive Committee Report – J. Zriny
    - i. Review Draft Minutes of the 1/12/17 Meeting
  - b. Finance, Personnel & Property Committee Report – B. Weaver
    - i. Review Draft Minutes of the 12/15/16 Meeting
    - ii. Overview of 1/26/17 Meeting
    - iii. December Financials
      1. CFO Report
      2. ACTION: Accept the December Financial Report and Financial Statements
  - c. Human Service Operations Committee Report – J. Robinson
    - i. No Quorum for 01/13/17 Meeting
  - d. Nursing Home Operations Committee Report – J. Burgener
    - i. Review Draft Minutes of the 12/16/17 Meeting
  - e. Quality Committee Report
    - i. Review Minutes of the 12/16/17 Meeting and Draft Minutes of the 1/19/17 Meeting
    - ii. ACTION: Accept 2017 Quality and Compliance Plan
    - iii. Organizational Outcomes
      1. ACTION: Accept Executive Summary and Quality Dashboard as Presented
7. Committee Assignments – J. Zriny
8. Update on Tri-County Contract Implementation and Work Plan – M. Loy
9. Consideration of NCCSP's Ongoing Management of the Aquatic Therapy Pool with or without a New Aquatic Therapy Pool – M. Loy
10. Overview of the Current Nursing Home Management Agreement – M. Loy
11. NCCSP Bylaw Update Discussion – M. Loy
12. Consideration of the Creation of a General Corporation Counsel Position– M. Loy
13. CEO Report – M. Loy
14. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
15. Adjourn



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Presiding Officer or Designee

**NOTICE POSTED AT:** North Central Health Care

**COPY OF NOTICE DISTRIBUTED TO:** Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 01/25/17 TIME: 10:00 a.m. BY: D. Osowski

## **NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES**

December 15, 2016

12:00 p.m.

Lincoln County Administrative  
Office Building - Merrill

### **Present:**

X	Randy Balk	X	Steve Benson	X	Ben Bliven
X	Jean Burgener	X	Holly Matucheski	X	Bill Metter
X	Bill Miller	X	Corrie Norrbom	X	Scott Parks
EXC	John Robinson	X	Greta Rusch	X	Robin Stowe
X	Bob Weaver	X	Jeff Zriny		

Also Present: Brenda Glodowski, Michael Loy, Sue Matis, Laura Scudiere, Kim Gochanour, Jessica Meadows, Judy Rannow

Guests: Randy Scholz, Lincoln County Administrator, Nancy Bergstrom, Lincoln County Corporation Counsel

### Call to Order

The meeting was called to order at 12:05 p.m. by Chairman Zriny. Guests were introduced.

### Public Comment for Matters Appearing on the Agenda

No public comments made.

### Educational Presentation

- Jessica Meadows, Communications and Marketing Coordinator, and Judy Rannow, Organizational Development Manager provided a condensed presentation on Person Centered Care of which all staff have received a full educational training session this year.
- Ongoing Person Centered Care training is planned in the coming year also.
- Board members asked to capture outcomes based on the results of this training and provide an update later in 2017.

### Consent Agenda

- **Motion**/second, Miller/Burgener, to approve the Consent Agenda which includes the approval of the 11/17/2016 NCCSP Board Meeting Minutes. Motion carried.

### Chairman's Report and Announcements

- Continues to be a challenge as it relates to the three counties to approve the new contract; work just begins in defining the details of the new agreement including the governance and interaction between the Board and the new Retained County Authority (RCA) Committee; MVCC study which is yet to be defined, and the many unanswered questions.

## Committee Reports

- Executive Committee – Jeff Zriny
  - Discussed the status of the discussions and development of the Tri-County agreement.
  - Discussed the Collaborative Care Quality Committee which was convened at the request of Supervisor Matt Bootz following concerns expressed in an anonymous letter received by the Marathon County Board in September. Even after reviewing the results of multiple investigations, Mr. Bootz insisted further investigation was needed which resulted in this committee which was structured to assure compliance with HIPPA to discuss details of the letter. Atty. Fisher and staff have provided extensive review which has not resulted in any additional discoveries at this time. Legal fees for this activity will be reflected in the larger than anticipated legal bill at year end.
  - Discussed maintenance/facilities transition to Marathon County.
- Finance, Personnel & Property Committee – Bob Weaver
  - Today's meeting included review of the November financial report and financial statements; discussion of the continued decline in the nursing home census and if we do not decrease the number of licensed beds we must continue to pay for the empty beds.
  - Also reviewed is the anticipated legal bill to be estimated \$100,000 additional for 2016 due mostly to the issues related to Marathon County.
  - There continues to be many diversions and health insurance remains high.
  - Although the variance is significant, it could be much higher had we not implemented numerous strategies to improve revenue and hold expenses down. The four areas that had the greatest negative impact in 2016 are: health insurance, state institutes, crisis, and nursing home.
  - Additional discussion of locating an office area at NCHC for County Facilities Management will be placed on the next Finance Committee meeting agenda.
  - It was felt the diversion program should also be a top priority with consideration of renovating the psychiatric hospital and increasing capacity through versatility of bed utilization.
  - **Motion**/second, Miller/Weaver, to approve the November Financial Report and Financial Statements. Motion carried.
- Human Services Operations Committee – Laura Scudiere for John Robinson
  - Educational presentation on OWI was delayed as Laura Yarie was unable to attend. Will continue to look to reschedule.
  - Reviewed outcomes data. Have begun dispersing a crisis worker from the Wausau Police Department; reports indicate it is going well.
  - Since we started providing transportation of individuals utilizing crisis services 78 transports have occurred; previously law enforcement would have provided transportation requiring these individuals to be handcuffed.
  - Reviewed marketing programs i.e. where we market to, what is our plan, and how do we reach diverse populations. Received great ideas on reaching out to the Hmong population.
  - Committee will be reviewing the Aquatic Therapy consultant reports and will then bring to the Board for discussion.
- Nursing Home Operations Committee – Jean Burgener
  - In November the focus was on census and staffing. Currently staffing is driving census in that with no staff there are limited admissions. The most recent new employee orientation included 12 new team members in the nursing home; however it takes 4-6 weeks before staff are oriented on the floor. Financials will not turn around until staffing is resolved.

- We are seeing the largest revisions in regulations in the nursing home since 1987. The Committee feels a half-day education/training would be important for the 51.42 board, county board, area hospitals, and clinics. However, we are waiting on the direction from Marathon County as to the future of the nursing home.
- If they want to pursue a sale, the value of Mount View Care Center is based on licensed beds and if the bed capacity decreases the value decreases also.
- Quality Committee – Becky Schultz / Michael Loy
  - Organizational Quality Dashboard was reviewed.
  - The status of the Tri-County agreement has had a negative effect on recruitment and retention. Our competitors are not only other nursing homes but all other health care providers. We have made great strides on improving compensation for this work force however there is still much competition. We have also made a lot of positive changes in improving onboarding and training, have increased media presence which has had a positive impact on recruitment. Continuing to look at creative ways to be competitive.
  - The comparative data base is volatile in that it can shift quickly in the percentile ranking. Many providers in the data base have relatively the same score so that a one or two point change in score can make a significant change in the rank within peer group. Therefore we will be moving away from the percentile rank comparison. Although our overall top box dipped slightly we saw significant improvement in key areas: crisis and inpatient, and patient experience in Behavioral Health Services.
  - Outpatient Services has done an excellent job to improve their return rate which has also resulted in an improved experience score.

#### Medical Staff Credentialing – Becky Schultz

- **Motion**/second, Stowe/Rusch, to approve the appointment of Terry Gander, PAC as recommended by the Medical Staff. Motion carried.

#### Designate \$500,000 of Assets for Contingency from the Unrestricted Fund Balance and Require Board Authorization for Access to Contingency Funds and Designate Assets Limited as Funds for Approval Capital – Michael Loy

- From last month's discussion the Board expressed concern that there was no contingency fund built in the 2017 budget and suggested that we designate cash for this item.
- After discussion with our auditors it was determined that the items in question did not meet the definition of 'restricted' and it was suggested to break out the fund balance having a designation below unrestricted with an amount for contingency. It was also recommended we do the same with assets limited as to use.
- This will add another line for contingency for \$500,000 under the current assets and the unrestricted fund balance would indicate the two items separately.
- Our audit firm asked for formal board approval on these changes.
- **Motion**/second, Weaver/Rusch, to: 1) Designate \$500,000 of Assets for Contingency from the Unrestricted Fund Balance and Require Board Authorization for Access to Contingency Funds, and 2) Designate Assets Limited as to Use from the Unrestricted Fund Balance. This does not have to be reauthorized each year and is not subject to approval by the new RCA Committee as we are currently operating under the existing Tri-County Agreement. Motion carried.

#### Facilities Management Services Transition and Implementation Plan

- We continue to work on the transition agreement for facilities management as the current agreement states that Marathon County is ordering NCHC to transition maintenance of the facilities.
- Even though we are an extension of the county we need an agreement as a separate legal entity.
- We are planning to make the transition but need to work through the agreement before signing.
- The Executive Committee expressed the importance of clear language indicating responsibilities of all parties.

#### Approval of Capital Expenditure for Marathon County Facilities Office

- This item was deferred by the Finance, Personnel & Property Committee. No action needed.

#### Update on Tri-County Tentative Agreement Discussions

- Agreement has been made on a fundamental relationship.
- All three counties received the tentative agreement for review with a vote to approve the agreement scheduled with each county board on 12/20/16. We anticipate adoption with all three counties.
- The Marathon County Health and Human Services Committee was concerned about the structure of the RCA committee which is the fundamental change in the agreement. Marathon County wanted to retain additional authorities and decision-making in the agreement. 51.42 Statutes indicate counties in this relationship can choose to retain certain decision-making authorities and Marathon County is exercising their right.
- Term of the agreement is 5 years.
- A chart of action items identified in the new agreement was distributed and reviewed.
- The Board questioned who is going to support the RCA, develop measures of success, etc.
- Mr. Metter commented that there seems to be so much emphasis on the political side and the people we are taking care of are forgotten; this is complicating the mission of NCHC which is to meet needs of our communities; and concerned we do not lose focus so we can carry out our main function.
- Mr. Loy added that the RCA is an extra layer of governance; if we can clarify expectations to work with and live up to there may be a time when the RCA is not needed. While this will be a large quantity of work for the Board and operationally, we want to have the opportunity to have a new start, build trust, and grow stronger.

#### CEO Report

- Census in the nursing home is a major concern. We are working on an RFP to look at the operational and strategic relationship with Marathon County; working to make the nursing home as stable as possible.

#### Discussion and Future Agenda Items for Board Consideration or committee Assignment

- Michael Loy and the team at NCHC was commended and thanked for all the work done and for staying focused on those we serve while working through the political challenges this year.

**Motion/second, Stowe/Weaver, to adjourn the Board meeting at 1:43 p.m. Motion carried.**

*dko*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

January 12, 2017

4:00 PM

North Central Health Care – Board Room

Present:	X	Jeff Zriny	EXC	Jean Burgener
	X	via phone Robin Stowe	X	Bob Weaver

Chairman Zriny called the meeting to order at 4:00 p.m.

### Public comment for Matters Appearing on the Agenda

- No public comment(s) made.

### ACTION: Approval of 12/8/16 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Stowe, to approve the 12/8/16 Executive Committee meeting minutes; motion passed 3-0.

### CEO Report

- Dr. Dibala is expected to arrive late February to early March. We are currently working towards a signed employment agreement while awaiting licensure confirmation. Finding coverage for the Inpatient Unit continues to be a struggle, however, we have nearly all dates covered until Dr. Dibala's arrival.
- Medical Staff Executive Committee routinely completes provider reviews. One full-time tele-psychiatrist is not being recommended for renewal which is within their oversight.
- Sue Matis has accepted the position of regular full-time Human Resources Executive effective 1/1/17. We have also hired a new Executive of IT. We have determined we need a different level of expertise and background and have been working closely with CCIT with this individual on a temporary basis over the last few months and have determined to make this position permanent.
- Update on Tri-County Contract Implementation and Work Plan: We are waiting for RCA assignments from Marathon County. Several questions regarding the RCA have been forwarded to the corporation counsel of each county:
  - What is the authority of the RCA? Who owns the liability if action is taken? Believe it is NCHC rather than exposing counties to potential liability.
  - Marathon County potentially might take the position that all NCCSP Board members will need appointments/reappointments under the new agreement, not just for those whose terms have expired in 2016. We believe only the expiring terms should be considered.
  - Will include a report out on the transition/work plan as a new agenda item.
  - In the new agreement it states the RCA will select an audit firm on an annual basis. NCHC had already retained an auditor for the 2016 audit report which is anticipated to be completed in February/March. R. Stowe suggested the position really is that the RCA would be looking at the 2017 audit.

- CEO recruitment is anticipated to wait until after the nursing home review.
- Updates to the NCCSP Bylaws will be needed based on the new agreement.
- Conflict Resolution Policy
  - New agreement indicates the CEO will create a Conflict Resolution Policy with the three counties which includes a process of reporting and handling issues in an effort to avoid additional county board member involvement. Would like assistance with this item from the RCA.
- Legal Expenses
  - For 2016 \$100,000 was budgeted for legal expenses and anticipate expenses could reach as high as three to four times that amount for the year.
  - Suggestion is to consider adding legal counsel staff to NCHC. It is felt this would be beneficial due to the size of organization, the number of statutes we must adhere to, the number and variety of issues that arise i.e. care, citations, employment, and would also have the ability to improve overall compliance, and manage legal expenses more closely. This would not completely eliminate legal expenses with an outside firm.
  - Committee requested a justification for this addition including a year to year comparison be provided to the Finance Committee and Board for further discussion.
- Facilities & Capital Management Transition Update
  - Regular meetings are being held with the Facilities & Capital Management Team to work through any issues.
- Facility Master Planning
  - An overall master plan considering the strategic integration and location of all programs including how we can best use this space over the next 40-50 years is needed. It is anticipated expansion of services is possible due to changes in operational cost and an investment into the facility. This type of project would potentially need all three county boards to approve. Additional information will be provided as planning progresses.
  - It is felt that businesses cannot operate without access to capital; a huge hurdle for NCHC is the process with the county. NCHC's ability to borrow money should be reviewed.
- Nursing Home Management Agreement Review
  - Currently NCHC is responsible for managing the nursing home. Will need to have an active role in supporting the nursing home study, and if we will continue with managing it, we must identify what we need to be successful.
  - Moving forward we will be providing completely separate financials between the human services operations and the nursing home to have a clear picture.
- Feel vision, mission, and values would be beneficial to review at a future board meeting.

#### Agenda for 1/26/17 Board Meeting

1. Tri-County Agreement Implementation and Work Plan Update
2. Nursing Home Management Agreement
3. Possible Update(s) to NCCSP Bylaws
4. Overview Conflict Resolution Policy
5. Provide handouts/copies of new Tri-County Agreement

#### Discussion and Future Agenda Items for Board Consideration or Committee Assignment

- Warm Water Works is requesting to speak with the Board in early 2017.
- Pool did not do well financially in 2016 due to the inability to hire a physical therapist as a result of not knowing the status of the pool. Board should determine if it is interested in operating and managing the pool without an investment.
- NCHC has been delegated to manage several services and programs but that doesn't mean we have to continue i.e. nursing home, pool, demand transportation. We are tasked with community services program and must look at what is best for NCHC as an organization and may consider managing other programs under identified conditions including not distracting from focusing on other services.

**Motion/second, Weaver/Stowe, to adjourn the Executive Committee meeting at 4:58 p.m.**

*dko*



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

December 15, 2016

11:00 a.m.

Lincoln County Administrative Office  
Building - Merrill

Present:

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

Others Present: Michael Loy, Brenda Glodowski, Randy Scholz

Meeting was called to order 11:06 a.m.

ACTION: Approval of 11/17/16 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Balk/Weaver, to accept the 11/17/16 Finance, Personnel & Property Committee Meeting minutes. Motion carried.

November Financials

- November showed a loss of about \$254,000.
- Revenues are close to target for the month.
- The nursing home census has continued to drop in December to a current average of 191.
- The areas that continue to drive high expenses are: health insurance, state institutes, and crisis. Year to date these three areas were off target by over \$3 million. While this deficit is significant, we have made up for much of the loss in other areas.
- In 2017, \$475,000 for additional services for Marathon County has been built into the levy.
- In 2017 there are plans to make up the balance of this occurring deficit. In 2016 there were additional staff added to Crisis but in 2017 the budget in Crisis is balanced. Changes have been implemented for health insurance in 2017. Plans also include developing a youth crisis stabilization home, increasing capacity in the MMT program, developing a master facility plan including physical moves within the facility and possible program changes.
- **Motion**/second, Miller/Stowe, to accept the November financial report. Motion carried.

Write-offs

- Nothing significant this month.

CFO Report

- Anticipate December to be a very high expense month. Legal expenses will be significant with the investigation regarding the nurse situation, the Tri-County Agreement, the anonymous letter review, etc. We estimate around \$100,000 of additional legal expenses.
- So far diversions for December are higher than November.
- Nursing home census as of 12/14/16 is averaging 191; census averaged 197 for November. Hospital is averaging 17 through 12/14.
- Anticipate write-offs will be slightly higher in December.

- We had originally requested \$475,000 from Marathon County contingency for additional services provided to the Marathon County jail. This amount has been added to revenues as accounts receivable. We have accrued just over \$400,000 through the end of the year; \$75,000 was deducted for the psychiatrist in the jail because Marathon County determined to stop services with NCHC and hire their own psychiatrist. The memo in the Finance packet outlines the request. Marathon County indicates this item will be placed on their Finance Committee agenda in January 2017. The \$400,000 all relates to services for Marathon County and does not include services for Langlade and Lincoln Counties. Langlade and Lincoln Counties are contracting with another medical provider at this time.

Update on Potential Write-Off for CIP for Nursing Home Project

- There is \$518,000 of incurred expenses with \$20,105 not reusable.
- It was determined last month to only write off a portion of this expense and try to reuse some of the information. Our audit firm is agreeable to this. The remainder of the \$518,000 will be addressed once we know the future of the nursing home project.

ACTION: Approval of Capital Expenditure for Marathon County Facilities Office

- As we consolidate our maintenance into the county facilities department, additional office space is being requested in our building for Michael Lotter, Director of Marathon County Maintenance, a planned conference room, and for clerical support. Mr. Lotter plans to split his time at NCHC and the County. Mr. Kaiser will remain full-time at NCHC.
- Mr. Lotter is requesting to occupy the current offices of our nursing home administrator and leadership. Mr. Kaiser's office is currently in this suite as well.
- We are unable to move our nursing home administration offices at this time due to limited office space in Mount View Care Center.
- Another area being considered, but would require remodeling estimated at \$30,000, and NCHC would pay for. This was not budgeted in 2016 or 2017 capital projects but there is unused capital dollars available.
- There is a substantial amount of vacated space that the ADRC occupied that is available.
- Before proceeding, the Committee and Board are being asked for input and potential authorization.
- Mr. Miller indicated he spoke with Mr. Lotter. Mr. Lotter is not in favor of the remodeling and would like the office space occupied by the nursing home administrator. Feels this is a less expensive option.
- Committee would like Mr. Lotter and Mr. Kaiser at the next meeting to discuss before taking action on this request.

Discussion of Future agenda items:

- Clarity on policy governance i.e. NCCSP Board vs CEO – clear guidelines i.e. capital budget policy.

**Motion/second, Miller/Balk to adjourn the Finance, Personnel and Property Committee meeting at 11:36 a.m. Motion carried.**

*dko*

## MEMO

**TO:** North Central Health Care Finance Committee  
**FROM:** Brenda Glodowski  
**DATE:** January 20, 2017  
**RE:** Attached Financials

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

### **BALANCE SHEET**

The format of the Balance Sheet has been updated to include separating out additional items for contingency as approved at the November Board meeting. The accounts are being finalized in preparation for year-end audit.

### **STATEMENT OF REVENUE AND EXPENSES**

The month of December shows a loss of \$(151,301) compared to the budgeted loss of \$ 70,719) resulting in a negative variance of \$(80,601).

Overall revenue exceeded targets for the month by \$490,000. This is due to notification from the State of additional carry over funds from Base County Allocation being provided, as well as additional funds from the Intoxicated Driver Program and a settlement from WIMCR (WI Medicaid Cost Reporting). In addition, additional funds for the 85.21 Grant are being given to NCHC as these are funds not utilized by Metro Ride. The hospital census averaged 16 compared to the target of 14, so the hospital was busy again in December. The overall end of the year census for the hospital averaged 15 per day. The nursing home census continues to struggle, dropping in December to an average census of 187. The target is 210. The Medicare census averaged 15, compared to the target of 23. While the overall revenue for the month did exceed target, this is coming from the Human Service Programs as the nursing home overall revenue was below target. The end of the year census for the nursing home is 202.

Overall expenses exceeded targets by \$576,000. Expenses continue to exceed budget targets in some of the same areas as prior months showing the overage. Employee benefits were within targets for December, but state institutes were over by \$110,000 and Crisis was over by \$68,000. Legal expenses, as anticipated, were over budget by \$75,000. Nursing home penalties from the survey were also included. This is estimated at \$48,000. Other areas that exceeded targets are contract labor, drug expense, contract psychiatry and maintenance agreements for Information Technology services.

Please note these are preliminary statements. The statements will be finalized through the audit process. Some items yet to be incorporated are year-end inventory and additional legal fees. The grants will also be settled so there will likely be some additional grant revenue.

The preliminary year end loss is \$1,759,000. Some of the year to date overages include health insurance being over by \$1,144,000, State institutes being over by \$1,431,000, and Other Institutes (such as Trempealeau County) being over by \$400,000, Crisis Services being over by \$737,000, and contracted Psychiatry being over by \$513,000. These overages represent over \$4.2 million. Some of this was covered by additional revenue and some by reduction in support areas.

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

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
DECEMBER 2016**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,397,788	2,687,344	6,085,132	5,912,631
Accounts receivable:				
Patient - Net	3,198,812	1,332,782	4,531,594	7,844,454
Outpatient - WIMCR	470,000	0	470,000	475,000
Nursing home - Supplemental payment program	0	0	0	0
Marathon County	127,159	0	127,159	803,202
Appropriations receivable	0	0	0	0
Net state receivable	153,727	0	153,727	106,642
Other	747,706	0	747,706	647,291
Inventory	0	303,535	303,535	303,782
Other	<u>246,627</u>	<u>194,803</u>	<u>441,431</u>	<u>285,153</u>
Total current assets	<u>8,341,818</u>	<u>4,518,464</u>	<u>12,860,282</u>	<u>16,378,154</u>
Noncurrent Assets:				
Investments	10,300,000	0	10,300,000	9,800,000
Assets limited as to use	1,644,165	692,728	2,336,893	1,686,228
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	22,318	34,785	57,103	66,259
Net pension asset	2,707,984	2,138,954	4,846,938	4,846,938
Nondepreciable capital assets	51,708	868,252	919,960	34,548
Depreciable capital assets - Net	<u>7,406,698</u>	<u>3,315,337</u>	<u>10,722,035</u>	<u>11,970,549</u>
Total noncurrent assets	<u>22,632,874</u>	<u>7,050,055</u>	<u>29,682,929</u>	<u>28,404,522</u>
Deferred outflows of resources - Related to pensions	<u>2,710,724</u>	<u>2,141,118</u>	<u>4,851,842</u>	<u>4,851,842</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<u><b>33,685,415</b></u>	<u><b>13,709,637</b></u>	<u><b>47,395,053</b></u>	<u><b>49,634,518</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
DECEMBER 2016**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	154,310	0	154,310	148,264
Accounts payable - Trade	938,009	740,905	1,678,914	1,115,995
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	927,475	732,584	1,660,059	1,564,978
Compensated absences	830,720	656,160	1,486,879	1,491,802
Health and dental insurance	445,843	352,157	798,000	807,000
Other Payables	206,933	163,450	370,383	425,383
Amounts payable to third-party reimbursement programs	255,920	0	255,920	350,000
Unearned revenue	<u>135,248</u>	<u>0</u>	<u>135,248</u>	<u>1,140,065</u>
Total current liabilities	<u>3,894,458</u>	<u>2,645,256</u>	<u>6,539,714</u>	<u>7,043,488</u>
Noncurrent Liabilities:				
Related-party note payable	481,871	0	481,871	639,174
Patient trust funds	<u>22,318</u>	<u>34,785</u>	<u>57,103</u>	<u>66,259</u>
Total noncurrent liabilities	<u>504,189</u>	<u>34,785</u>	<u>538,974</u>	<u>705,433</u>
Total liabilities	<u>4,398,647</u>	<u>2,680,041</u>	<u>7,078,687</u>	<u>7,748,920</u>
Deferred inflows of resources - Related to pensions	<u>47,419</u>	<u>37,454</u>	<u>84,873</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	7,458,406	4,183,589	11,641,995	12,005,097
Unrestricted	14,608,020	3,300,046	17,908,066	17,843,333
Assets limited as to use	1,644,165	692,728	2,336,893	1,686,228
Contingency funds	500,000	0	500,000	0
Restricted - Pension benefit	5,365,482	4,238,030	9,603,512	9,603,512
Operating Income / (Loss)	<u>(336,723)</u>	<u>(1,422,251)</u>	<u>(1,758,974)</u>	<u>662,556</u>
Total net position	<u>29,239,350</u>	<u>10,992,141</u>	<u>40,231,492</u>	<u>41,800,725</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>33,685,415</b></u>	<u><b>13,709,637</b></u>	<u><b>47,395,053</b></u>	<u><b>49,634,518</b></u>

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

<b>TOTAL</b>	<b>CURRENT MONTH <u>ACTUAL</u></b>	<b>CURRENT MONTH <u>BUDGET</u></b>	<b>CURRENT MONTH <u>VARIANCE</u></b>	<b>YTD <u>ACTUAL</u></b>	<b>YTD <u>BUDGET</u></b>	<b>YTD <u>VARIANCE</u></b>
Revenue:						
Net Patient Service Revenue	<u>\$3,874,068</u>	<u>\$3,598,768</u>	<u>\$275,299</u>	<u>\$43,752,372</u>	<u>\$43,163,000</u>	<u>\$589,372</u>
Other Revenue:						
State Match / Addendum	484,338	325,120	159,218	4,055,576	3,901,436	154,140
Grant Revenue	263,569	190,628	72,941	2,531,183	2,287,000	244,183
County Appropriations - Net	740,619	740,566	53	8,887,428	8,886,788	640
Departmental and Other Revenue	<u>183,365</u>	<u>200,737</u>	<u>(17,372)</u>	<u>2,941,130</u>	<u>2,407,900</u>	<u>533,230</u>
Total Other Revenue	<u>1,671,891</u>	<u>1,457,051</u>	<u>214,840</u>	<u>18,415,317</u>	<u>17,483,124</u>	<u>932,193</u>
Total Revenue	5,545,959	5,055,820	490,139	62,167,689	60,646,124	1,521,565
Expenses:						
Direct Expenses	4,212,318	3,688,522	523,796	48,182,246	43,680,703	4,501,543
Indirect Expenses	<u>1,497,671</u>	<u>1,445,517</u>	<u>52,154</u>	<u>15,895,234</u>	<u>17,055,421</u>	<u>(1,160,187)</u>
Total Expenses	<u>5,709,989</u>	<u>5,134,039</u>	<u>575,950</u>	<u>64,077,481</u>	<u>60,736,124</u>	<u>3,341,357</u>
Operating Income (Loss)	<u>(164,031)</u>	<u>(78,219)</u>	<u>(85,812)</u>	<u>(1,909,791)</u>	<u>(90,000)</u>	<u>(1,819,791)</u>
Nonoperating Gains (Losses):						
Interest Income	11,637	7,500	4,137	119,322	90,000	29,322
Donations and Gifts	1,073	0	1,073	26,338	0	26,338
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,158</u>	<u>0</u>	<u>5,158</u>
Total Nonoperating Gains / (Losses)	<u>12,711</u>	<u>7,500</u>	<u>5,211</u>	<u>150,817</u>	<u>90,000</u>	<u>60,817</u>
Income / (Loss)	<u>(\$151,320)</u>	<u>(\$70,719)</u>	<u>(\$80,601)</u>	<u>(\$1,758,974)</u>	<u>\$0</u>	<u>(\$1,758,974)</u>

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

<b>51.42./437 PROGRAMS</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$2,026,399</u>	<u>\$1,512,402</u>	<u>\$513,997</u>	<u>\$19,794,293</u>	<u>\$18,401,000</u>	<u>\$1,393,293</u>
Other Revenue:						
State Match / Addendum	484,338	325,120	159,218	4,055,576	3,901,436	154,140
Grant Revenue	263,569	190,628	72,941	2,531,183	2,287,000	244,183
County Appropriations - Net	598,953	598,899	54	7,187,436	7,186,788	648
Departmental and Other Revenue	<u>117,819</u>	<u>169,441</u>	<u>(51,622)</u>	<u>2,127,617</u>	<u>2,032,326</u>	<u>95,291</u>
 Total Other Revenue	<u>1,464,679</u>	<u>1,284,088</u>	<u>180,590</u>	<u>15,901,812</u>	<u>15,407,550</u>	<u>494,262</u>
 Total Revenue	3,491,078	2,796,490	694,588	35,696,105	33,808,550	1,887,554
 Expenses:						
Direct Expenses	2,447,171	2,036,647	410,524	27,571,123	24,146,465	3,424,658
Indirect Expenses	<u>832,780</u>	<u>826,529</u>	<u>6,251</u>	<u>8,604,968</u>	<u>9,752,085</u>	<u>(1,147,117)</u>
 Total Expenses	<u>3,279,951</u>	<u>2,863,177</u>	<u>416,774</u>	<u>36,176,091</u>	<u>33,898,550</u>	<u>2,277,541</u>
 Operating Income (Loss)	<u>211,127</u>	<u>(66,687)</u>	<u>277,813</u>	<u>(479,987)</u>	<u>(90,000)</u>	<u>(389,987)</u>
 Nonoperating Gains (Losses):						
Interest Income	11,637	7,500	4,137	119,322	90,000	29,322
Donations and Gifts	830	0	830	18,785	0	18,785
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>5,158</u>	<u>0</u>	<u>5,158</u>
 Total Nonoperating Gains / (Losses)	<u>12,467</u>	<u>7,500</u>	<u>4,967</u>	<u>143,264</u>	<u>90,000</u>	<u>53,264</u>
 Income / (Loss)	<u>\$223,594</u>	<u>(\$59,187)</u>	<u>\$282,781</u>	<u>(\$336,723)</u>	<u>\$0</u>	<u>(\$336,723)</u>



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

<b>NURSING HOME</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,847,669</u>	<u>\$2,086,367</u>	<u>(\$238,698)</u>	<u>\$23,958,080</u>	<u>\$24,762,000</u>	<u>(\$803,920)</u>
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	1,699,992	1,700,000	(8)
Departmental and Other Revenue	<u>65,546</u>	<u>31,296</u>	<u>34,250</u>	<u>813,513</u>	<u>375,574</u>	<u>437,939</u>
Total Other Revenue	<u>207,212</u>	<u>172,962</u>	<u>34,250</u>	<u>2,513,505</u>	<u>2,075,574</u>	<u>437,931</u>
Total Revenue	2,054,880	2,259,329	(204,448)	26,471,584	26,837,574	(365,989)
Expenses:						
Direct Expenses	1,765,147	1,651,875	113,273	20,611,123	19,534,238	1,076,885
Indirect Expenses	<u>664,891</u>	<u>618,988</u>	<u>45,903</u>	<u>7,290,266</u>	<u>7,303,336</u>	<u>(13,070)</u>
Total Expenses	<u>2,430,038</u>	<u>2,270,862</u>	<u>159,176</u>	<u>27,901,389</u>	<u>26,837,574</u>	<u>1,063,815</u>
Operating Income (Loss)	<u>(375,158)</u>	<u>(11,533)</u>	<u>(363,624)</u>	<u>(1,429,805)</u>	<u>(0)</u>	<u>(1,429,805)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	243	0	243	7,553	0	7,553
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>243</u>	<u>0</u>	<u>243</u>	<u>7,553</u>	<u>0</u>	<u>7,553</u>
Income / (Loss)	<u>(\$374,915)</u>	<u>(\$11,533)</u>	<u>(\$363,382)</u>	<u>(\$1,422,251)</u>	<u>(\$0)</u>	<u>(\$1,422,251)</u>

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

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collateralized
Abby Bank	365 Days	1/6/2017	0.75%	\$500,000	X
Abby Bank	730 Days	2/25/2017	0.80%	\$500,000	X
People's State Bank	395 Days	3/28/2017	0.65%	\$250,000	X
CoVantage Credit Union	455 Days	3/30/2017	1.00%	\$500,000	X
CoVantage Credit Union	578 Days	5/7/2017	1.05%	\$500,000	X
BMO Harris	365 Days	5/28/2017	0.80%	\$500,000	X
People's State Bank	395 Days	5/29/2017	0.75%	\$350,000	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
Abby Bank	365 Days	7/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	7/28/2017	0.85%	\$300,000	X
People's State Bank	365 Days	8/21/2017	0.75%	\$500,000	X
BMO Harris	365 Days	8/26/2017	0.80%	\$500,000	X
Abby Bank	365 Days	8/29/2017	0.85%	\$500,000	X
Abby Bank	365 Days	9/1/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	X
PFM Investments	365 Days	11/29/2016	1.13%	\$500,000	X
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
CoVantage Credit Union	487 Days	1/1/2018	1.10%	\$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
PFM Investments	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$10,300,000	
WEIGHTED AVERAGE	505.18 Days		0.943% INTEREST		

**NCHC-DONATED FUNDS****Balance Sheet****As of December 31, 2016****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,749.38
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	39,208.88
Community Treatment	10,075.06
Fishing Without Boundries	3,963.00
General Donated Funds	61,420.73
Housing - DD Services	1,370.47
Langlade HCC	3,639.92
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	3,592.85
Total Legacies by the Lake	5,551.10
Marathon Cty Suicide Prev Task	14,957.25
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,326.00
Nursing Home - General Fund	6,452.52
Outpatient Services - Marathon	101.08
Pool	10,751.67
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	1,885.06
CHECKING ACCOUNT - Other	-24.00

**Total CHECKING ACCOUNT** 177,280.88**Total Checking/Savings** 177,280.88**Total Current Assets** 177,280.88**TOTAL ASSETS** 177,280.88**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	35,991.07
Net Income	17,766.06

**Total Equity** 177,280.88**TOTAL LIABILITIES & EQUITY** 177,280.88

# North Central Health Care Budget Revenue/Expense Report

Month Ending December 31, 2016

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,545,959</u>	<u>5,055,820</u>	<u>62,167,689</u>	<u>60,646,124</u>	<u>1,521,566</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,438,916	2,631,872	29,533,021	31,023,812	(1,490,791)
Fringe Benefits	858,201	975,559	12,248,817	11,493,000	755,817
Departments Supplies	600,743	466,527	5,587,814	5,598,325	(10,511)
Purchased Services	708,912	271,981	5,901,184	3,237,776	2,663,408
Utilitites/Maintenance Agreements	494,972	335,096	4,312,755	3,947,160	365,595
Personal Development/Travel	29,641	39,228	404,633	470,750	(66,117)
Other Operating Expenses	165,649	153,317	1,312,525	1,839,801	(527,276)
Insurance	36,415	47,292	441,594	567,500	(125,906)
Depreciation & Amortization	174,604	138,167	1,603,540	1,658,000	(54,460)
Client Purchased Services	<u>201,938</u>	<u>75,000</u>	<u>2,731,597</u>	<u>900,000</u>	<u>1,831,597</u>
<b>TOTAL EXPENSES</b>	<b>5,709,989</b>	<b>5,134,039</b>	<b>64,077,480</b>	<b>60,736,124</b>	<b>3,341,356</b>
Nonoperating Income	<u>12,711</u>	<u>7,500</u>	<u>150,817</u>	<u>90,000</u>	<u>60,817</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>(151,320)</u></b>	<b><u>(70,719)</u></b>	<b><u>(1,758,974)</u></b>	<b><u>0</u></b>	<b><u>(1,758,974)</u></b>

**North Central Health Care  
Write-Off Summary  
December 2016**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	(\$79,846)	\$81,795	\$174,044
Bad Debt	(\$7,067)	\$4,020	\$2,558
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$19,246	\$194,190	\$163,475
Bad Debt	(\$951)	\$8,554	\$4,489
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$13,492	\$66,902	\$33,875
Bad Debt	(\$952)	\$19,176	\$43,296
Ancillary Services:			
Administrative Write-Off	(\$27,081)	\$14,622	\$35,833
Bad Debt	\$0	(\$285)	\$1,393
<b>Pharmacy:</b>			
Administrative Write-Off	\$0	\$732	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	(\$74,190)	\$358,242	\$407,227
<b>Total - Bad Debt</b>	(\$8,970)	\$31,466	\$51,736

**North Central Health Care  
2016 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
<b>January</b>	Nursing Home	6,510	6,441	(69)	87.50%	86.57%
	Hospital	434	402	(32)	87.50%	81.05%
<b>February</b>	Nursing Home	6,090	5,953	(137)	87.50%	85.53%
	Hospital	406	407	1	87.50%	87.72%
<b>March</b>	Nursing Home	6,510	6,363	(147)	87.50%	85.52%
	Hospital	434	458	24	87.50%	92.34%
<b>April</b>	Nursing Home	6,300	6,131	(169)	87.50%	85.15%
	Hospital	420	462	42	87.50%	96.25%
<b>May</b>	Nursing Home	6,510	6,467	(43)	87.50%	86.92%
	Hospital	434	377	(57)	87.50%	76.01%
<b>June</b>	Nursing Home	6,300	6,080	(220)	87.50%	84.44%
	Hospital	420	416	(4)	87.50%	86.67%
<b>July</b>	Nursing Home	6,510	6,149	(361)	87.50%	82.65%
	Hospital	434	452	18	87.50%	91.13%
<b>August</b>	Nursing Home	6,510	6,290	(220)	87.50%	84.54%
	Hospital	434	464	30	87.50%	93.55%
<b>September</b>	Nursing Home	6,300	6,155	(145)	87.50%	85.49%
	Hospital	420	468	48	87.50%	97.50%
<b>October</b>	Nursing Home	6,510	6,161	(349)	87.50%	82.81%
	Hospital	434	548	114	87.50%	110.48%
<b>November</b>	Nursing Home	6,300	5,915	(385)	87.50%	82.15%
	Hospital	420	414	(6)	87.50%	86.25%
<b>December</b>	Nursing Home	6,510	5,812	(698)	87.50%	78.12%
	Hospital	434	500	66	87.50%	100.81%
<b>YTD</b>	Nursing Home	76,860	73,917	(2,943)	87.50%	84.15%
	Hospital	5,124	5,368	244	87.50%	91.67%

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

December 16, 2016

8:00 A.M.

NCHC – Wausau Campus

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

Also Present: Kim Gochanour, Becky Schultz, Brenda Glodowski

Guests:

The meeting was called to order at 8:08 a.m.

Public Comment for Matters Appearing on the Agenda

No comments were made.

Minutes

- **Motion**/second, Metter/Robinson, to approve the 11/18/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report

- We experienced a deficit in November; struggling with census which averaged 197 with the census in December even lower at 190 currently.
- Medicare census averaged 18 in November and is currently averaging 14 for December.
- Health insurance was over by \$193,000 of which about 93,000 will impact the nursing home.
- With the continued decline in census, we may need to address closing units.

Senior Executive Nursing Home Operations and Quality Report – Kim Gochanour

- We are moving forward to temporarily close South Shore by transitioning residents to Legacies and other units. We have been working with families and staff in this process. Full transition will be no later than 3/1/17. Residents moved already have adjusted well. Letter about the transition that was sent to families and staff will be forwarded to the members of the Nursing Home Operations Committee.
- We are not admitting on long term care but are accepting long term residents on legacies program.
- Consolidating units will help with both nurse and CNA staffing challenges.
- Committee members asked for talking points for them to inform the County Board with the details/facts about the challenges facing the nursing home and what changes need to take place immediately to help address the deficit i.e. staffing challenges, inability to fill beds creates inefficiencies in programs, mission is to care for vulnerable population, initiating management discretion, an interim measure in light of strategic planning, addressing shortages and expenses, etc.

#### Strategic Plan for the Nursing Home - Kim Gochanour

- Working with Marathon County on the RFP for the nursing home which is scheduled to be out in January 2017.
- This committee needs direction from the County Board as to what this committee should be addressing.

#### Update on Federal Regulation Changes Effective 11/28/16 Phase 1 – Kim Gochanour

- Attended a presentation by LeadingAge on these changes which is the largest overhaul since OBRA 87. Terminology has changed from 'person centered' to 'person directed'. Trauma Informed Care will be added. We already have ethics and corporate compliance in place but need to verify policies are reflected appropriately. Bi-weekly meetings are being held to review all of the changes.
- Kim will prepare a spreadsheet of key elements that indicates what changes are taking place and where we are at with each, along with what is needed yet.
- The State was unsure yet what the survey process will look like.

#### Consideration of Appeal in Informal Dispute Resolution Determination-F499 Citation – Kim Gochanour

- Appeal was denied. Kim is in contact with LeadingAge and an attorney whose expertise is in this process. The attorney has agreed to review our case and provide feedback on recommended next steps for possible appeal to the denial. Additional information will be provided as it becomes available.
- Forfeiture decision is with the Office of Inspector General (OIG); anticipate notification after the first of the year.
- We have suggested a methodology but Department of Health Services will make a recommendation to the OIG, and Centers for Medicare and Medicaid Services (CMS) will make final decision.
- We have been proactive about this incident by self-reporting, contacting our liability carriers, improving upon internal processes, etc. however the financial forfeiture is tied to our ability to train CNA's which is vital.
- **Motion**/second, Robinson/Metter, to evaluate with outside counsel whether we should appeal and empower the CEO to make the decision on the appeal. Motion carried.

#### Update on Staffing and Recruitment Efforts – Sue Matis and Kim Gochanour

- Twelve new employees began this last week as CNA's, nurses, dietary and housekeeping. We have also received 13 new applicants for CNA's and Nurses. Feel the new wage adjustment has not only increased the number of applicants but the quality of applicants.
- Onboarding process has been expanded with focus on staff being more knowledgeable and better prepared before being on the floor and caring for residents. K. Gochanour, the Assistant Administrator, and DON meet at least three times with new staff to see how they are doing, help them feel valued and part of the system.
- Will be reviewing nurse wages in the next few months since we are in such a highly competitive market.



- There are weekly recruitment and retention meetings with Human Resources to help identify themes, etc. The Dept. of Workforce Development identifies Wisconsin is in high demand of CNA's and nurses. Other organizations are paying for schooling, increasing starting wages, etc. We are striving to differentiate ourselves from other organizations with some of the recent wage increases, onboarding changes, etc. which has proven to be successful in bringing back good staff.
- We are also working on investing in the development of licensed nurses. Those in licensed positions want to see the organization invest in continued development and education which is why we recently had an entire day of education for nurses. Retention is of great importance.
- It is felt that the 'environment' (atmosphere and structure) is a large part of attracting new staff; MVCC is experiencing the negative effects from the decision by Marathon County not to update and renovate the facility.
- Next week is Holiday Spirit Week which will include fun activities for the holidays:
  - All are invited to sing with the residents on Tuesday and 10 a.m. Meet in the MVCC lobby and wear crazy Christmas socks too.
  - Stop and Dance is an activity where Christmas music will be played over the facility audio system for staff to stop and dance with residents.
  - Coordinating a staff pot luck.

**Motion/second, Metter/Robinson, to adjourn the Nursing Home Operations Committee meeting at 9:12 a.m. Motion carried.**

*dko*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

**December 16, 2016**

**12:00 p.m.**

**NCHC – Wausau Campus**

Present: EXC	Steve Benson	EXC	Darren Bienvenue	X	Ben Bliven
X	Kue Her	X	Heidi Keleske	X	via phone Holly Matucheski
EXC	Corrie Norrbom	X	via phone Jeannine Nosko		

Others Present: Becky Schultz, Kim Gochanour, Sue Matis

The meeting was called to order at 12:11 p.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda

- No public comments were made.

Consent Agenda

- **Motion**/second, Keleske/Bliven, to approve the 9/15/16 Quality Committee Meeting Minutes. Motion carried.

Outcomes Review

- The 2017 Organizational Dashboard will see some changes:
  - Moving from a comparison of percentile rank (a comparison to the data base) to a 9/10 response rate (on a scale of 1 to 10) on the 'Overall Satisfaction' question. The reason for the change is so that employees can better see progress and the data base is so tight that a 1% move on our own score can have a significant change in the percentile ranking. Mr. Bliven requested the percentile rank continue to be provided also.
- Not quite reaching access measure in Behavioral Health Services; currently have two counselor position openings in Antigo which is a difficult recruitment.
- Aquatic Services had a decline in access due to the Physical Therapist being out on a leave of absence.
- Continue to work to improve patient satisfaction including reaching out to families. Many times a family member completes the survey in the nursing home and developmental disabilities program areas. The patients/clients typically complete the survey in outpatient services and community treatment. However, there is a desire to gather input from family members also as teams feel family input is important since they often times are involved in and supporting treatment of the patient/client and there tends to be better success in the treatment. We are in the process of developing this data and will report in January on the progress.
- Medication error score is a year-to-date score which has improved significantly in the last few months. Nurses have received additional training particularly on the unit dispensing system on the inpatient unit. Pharmacy has been auditing also.
- Suggestion made to explore the utilization of medical assistants in addition to CNA's and nurses. Will look at regulatory compliance to be certain of how we can use this position. We have a number of CNA's going into the nursing profession and looking to support them in their next roles.
- **Motion**/second, Keleske/Nosko, to approve the Organizational and Program-Specific Outcomes as well as the Adverse Event Data and actions taken. Motion carried.

#### Process Improvement Team Reports – Laura Scudiere and Becky Schultz

- The Crisis Process Improvement Team has been in place about one year. It was initiated due to community feedback from partners expressing concerns about crisis services at NCHC.
- Team is reviewing their progress and goals; and where they want to go from here.
- Elements specific to NCHC include consistency of crisis process, training of staff in crisis, inconsistent application when medical clearance was needed, and communication between crisis staff and physicians.
- Heidi Keleske, involved in this team, indicated there were high expectations and there has been great progress from the start, great interaction, and is impressed with the work from the committee. Many individuals and groups have participated. Transparency and communication has improved.
- Team is a great example of what can be accomplished when meeting i.e. where we started a year ago, many people have changed and the team has gotten to a new level.
- The PI team will determine the direction moving forward at its next meeting and currently seems to be looking at it from a broad community perspective i.e. youth crisis, capacity, and access in general. This is not NCHC alone but a community-wide challenge and concern. Will continue to report on what the team decides as next priorities.

#### Safety Plans – Becky Schultz

- Safety Committee has vetted all of the safety plans which also adhere to Joint Commission requirements. No changes from last year but must be reviewed annually.
- Plans were reviewed; section on hazardous waste has a sentence that was incomplete and will be corrected.
- **Motion**/second, Matucheski/Nosko, to approve the safety plans as reviewed. Motion carried.

#### CLOSED SESSION

- **Motion**/second, Keleske/Her, to move 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. Roll call taken: Yes=5, No=0 Motion carried and moved into closed session at 12:41 p.m.
- **Motion**/second, Keleske/Her, to come out of closed session. Motion carried unanimously.

#### Possible Announcements Regarding Issues Discussed in Closed Session – Ben Bliven

- No announcements necessary.

#### Quality Moving Forward – Becky Schultz

- Because there are a number of new members on the committee, it was felt a discussion on Quality Moving Forward was appropriate and important at this time
- Becky provided a brief presentation.
  - Is our current system working well to bring items forward to improve and get better in the organization? Suggestions on additional detailed reported could include: a more detailed 'dashboard' report in addition to the broader organizational dashboard at the Board level. Committee agreed.
  - The Collaborative Care Committee was created in 2016 as an Ad Hoc Committee under Quality to discuss any significant issues with other community partners in a confidential manner.
- Committee was asked to:
  - Think about and provide input for 2017 in the following areas:
  - What is working well?
  - What can we do better? More in-depth orientation for newer committee members; additional detail and understanding of measures of dashboard;
  - What initiatives will come out of the Person Center Service training that staff received? Additional 'Moments of Excellence' and 'Witnessing Excellence' reporting.

#### Future agenda items

- Person Center Service Presentation

**Motion/second, Keleske/Nosko, to adjourn the meeting at 1:26 p.m. Motion carried.**

*dko*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

**January 19, 2017**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present : X	Steve Benson	X	Darren Bienvenue	X	Ben Bliven
	X Kue Her	EXC	Heidi Keleske	EXC	Holly Matucheski
	X Corrie Norrbom	X via	Jeannine Nosko		
		phone			

Others Present: Tammy Buchberger, Janelle Hintz, Michael Loy, Becky Schultz, Sue Matis, Laura Scudiere, Kim Gochanour

The meeting was called to order at 10:35 a.m.; roll call noted; a quorum declared. Introductions made.

Public Comment for Matters Appearing on the Agenda

- No public comments were made.

Consent Agenda

- **Motion**/second, Norrbom/Benson, to approve the consent agenda which includes the 12/16/17 Quality Committee Meeting Minutes. Motion carried.

Outcomes Review

- Organizational Outcomes
  - Turnover rates did not meet target. Recruitment in the nursing home continues to be a challenge; shortages in health care are state-wide not just with us. Recruitment will continue to be a focus this. Have seen an improvement in the quality of applicants since the increase in pay was put in place. A recruitment/retention team is working on strategies. We have also seen improvement in our screening process, orientation and training, on-floor training, and acclimating new staff prior to going on the floor.
  - One element in the 2017 Quality Plan is an emphasis on person centered care. Our goal is for a positive impact on retention. Implement of this program began in the third and fourth quarters of 2016 and was introduced to the Board in December. We anticipate gathering results in 6-12 months. Committee felt it would be beneficial for the CNA retention data to be tracked separately.
  - Vacancy rate made a slight improvement however, in the fourth quarter there was a higher vacancy rate primarily related to end of year which is a typical cycle in an employment year.
  - Patient Experience results remained flat, however, improvement is noted in our surveying process in that 1,225 more surveys were received in 2016. We worked with key programs with high traffic/volumes to change how surveys were distributed (handing surveys directly rather than mailing); nursing home surveys were sent monthly vs quarterly, identified a system so surveys were not distributed to the same individuals and were asked for return in 5 days; talked with patient before handing the survey to them and shared why it is important and what the surveys are trying to accomplish and that their input is important.

- Community Partner Satisfaction process is being reviewed to improve the return rate. Received positive comments from partners in crisis services. Suggestion was to include an in-person interview once per year as a way to receive better feedback and build relationships.
- Clinical measures on readmissions hit targets.
- AOD relapse rate did not hit target, however improvement has been noted and is credited to a change in the process. Individuals are first asked whether they are motivated for the detox program which also verifies that we are using the facility and resources the best we can and not for a 'sobering bed'.
- Access in Behavioral Health has had some improvements but has seen challenges in outpatient and community treatment mainly due to open positions that have been difficult to fill. Working to make further improvements and use resources better.
- Financial measure is impacted by high health insurance claims, legal costs, issues with census and payer mix in the nursing home, and diversions in Behavioral Health.
- Improvement in adverse event rates is contributed to a very strong safety program.
- Program-specific highlights are provided in the summary. No questions.
- Patient experience – slight decline in Clubhouse, Community Treatment, and Post-acute care.
- **Motion**/second, Bienvenue/Nosko, to approve the Organizational and Program-Specific Outcomes including the Organizational Dashboard and the Executive Summary. Motion carried.

#### Process Improvement Team Reports

Point of Access – Tammy Buchberger and Janelle Hintz

- An overview of the process and outcomes was provided. The team validated the issue and worked through the steps to obtain data, discuss options, identify costs, and recommend solutions.
- One area of concern was learning of the large number of 'hang up' calls i.e. those who did not use the automated system or stay on the line to talk with someone. Another area of great concern was with the number of 'after-hour' calls which currently are routed to the Crisis staff.
- It is not financially feasible for additional 24/7 staffing so other possibilities are being explored including a 24/7 live call center. Would need significant scripting so it would be as if talking with someone from NCHC. New process would not replace the crisis hotline.
- Initial scope in project brought great insights and opportunities. Hope to implement new system at end of first quarter.
- Committee commented that this was a great project in how to provide better service. How many of the hang up calls would have impacted the measure for Access to Service? Dr. Benson shared his personal experience with using a call center and areas of concern to look for.

Crisis Process Improvement Team - Laura Scudiere

- External group of individuals with participation from NCHC began about a year ago and is in addition to an internal Crisis Process Improvement Team.
- Team consisted of participants from all three counties, medical personnel, law enforcement, as well as representatives from schools, community providers, Social Services, etc.
- Action Plans/Teams resulted in improved collaboration with community partners, crisis training for all partners, consistent process established for medical clearance, improved communication between physicians, and a transportation process.

- Workgroups currently in progress are: youth and continuum of care, expanding immediate crisis model of care, immediate crisis flow between services, and school-based mental health services. Lee Shipway is leading the discussion about school-based counseling and working to be more preventive.
- Information has been provided to Marathon County, however, it has not been placed on their agendas or provided in the Marathon County packets.
- Ben Bliven added that there has been tremendous progress in 13 months with great results in the community.
- Data is being gathered and will be provided.
- Another team was created to address crisis needs for youth i.e. being proactive in schools due to an increase in youth crisis assessments. Will be collaborating first with DC Everest; working with students with more frequent crisis needs, continuing discussion on key problem areas such as information sharing and HIPAA.
- Team has been working with community providers on medical clearance and will be visiting Winnebago to see how we can work together better on medical clearance.
- Dr. Benson recommended involving the Medical College if possible moving forward.

#### 2017 Quality Plan / Person-Centered Service – B. Schultz

- All programs and committees are required to monitor and evaluate quality data for opportunities for improvement.
- One new addition in 2017 is the Person Centered Service Team which supports great care, great place to work, and strong relationships.
- Recommending 2017 priority focus areas:
  - Patient Experience Improvement
  - Clinical Effectiveness
  - Data Management
  - Process Improvement Integration
- **Motion/second, Benson/Bienvenue, to approve and forward to the board. Motion carried.**

CLOSED SESSION – Committee did not move into Closed Session and agreed to review the Report of Investigations at the next Quality Committee meeting.

#### Future agenda items

- No new items noted.

**Motion/second, Bienvenue/Norrbom, to adjourn the meeting at 11:56 a.m. Motion carried.**

*dka*



# North Central Health Care

Person centered. Outcome focused.

## 2017 Quality and Compliance Plan





## Background

Consistent with the Mission and Vision of North Central Health Care (NCHC), our goal is to provide care and services that are:

**Safe:** avoiding injuries to our consumers and residents from the care that is intended to help them;

**Effective:** providing services and treatment that incorporate evidence-based, effective practice;

**Person-Centered:** providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values and ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible;

**Timely:** reducing waits and potentially harmful delays;

**Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy;

**Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.

**Ethical:** adhering to all Corporate and Professional standards of conduct and practice.

Excellence in Quality is achieved when the passion to do the best for those we serve is combined with the deliberate and effective integration of the evidence-based strategies to drive outcomes in all dimensions of Quality: **Service** excellence, **Clinical** effectiveness, **Financial** efficiency, **People** engagement, and **Community** impact. Research demonstrates that top performing (leading) organizations successfully integrate the following evidence-based strategies and supporting structures:

### ✦ Quality Culture

Best Practice Outcomes are dependent upon organizational structures and a culture that supports excellence. A culture of excellence is a commitment to excel, a commitment to be excellent. “Excellence” is a way of being and thinking that impacts how people interact with each other and how work is carried out. It requires a willingness to step outside our “comfort zones” and is based on an organization-wide sense of striving rather than settling. Critical components essential to drive excellence include:

- ✓ Shared **Vision and Goals**,
- ✓ Clearly stated and aligned **Values and related behaviors** that support Excellence,
- ✓ Consistent and effective **Communication** processes that align to the Vision and Goals,
- ✓ **Performance systems** that recognize and reward high performance and hold all employees accountable to Competency, Outcome, and Behaviors that support Excellence,

- ✓ Systems and structures that protect the **Safety** of those we serve and all employees,
- ✓ Processes to ensure compliance with **Ethical** standards of Corporate and Clinical practices, and
- ✓ Systems that allow for open and non-punitive **Reporting** of quality and/or compliance concerns.

## ★ Alignment and Accountability

Excellence in quality can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals. The **purpose** of measurement is to:

- ✓ Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level,
- ✓ Identify problems and opportunities to improve the performance of processes,
- ✓ Assess the outcome of the care provided, and/or
- ✓ Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides the focus and clear direction that is necessary for the efficient and effective achievement of those goals. This is achieved through the following:

- ✓ clearly defined Organizational Goals in each of the Quality domains (Service, Clinical, Financial, People, Community),
- ✓ a system for cascading the Organizational Goals to clearly defined and measurable goals pertaining to the individual functional responsibility at all levels of the organization,
- ✓ the incorporation of comparative data to effectively assess current performance, and
- ✓ a performance system that holds individuals accountable to the achievement of these goals.

## ★ System and Process Improvement

Through system and process improvement, we seek to learn what causes things to happen and then use this knowledge to reduce variation and remove activities that have no value to the process and/or have the potential of producing error ultimately improving outcomes. Realizing improvements within the organization works best with a structured approach that enables a team of 3 - 8 people involved in, and knowledgeable about, the process to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or guesswork. The effective integration of System and Process Improvement should include the following steps:

- ✓ the use of statistical process control and evidence-based PI methodology,
- ✓ identification of key processes for ongoing assessment and improvement,
- ✓ benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.

**Our Process Improvement Model:**

Once the performance of a selected process has been measured and analyzed (see Alignment and Accountability section above), an informed decision can be made regarding the need for improvement. The model utilized at North Central Health Care is called Plan-Do-Check-Act (PDCA).

**Plan** - The first step involves identifying preliminary opportunities for improvement. At this point the focus is to analyze data to identify concerns and to determine anticipated outcomes. Ideas for improving processes are identified. Tools utilized in this step of the process include root cause analysis, process flow-charting, cause and effect diagramming, Pareto analysis, run charting and statistical data.

**Do** - This step involves using the proposed solution, and if it proves successful, as determined through measuring and assessing, implementing the solution usually on a trial basis as a new part of the process.

**Check** - At this stage, data is again collected to compare the results of the new process with those of the previous one.

**Act** - This stage involves making the changes necessary to ensure that the new process is integrated into the functional areas impacted.

## Scope

This Plan covers all Services and Programs provided by North Central Health Care including mental health, addiction, skilled nursing, developmental disability, water therapy and adult protective services for Langlade, Lincoln and Marathon Counties with locations in Wausau, Merrill, Antigo and Tomahawk.

Program	Services
Mental and Behavioral Health	<ul style="list-style-type: none"> <li>• Inpatient Psychiatric Care</li> <li>• Community Treatment</li> <li>• Community Corner Clubhouse</li> <li>• Emergency/Crisis Care</li> <li>• Outpatient Services</li> <li>• Residential Care</li> <li>• Vocational Services</li> </ul>
Developmental Disability Services	<ul style="list-style-type: none"> <li>• Adult Day Services</li> <li>• Birth to 3</li> <li>• Children's Long Term Support</li> <li>• Family Support</li> <li>• Pre-Vocational</li> <li>• Vocational</li> <li>• Residential</li> <li>• Transportation</li> </ul>
Skilled Nursing Care	<ul style="list-style-type: none"> <li>• Post-Acute Rehabilitation</li> <li>• Ventilator Care</li> <li>• Dementia Care</li> <li>• Long Term Care</li> <li>• Respite Care</li> </ul>
Addiction Services	<ul style="list-style-type: none"> <li>• Comprehensive Community Services</li> <li>• Day Treatment</li> <li>• Medically Managed Treatment for Drug and Alcohol Addiction</li> <li>• Driving With Care</li> <li>• Emergency/Crisis Care</li> <li>• Family Support</li> <li>• Inpatient Detoxification</li> <li>• Outpatient Services</li> <li>• OWI Assessment</li> </ul>
Crisis Care	<ul style="list-style-type: none"> <li>• Crisis Hotline</li> <li>• Crisis Stabilization</li> <li>• Mobile Crisis Care</li> <li>• Youth Crisis Care</li> </ul>
Adult Protective Services	<ul style="list-style-type: none"> <li>• Elder At Risk Program</li> <li>• Adult Protective Services</li> </ul>
Aquatic Therapy	<ul style="list-style-type: none"> <li>• Physical Therapy</li> <li>• Water Exercise</li> </ul>

## Roles and Responsibilities

The following outlines the structure for Quality and Compliance oversight:

**NCHC Board of Directors:** Is ultimately responsible for the quality of care and services provided by all North Central Health Care Programs and Services (see Scope section above for complete listing).

1. Has delegated specific oversight responsibility to the **Board Quality Committee**.
2. Is responsible to provide the resources and support systems to ensure Quality of care and services.
3. Reviews and stays current with Quality, Compliance, and Safety information.
4. Approves the Quality and Compliance Plan.
5. Annually evaluates the effectiveness of the Quality and Compliance process and outcomes.

❖ **Board of Directors Quality Committee:** Is responsible to the Board of Directors to assess the Quality process and outcomes in order to recommend actions related to these.

1. Monitors the Quality measures and outcomes within individual programs/services, as well as, overall organizational outcomes.
2. Monitors the Quality process to ensure that progress on integration of the evidence-based strategies described in the **Background** section of this Plan are effectively deployed to drive best-practice outcomes.
3. Ensures the Board of Directors is well-informed about the Quality of care and services at North Central Health Care and opportunities for improvement.

❖ **Operational Quality Improvement Committees:** The Human Services Operations and Nursing Home Quality Committees are responsible to monitor the outcomes and improvement activities specific to the programs assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:

- ✓ Monitors program/department-specific Outcome Dashboards, Safety and Compliance data for progress in achieving Outcome targets,
- ✓ Ensures that programs are continuously applying PDCA methods to improve processes,
- ✓ Monitors specific survey findings and follow-up to ensure improvement,
- ✓ Reviews any significant/sentinel events to ensure appropriate follow-up, and
- ✓ Reviews the findings from ongoing proactive auditing to ensure consistency in quality.

❖ **Person-Centered Service Team:** Is responsible develop and enhance systems and processes that support our Core Values and create high level employee engagement in a Person-Centered Service culture. These systems and processes would include the following:

- ★ consistent communication and education that supports a person-centered service culture,
- ★ reward and recognition systems that effectively recognize positive contributions,
- ★ leadership practices that provide for effective relationships with, and between, those we serve, employees, and community partners

- ⚙ strategies to ensure a team-based environment with emphasis and value on employee involvement,
- ⚙ employee-based activities that support a positive environment,
- ⚙ input on policies that impact culture and engagement, and
- ⚙ strategies to address other opportunities based on input, best practices and data

❖ **Process Improvement Team:** Is responsible to develop and monitor a standardized methodology that incorporates the use of data to ensure that outcomes are continuously improved. This is accomplished through the following activities:

- ✓ Develops expertise in performance improvement methodology and facilitates and coaches this methodology through-out the organization,
- ✓ Facilitates and/or coaches key cross-functional processes that have high impact on the quality of care/services provided, assessing these processes performance levels and implementing improvement processes,
- ✓ Coaches leaders in utilizing process improvement methodology within their programs/ departments, and
- ✓ Develops an effective system for documenting, reporting, and recognizing performance improvement projects. This system will include the verification that actions identified by teams are integrated into ongoing process.

❖ **Safety Committee:** Is the staff Committee with representation from all services/programs at North Central Health Care, Infection Control, and Quality professionals that is responsible to monitor and improve Safety at North Central Health Care. This is accomplished through the following activities:

- ✓ Monitors the integration of the Safety and Security Management, Life Safety Management, Emergency Management, Hazardous Materials and Wasted Management, Medical Equipment Management, and Utility Management Plans.
- ✓ Identifies, monitors, assesses, and controls critical hazards/potential hazards including, but not limited to, medication administration safety, infection prevention, fall prevention, resident/client identification, suicide risk management, and injury prevention,
- ✓ Provides a channel of communication between employees and management regarding Safety concerns,
- ✓ Conducts inspection to identify potential safety issues, and
- ✓ Monitors Safety policies, procedures, plans, and programs.

❖ **Infection Control Committees:** The Infection Control Committee is responsible to monitor the integration of the Infection Control and Prevention Plan and the outcomes and improvement activities specific to the Service Line assigned to ensure quality, safety, and continuous improvement. This is accomplished through the following activities:

- ✓ Assesses all programs and services for level of risk and integrates appropriate surveillance and prevention practices,
- ✓ Monitors department/program-specific infection surveillance data to identify potential trends,
- ✓ Initiates actions to address any trends, and
- ✓ Reviews infection prevention practices to ensure the integration of evidence-based strategies that control and prevent infection.

- ❖ **Ethics Committee:** This committee is responsible to maintain and continuously improve the overall ethical tenor of NCHC by establishing best ethical practices.
  - ✓ Developing, implementing and monitoring policies and procedures that support best ethical practice and promote the achievement of client centered outcomes.
  - ✓ Enforcing policies and laws that protect the rights of our clients, patients, and residents.
  - ✓ Inform, educate and empower clients and staff about ethical responsibilities and competency.
  - ✓ Promote and develop shared decision-making processes between clients, patients, residents and clinicians to ensure ethical practices.
  - ✓ Performing case consultation for ethics-related issues.
  
- ❖ **HIPAA Committee:** The purpose of this Committee is to maintain and oversee an effective HIPAA Program for the organization that will ensure the organization is in compliance with local, state and federal regulations.
  - ✓ Work with the HIPAA Privacy Officer to oversee the HIPAA Program,
  - ✓ Advisory role for HIPAA Privacy Officer,
  - ✓ The membership provides the expertise for HIPAA decision making,
  - ✓ Analyze regulatory requirements as needed in which the organization must comply,
  - ✓ Review HIPAA policies and procedures,
  - ✓ Monitor HIPAA breaches for the purpose of detecting deficiencies and implementing corrective actions,
  - ✓ Evaluate and respond to reported concerns of non-compliance,
  - ✓ Responsible to provide tools, education and training for the HIPAA Program,
  
- ❖ **Corporate Compliance Committee:** The staff Committee responsible to monitor the activities and practices of NCHC to ensure compliance with all appropriate ethical and legal business standards through adherence to the Corporate Compliance Plan. Compliance will be ensured through the following activities:
  - ✓ Analyzes data from various sources including, but not limited to, financial reports, incident reports, patient surveys, audits, and employee or patient complaints,
  - ✓ Establishes policies, structures, and education to support compliance, grievance resolution, and reporting,
  - ✓ Investigates and resolves problems related to standards, compliance, and certification,
  - ✓ Monitors to ensure effective response and management of patient grievances and ethical case reviews conducted by the Ethics Committee,
  - ✓ Monitors to ensure effective investigation and follow-up on potential HIPAA (patient privacy) breaches, and
  - ✓ Disseminates all relevant findings to program services, administration, licensing agencies when necessary, and the Board of Directors.



## 2017 Action Plan

Based on review of the effectiveness of processes and outcomes in 2016, the following **Operational Priorities** and related actions have been established for 2017:

### Advancing Service Excellence

Develop the talent to deliver Person Centered Care and proactively meet community needs.

- 1) Role clarity and job specific competency
- 2) Advance leadership development
- 3) Improve employee recruitment and development
- 4) Deployment of Collaborative Care Model

### Complex Care Delivery

Strengthen the availability and diverse expertise of complex behavioral health, developmental disability and skilled nursing services

- 1) Develop clinical career track development encompassing deployment of best-practices and advancement of clinical competency
- 2) Enhance clinical coordination between programs to ensure effective transitions of care
- 3) Provide leadership in development of community based substance abuse strategies
- 4) Redevelop physical environment to meet changing complex care delivery needs

### Electronic Medical Record Interoperability

Enhance clinical and financial integration within the electronic medical record (EMR).

- 1) Deliver on meaningful use requirements to exchange information with patients and other healthcare providers
- 2) Staff technology proficiency is further developed and validated
- 3) Systems communicate effectively to inform clinical decision making and patient care coordination
- 4) Data is interfaced, processed, managed and easily accessed for evaluation and outcome reporting

### Quality Processes

To support these Operational Priorities, the following Quality and Compliance infrastructures will be focused on in 2017:

1. Patient Experience Monitoring and Improvement: Increased focus on effective survey processes and action planning to improve the patient experience at NCHC will be integrated. This will include in-depth analysis of survey findings at the program/department level, integration of specific actions to improve the patient experience, and intense monitoring of progress made and/or adjustments needed.



2. Process Improvement Methodology: Continued advanced training on process improvement facilitation skills will be provided to selected individuals who will be assigned to key cross-functional process improvement projects supporting:
  - Service Excellence and the Patient Experience using the NCHC Person-Centered Service model
  - Advancements in Complex Care Delivery
  - Improved integration of electronic medical records to support clinical excellence
 In addition, education on integration of process improvement methodologies at the department/program level will continue to be provided for all leaders.
3. Data Management: Continued identification of key quality measures and external benchmark sources to ensure the ability to assess Quality. The integrity and effectiveness of data collected will continue to be evaluated. Additional external data sources and project will be sought to advance the organization's ability to benchmark with other like organizations.
4. Clinical Effectiveness (Complex Care Delivery): Specific focus will be placed on developing the ability to evaluate the effectiveness of clinical care on a concurrent basis and to measure population health outcomes for the following core patient populations:
  - a. Mental Health
  - b. Dementia

### **Outcomes:**

Organizational Outcomes: The following organizational outcome targets have been established for 2017:

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
PEOPLE																
Vacancy Rate	5-7%	N/A	↓													
Retention Rate	75-80%	N/A	↑													
SERVICE																
Patient Experience: % Top Box Rate	77-88%	N/A	↑													
CLINICAL																
Nursing Home Readmission Rate	11-13%	17.3%	↓													
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓													
AODA Relapse Rate	36-40%	40-60%	↓													
COMMUNITY																
Access to Behavioral Health Services	90-95%	NA	↑													
FINANCE																
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓													

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

\* Monthly Rates are Annualized

Program/Department-Specific Outcomes: All departments and programs defined in the Scope of Service of this Plan, as well as, supporting departments will be expected to establish, measure, and report on outcome measurements that support the NCHC Organizational Dashboard above. The Executive Team will review the appropriateness of all measures.

**Reporting:**

The following reporting on the 2016 Action Plan will be provided to the Board of Directors through the Quality Committee:

**Process:** Staff will provide a status report on a quarterly basis. This status report will include progress on each of the action items, barriers encountered, and recommended next step.

**Outcomes:** Progress on Outcomes in all five dimensions of Quality (Service, Clinical, Financial, Community, and People) will be provided. Reports will include Organizational and Department/Program-specific data. Key action steps taken utilizing the PDCA model will also be provided. The Board will be kept informed of all Outcome measures not progressing toward the targeted outcome.

**Safety and Compliance:** All sentinel events and compliance investigations will be reported. Follow-up actions will also be reported.

## Quality Outcomes Executive Summary

### January 2017

#### Organizational Dashboard Outcomes

##### People

###### ❖ Employee Turn-Over Rate

December Results: *Turn-over remained consistent with previous months with no significant shifts in programmatic trends.*

Year-End Results: *The annualized rate of employee turn-over was 2.6% higher than 2015 and did not meet improvement targets set. Major contributing factors included Certified Nursing Assistant turn-over which represent 36% of the total turn-over.*

###### ❖ Vacancy Rate

December Results: *The vacancy rates remained flat from the previous month representing the third data point above previous results. This is primarily attributed to holidays as well as benefit year-end. In many cases prospective employees will hold transition to new employment related to overall benefits implications.*

Year-End Results: *A slight improvement over 2015 rates was achieved (.5 % points) and remained within target.*

##### Service

###### ❖ Patient Experience

December Results: *Human Service Operations performance showed a 2% improvement in percent of patients rating their experience at a 9/10 level (10 point scale). Results included Aquatic and Birth-3 Services achieving 100% ratings of 9/10 and improvements were noted in Inpatient and Crisis Behavioral Health, Adult Day, Prevocational, and Residential Services. Experience ratings remained flat in Outpatient Services and a slight decline was noted for Community Treatment and Community Corner Clubhouse. Nursing Home performance remained relatively flat with Legacies and Long Term Care Programs achieving slight improvements and Post-Acute Care experiencing a slight decline.*

Year-End Results: *The overall % of 9/10 ratings for the organization remained flat throughout 2016 with a year-end rate of 68.6 translating into a drop in percentile rank within the comparative database. Significant improvement was made in survey quantity with 1255 more surveys returned in 2016 (a total of 3253) allowing for more in-depth analysis of the patient experience.*

#### ❖ **Community Partner Satisfaction**

4<sup>th</sup> Quarter Results: *The quarterly % of community partners responding with a good or excellent rating of satisfaction with services increased 20% over 3<sup>rd</sup> quarter results. Notable improvement was made in Crisis Services Results.*

Year-End Results: *The overall rate of good or excellent ratings for 2016 showed a slight improvement (2%) over 2015 and met the performance target.*

### **Clinical**

#### ❖ **Nursing Home Readmissions**

December Results: *The monthly rate of readmissions was up 10%. Analysis indicates this increase is directly related to the reduction of total admissions with actual readmissions (3) being consistent with current performance.*

Year-End Results: *The overall rate of readmissions for 2016 was 2% lower than the previous year performance with successful achievement of the improvement target.*

#### ❖ **Hospital Readmissions**

December Results: *The monthly rate of readmissions was up 5%. Analysis of the 9 cases contributing to this rate identified that the majority of these involved a readmission within 10 days of discharge.*

Year-End Results: *The overall rate of hospital readmission remained consistent with 2015 achieving the NCHC performance target.*

#### ❖ **AOD Relapse Rate**

December Results: *A 0% readmission rate for detoxification services was achieved for the 3<sup>rd</sup> month.*

Year-End Results: *The year-end readmission rate for detoxification was 5.5% higher than 2015. Analysis of contributing factors revealed a practice change opportunity. Initiation of more extensive screening of Crisis patients presenting with drug/alcohol related symptoms was initiated in second quarter to better evaluate for commitment to a full detoxification process as opposed to immediate intervention only. This process improved relapse rates significantly with a 0% relapse rate achieved for 4<sup>th</sup> quarter. This data element has been expanded to include Medically Monitored Treatment and Day Treatment Services moving forward.*

### **Community**

#### ❖ **Crisis Treatment- Collaborative Decision Outcome Rate:**

December Results: *The rate of referring partners indicating a 4/5 level of satisfaction with the decision – making collaboration remained above 95% and was consistent with previous months' performance.*

Year-End Results: *With the exception of one month, results remained above 90% or above target throughout the year indicating high satisfaction with the collaboration between our partners and the crisis staff.*

❖ **Access Rate for Behavioral Health Services**

December Results: *Access rates declined 11 points in December. Analysis indicates Antigo Outpatient and Community Treatment program were under target.*

Year-End Results: *The year-end behavioral health access rate was up 7 points from 2015 but did not meet the organization target of 90-95%. Outpatient position vacancies were a consistent challenge throughout the year contributing to the overall access percentage.*

❖ **OWI Recidivism**

December Results: *The rate of recidivism of OWI clients remained consistent with previous months and remained significantly lower than benchmark rates.*

Year-End Results: *The recidivism rate for 2016 was 1.6% lower than 2015 and exceeded national benchmark results significantly.*

**Finance**

❖ **Direct Expense/Gross Patient Revenue**

December Results: *Awaiting Month-End Results. November results consistent with previous months and outside target range.*

Year-End Results: *Year-end results are expected at a level not meeting target. Areas of challenge for 2016 included census and payer mix in the Nursing Home, high health insurance claims, high legal costs, diversions in Behavioral Health Services, expansion of Crisis Services and related expenses. Many support areas held expenses below targets but this was insufficient to overcome the number of expense overages occurring.*

❖ **Days in Accounts Receivable**

December Results: *Awaiting Month-End Results. November results consistent with previous months and exceeding target.*

Year-End Results: *Year-end results are expected at a level exceeding the established target with an approximate reduction in the average account receivable days of 18 days.*

**Safety Outcomes**

**Patient/Resident Adverse Events**

- ❖ **Nursing Home:** *December rates show a continued downward trend. A slight increase in resident-resident altercations was noted in Legacies with no common causative factor(s) identified. The year-end overall nursing home rate of adverse events is down from 13.6 per 1,000 patient days in 2015 to 11.9 in 2016.*
- ❖ **Human Services Operations:** *December rates noted a decline in medication errors in residential and inpatient services following improvement actions being taken in both programs. Year-end results show a slight increase from 2.2 per 1,000 patient days/visits in 2015 to 2.5 in 2016.*
- ❖ **NCHC overall:** *Rates remain flat in December at 3.4/1000 patient days/visits and from 2015 at 4.4 and 2016 at 4.4.*

## Employee Adverse Events

December Results: *Employee events were slightly down .09 events/total hours worked. A slight increase in falls was noted with no common causative factor identified.*

Year-end results: *The year-end rate was up slightly from .09 in 2015 to .11 in 2016 with no specific trends identified. Significance of events as measured by workers' compensation claims was lower.*

### Program-Specific Outcomes-items not addressed in analyses above

The following elements reported are highlights of focus elements at the program-specific level. They do not represent all data elements monitored by a given department/program.

## Human Service Operations

**Outpatient Services:** *Initiated monitoring of hospitalization rates for clients receiving Outpatient services with a year-end rate of 1.39%. This data will be used to establish improvement targets moving forward.*

**Inpatient Behavioral Health:** *Identified Medication Errors as its additional focus measure. Year-End data showed a rate of 1.5% error rate/patient days. This does not meet the target of .15 - .30%, however, significant improvement was made in the last 6 months of 2016.*

**Community Treatment:** *Identified Employment Rate as an additional focus measure. Continued improvement was achieved with 2015 at 19.2% and 2016 at 22.1%.*

**MMT:** *Identified adherence to outpatient appointment at 7 days as a focus measure to ensure continuity of care. A year-end rate of 64% adherence was identified as an area for improvement.*

**Aquatic:** *Identified number of clients meeting treatment goals in designated timeframes as an additional measure. The program exceeded its target of 84% at 93.8%*

**Birth-3:** *Identified timeliness of progress notes and evaluation documentation as additional focus measures. Year-end results demonstrated 97% achieved in progress notes and evaluations at 66%.*

**Residential and Pre-Vocational Services:** *Identified Community Living Employee's job competency proficiency rate as its additional measure. This target (75 -80%) was not achieved with year-end results at 69%*

## Nursing Home

**Falls:** *Focus on resident fall rates continued. The number of falls decreased by 9.5% from 2015 at a rate of 5.0 per 1000 patient days. Post-Acute Care rates remained consistent with 2015, Long Term Care achieved a significant decline at 2.8/1000 patient days compared to 4.8 in 2015. Legacies by the Lake experienced an increase 9% this year compared to 2015.*

**Urinary Tract Infection:** *A 2016 rate of 1.24/1000 patient days was achieved compared to 1.49/1000 patient days in 2015.*

**Antipsychotic Utilization Rate:** *The number of residents receiving antipsychotics was slightly (2.5%) higher in 2016 with a year-end rate of 17.5% of residents is receiving an antipsychotic medication. Significant improvement was demonstrated in the last 6 months of the year.*

## **Support Departments**

**Communication and Marketing:** *Achieved an increase of 199% on social media “hits” significantly exceeding the improvement target of a 50-70% increase.*

**Health Information:** *Achieved 91.6% completion of health records within 25 days post discharge substantially exceeding target of 75%. The department maintained release of information request completion within 10 days above 95% with a year-end rate of 99.7%.*

**Nutritional Services** *Achieved a 94% patient/resident satisfaction rate with food temperatures with December at 100% satisfaction.*

**Pharmacy:** *Dispensing error rates improved and exceeded target at .02%*

**Quality Services:** *The percent of significant events to total adverse event target was met at 2.5%.*

**Volunteers:** *Secured 31 new volunteers in 2016 achieving the target of 24-31.*

**Adult Protective Services:** *Comprehensive Evaluations completed and document within 24 hours of date of report exceeded target at previous year’s performance at 72%*

## **Finance Division**

**Demand Transportation:** *Double occupancy per trip did not meet target of 11-13 average per year over past 2 years. 2016 showed further decline.*

**Business Operations:** *Unapplied/unallocated cash consistently met target of 10% or more down from previous month’s performance with the exception of one month.*

**Purchasing:** *Consistently met its performance target on packages delivered the same day as they arrive with a year-end rate of 98%.*

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%	6.2%	4.7%	7.0%	8.1%	9.2%	11.6%	11.0%	7.1%	7.6%
Employee Turnover Rate*	20-23%	17%	↓	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%	30.2%	31.0%	30.2%	30.0%	31.5%	31.5%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th	46th	53rd	48th	42nd	40th	37th	64th	42nd	39th	45th	51st
Community Partner Satisfaction	75-80%	N/A	↑	\	\	77%	\	\	72%	\	\	70%	\	\	90%	78%	76%
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	13.8%	6.7%	12.0%	10.7%	14.8%	21.1%	12.5%	3.2%	8.7%	15.0%	7.7%	17.6%	11.5%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	12.8%	11.1%	3.2%	5.0%	7.2%	11.4%	11.7%	21.4%	11.5%	10.2%	10.0%	15.8%	10.9%	10.8%
AODA Relapse Rate	18-21%	40-60%	↓	30.0%	33.3%	20.7%	25.0%	24.3%	27.3%	36.1%	28.6%	31.8%	0.0%	0.0%	0.0%	26.0%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\	\	100.0%	97.9%	100.0%	93.6%	83.3%	96.2%	96.4%	96.0%	94.2%	N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%	86%	92%	93%	80%	84%	75%	79%	81%	70%	80%	73%
Recidivism Rate for OWI	27-32%	44.7%	↓	22.6%	20.5%	29.2%	28.2%	18.2%	7.7%	28.6%	19.4%	20.0%	48.3%	25.8%	26.3%	24.8%	26.4%
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%	64%	65%	67%	67%	60%	60%	62%	64%	68%	65%	63%
Days in Account Receivable	60-65	54	↓	70	65	64	64	58	53	64	54	53	49	49	45	45	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	
<b>Vacancy Rate</b>	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
<b>Employee Turnover Rate</b>	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
SERVICE	
<b>Patient Experience: Satisfaction Percentile Ranking</b>	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. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
<b>Community Partner Satisfaction Percent</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
CLINICAL	
<b>Nursing Home Readmission Rate</b>	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
<b>Psychiatric Hospital Readmission Rate</b>	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients &amp; Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
<b>AODA Relapse Rate</b>	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
<b>Crisis Treatment: Collaborative Decision Outcome Rate</b>	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.
<b>NCHC Access</b>	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> <li>• Adult Day Services - within 2 weeks of receiving required enrollment documents</li> <li>• Aquatic Services - within 2 weeks of referral or client phone requests</li> <li>• Birth to 3 - within 45 days of referral</li> <li>• Community Corner Clubhouse - within 2 weeks</li> <li>• Community Treatment - within 60 days of referral</li> <li>• Outpatient Services - within 14 days of referral</li> <li>• Prevocational Services - within 2 weeks of receiving required enrollment documents</li> <li>• Residential Services - within 1 month of referral</li> </ul>
<b>Recidivism Rate for OWI</b>	Percentage of people who receive there OWI services from NCHC and then reoffend. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol &amp; Drug Review Unit</i>
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Days in Account Receivable</b>	Average number of days for collection of accounts. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>

**North Central Community Services Program  
Board Member Committee Assignments  
2017**

**Executive Committee**

**Jeff Zriny, Chair**

Jean Burgener, Vice Chair

Robert Weaver, Secretary/Treasurer

Robin Stowe

**Finance, Personnel & Property Committee**

Robert Weaver, Chair

Randy Balk, Vice Chair

Bill Miller

Robin Stowe

Jeff Zriny, Ex-Officio

**Resources:**

Kristi Kordus

Dan Leydet

Gary Olsen

**Human Services Operations Committee**

John Robinson, Chair

Greta Rusch, Vice Chair

Holly Matucheski

Scott Parks

Jeff Zriny, Ex-Officio

**Non-board Committee Members:**

Nancy Bergstrom

Linda Haney

Yee Leng Xiong

**Nursing Home Operations Committee**

Jean Burgener, Chair

Bill Metter, Vice Chair

Bill Miller

John Robinson

Jeff Zriny – Ex-Officio

**Non-board Committee Members:**

Margaret Donnelly

**Resource:**

Kristi Kordus

**Quality Committee**

Ben Bliven, Chair

Dr. Steve Benson, Vice Chair

Holly Matucheski

Dr. Corrie Norrbom

Jeff Zriny, Ex-Officio

**Non-board Committee Members:**

Darren Bienvenue

Jeannine Nosko

Heidi Keleske

Kue Her

**Collaborative Care Quality Committee**

Jeff Zriny

Matt Bootz

John Fisher

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
BOARD of DIRECTORS  
2017**

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Zriny, Jeff (Chair)  
600 Country Club Road  
Schofield, WI 54476

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
BOARD OF DIRECTORS**

**TERM EXPIRATION DATES  
2017**

Dr. Steve Benson .....	December, 2019
Mr. William Metter .....	December, 2019
Mr. John Robinson .....	December, 2019
Ms. Greta Rusch .....	December, 2019
Mr. Robin Stowe .....	December, 2019
Mr. Robert Weaver .....	December, 2019
Mrs. Jean Burgener.....	December, 2017
Ms. Holly Matucheski .....	December, 2017
Mr. Bill Miller .....	December, 2017
Mr. Randy Balk .....	December, 2018
Mr. Ben Bliven .....	December, 2018
Dr. Corrie Norrbom.....	December, 2018
Mr. Scott Parks .....	December, 2018
Mr. Jeff Zriny .....	December, 2018

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# North Central Health Care

Person centered. Outcome focused.

<b>51.42 Community Services Programs</b>	<b>Multi-County Programs</b>	<b>Single County Delegated Programs</b>
<b>Behavioral Health Services</b> Emergency and Crisis Services Inpatient Psychiatric Hospital Crisis CBRF Lakeside Recovery MMT	<b>Adult Protective Services</b>	<b>Aquatic Services – Marathon</b>
<b>Community Living</b> Day Services Residential – Supported Apartments Residential – Community-Based Rehabilitation Facilities		<b>Demand Transportation – Marathon</b>
<b>Community Treatment</b> Community Treatment Programs Birth to Three Program		<b>Mount View Care Center – Marathon</b>
<b>Outpatient Services</b> Outpatient Mental Health & Substance Abuse Therapy Psychiatry Day Treatment		<b>Community Corner Clubhouse - Marathon</b>

## POLICY BRIEFING

DATE: January 20, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: Aquatic Therapy Pool

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**THE ONLINE VERSION OF THE MATERIALS OF THIS ITEM DOES NOT INCLUDE THE REFERENCED MATERIAL DUE TO THE SIZE. COPIES MAY BE REQUESTED. THE NCCSP BOARD WILL RECEIVE A HARD COPY OF THE MATERIALS IN THE MAIL PRIOR TO THE NCCSP BOARD MEETING.**

### Purpose

To orientate the North Central Community Services Program Board (NCCSP) to the issue of replacing the Aquatic Therapy pool and to frame a decision on the ongoing management of the pool by the NCCSP Board. The NCCSP Board will be requested to take a policy position on NCCSP's continued management of the pool in light of the two potential scenarios on the future disposition of the pool. The first scenario is endorsing a new pool and offering to continue to manage the pool on behalf of Marathon County. The second is if a new pool is not approved in 2017, will NCCSP be willing to continue to manage the pool given its current condition.

### Background

In 1977 North Central Health Care (NCHC) opened the pool. Initially the pool served individuals with developmental disabilities and mental illness who were transferred from state institutions back to the community. The pool operates under the hospital license of NCHC. In 1998, NCHC began offering aquatic therapy services. Around 2008, as the pool eclipsed the 30 year operational mark, discussions regarding the replacement of the pool began. The decision on replacing the pool was rightfully taken up by the Marathon County Board as they own the pool. At about the same time, the pool operationally improved and eventually required little to no Marathon County tax levy support a few years later.

The evaluation of a pool replacement ramped up considerably in 2013 when the Marathon County Board created the Aquatic Task Force to study the issue. The Aquatic Task Force's final recommendation was made to the Marathon County Board on Thursday, October 10, 2013. The first document to be reviewed is their final report entitled *Aquatic Therapy Services Task Force Report to the Marathon County Board* dated Thursday, October 10, 2013. The conclusion of the Task Force was there was a demonstrated need for the County to continue to provide Aquatic Therapy services and that there is the ability for that program to generate significant income. The Task Force further recommended the County engage the services of a professional design firm to develop a Preliminary Design, Evaluation and Analysis of options report.

The *Aquatic Facility Study Report* was provided by the Isaac Sports Group on November 26, 2014 which offered a narrative needs assessment. The report concluded the current program was running at capacity and if growth was to occur, which is essential to the future of the programs, it would be difficult in the current facility. Further, it stated a new facility was the preferred financial and operational option because the lost revenue during the estimated twelve month shut down for a replacement in the current location and/or facility along with the potential



loss of program participants would be far more expensive than a new facility costs. This narrative report was in conjunction with a more detailed analysis and full final report done by US Aquatics dated March 25, 2015 entitled *Aquatic Therapy Wing Aquatic & Mechanical Assessment*. The Marathon County Board selected the option which included a rectangular therapy/rehab pool in a new natatorium, in a new location, on the NCHC campus. Please refer to the last four pages of the document for the operational financial analysis of a new pool. Total cost of new pool from this study was estimated at \$5,708,787 not including disposition of the current pool facility.

Angus Young was then asked by Marathon County in 2016 to firm up the project costs and issued an updated project assessment for the Therapy Pool Facility on July 14, 2016. The scope of the proposed aquatic facility was 17,940 sq. ft. for the overall building, 7,455 sq. ft. for the natatorium and a pool footprint of 3,778 sq. ft. The remaining space allocation is for 1,540 sq. ft. for mechanical and ancillary space and 8,212 sq. ft. for office and locker rooms. The construction cost estimate was \$5,095,300 and additional soft costs of \$1,273,125. Cost escalations to 2017 would add another 3.5% to a projected total of \$6,592,044 not including disposition of the current pool facility.

There is a one page document in the materials which distinguishes both US Aquatics and Angus Young's estimates for the new construction of the pool and disposition of the existing pool. While the individual parts have different cost estimates, total costs are relatively similar.

Over the last several years, an advocacy group for the Aquatic Therapy pool has developed and now refers to themselves as the Warm Water Works group. The group contains some initial members of the Aquatic Task Force but is mostly pool users and supporters. The group has continued to advocate for a new pool since 2008 and more strongly since the 2013 report was released. Most recently the group has coordinated a Status Report dated October 2016 to update the financial status and client activity detailed in the 2013 report through 2015. Their report *Status Report Aquatic Therapy Services* is also included for your review.

The Marathon County Health and Human Services Committee has committed to evaluating and making a decision on the pool in the 1<sup>st</sup> quarter of 2017. The Marathon County Board will have received all of this information in the coming weeks.

North Central Health Care has been a participant along the way but has never taken a formal position on the pool or its ongoing operation. The new Tri-County Agreement now requires single county programs like the pool to have separate management agreements with the NCCSP Board to operate them on behalf of a partner county. The NCCSP Board would be well served to study the issue and take a position on NCCSP's continued operation of the Aquatic Therapy pool in either scenario where Marathon County either does not commit to building a new pool or if Marathon County does commit to building a new pool.

### **Recommendation**

Members of the NCCSP Board are requested to review the background project information to consider making a policy decision. The NCCSP Board does not currently have a management agreement in place for operation of the pool on behalf of Marathon County. Given the divergent paths Marathon County has to choose from in regard to the pool, the NCCSP Board should take a position on the issue. In either case, the necessary parameters for the continued management of the pool should be established by the NCCSP Board to ensure the reputation and success of NCHC in transitive nature of the coming year and future in regards to the pool.

A new pool, located near the nursing home, would capitalize on a growing user base, allow for staffing to increase to manage steady revenue and expense growth and provide very valuable upstream care for the residents of Marathon County. North Central Health Care is best suited to continue the oversight and management of the pool for long-term viability and success. A recommendation to support Marathon County in building a new pool and allow North Central

Health Care to continue the management of the pool would be appropriate and recommended given our scope with the populations currently and potentially served by NCHC and the pool. Absent a successful bonding resolution from Marathon County to build a new pool in 2017, the NCCSP Board should consider termination of its management of the pool at the end of 2017 or 2018 at the latest.

### **Key Questions**

Clearly the pool provides a tremendous community benefit and touches the lives of many individuals. The case for why the pool is important for the community has been thoughtfully and thoroughly reviewed. Aquatic Services has consistently demonstrated high patient outcomes and satisfaction. Despite these positive attributes, the business case, for both NCHC and the County, remains the outstanding issue to receive a final endorsement. In addition to the work already completed, the following key questions remain to be vetted:

- 1) Is the affiliation with NCHC's hospital the only option to allow pool patients to access insurance coverage and Medicare and Medicaid funding? If not, what other licensing options exists to enable access to coverage and what are the financial impacts of these other options?
- 2) What are the benefits to NCHC in having NCHC operate the Aquatic Services program?
- 3) What are the benefits to the Aquatic Services program in having NCHC manage the program?
- 4) What are the major risks of building and operating a new pool for NCHC?
- 5) Would separating the pool as a distinct enterprise under the NCHC umbrella better represent the operational performance to the community and the Marathon County Board?



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: January 19, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: Nursing Home Management Agreement Review

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### **Purpose**

Board members are asked to review the current Nursing Home Management Agreement. Over the course of 2017, the NCCSP Board will be involved in the strategic review of Mount View Care Center operations and its future direction. An initial review would setup an ongoing robust policy discussion about the responsibilities and interests of the NCCSP Board in managing the nursing home on behalf of Marathon County. The NCCSP Board must actively examine its role in managing the nursing home and the impact it has on the 51.42 operations. As part of the new Tri-County Agreement, Marathon County has committed to making a decision on the future management of the nursing home but has left the door open for the NCCSP Board to continue managing the operations. The NCCSP Board should consider taking up their own active analysis and policy decision on its own interest in the continued management of the nursing home going forward.

## NURSING HOME MANAGEMENT AGREEMENT

AGREEMENT effective the 1st day of January, 1998, by and between Marathon County, a municipal body corporate of the State of Wisconsin, referred to as the "COUNTY", and North Central Community Services Program, a multi-county department of community programs carrying out its responsibilities as a board constituted pursuant to section 51.42, Wis. Stats. by a Joint County Contract between Langlade, Lincoln and Marathon Counties referred to as "NCCSP". The parties agree as follows:

1. County Nursing Home Facility. The COUNTY owns land and a nursing home building known as "Mount View Care Center" located at 2400 Marshall Street, Wausau, Wisconsin, and other COUNTY nursing home property located at 1100 Lake View Drive, Wausau, Wisconsin (collectively, the "FACILITY"). This agreement does not transfer ownership of the FACILITY.

2. Designation of Administrator/Manager. The COUNTY, pursuant to section 51.42(3)(b) of the Wisconsin Statutes may designate its section 51.42 board as the administrator of any county health program or institution in addition to the board's responsibilities for the county community mental health and disabilities programs. The COUNTY has designated NCCSP as administrator and manager of its county nursing home program provided through the FACILITY. NCCSP accepts that designation and agrees to manage the entire operation of the COUNTY's nursing home FACILITY.

3. Services Provided. NCCSP will provide management and operating services for the FACILITY as follows:

(a) Care and Services. Residential habilitative and rehabilitative services, together with medical, food, laundry and other services appropriate for a nursing care facility for FACILITY residents.

(b) Rates and Collections. COUNTY authorizes and directs NCCSP to set all rates charged for its services to FACILITY residents or patients, and to collect and receive any and all charges, rents or payments which may at any time be made or become due for those services. NCCSP shall also evict residents or take legal action against residents delinquent in charges for services provided at FACILITY.

(c) Personnel. Hire, pay, supervise, and discharge personnel employed at the FACILITY as it deems necessary to operate the FACILITY. All employees, including the Administrator, shall be hired as employees of NCCSP and compensation for such employees shall be the responsibility of NCCSP.

(d) Maintenance and Capital Expenditures. Cause the building, appurtenances,

equipment, and grounds of the FACILITY to be maintained in a reasonable and workmanlike condition. No capital expenditure shall be made, however, without the prior written agreement of COUNTY and NCCSP, except that NCCSP may make expenditures of up to twenty-five thousand and 00/100 dollars (\$25,000.00) for any individual capital improvement without the COUNTY's prior written consent and except that emergency repairs involving manifest danger to life or property or that are immediately necessary for the preservation and safety of the residents or property or are required to avoid suspension of any necessary service to the FACILITY may be made by NCCSP without prior written agreement. Capital improvements shall be funded by COUNTY and shall remain COUNTY's property.

(e) Utilities and Supplies. Make all contracts, place all orders for water, electricity, gas, fuel, oil, telephone and other necessary services as well as appliances, materials and supplies necessary to properly maintain and operate the FACILITY.

(f) Regulatory Compliance. Take all action necessary to comply with all applicable laws and any orders or requirements affecting the FACILITY issued by any federal, state or municipal authority.

4. Allocation Between Programs. Through use of COUNTY's property, NCCSP provides services both to the COUNTY's nursing home program and to the section 51.42 and 51.437 program administered by NCCSP for Langlade, Lincoln and Marathon Counties. NCCSP shall allocate services provided between these programs and shall allocate items of income and expense accordingly.

5. County Obligation. Everything done by NCCSP under the provisions of Section 3, shall be done on behalf of the COUNTY and all related obligations incurred shall be at the ultimate expense of the COUNTY.

6. Term and Termination. The term of this Agreement shall commence at 12:01 a.m. on July 1, 1997, and end at 11:59 p.m. on December 31, 1998. This Agreement shall automatically be extended for an additional one-year period, and, in turn, for subsequent one-year terms unless either of the parties provides written notice to the other of the notifying party's intent not to renew by July 1 of the term after which termination will be effective. Notwithstanding anything to the contrary in this section or this Agreement, the Agreement shall terminate on the effective date of any dissolution of the multicounty department of community programs, now known as North Central Community Services Program. In addition, if COUNTY fails to approve in substance NCCSP's budget request under the Joint County Contract, then negotiation on continuation of the Agreement shall commence forthwith. NCCSP may terminate this Agreement by written notice to the COUNTY within sixty (60) days following the COUNTY's action on the budget request if negotiations are unsuccessful, in which case termination shall be effective at the start of the year to which the budget request applies.

7. Accounting. NCCSP shall account for all income and expenses relating to the

operation of the FACILITY separately from all other operations of NCCSP and in accordance with generally accepted accounting principles and government auditing standards. On or before April 30th of each year, NCCSP shall provide the COUNTY an annual combining Financial Statements of all income received and expenditures incurred in connection with the operation of the FACILITY. Unless NCCSP is notified to the contrary by the COUNTY the annual combining Financial Statements shall be deemed accepted by the COUNTY ninety (90) days after its receipt by the COUNTY.

8. Insurance. The COUNTY shall maintain fire and casualty insurance with extended coverage endorsement and with such full insurance clauses as the COUNTY may determine to be necessary covering the property in an amount equal to the reasonable replacement value. NCCSP shall carry adequate general liability insurance covering the buildings, parking lots, sidewalks and other common areas and their use. On all policies purchased or maintained by NCCSP in accordance with this section, NCCSP shall add COUNTY as an additional named insured and shall provide certificates of insurance showing the coverage called for to COUNTY upon request.

9. Hold Harmless. NCCSP and the COUNTY hereby agree to release, indemnify, defend, and hold harmless the other, their officials, officers, employees and agents from and against all judgments, damages, penalties, losses, costs, claims, expenses, suits, demands, debts, actions and/or causes of action of any type or nature whatsoever, including actual and reasonable attorney's fees, which may be sustained or to which they may be exposed, directly or indirectly, by reason of personal injury, death, property damage, or other liability, alleged or proven, resulting from or arising out of the performance of its officers, officials, employees, agent or assigns. NCCSP and the COUNTY do not waive, and specifically reserve, their right to assert any and all affirmative defenses and limitations of liability as specifically set forth in Wisconsin Statutes, Chapter 893 and related statutes.

10. Inspection. The COUNTY and its authorized representatives shall have the right, upon giving reasonable notice and at reasonable times, to enter the FACILITY or any part thereof and inspect the same for the purpose of determining NCCSP's compliance with the terms of this Agreement.

11. Notices. Any notice required or permitted under this Agreement shall be deemed sufficiently given or served if sent by registered mail to NCCSP at 1100 Lake View Drive, Wausau, Wisconsin 54403-6799 and to the COUNTY at the COUNTY Administrator's office, Marathon COUNTY Courthouse, 500 Forest Street, Wausau, Wisconsin 54403-5568, and either party may by like notice at any time and from time-to-time designate a different address to which notices shall be sent. Notices given in accordance with these provisions shall be deemed received when mailed.

12. Waiver and Modification. Neither this Agreement, nor any of its terms shall be waived, altered, modified, cancelled or discharged except by the parties' written agreement, or as

otherwise specifically provided in this Agreement.

13. Automatic Modification. If any law enacted by the State of Wisconsin or by the United States of America changes the parties' duties and obligations, NCCSP shall notify the COUNTY of the needed changes and this Agreement shall be modified in a manner mutually agreeable to the parties.

14. Dispute Resolution. If a dispute related to this agreement arises, all parties shall attempt to resolve the dispute through direct discussions and negotiations. If the dispute cannot be resolved by the parties, and if all parties agree, it may be submitted to either mediation or arbitration. If the matter is arbitrated, the procedures of Chapter 788 of the Wisconsin Statutes or any successor statute shall be followed. If the parties cannot agree to either mediation or arbitration, any party may commence an action in any court of competent jurisdiction. If a lawsuit is commenced, the parties agree that the dispute shall be submitted to alternate dispute resolution pursuant to §802.12, Wis. Stats., or any successor statute.

Unless otherwise provided in this contract, the parties shall continue to perform according to the terms and conditions of the contract during the pendency of any litigation or other dispute resolution proceeding.

The parties further agree that all parties necessary to the resolution of a dispute (as the concept of necessary parties is contained in Chapter 803, Wisconsin Statutes, or its successor chapter) shall be joined in the same litigation or other dispute resolution proceeding. This language relating to dispute resolution shall be included in all contracts pertaining to this project so as to provide for expedient dispute resolution.

15. Captions. Captions are used throughout this Agreement for convenience or reference only and shall not be considered in any manner in the construction or interpretation of this Agreement.

16. Severability. If any of the terms of this Agreement are declared to be invalid or unenforceable by a court of competent jurisdiction, the remaining provisions, or the application of such to persons or circumstances other than those to which it is declared invalid and unenforceable, shall not be affected, and shall remain effective, valid and enforceable to the fullest extent permitted by law.

17. Construction. This Agreement shall be construed according to the laws of the State of Wisconsin. This Agreement shall be interpreted and construed in a fair and impartial manner without regard to such factors as which party prepared the instrument or the parties' relative bargaining powers.

18. Other Documents. Each of the parties agrees to sign any other documents as may be appropriate to carry out the intentions expressed in this Agreement.


19. Entire Agreement. This Agreement, and any other instruments or agreements it refers to, constitute the entire agreement between the parties with respect to the subject matter, and there are no other representations, warranties, or agreements except as provided in this Agreement.

20. Counterparts. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original.

21. Parties Bound. Each provision of this Agreement shall extend to and shall, as the case might require, bind and inure to the benefit of the COUNTY and NCCSP and their respective legal representatives, successors and assigns.

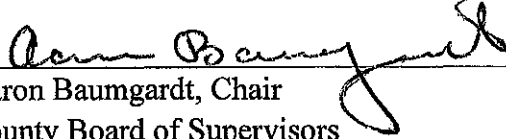
NORTH CENTRAL COMMUNITY  
SERVICES PROGRAM BOARD:


By:

  
\_\_\_\_\_  
Tim H. Steller  
Chief Executive Officer

MARATHON COUNTY:

By:

  
\_\_\_\_\_  
Aaron Baumgardt, Chair  
County Board of Supervisors

  
\_\_\_\_\_  
Mort McBain  
County Administrator



## MEMORANDUM

DATE: January 20, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: NCCSP Bylaw Update

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### **Purpose**

The NCCSP Bylaws are in need of some minor modifications with the adoption of a new Tri-County Agreement. Further, with the new Agreement and establishment of the Retained County Authority Committee, the NCCSP Board's approach to governance going forward is an opportunity to strengthen success with our County partners and management going forward.

### **Background**

Attached is a copy of a marked up version of the current Bylaws of the NCCSP Board which would be contemporary with the new Tri-County Agreement. These modifications could be made quickly and the NCCSP Board could move forward without much review. However, an opportunity exists to examine the role of the NCCSP Board going forward, the use of our Committee structure and clearly delineating the role of the CEO and management. A large question for the NCCSP Board is, what exactly is the role of the NCCSP Board now and what could it be? One of the hallmark issues which lead to the dust up of 2016 was the relationship of the NCCSP Board with the member Counties, the decisions on program changes made at the administrative level, and a general lack of documented policy and administrative decision-making authority. While much improvement has been made there is much opportunity which still exists. There is no clear line of issues which need to go to the NCCSP Board, or issues purely within the purview of management and how the committee structure flows. A review of the Board's governance along with a work plan for policy development could greatly enhance the experience of the NCCSP Board. The current Bylaws simply outline the committee structure and how meetings will be conducted. Broader policies of governance and accountability for management could be better defined. A potential solution is a change in governance to a policy governance approach.

Policy Governance, an integrated board leadership paradigm created by Dr. John Carver, is a model of governance designed to empower boards of directors to fulfill their obligation of accountability for the organizations they govern. The model enables the board to focus on the larger issues, to delegate with clarity, to control management's job without meddling, and to rigorously evaluate the accomplishment of the organization.

In contrast to the approaches typically used by boards, Policy Governance separates issues of organizational purpose (ENDS) from all other organizational issues (MEANS), placing primary importance on those Ends or outcomes. Policy Governance boards demand accomplishment of purpose, and only limit the staff's available means to those which do not violate the board's pre-stated standards of prudence and ethics.

### **Recommendation**

The NCCSP Board consider a more exhaustive review of the Bylaws, the NCCSP Committee structure, and more broadly whether to shift to a policy governance approach. A smaller sub-committee of the NCCSP Board of three members could champion the effort over the next several months. A presentation on Policy Governance at February's meeting as an educational session would allow the Board to examine this opportunity more closely and decide how to move forward.

AMENDED AND RESTATED BYLAWS OF  
NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
DATED ~~January 26, 2017~~ ~~October 27, 2016~~

These Amended and Restated Bylaws (hereinafter "Bylaws") of the North Central Community Services Program ("NCCSP" or the "Program") are hereby enacted to be effective on the date hereinabove referenced. These Bylaws shall be approved by the North Central Community Services Board and ~~shall file the Bylaws and any amendments with the County Clerk the Board of Supervisors for each~~ of Langlade, Lincoln and Marathon Counties, Wisconsin (the "Counties" and individually the "County").

ARTICLE 1 - Purpose and Background

Section 1.1 Langlade, Lincoln and Marathon Counties by action of their respective boards of supervisors have entered into a certain Joint County Agreement ("Joint County Agreement") for the purpose of establishing the North Central Community Services Program to administer a community mental health, developmental disabilities, alcoholism and drug abuse program, pursuant to Section 51.42 of the Wisconsin Statutes (the "Governing Statutes"). NCCSP shall be operated pursuant to the terms of the Joint County Agreement. The purpose of these Bylaws is to compliment the Joint County Agreement by establishing policies and procedures to guide the orderly and efficient operation of NCCSP in order to enhance the ability of NCCSP and the Counties to properly meet their responsibilities for the well-being, treatment and care of the mentally ill, developmentally disabled, alcoholic and other drug dependant citizens as required by and subject to the terms, conditions and limitations provided under Section 51.42 of the Governing Statutes.

Section 1.2 While the core statutory requirements of the NCCSP are contained in the Joint County Agreement, the North Central Community Services Board (hereinafter the "Board") is authorized pursuant to Section 51.42(5) to develop county community program board operating procedures. Furthermore, the Counties wish to ratify the operational procedures, memorialize the delegation of authority to the Board as permitted under the Governing Statutes, all which is intended to assist NCCSP and the Board to efficiently operate consistent with the terms of the Joint ~~County-Operating~~ Agreement and the Governing Statutes.

Section 1.3 The previous Bylaws dated ~~January 26, 2017~~ ~~April 28, 2011~~ are being amended and restated in their entirety in order to assure consistency and remove duplication between these Bylaws and the provisions of the Joint County Agreement. It is intended that these Bylaws and the Joint County Agreement shall be consistent and complimentary with the Joint County Agreement setting forth the primary governing provisions of NCCSP and these Bylaws defining procedures for proper and efficient administration of NCCSP consistent with the Governing Statutes. In the event there is any conflict between these Bylaws and the Joint County Agreement, the terms of the Joint County Agreement shall control.

## ARTICLE 2 - Name and Office

The name of the Program shall be as provided in the Joint County Agreement. As of the date of adopting these Amended and Restated Bylaws, the name of the Program is "North Central Community Services Program." The legal entity is identified with government agencies as the Human Services Board serving North Central Health Care Facility d/b/a North Central Health Care. The principal office of NCCSP shall be at 1100 Lake View Drive, Wausau, Wisconsin 54403.

## ARTICLE 3 - Board of Directors

The Program shall be governed by the Board which shall be governed by the terms of the Joint County Agreement. Appointment, election, qualification, removal, powers and all other matters relating to the Board shall be governed by the Joint County Agreement.

## ARTICLE 4 - Delegation of Program Administration

Section 4.1 Pursuant to Section 51.42(4)(a), each of Langlade, Lincoln and Marathon Counties, by and through action taken by their respective board of supervisors, hereby delegate all of the powers and duties of the county departments of community programs of each such County not expressly retained as described ~~in Section 51.42(3)(ar) through (bm)~~ in the Joint County Agreement to the Board.

Section 4.2 In order to fulfill the responsibility to provide Program services as delegated by the Counties, the Board may by resolution create subsidiary agencies, and joint ventures, cooperative working agreements, contractual arrangements, including subunits of the Board, committees or subcommittees of the Board, or corporations, nonprofit corporations or other legal entities that are controlled by NCCSP, to operate and govern specific health care programs and services that are not inconsistently with the purposes set forth in the Joint County Agreement, the Governing Statutes, or approved by the Counties. The Board is authorized to appoint and remove all members of the governing body committee or subcommittee of each subsidiary or subunit agency that it creates, and shall have final authority over each such organization's or operating unit's budget, bylaws, policies, procedures, instruments, operational documents and other matters. The subsidiary agency's governing instruments shall reflect the requirements of this Section 4.2 and shall specify the purpose of such subsidiary agency. Any subsidiary agency that is a corporation shall be organized as a non-stock, not-for-profit, corporation organized under Chapter 181 of the Wisconsin Statutes.

~~Section 6.0 The Counties hereby specifically authorize the Board to assume responsibility for the operation and control of the Mount View Care Center and related programs and services ("Mount View"). Mount View may be operated as a division of the NCCSP or as a separate nonprofit corporation. Mount View may have its own governing body, officers, staff, programs and services as determined by the Board.~~

**Commented [ML1]:** This section doesn't fit in the bylaws and is better suited for the Joint County Agreement and the Nursing Home Management Agreement

~~Article 8~~ ARTICLE 5 - Officers

~~Section 8.1~~ Section 5.1 The officers of the Board shall be a Chair, Vice Chair, and Secretary/Treasurer, and shall be elected by the Board at its annual meeting. The Chair, Vice Chair and Secretary/Treasurer, along with the immediate past chair shall make up the Executive Committee, which develops the Board meetings agendas, recommends Board priorities, and can be delegated specific responsibilities between Board meetings by the Board. The Chair, Vice Chair and Secretary/Treasurer shall be referred to as the “Board Officers.”

~~Section 8.2~~ Section 5.2 NCCSP shall also have, at a minimum, the following additional officers, none of which shall be members of the Executive Committee or Board: (i) Chief Executive Officer (“CEO”); (ii) Chief Financial Officer (“CFO”); (iii) ~~Director of Quality~~ Quality Executive Assurance; and (iv) Chief Compliance Officer. Notwithstanding the above, the CEO shall be an ex-officio member of the Executive Committee but shall not have a vote on any matter.

~~Section 8.3~~ Section 5.3 A nomination for each of the Board Officers shall be made by the majority agreement of a three (3) person Nominating Committee, which shall be appointed by the Chair of the Board from the members of the Board. The slate of Board Officers selected by the Nominating Committee shall be presented to the Board at the annual meeting. The Chair shall also call for additional nominations from the membership of the Board at the annual meeting of the Board. Vacancies of Board Officers that occur during the year shall be filled upon nomination from the Executive Committee, additional nominations from the floor, and shall be elected by the Board as required in Section 3. Filled vacancies shall serve the remaining term of the member that they replaced.

~~Section 8.4~~ Section 5.4 Board Officers shall be elected by the Directors casting their written and signed ballots for each office. The nominee receiving the most votes for each office shall be elected.

~~Section 8.5~~ Section 5.5 The term of office of each Board Officer shall be one (1) year from the annual meeting but shall continue until a successor shall be duly elected, the officer resigns, or is terminated by the Board.

~~Section 8.6~~ Section 5.6 The Chair shall preside at all meetings of the Board and Executive Committee.

~~Section 8.7~~ Section 5.7 The Vice Chair shall, in the absence or incapacity of the Chair, perform the duties of that officer.

~~Section 8.8~~ Section 5.8 The Secretary shall be responsible for the minutes of the meetings of the Board and Executive Committee and shall assure the notices of all meetings of the Board and Executive Committee are provided as required hereunder.

~~Section 8.9~~Section 5.9 The ~~Director of Quality Assurance-Executive~~ and Chief Compliance Officer may be held by the same individual if approved by the Board. The CFO, CEO and Board member shall not be eligible to serve as the Chief Compliance Officer. The Chief Compliance Officer shall have direct access to the Board of Directors, shall administratively report directly to the CEO, but may be terminated only by majority vote by the Board.

#### ~~Article 9~~ARTICLE 6 - Board Procedures

~~Section 9.1~~Section 6.1 The annual meeting of the Board shall be held in November at the time and place designated by the Chair.

~~Section 9.2~~Section 6.2 The regular meetings of the Board will be held on the last Thursday of each month or as otherwise scheduled by the Chair.

~~Section 9.3~~Section 6.3 Special meetings of the Board shall be called by the Secretary upon request of the Chair or on written request of one-third (1/3) of the members of the Board.

~~Section 9.4~~Section 6.4 Notice of regular and special meetings of the Board shall be given at least twenty-four (24) hours before such meeting in a manner which complies with the Wisconsin Open Meetings Law.

~~Section 9.5~~Section 6.5 At all meetings of the Board, the presence of eight (8) members shall constitute a quorum and action shall be taken by majority vote of members present and constituting the quorum.

~~Section 9.6~~Section 6.6 The Board through the Finance Committee, Personnel Committee and Property Committee shall arrange for an annual audit of its finances using an independent certified public accounting firm as selected by the Retained County Authority Committee-

~~Section 9.7~~Section 6.7 The fiscal year of the Board shall be from January 1 through December 31.

~~Section 9.8~~Section 6.8 All parliamentary practice in conducting the business of the meeting not herein specifically provided for shall follow "Roberts' Rules of Order (Newly Revised)."

~~Section 9.9~~Section 6.9 Members shall be paid for meeting attendance and travel expenses in accord with the Board's policy.

~~Section 9.10~~Section 6.10 Constructive Presence at a Meeting: A member of the Board or Committee of the Board may participate in a meeting of such Board or Committee by a video conference, telephone or similar communication equipment, by means of which all persons participating in the meeting can hear each other at the same time, and provided that members of the public shall be able to hear all members so as to conform with the public meeting requirements of Wis. Stats. 19.83, where such meetings are required to be open to the public. All meetings of the Board that are required to be open and accessible to the public shall take place at the location indicated in the public notice issued pursuant to Wis. Stats. 19.84. Any Board member participating by telecommunications shall be responsible for making arrangements in advance to facilitate participation at the designated meeting location by arranging for speaker phone or other suitable device. Participating by means of telecommunications shall constitute presence in person at a meeting except for purposes of determining whether a quorum is present at such meeting.

~~Article 10~~ARTICLE 7 - Board Committees

~~Section 10.1~~Section 7.1 The Board will have the following standing committees, appointments to which shall be made by the Chair subject to approval by the Board:

- (a) Executive Committee;
  - (1) Composed of the Chair, Vice Chair, Immediate Past Chair and Secretary/Treasurer. The CEO shall be an ex-officio, non-voting member of the Executive Committee.
  - (2) Function: Develops Board agendas, recommends Board priorities and may be delegated specific responsibilities between meetings by the Board.
  - (3) The Committee shall have the authority to act on behalf of the NCCSP Board between board meetings in the event of an emergency requiring timely action that cannot be taken by the board of directors due to the circumstances. Any action taken by the executive committee under this provision shall be subject to ratification by the NCCSP Board.
- (b) Finance, Personnel and Property Committee;
  - (1) Function: Set policy regarding personnel policies, capital and operational purchases, budget development and performance, audits, service rates and insurance coverage and needs. Review and recommend property maintenance, development, leasehold interests and their maintenance and development.

- (c) Human Services Operations Committee;
- (1) Function: Set policy regarding planning and evaluation of care and delivery of services to clients ~~in~~ to meet the most critical community needs for mental health, alcohol/drug abuse and developmental disability.
- (d) Nursing Home Operations Committee; ~~and~~
- (1) Review and recommend policies regarding the general operation of Mount View Care Center including policy changes, future planning, and resource development, and monitoring the care and services provided by the nursing home as well as staff and resident relationships.
- (e) Quality Assurance and Compliance Committee; ~~and-~~
- (1) The Board is granted broad authority to form a Quality Assurance Compliance Committee and to take all steps necessary to assure that the organization has an effective program to monitor and continually improve in areas of quality and compliance. The Quality Assurance Committee shall serve as the Compliance Committee provided that the Board may separate compliance into its own committee by majority vote. The Board is authorized to take all necessary actions, adopt policies and procedures, adopt programs and take other actions necessary in its discretion to further an atmosphere of compliance. The Board is further authorized and directed to take all steps necessary to create programs to monitor and improve the quality of services provided to patients receiving care under its auspices in a manner that promotes continual quality review and improvement in an environment that assures confidentiality and immunity to the greatest extent permitted by law.

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~~(e)~~(f) Collaborative Care Quality Committee.

- (1) The Collaborative Care Quality Committee is created to perform quality assessment and review of the collaborative functions of North Central Health Care and various County and Community stakeholders. 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.
- (2+) NCHC has been delegated various responsibilities from Marathon, Lincoln and Langlade Counties under Wisconsin Statutes 51.42

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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”).

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(32) 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”).

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(43) 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.

(54) Although the Collaborative Care Model is built around the responsibilities that are delegated from ~~each 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.

(65) 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.

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(76) Goals of the Committee. The overall goals of the Committee are:

- i. 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.
- ii. 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.
- iii. To apply a population health management approach to the review and assessment of the services provided as part of the Collaborative Responsibilities.
- iv. To encourage and promote collaborative solutions, protocols and operating procedures across various components of the System.
- v. To evaluate, assess, measure and reevaluate results of Collaborative Care System solutions.
- vi. To further additional goals as defined by the Board.

(87) 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.

(98) Voting Members and Membership. 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. Appointees to the Committee and any Subcommittee and Work Group, will be asked to accept their responsibilities. In the event that a designated position remains open or is not accepted, the Committee, Subcommittee or Work Group shall have the authority to convene and operate.

(109) 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 or unwilling to actively and regularly serve on the Committee, the Board is authorized to replace such members.

(119) 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.

(124) Structure and Operation of Committee

- i. Chairperson of Committee. The Chairman of the Board of NCHC shall be the Chairperson of the Committee.
- ii. 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.
- iii. 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.

- iv. 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.
- v. 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.
- vi. 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.
- vii. Review of Charter. The Committee shall review this Charter at least annually and recommend any proposed changes to the Board for approval.

- viii. 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 Committee 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. A quorum shall not be required to conduct business, to deliberate, and to provide information as an advisory committee to the Board. 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.

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

- i. 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.
- ii. Review and make recommendations on the content and format of the System-wide quality dashboard.
- iii. Recommend priorities for System-wide quality initiatives that emphasize improving quality and patient safety while managing resource consumption and cost.

- iv. Maintain awareness of external factors influencing the direction of quality improvement and reporting.
- v. 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.
- vi. Facilitate transparency by providing insight into the process of reporting quality and cost information to the public and various Stakeholders.
- vii. Benchmark with other organizations to broaden insight into innovation in quality improvement.
- viii. Annually review programs and practices related to quality of Collaborative Responsibilities and recommend any proposed changes.
- ix. 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.
- x. Review and make recommendations for processes to achieve excellent performance and meeting quality performance benchmarks.
- xi. 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.
- xii. 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.

- xiii. 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.
- xiv. Review and reassess the adequacy of this Charter annually and recommend any proposed changes to the Board for approval.
- xv. Annually review its own performance.
- xvi. Make recommendations regarding use of Population Management tools and processes to assess the provision and quality of services.
- xvii. Exercise such other authority and responsibilities as may be assigned to it from time to time by the Board.
- xviii. Review and make recommendations for adjustments to performance metrics and targets;
- xix. Recommend operational standards, protocols and processes.
- xx. Recommend quality goals and metrics.

(143) 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.



(154) Quality Planning Activities of Committee.

- i. 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.
- ii. 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”).
- iii. 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”).
- iv. 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.
- v. Work Plan Review. The Committee shall submit all required Work Plans to the Board for consideration and action.

(165) Quality Assessment Protections

- i. 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.
- ii. 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.

- iii. **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.

~~Section 10.2~~Section 7.2 Each of the above committees, with the exception of the Collaborative Care Quality Committee, shall consist of at least four (4) appointed members, at least two (2) of which must be Board members. The Chair and Vice-Chair of the committees must be a Board member. The number of members appointed to committees may be increased by the Chair of the Board. A majority of the committee members shall constitute a quorum to transact business. Actions of committees shall be approved by majority vote.

~~Section 10.3~~Section 7.3 The Chair of the Board may appoint other committees as the need arises.

~~Section 10.4~~Section 7.4 The Chair may appoint as members of committees persons who are qualified to serve but who are not members of the Board.

~~Section 10.5~~Section 7.5 Following the annual meeting of the Board, the Chair will appoint members of the Board to respective committees and also designate committee chairs and vice-chairs.

~~Section 10.6~~Section 7.6 All Board members may attend any committee meeting as ex-officio members but cannot vote unless appointed to the committee by the chair.

#### ~~Article 11~~ARTICLE 8 - Chief Executive Officer

~~Section 11.1~~Section 8.1 The Chief Executive Officer shall be appointed ~~by the Board~~ as provided ~~for in Article 5(B)(4) of~~ the Joint County Agreement and shall have the powers and duties enumerated in Article ~~6-7~~ of the Joint County Agreement.

~~Section 11.2~~Section 8.2 The Chief Executive Officer shall fulfill the role and execute all of the duties, powers and obligations of the community programs director as defined in Chapter 51.42 of the Wisconsin Statutes.

~~Section 11.3~~Section 8.3 The Chief Executive Officer has the power and authority to execute contracts and agreements and take all necessary actions to fulfill the policies of the Board and to take actions to administer the Programs and facilities that are under the operational control of NCCSP.

#### ~~Article 12~~ARTICLE 9 - Facilities

~~Section 12.1~~Section 9.1 The Chief Executive Officer will operate facilities owned, leased, or managed by NCCSP in consultation and as determined by the NCCSP Board. ~~Facilities operated by the Chief Executive Officer in consultation with the Board shall consist of but not be limited to the following facilities:~~

~~(a) North Central Health Care:~~

~~(1) North Central Health Care Wausau Campus~~

~~(2) Mount View Care Center~~

~~(3) North Central Health Care Merrill Center~~

~~North Central Health Care Antigo Center~~

~~(5) Lake View Professional Plaza~~

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—The business of the Board's facilities shall be operated collectively under the name of North Central Health Care.

~~Article 13~~ ARTICLE 10 - Amendments

Upon five (5) days written notice, these Bylaws may be amended at any regular meeting of the Board or at any special meeting called for the purpose of amendment, by a vote of two-thirds (2/3) of the members present; provided that any amendment that increases the delegation and authority to the Board from any of the Counties shall require consent by such Counties.

10/27/16

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# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: January 19, 2017  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Interim Chief Executive Officer  
RE: Creation of a General Corporation Counsel Position

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### **Purpose**

North Central Health Care (NCHC) operates in a dynamic health care environment rife with regulatory obligations and frequent legal issues. Given the size of the organization and the demand for legal services, NCHC would be better served moving from using contracted legal services to having in-house counsel.

### **Background**

North Central Health Care has managed its legal affairs on a contractual basis as the need arises and dependent on issue. Over the four past years NCHC has budgeted and actually spent the following on outside legal resources.

	2013	2014	2015	2016
<b>Budget</b>	\$63,000	\$103,000	\$133,000	\$100,000
<b>Actual</b>	\$141,583	\$225,756	\$65,074	\$272,185
<b>Variance</b>	(\$78,583)	(\$122,756)	\$67,926	(172,185)

### **Analysis**

The 2017 Budget provisions \$110,626 for legal expenses. Legal expense in 2016 were the highest in the four most recent years but 2016 was an irregular year. An average of approximately \$144,000 per year was incurred from 2013-2015. Legal resources are used for a variety of issues including leases, contract review and negotiation, complaint and regulatory investigations, compliance, employment issues and general legal health care related concerns. While these expenses are higher than expected, legal resources are needed more often than they are used. North Central Health Care's long-term liability and risk would be greatly mitigated by having enhanced legal resource availability on a daily basis.

Specific improvements to access in legal services internally would greatly benefit specific programs such Adult Protective Services, Inpatient and Emergency Services, Risk Management and Quality, Human Resources, Administration, Billing and Patient Accounts in addition to being a resource for the NCCSP Board.

### **Recommendation**

Add one full-time general counsel position using dollars allocated for outside legal resources.

### **Fiscal Impact**

The hiring of a full-time general counsel position would have an estimated salary cost of between \$95,000 and \$115,000 annually plus benefits. Outside legal resources would still be needed from time to time but an in-house counsel could better manage and mitigate large legal exposures in normal circumstances. The hiring timeline would result in approximately 75% of the salary impact occurring in the 2017 budget, potentially leaving around \$20,000 - \$30,000 for outside legal services. We would target to manage total legal service related expenses to budget of around \$110,000, again given normal circumstances.