

OFFICIAL NOTICE AND AGENDA

**MEETING of the North Central Community Services Program Board to be held at
1100 Lake View Drive, Wausau, WI 54403 at 12:00 pm on Thursday, April 26, 2018**

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 telephone 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 AT THE 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
2. Public Comment for Matters Appearing on the Agenda
 - A. Introduction of New Board Members
3. Chairman's Report and Announcements – J. Zriny
 - A. Resolution Honoring Greta Rusch for 4 Years of Service
 - B. Update on CEO Performance Evaluation
4. Board Committee Minutes and Reports
5. Consent Agenda
 - A. ACTION: Approval of 3/29/2018 NCCSP Board Meeting Minutes
 - B. ACTION: Approval of Strategic Planning Policy
 - C. ACTION: Approve Medical Staff Appointments for Susan Tran, MD (Provisional); Jessica Altis, PA-C (Courtesy); Diane Mansfield, APNP (Courtesy); Ruth Nelson-Lau, APNP (Courtesy), Barbara Torgerson, PA-C (Active); Amendment for: Richard Immler, MD (Provisional) Added CBBHS Medical Director
6. Board Education
 - A. Presentation of the 2017 Annual Report – M. Loy
7. Monitoring Reports
 - A. CEO Work Plan Review and Report – M. Loy
 - i. Quarterly Review of 2018 Operational Plan Progress
 - B. Chief Financial Officer's Report – B. Glodowski
 - i. ACTION: Review and Accept March Financial Statements
 - C. Human Services Operations Report – L. Scudiere
 - D. Nursing Home Operations Report – K. Gochanour
 - E. Quality Outcomes Review – M. Loy
 - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
8. Board Discussion and Possible Action
 - A. Overview of NCHC Master Facility Plan – M. Loy
 - B. Information and Technology – An Overview of Key Systems and Strategy - S. Zblewski
9. MOTION TO GO INTO CLOSED SESSION
 - A. 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, to wit: Report of Investigations
 - i. Corporate Compliance and Ethics
 - ii. Significant Events
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
 - A. Draft Agenda for May Board Retreat
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 04/20/2018 TIME: 4:00 p.m. BY: D. Osowski



Presiding Officer or Designee



North Central Health Care

Person centered. Outcome focused.

RESOLUTION

SERVICE OF

GRETA RUSCH LINCOLN COUNTY

WHEREAS, Greta Rusch has served North Central Health Care with dedication, distinction and honor for 4 years; and

WHEREAS, Ms. Rusch was appointed to the North Central Community Services Program (NCCSP) Board April 2014 to represent Lincoln County; and

WHEREAS, Ms. Rusch has served on the NCCSP Board of Directors and the Human Services Operations Committee; and

WHEREAS, Ms. Rusch's services to the Board have been of utmost dedication and effort to assure North Central Health Care provides excellent quality services, in a cost-effective manner, to the citizens of Langlade, Lincoln and Marathon Counties;

NOW, THEREFORE, BE IT RESOLVED that the North Central Community Services Program Board, assembled on 26th day of April 2018, does hereby honor Greta Rusch for her years of service and express our gratitude for her efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, CEO
North Central Health Care*

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

March 29, 2018

12:00 Noon

NCHC Wausau Board Room

Present:

X	Randy Balk	X	Steve Benson	EXC	Ben Bliven
X	Jean Burgener	X	Meghan Mattek	X	Bill Metter
X	Bill Miller	X	Corrie Norrbom	EXC	Greta Rusch
EXC	Rick Seefeldt	X	Robin Stowe	X	Bob Weaver
X	Theresa Wetzsteon	EXC	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Laura Scudiere, Kim Gochanour, Sheila Zblewski
Guests: Kristi Palmer, Marathon County Finance Director, Carlene Nagel, Langlade County Finance Director, Dale Schirmacher, CCIT, and Kim Heller, Wipfli

Call to Order

- The meeting was called to order at 12:04 p.m. by Vice-Chair, Dr. Steve Benson.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements – S. Benson

- Resolutions honoring Jean Burgener for 12 years of service and Robin Stowe for 2 years of service were read and presented. Jean and Robin were thanked for their dedication to the lives of the patients and staff of North Central Health Care and our communities.

Board Committee Minutes and Reports

- None

Consent Agenda

- **Motion**/second, Metter/Weaver, to approve the following:
 - 2/22/18 NCCSP Board Meeting Minutes
 - Fund Balance Policy
 - Write-Off Policy

Board Education:

- 2017 Audit Presentation by Kim Heller, Wipfli
 - K. Heller provided a review of the 2017 audited financial statements. In advance of this meeting the Board received copies of the financial statements and the required communications letter from the auditors.
 - One adjustment was posted during the audit process which related to the GASB68 reporting requirements. The decision was made by management, and Wipfli concurred, that the adjustment occur during the audit rather than reporting during the year.

- 2017 was a very good year in regard to the operational effectiveness of the programs. There was excellent improvement in days in accounts receivable as well as the nursing home ending the year in a good position.
- Five to 10 years ago mental health and long term care did not have the respect of the rest of the health care continuum, nor acknowledgement of its significance. Today, the general medical community is paying attention to behavioral health and mental health care. North Central Health Care has the opportunity to be a leader.
- Following discussion, **motion**/second, Burgener/Miller, to accept the 2017 audit. Motion carried.
- The 2017 Fund Balance Statement was distributed and reviewed by B. Glodowski. The Fund Balance Statement identifies where each county is based on minimum and maximum targets and the shared invested cash based on net position by county. The goal is to have 90 days operational expenses as invested cash; a health care industry standard. Each year we continue to build invested cash. We are working on incorporating bi-monthly billing with some programs which should help to improve days in accounts receivable and in turn build invested cash.
- Following discussion, **motion**/second, Metter/Miller, to accept the 2017 Fund Balance Statement. Motion carried.
- B. Weaver complimented the staff on the financial turnaround and management of the organization.
- K. Palmer and C. Nagel left the meeting at 1:01 p.m.

Monitoring Reports

- CEO Work Plan Review and Report – M. Loy
 - \$3.4 million has been received in pledges and contributions for the new Warm Water Aquatic Therapy Pool. A celebration was held last week. We are now beginning to convert pledges.
 - The Master Facility Plan was slated to be completed in January but due to several iterations the report is now slated to be finished in early April. A presentation will be provided at the Marathon County Educational Meeting on April 19. The vote on the Master Facility Plan by Marathon County will be held in May. All NCCSP Board members are encouraged to attend the County Board meeting April 19 to hear the presentation (the meeting is also recorded through Marathon County if unable to attend). At the April 26 NCCSP Board meeting the Board will be asked to make a recommendation to the Marathon County Board in advance of their vote at their May meeting and vote. A report will be provided as soon as it is available.
 - The Employee Health and Wellness Clinic opened this week.
 - Following April elections, the Board will have nominations to fill the two vacancies by J. Burgener and R. Stowe.
 - Nancy Bergstrom, Lincoln County Corporation Counsel, and Robin Stowe, Langlade County Corporation Counsel, have been reappointed to the Retained County Authority Committee.
 - Joint Commission recertification survey process began this week. Dr. Benson met with the survey team as a representative of the Board. Joint Commission is our partner in improving patient safety and quality and their standards are based on CMS conditions of participation which we must comply with in order to bill Medicare and Medicaid for services. It is not only best practice but a legal obligation. As in any survey process we anticipate findings. Some recommendations have already been implemented. L. Scudiere and her team were commended for all of their efforts in preparing for the survey and their engagement during the survey process.

- Chief Financial Officer's Report – B. Glodowski
 - There was a small loss for the month just under \$45,000 overall for the organization. The two driving factors are due to an increase in diversions to State Institutes and health insurance. Both exceeded targets for February. The nursing home showed a gain for the month and is ahead of target. So far in March the health insurance has dropped slightly. Outpatient is slightly behind target and is being monitored closely to turn things around.
- Human Services Operations Report – L. Scudiere
 - Joint Commission will be exiting today. We learned a number of things that will make us stronger for patient safety and quality. The survey did not find any ligature risk for the hospital. There were, however, a number of preventive maintenance items identified as not being completed. We will need to address this with Marathon County.
 - We are waiting for approval between the architect and Department of Health Services (DHS) for the 15 bed Medically Monitored Treatment (MMT) program. Facilities Management is managing the approval process.
 - Linkage and Follow-up Program has begun and we are slowly adding commitments.
 - Dr. Benson noted that there was open respect shown by the survey team for Michael Loy and Laura Scudiere who were commended greatly for their team building. The team was also commended for their flexibility and they were impressed by the problem-solving and sense of care and compassion that came through.
- Nursing Home Operations Report – K. Gochanour
 - Continue to work with Clifton Larson Allen (CLA) on the nursing home analysis. Looking at IT and communication i.e. call light and electronic medical record (EMR). The nursing home currently uses ECS for their EMR. Connectivity is a main concern. An RFP will be released for the EMR and anticipate recommendations for the Board to consider in May. A different call light system will be addressed through renovations in the Master Facility Plan.
 - Following the MDS audit the written report was very complimentary. Areas of opportunity to increase revenues is in the restorative program and support staff for MDS's.
 - Since the falls prevention program was implemented, which includes a walking clinical huddle, there has been a 25% reduction in falls. Our goal was a 10% reduction. We continue to look for ways to reduce falls.
 - We have been working with The Branch, sponsored by the Chamber, NTC, and Church Mutual. This is a group of college seniors engaged in a business challenge. We presented a technology challenge scenario in the nursing home and six students are working with us to help identify ways to enable residents with new technology i.e. Alexa, Artificial Intelligence, etc.
 - Security Health Plan has also recognized Mount View Care Center as a preferred provider to refer patients to.
 - We are working with the State of Wisconsin in Nurse Aide Recruitment. Mount View Care Center has been chosen as one of three facilities to participate which includes filming residents, staff, etc. as part of a webinar series about what we do for recruitment and retention.
 - We currently have only 10 full-time equivalent vacancies, which is very low given our past experience and what is happening in the industry.
- Quality Outcomes Review – M. Loy
 - Quality Outcomes were reviewed.
 - **Motion**/second, Weaver/Norrbom, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- D. Schirmacher explained that the current network switch has reached the end of support. If the switch fails the Network could be shut down between 12-36 hours before it is repaired. It is recommended to replace the switch now in order to decrease the risk of a failure.
- **Motion**/second, Weaver/Stowe, to amend the capital budget by \$54,000 for the purchase of a Cisco switch. Motion carried.
- Medicare Conditions of Participation requires a Utilization Review Plan which oversees the medical necessity of care of services provided and ensures we are providing quality care in the hospital. This Plan is reviewed annually.
- **Motion**/second, Stowe/Balk, to approve the Utilization Review Plan. Motion carried.

MOTION TO GO INTO CLOSED SESSION

- **Motion** by Stowe, 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 exercised 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, to wit: Report of Investigations. Second by Metter. Roll call taken. Motion carried.

RECONVENE to Open Session and Report Out and Possible Action on Closed Session (Item(s))


- **Motion**/second, Miller/Mattek, to reconvene in open session at 1:40 p.m. Motion carried.
- No Report Out or Action from the Closed Session.

Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- The Annual Report and Program Review will occur at the April Board meeting.
- Will vote on the Master Facility Plan and make a recommendation to the Marathon County Board.
- Strategic Planning Policy will be reviewed.
- A draft agenda will be prepared for the May 31 Board Retreat (12-8 p.m. – location to be determined). At this meeting the Board sets the course for budget development and this year will include a 3-year strategic plan.

Adjourn

- **Motion**/second, Miller/Stowe, to adjourn the Board meeting at 1:45 p.m. Motion carried.

Name of Document: Strategic Planning Policy: <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care <small>Person centered. Outcome focused.</small>
Document #: 0105-1	Department: Administration
Primary Approving Body: NCHC Board of Directors	Secondary Approving Body: Chief Executive Officer

Related Forms:

- None

I. Document Statement

It is the policy of North Central Health Care (NCHC) to plan effectively for both its short and long-term future to ensure that the organization is continuously positioned to effectively meet its mission, the needs of our partner counties, and to serve the region of North Central Wisconsin. Accordingly, NCHC will establish an ongoing strategic planning process translating community need and mission into measurable strategies, initiatives, and objectives.

II. Purpose

To provide guidance for the Board of NCHC in carrying out its strategic planning function.

III. Definitions

None.

IV. General Procedure

- 1) The Board of Directors of NCHC will always have, in place, a rolling three five-year strategic plan. That plan will be revised at least every three (3) years and reviewed by the board annually. The strategic plan will focus on contemporary issues, and will provide guidance for NCHC management in developing and executing annual operating plans.
- 2) The strategic planning process is the responsibility of the NCHC Board of Directors. The Board, in developing and revising its strategic plan, will seek input from all stakeholders of the mission of NCHC. The strategic plan, and any revisions of the strategic plan, will be approved by the Board of Directors of NCHC.
- 3) Strategic Planning Process Framework: On an annual basis, the strategic planning process will incorporate the following components:

- a) Review of current Mission, Vision, Values, and End Statements.
- b) A review of available community health assessments, environmental factors and critical assumptions about the future.
- c) ~~The strategic plan will look to~~ Engagement of outside resources to ensure that objective insight is incorporated into the planning process.
- d) Expert insight and opinion from Board, organizational, community and industry leaders.
- e) Review of process for cascading and monitoring overall strategic plans, initiatives and objectives into aligned plans for NCHC programs and services.
- f) ~~Responsibility for the process of strategic planning will be within the purview of the Executive Committee of the Board.~~

4) Annual Strategic Plan Development Timeline:

- a) Data-gathering: February – May
- b) Board Strategy Retreat: May
- c) Annual Budgeting Process: April – August
- d) Board Approval of Strategic Plan and Annual Budget: August

5) Integrated Planning: The strategic plan will be the guiding document driving organizational planning for quality improvement, community health improvement, physician and clinical alignment, capital financing, information systems, professional education and human resources.

6) Continuous Monitoring: The strategic plan will identify clear objectives and indicators of success that will be tracked and reported to the Board by the Chief Executive Officer on a regular basis. Further, management will continuously monitor changes in critical assumption underpinning the strategic plan as well as the organization's actual performance in achieving its strategic goals.

V. Program-Specific Requirements:

N/A

References:

Joint Commission: N/A

CMS: N/A

Related Documents:

- None

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Susan Tran, MD. Appoint/Reappoint 04-26-2018 to 10-31-2019
Time Period

Requested Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☐ Medical Director
☐ Mid-Level Practitioner ☐ BHS Medical Director

Medical Staff Status ☒ Courtesy ☐ Active

Provider Type ☐ Employee
☒ Locum Locum Agency: Daily Care LLC
☐ Contract Contract Name: _____

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: _____

[Signature]
(Medical Executive Committee Signature) 9-10-18
(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

☒ He/she be appointed/reappointed to the Medical Staff as requested
☐ Action be deferred on the application
☐ The application be denied

[Signature]
(Medical Staff President Signature) 9-14-18
(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature) (Signature Date)

(Chief Executive Officer Signature) (Signature Date)

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Richard E. Immler Appointment Period 02-22-2018 to 10-31-2018
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
☒ Psychiatry ☒ Medical Director
☐ Mid-Level Practitioner

Medical Staff Status ☐ Courtesy ☒ Active

Provider Type ☐ Employee
☐ Locum Locum Agency: _____
☒ Contract Contract Name: Thul-Immler Consultants

AMENDMENT TYPE(S) REQUESTED:

☒ Privilege Reason: Add Community Based Behavioral Health
Services Medical Director privileges effective 02-22-2018

☐ Status Reason: _____

☐ Type Reason: _____

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

MEDICAL EXECUTIVE COMMITTEE

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

(Medical Executive Committee Signature)

4-10-18

(Signature Date)

MEDICAL STAFF

Medical Staff recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied

(Medical Staff President Signature)

4-19-18

(Signature Date)

GOVERNING BOARD

Reviewed by Governing Board: _____
(Date)

Response: _____ Concur
 _____ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)

MEMORANDUM

DATE: April 20, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: April CEO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

- 1) Aquatic Therapy Pool: Pledge payments are now coming in. Marathon County required the verification of pledges through their audit firm and confirmation letters were mailed mid-April. Our target is to break ground late fall 2018. Once the Master Facility plan is approved, the Request for Proposal for the final design of the pool will go out within a week.
- 2) Master Facility Planning: The Marathon County Board is receiving the Master Facility Plan presentation on Tuesday, April 24th at 7:00 p.m. The meeting will be noticed for a possible quorum of the NCCSP Board and Board members are encouraged to attend as the consultants are only presenting the plan once. The meeting will be video recorded for NCCSP Board members and the public who are not available to attend the Marathon County Board meeting. Following the presentation, the Marathon County Board will be asked to consider the adoption of the Master Facility Plan at their May 15th meeting. We will review the plan and timeline at the April NCCSP Board meeting.
- 3) General Counsel Position: We are in the final interview process and expect to have completed final interviews by April 27th.
- 4) Merrill Office Remodel: Our Merrill office renovation is underway with demolition occurring this week. The project has a 3-6 month timeline for completion. After numerous unsuccessful attempts to find a temporary office location in Merrill, we are providing Outpatient Services (Counseling and Psychiatry) out of our Tomahawk and Wausau locations using the Merrill office staff. We are providing transportation or reimbursement to clients who are now having to travel to either location during the construction. There have been no reported problems since we have vacated the Merrill office.

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County is expected to make their appointments on April 24th.	Pending												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	There will be four new Board appointments at the April 26th meeting following final confirmations. There will be two new Board members from Marathon and one each from Langlade and Lincoln Counties.	Pending												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process will occur as this initiative develops over the next couple months.	Pending												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The audit was presented and accepted at the March NCCSP Board meeting.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies will be provided at the March NCCSP Board meeting.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The MVCC will have its final meeting on April 24th to make a recommendation to the Health & Human Services Committee and County Board on the size and scope of MVCC going forward, an updated Management Agreement between Marathon County and NCHC, and recommendation on renovation for MVCC.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been agreed to. The Pool Management Agreement will be structured similarly to the final Nursing Home Management Agreement. Pledges are being converted and verified by Marathon County. A design RFP for the pool will be issued as soon the Master Facility Plan is finalized.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The 2019 Proposed Budget will include a 3-year forecast based on need and input received during the NCCSP Board's May Retreat.	Open												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented at the March NCCSP Board meeting and accepted.	Complete												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	Drafting of a new agreement is under way.	Open												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. We will seek RCA approval first.	Open												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Policy approved in March, meetings have been completed.	Complete												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Presentation of the 2017 Annual Report will occur at the NCCSP Board meeting in April.	Open												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	Drafting the initial report for delivery in April.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board		Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year		Open												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process as this develops.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards		Open												
Tri-County Control Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA consider an revisions, none were suggested at this time. May consider again later this yerar.	Complete												



2018 Executive Management Team Operational Plan

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
PEOPLE PILLAR							
Implementation of Team Based Leadership in the Nursing Home	Developing context and structure for team-based leadership model and how it would work in MVCC. Will produce a Change Model Analysis for Team Based Leadership implementation by the end of the 2nd quarter.	Team-based leadership structure defined and scope of authorities and accountabilities are well documented.	Kim	Jan-18	Jun-18	5%	Started
Hire and Onboard New Quality Director	Completed. Jennifer Peaslee has started as of February 2018.	Onboarding checklist completed. Feedback gathered.	Laura	Jan-18	Mar-18	100%	Complete
Onboarding New Psychiatrists (4)	1 of 4 MDs recruited. Onboarding manual and checklist developed.	Onboarding checklist completed. Feedback gathered.	Laura	Jul-18	Dec-18	10%	Started
Hire and Onboard BHS Director	Completed. Liz Parizo started the position as of February 2018.	Onboarding checklist completed. Feedback gathered.	Laura	Apr-18	Jun-18	100%	Complete
Achieve Dashboard Vacancy Rate Target	Develop Realistic Job Previews for each position.	Average vacancy rate for 2018 is within target.	Sue	Jan-18	Dec-18	25%	Started
Strategic Recruitment Plan	Plan is being finalized and will be submitted to the Executive Team for input and approval in the 2nd quarter.	Written plan developed and implemented.	Sue	Jan-18	May-18	80%	Started
Employee Engagement Survey	Target September 2018 for Engagement Survey allowing through end of year for department action planning for implementation January 2019.	90% Survey response rate and completed action plans by program.	Sue	Jul-18	Dec-18	0%	Not Started
Actively Participate in the Inspire Interface	NCHC developed our website page, pending school and Chamber go-live targeted for Fall 2018	Establish 10 mentors within NCHC developing connections with HS Students.	Sue	Jan-18	Dec-18	90%	Started
Leadership Development Program	New group has started and have completed 3 of 12 sessions.	90% completion rate.	Sue	Jan-18	Dec-18	25%	Started
Continuation of Management 101 Development Program	New manager onboarding program developed to be launched in June. Management 101 topics identified, modules being developed and will launch in June.	New Manager on-boarding program developed and initiated. 100% of all existing managers (including Executives) attend 4 modules of annual Management 101 Programs.	Sue	Jan-18	Jun-18	75%	Started
Re-engineer Rounding Practices	Develop a "Rounding Plan" to reinstitute rounding.	Achieve deliverables identified in rounding in rounding plan.	Sue	May-18	Sep-18	0%	Not Started
Compensation Review of All Positions	Position descriptions are done, structure for the review is being setup.	Recommendations and Presentation made to NCCSP Board in July	Sue	Jan-18	Jun-18	50%	Started
Develop Clinical Career Track for Nursing and Counseling	Career tracks are established, mapping process in progress.	Career tracks for Nursing and Counseling developed and implemented.	Sue	Jan-18	Jun-18	50%	Started
Issue RFP for Insurance Brokers (Liability and Employee)	Drafting RFP, pending Corporation Counsel hire.	New contract signed and benefits renewal and open enrollment successfully completed.	Sue	Jan-18	Nov-18	20%	Started
Improve Employee Recognition Practices	Evaluation has been completed, recommendations forthcoming.	Written plan and recommendation (1 to 2 pages).	Sue	Jan-18	Jun-18	25%	Started
Evaluation of Current Human Resources Information Systems (HRIS)	Evaluation is underway, input received from stakeholders. Finalize formal evaluation.	Written evaluation and recommendation.	Sue	Feb-18	Jun-18	50%	Started
Establish MOUs with Counseling (Master's) Programs in Wisconsin. Improvement in Supervision Structures at NCHC.	Setup meeting with each of the counseling schools in Wisconsin.	MOUs signed to allow students to have training opportunities at NCHC.	Sue	Feb-18	Jul-18	10%	Started
Timely Acquisition of Talent for Program Expansion in Community Treatment, MMT and CBRF	MMT is completed, Community Treatment is on track, CBRF recruitment underway.	Programs opened and appropriately staffed per budget.	Sue	Jan-18	Jun-18	50%	Started
Develop Competencies for Non-Clinical Positions	Competencies identified, developing plan for validation process is underway.	Competencies developed and plan for validation in place.	Sue	Feb-18	Dec-18	50%	Started

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
SERVICE PILLAR							
Mount View Renovation Plan	Will be presenting options to MVCC Committee and Marathon County Board in the 2nd Quarter for direction.	Plan developed and approved by Marathon County.	Kim	Jan-18	Dec-18	50%	Started
Laundry Patient Experience Improvements	Develop action plan for objective.	Increase patient experience average score from 48.6 to 65%	Kim	Jan-18	Jun-18	25%	Started
Rollout of New Menu Cycle	System issues are occurring with vendor. Rollout is postponed May or June.	Improve Patient experience satisfaction from 55.5% to 80%.	Kim	Jan-18	Jun-18	50%	Started
Prevoc Building Plan	Design and implement plan on getting Prevoc back on campus pending Master Facility Plan approval.	Prevoc is operating back on the NCHC campus.	Laura	Jun-18	Dec-18	0%	Not Started

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
CLINICAL PILLAR							
Complete CIA Strategic Register Action Items	Need to formalize a marketing plan, RFP process for MVCC EMR, MDS audit recommendations and implementing restorative program	Completed Strategic Register gant chart.	Kim	Jan-18	Jun-18	75%	Started
Megarule Phase III Implementation	Reviewing and implementing Trauma Informed Care requirements and I-Directed Care Plans	Successfully implement the new changes/training with minimal to little disruption to our residents.	Kim	Jan-18	Dec-18	35%	Started
Implement Reaching Recovery Tool for Joint Commission Treatment Standard	Software program has been implemented with teams. Staff are collecting data. Next phase will be collecting and analyzing data effectively.	NCHC's providers are able to use longitudinal data in treatment decisions. Data is available for the RCA on quality of life measures.	Laura	Jan-18	Dec-18	100%	Complete
Overview and Audit of Minimum Data Set (MDS) Documentation Practices to Enhance Revenue Capture	MDS Audit completed and work plan developed. Signed agreement for ongoing quarterly reviews. Reviewing restorative program implementation.	Completed assessment and implementation of recommendations.	Kim	Jan-18	Dec-18	30%	Not Started
Re-engineer Dietary Staffing Model	Consistent staffing coverage to programs has been implemented. Monitoring for effectiveness.	Improved dietary patient experience scores.	Kim	Jan-18	Mar-18	100%	Completed
Improve Post-Acute Care Rehospitalization Rates	YTD results are exceeding target. Implemented high-risk daily case review.	Post Acute Care Reduce rehospitalization rates from 11% to 10% for FY'18	Kim	Jan-18	Dec-18	50%	Started
Improve Fall Rate in Legacies Programs	Full action plan developed around the Fall data. Reviewing with staff in neighborhood meetings and implemented clinical care rounds. Monitoring for results.	Legacies by the Lake - Review and reduce falls by 10% for 2018	Kim	Jan-18	Dec-18	70%	Started
Operationalize RCA Program Expectations	Majority of RCA measures are being collected and reported. Some data need to be mined, and some reporting systems have yet to be created.	RCA report has the requested information and is produced per the frequency requested by the RCA.	Laura	Apr-18	May-18	70%	Started
Linkage and Follow up Implementation	Proposal adopted by NCHC Board and RCA. Implementation meetings have begun. Both Linkage Coordinators have been hired, starting in mid-February. Court-related documentation expectation metrics mapped with corporate councils. Linkage Coordinators began in March 2018.	Patients on settlement agreements and commitments for 3-county area are being case monitored or case managed.	Laura	Feb-18	May-18	90%	Started
Small Renovation for Inpatient Unit	New furniture being installed, plan for installation of new walls and spaces.	Project completed.	Laura	Mar-18	May-18	50%	Started
Implement Psychologist Programming in Inpatient	Recruiting for Psychologist. Pat is going to fill this position with contracted provider until filled.	Psychologist hired and programming implemented.	Laura	Jan-18	Mar-18	100%	Complete
Expand Medically Monitored Treatment (MMT) Program to 15 Beds	Group is working on licensing. Space has been cleared out. Walk through with BHS staff and HSO Exec completed. Waiting on approval of the site plans to the State per Maintenance. Renovations being done on area. Floor almost completed. Furniture ordered. Application waiting on pieces from Facilities/Maintenance.	New clients are being served in MMT or MMT has patient census of 13.	Laura	Jan-18	Apr-18	50%	Started
Expand Community-Based Rehabilitation Facility (CBRF) to 12 Beds	Expand the CBRF from 6 beds to 12. This is contingent on MMT move.	Census greater than 6 in CBRF. Diversions decreasing.	Laura	Apr-18	Jun-18	50%	Started
Community Treatment Expansion	Phased hiring has begun. New onboarding structure has been determined and assigned. New management structure has been instituted. CT was integrated with OP in February. New Director structure and supervision structure rolled out.	Access rate increases for CT to average above 60%.	Laura	Jan-18	Dec-18	70%	Started
Closure of Hillcrest	Hillcrest is officially closed.	Closure of Hillcrest site.	Laura	Jan-18	Feb-18	100%	Complete
Renovation of Merrill Office	Construction starting in April.	Project completed.	Laura	Apr-18	Aug-18	20%	Started
Year 2 of MCOW Residency Program	Prepare and schedule for year 2 training. Meeting with MCOW to determine OP and geriatric rotations for 2nd year residents.	Year 2 residents programming and supervision plan completed.	Laura	Mar-18	Mar-18	10%	Started
Joint Commission Accreditation	Joint Commission Accreditation visit completed. Working on plan of correction and follow-up verification visit.	Successful Reaccreditation survey.	Laura	Jan-18	May-18	90%	Started
Youth Crisis Group Home	Participating in the legislative rule writing process. Will be present for meetings.	Develop RFP response to the State once available .	Laura	May-18	Dec-18	1%	Pending
Implementation and Attestation of Meaningful Use Stage 3	Deferred, until further guidance from the Federal Government and a decision point for NCHC's EMR has been made.	Successfully attest all physicians meet MU3.	Sheila	Jan-18	Dec-18	25%	Pending
Develop Clinical Onboarding EMR Training Program	Work with program leaders to develop training to meet the needs of their new hires. Modified Tier basics for new FTE's and now require a mandatory follow-up training. Shifting to program specific training.	New employee EMR competency validated by staff.	Sheila	Jan-18	Dec-18	50%	In progress
Develop Annual HSO Electronic Medical Record Training Plan	Pending direction from the programs on individual program needs to be addressed in the training plan.	EMR competency is validated by staff.	Sheila	Jan-18	Sep-18	5%	Pending
Develop Annual MVCC Electronic Medical Record Training Plan	Differed, MVCC is reviewing RFP responses and selecting new vendor.	EMR competency is validated by staff.	Sheila	Jan-18	Sep-18	15%	Pending
Develop Clinical Standardized (HIM) Documentation Practices	Clinical program leaders identifying their program requirements	Once the programs identify best practice for their programs documentation the IMS team will develop a training program.	Sheila	Jun-18	Dec-18	0%	Not started
IT Governance Prioritization Work Plan	Reviewed Charter and scope, work plan outlined and Committee will redefine its practices and commitments to the Charter.	An established prioritization list is created for all NCHC programs.	Sheila	Jan-18	Dec-18	10%	In progress

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
Outcomes Measurement Expansion	Reaching Recovery implemented - 1,061 assessments completed in February and March. Data collection and analysis processes to maximize the utility of the data and clinical. Shift from activity to value added insights.	Reaching Recovery solution implementation to capture outcomes. Expansion of other diagnosis sets are established and reportable to RCA.	Sheila	Jan-18	Oct-18	85%	In progress
TIER Evaluation	Develop Project Charter and Plan. Determine what roles are needed in the process. Start identifying the steps.	Formal recommendation on TIER upgrade or replacement to NCCSP Board.	Sheila	Apr-18	Sep-18	0%	Not Started
Nursing Home EMR replacement evaluation	Evaluation completed. Will be releasing RFP in April and select vendor by end of Q2. Implementation within 90 days following contract signature.	Formal recommendation on ECS upgrade or replacement to NCCSP Board.	Sheila	Jan-18	Feb-18	100%	Done
Windows 10 Deployment	deferred, until CCITC identifies a solution to managing updates efficiently enterprise wide.	All NCHC devices on the replacement plan updated to Windows 10 and supported by Microsoft.	Sheila	Jan-18	Dec-18	5%	Pending
Improve Mobility of Clinical Documentation (Requires Window 10 Deployment)	Inventory all paper forms and developing plan to address mobility concerns. Birth to 3 forms are expanding to improve mobility.	Achieve clinical documentation targets and staff satisfaction with connection reliability.	Sheila	Mar-18	Dec-18	5%	In progress

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
COMMUNITY PILLAR							
Community Assessment Response Team (C.A.R.T.) Implementation	Group has been working in basecamp and everything is on target. Deputy assigned and is being trained. Will be matched with Crisis worker. Crisis worker job description developed.	CART Team is established at WPD and MCSD.	Laura	Jan-18	May-18	100%	Complete
Evaluate Purchase of Clubhouse Building	Hire real estate agent to help with assessment and purchase.	Recommendation made to NCCSP Board.	Laura	Jan-18	May-18	20%	Not Started
Expansion of Local Crisis and Detox Beds in Langlade County	Meeting with Langlade Hospital Emergency Department to discuss how we could accomplish providing this service in Langlade County.	Develop need assessment and scope of potential expansion with Langlade County representation for consideration at the RCA.	Laura	Mar-18	Aug-18	0%	Not Started
Langlade Drug Court	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP and Day TX patients actively receiving care in collaboration with Langlade DA's office.	Laura	Apr-18	May-18	95%	Started
Marathon Drug Court	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP programming begins and is seeing patients.	Laura	Apr-18	May-18	95%	Started
Marathon Pre-trial Diversion Program	Intensive Outpatient (IOP) and Day Treatment proposal was approved. Services begin as of April 1, 2018.	IOP programming begins and is seeing patients.	Laura	Apr-18	May-18	95%	Started
School Counseling Consortium	In implementation, with counseling being provided by NCHC in certain schools per plan. Plans for expansion next year. Working with Antigo schools to provide school counseling there.	Hire additional staff to begin starting 2018 school year.	Laura	Jun-18	Dec-18	100%	Complete
Aquatic Therapy Pool Fund Raising	Community fundraising underway.	\$3 million raised and construction started.	Michael	Jan-18	Mar-18	50%	Not Started

Operational Objective by Pillar of Excellence	Current or Pending Activity on the Objective	Measure of Success	Responsible	Start	End	% Complete	Status
FINANCIAL PILLAR							
Improve the Speed of Completion for Month End Financials	Schedule is in place for financial due dates for 2018. The target is completion by the 8th for 9 out of 11 months. December remains open longer due to year end.	Reports consistently delivered by the 8th calendar day.	Brenda	Jan-18	Jun-18	50%	In progress
Implementation of Improved Revenue Cycle Process by Implementing Recommendations from WIPFLI Review	Revenue Cycle committee has completed gant chart with assignments and due dates. Focusing on denial management process.	Completion of all objectives from Committee's Gant Chart.	Brenda	Jan-18	Dec-18	15%	In progress
Improve Financial Performance of Pharmacy	New Pharmacy Director and Billing Analyst have been hired. The reporting has been improve, changes to the billing cycle have occurred (retrospective)	A positive net income for Pharmacy in 2018. Increase in volume of prescriptions filled (compared to 2017). Improved reporting.	Brenda	Jan-18	Jun-18	60%	In progress
Review and selection of GPO (Group Purchasing Organization)	Reviewing different GPO's to enable evaluation for best fit for NCHC. Purchasing Manager and DON are reviewing an option for nursing supplies.	2019 budget includes improved discounting and/or rebates.	Brenda	Mar-18	Jul-18	5%	In progress
Re-engineer Capital Improvement Policies and Strategy	Policy approved by Board January 25. Proposed 2018 purchasing schedule distributed to Executive Team	Policy approved by NCCSP Board and implemented.	Brenda	Jan-18	May-18	25%	In progress
Develop NCHC Cash Management Plan	Approved by Board and implementation has occurred.	Policy approved by NCCSP Board and implemented.	Brenda	Jan-18	Feb-18	100%	Complete
Multiple Year Financial Plan	Reporting setup and working to develop summary reports based on forecasts to be done in the development of 2019 Budget.	2019 Budget includes projections for current year and 2 additional years.	Brenda	Apr-18	Aug-18	60%	In progress
Review of Purchasing Systems and Processes	Review program outcomes and utilization.	Improvements in direct and indirect expenses for 2019 Budget related to purchasing activities.	Brenda	May-18	Nov-18	0%	Not Started
Data Analytics Expansion to Dashboard	Identify leading indicators Executive daily dashboard.	Real time daily dashboard created for Executive team.	Sheila	Jun-18	Dec-18	0%	Not started
Develop Daily Dashboard of Leading Financial Indicators for Exec. Team	New Data Analyst hired and is currently meeting with programs to standardize program measurements.	Daily Financial Performance Dashboard developed and sent daily.	Sheila	Jan-18	Mar-18	20%	In progress
Conduct HIPAA Audit	Audit completed, final report received. Work plan being finalized.	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	Jan-18	Dec-18	50%	In progress
HIM Program Evaluation	Evaluation completed, work plan is finalized. Program management is working the plan.	Work plan developed of recommendations and objectives met for 2018 improvements.	Sheila	Jan-18	Mar-18	50%	In progress
Master Facility Plan Approved	Program evaluation and planning work.	Plan is approved by NCCSP Board and Marathon County.	Michael	Jan-18	Mar-18	0%	Not Started
Financial Education Series for Leadership	Develop education series to train leaders.	Education plan developed and completed.	Brenda	Jan-18	Mar-18	0%	Not Started

MEMORANDUM

DATE: April 20, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: March CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting:

- 1) **Financial Results:** The month of March shows an overall gain for the month of \$203,708 compared to the targeted gain of \$8,564, resulting in a positive variance of \$195,144. Through March the organization shows an overall gain of \$158,708 which is (\$8,070) behind the target of \$166,778.
- 2) **Revenue Key Points:** The nursing home census averaged 182 per day compared to the target of 185. The Medicare census continued to improve, which contributes to a more favorable payer mix. The Medicaid rates for the nursing home are also more favorable than anticipated. The hospital census improved in March, averaging just over 14, which is the target. Revenue in the CBRF and MMT programs continue to run below targets due to the expansion of these programs not being completed yet. Revenue in other outpatient areas is running below target due to staff vacancies.
- 3) **Expense Key Points:** Overall expenses are below target for the month, as well as year to date. Salaries continue to run below budget. Much of this is due to program expansion, such as CBRF, MMT, and Community Treatment not being completed yet. Health insurance was still over budget in March, but it has come down significantly compared to the two prior months. The State Institutes continue to exceed budget targets.
- 4) **2019 Budget:** Preparation is beginning for the 2019 budget process. A thorough review of the process is being completed, with the assumption that there will be changes to the process. The changes will be geared towards moving to more long term planning. More information will be coming as the process evolves.

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	4,268,595	1,642,366	5,910,961	4,275,532
Accounts receivable:				
Patient - Net	2,702,184	2,007,297	4,709,481	4,995,450
Outpatient - WIMCR & CCS	1,826,250	0	1,826,250	582,500
Nursing home - Supplemental payment program	0	546,000	546,000	450,000
Marathon County	0	0	0	77,884
Appropriations receivable	0	0	0	0
Net state receivable	785,538	0	785,538	1,273,392
Other	266,825	0	266,825	591,350
Inventory	0	342,220	342,220	305,373
Other	<u>574,424</u>	<u>424,748</u>	<u>999,173</u>	<u>1,249,101</u>
Total current assets	<u>10,423,816</u>	<u>4,962,632</u>	<u>15,386,448</u>	<u>13,800,582</u>
Noncurrent Assets:				
Investments	11,749,000	0	11,749,000	10,300,000
Assets limited as to use	1,020,444	291,900	1,312,344	2,395,833
Contingency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	14,679	25,231	39,910	53,899
Net pension asset	0	0	0	0
Nondepreciable capital assets	606,846	498,521	1,105,367	952,078
Depreciable capital assets - Net	<u>7,048,284</u>	<u>3,753,228</u>	<u>10,801,512</u>	<u>10,293,934</u>
Total noncurrent assets	<u>20,939,254</u>	<u>4,568,880</u>	<u>25,508,133</u>	<u>24,495,744</u>
Deferred outflows of resources - Related to pensions	<u>6,939,524</u>	<u>5,131,313</u>	<u>12,070,837</u>	<u>17,516,720</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>38,302,594</u>	<u>14,662,824</u>	<u>52,965,418</u>	<u>55,813,046</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
MARCH 2018**

	<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	0	0	0	154,310
Accounts payable - Trade	677,993	501,331	1,179,324	1,378,027
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	821,808	607,672	1,429,480	1,491,490
Compensated absences	848,193	627,182	1,475,375	1,375,038
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	250,118	0	250,118	115,920
Unearned revenue	<u>76,776</u>	<u>0</u>	<u>76,776</u>	<u>110,334</u>
Total current liabilities	<u>3,169,877</u>	<u>2,102,196</u>	<u>5,272,073</u>	<u>5,787,928</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	481,871
Patient trust funds	<u>14,679</u>	<u>25,231</u>	<u>39,910</u>	<u>53,899</u>
Total noncurrent liabilities	<u>924,221</u>	<u>697,777</u>	<u>1,621,998</u>	<u>3,663,149</u>
Total liabilities	<u>4,094,099</u>	<u>2,799,972</u>	<u>6,894,071</u>	<u>9,451,077</u>
Deferred inflows of resources - Related to pensions	<u>2,886,978</u>	<u>2,134,726</u>	<u>5,021,704</u>	<u>6,647,040</u>
Net Position:				
Net investment in capital assets	7,655,130	4,251,749	11,906,879	10,609,831
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	1,020,444	291,900	1,312,344	2,868,414
Undesignated	21,823,528	5,348,183	27,171,712	25,329,055
Operating Income / (Loss)	<u>322,415</u>	<u>(163,707)</u>	<u>158,708</u>	<u>407,629</u>
Total net position	<u>31,321,518</u>	<u>9,728,125</u>	<u>41,049,643</u>	<u>39,714,929</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>38,302,594</u>	<u>14,662,824</u>	<u>52,965,418</u>	<u>55,813,046</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2018**

TOTAL	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$4,078,796</u>	<u>\$4,175,942</u>	<u>(\$97,146)</u>	<u>\$11,486,253</u>	<u>\$12,151,259</u>	<u>(\$665,006)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	973,130	975,359	(2,230)
Grant Revenue	189,428	193,933	(4,504)	598,129	581,799	16,330
County Appropriations - Net	619,260	635,927	(16,667)	1,857,780	1,907,780	(50,000)
Departmental and Other Revenue	<u>296,893</u>	<u>311,702</u>	<u>(14,809)</u>	<u>1,029,189</u>	<u>935,107</u>	<u>94,082</u>
Total Other Revenue	<u>1,429,958</u>	<u>1,466,681</u>	<u>(36,723)</u>	<u>4,458,227</u>	<u>4,400,044</u>	<u>58,183</u>
Total Revenue	<u>5,508,754</u>	<u>5,642,623</u>	<u>(133,870)</u>	<u>15,944,481</u>	<u>16,551,303</u>	<u>(606,823)</u>
Expenses:						
Direct Expenses	4,037,433	4,270,867	(233,434)	12,224,718	12,361,268	(136,549)
Indirect Expenses	<u>1,293,265</u>	<u>1,375,693</u>	<u>(82,428)</u>	<u>3,627,987</u>	<u>4,060,757</u>	<u>(432,770)</u>
Total Expenses	<u>5,330,698</u>	<u>5,646,560</u>	<u>(315,862)</u>	<u>15,852,706</u>	<u>16,422,025</u>	<u>(569,319)</u>
Operating Income (Loss)	<u>178,056</u>	<u>(3,936)</u>	<u>181,992</u>	<u>91,775</u>	<u>129,278</u>	<u>(37,503)</u>
Nonoperating Gains (Losses):						
Interest Income	17,509	12,500	5,009	49,890	37,500	12,390
Donations and Gifts	3,786	0	3,786	11,379	0	11,379
Gain / (Loss) on Disposal of Assets	<u>4,356</u>	<u>0</u>	<u>4,356</u>	<u>5,665</u>	<u>0</u>	<u>5,665</u>
Total Nonoperating Gains / (Losses)	<u>25,651</u>	<u>12,500</u>	<u>13,151</u>	<u>66,933</u>	<u>37,500</u>	<u>29,433</u>
Income / (Loss)	<u>\$203,708</u>	<u>\$8,564</u>	<u>\$195,144</u>	<u>\$158,708</u>	<u>\$166,778</u>	<u>(\$8,070)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2018**

51.42/.437 PROGRAMS	<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>\$2,413,401</u>	<u>\$2,569,970</u>	<u>(\$156,569)</u>	<u>\$6,682,089</u>	<u>\$7,457,062</u>	<u>(\$774,973)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	973,130	975,359	(2,230)
Grant Revenue	189,428	193,933	(4,504)	598,129	581,799	16,330
County Appropriations - Net	494,260	494,260	0	1,482,780	1,482,780	0
Departmental and Other Revenue	<u>171,715</u>	<u>194,119</u>	<u>(22,404)</u>	<u>636,787</u>	<u>582,357</u>	<u>54,430</u>
Total Other Revenue	<u>1,179,780</u>	<u>1,207,431</u>	<u>(27,651)</u>	<u>3,690,825</u>	<u>3,622,294</u>	<u>68,531</u>
Total Revenue	<u>3,593,181</u>	<u>3,777,401</u>	<u>(184,220)</u>	<u>10,372,914</u>	<u>11,079,356</u>	<u>(706,442)</u>
Expenses:						
Direct Expenses	2,691,438	3,000,302	(308,864)	8,277,847	8,702,336	(424,490)
Indirect Expenses	<u>670,767</u>	<u>683,926</u>	<u>(13,158)</u>	<u>1,836,645</u>	<u>2,018,805</u>	<u>(182,161)</u>
Total Expenses	<u>3,362,206</u>	<u>3,684,228</u>	<u>(322,022)</u>	<u>10,114,491</u>	<u>10,721,142</u>	<u>(606,650)</u>
Operating Income (Loss)	<u>230,975</u>	<u>93,174</u>	<u>137,802</u>	<u>258,423</u>	<u>358,214</u>	<u>(99,792)</u>
Nonoperating Gains (Losses):						
Interest Income	17,509	12,500	5,009	49,890	37,500	12,390
Donations and Gifts	2,370	0	2,370	8,438	0	8,438
Gain / (Loss) on Disposal of Assets	<u>4,356</u>	<u>0</u>	<u>4,356</u>	<u>5,665</u>	<u>0</u>	<u>5,665</u>
Total Nonoperating Gains / (Losses)	<u>24,235</u>	<u>12,500</u>	<u>11,735</u>	<u>63,992</u>	<u>37,500</u>	<u>26,492</u>
Income / (Loss)	<u>\$255,210</u>	<u>\$105,674</u>	<u>\$149,537</u>	<u>\$322,415</u>	<u>\$395,714</u>	<u>(\$73,299)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING MARCH 31, 2018**

NURSING HOME	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
Revenue:						
Net Patient Service Revenue	<u>\$1,665,395</u>	<u>\$1,605,972</u>	<u>\$59,423</u>	<u>\$4,804,164</u>	<u>\$4,694,197</u>	<u>\$109,967</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	375,000	425,000	(50,000)
Departmental and Other Revenue	<u>125,178</u>	<u>117,583</u>	<u>7,595</u>	<u>392,402</u>	<u>352,750</u>	<u>39,652</u>
Total Other Revenue	<u>250,178</u>	<u>259,250</u>	<u>(9,072)</u>	<u>767,402</u>	<u>777,750</u>	<u>(10,348)</u>
Total Revenue	1,915,573	1,865,222	50,351	5,571,567	5,471,947	99,619
Expenses:						
Direct Expenses	1,345,995	1,270,565	75,430	3,946,872	3,658,931	287,941
Indirect Expenses	<u>622,497</u>	<u>691,767</u>	<u>(69,270)</u>	<u>1,791,342</u>	<u>2,041,952</u>	<u>(250,609)</u>
Total Expenses	<u>1,968,492</u>	<u>1,962,332</u>	<u>6,160</u>	<u>5,738,214</u>	<u>5,700,883</u>	<u>37,331</u>
Operating Income (Loss)	<u>(52,919)</u>	<u>(97,110)</u>	<u>44,191</u>	<u>(166,648)</u>	<u>(228,936)</u>	<u>62,288</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,416	0	1,416	2,941	0	2,941
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>1,416</u>	<u>0</u>	<u>1,416</u>	<u>2,941</u>	<u>0</u>	<u>2,941</u>
Income / (Loss)	<u>(\$51,503)</u>	<u>(\$97,110)</u>	<u>\$45,607</u>	<u>(\$163,707)</u>	<u>(\$228,936)</u>	<u>\$65,229</u>

NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
March 31, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
PFM Investments	365 Days	4/3/2018	1.30%	\$492,000	x
PFM Investments	517 Days	4/30/2018	1.12%	\$492,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
BMO Harris	365 Days	5/28/2018	1.20%	\$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	\$492,000	X
People's State Bank	365 Days	8/21/2018	1.10%	\$500,000	X
BMO Harris	365 Days	8/26/2018	1.35%	\$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	\$500,000	X
Abby Bank	365 Days	9/1/2018	1.20%	\$500,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	\$300,000	X
PFM Investments	365 Days	11/30/2018	1.63%	\$490,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
Abby Bank	365 Days	2/25/2019	1.56%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	365 Days	3/28/2019	1.75%	\$250,000	X
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
PFM Investments	545 Days	7/10/2019	2.02%	\$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
CoVantage Credit Union	608 Days	11/30/2019	2.00%	\$500,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
Abby Bank	730 Days	3/15/2020	1.71%	\$400,000	X
TOTAL FUNDS AVAILABLE				\$11,749,000	
WEIGHTED AVERAGE	547.06 Days		1.462% INTEREST		

NCHC-DONATED FUNDS**Balance Sheet****As of March 31, 2018****ASSETS****Current Assets****Checking/Savings****CHECKING ACCOUNT**

Adult Day Services	5,663.71
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	46,049.99
Community Treatment - Adult	562.00
Community Treatment - Youth	6,925.37
Fishing Without Boundries	4,952.80
General Donated Funds	59,601.73
Hope House	2,927.35
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,020.69
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,877.60
Total Legacies by the Lake	6,835.85
Marathon Cty Suicide Prev Task	17,228.67
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	7,880.13
Outpatient Services - Marathon	401.08
Pool	25,923.69
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,598.33
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 242,251.04**Total Checking/Savings** 242,251.04**Total Current Assets** 242,251.04**TOTAL ASSETS** 242,251.04**LIABILITIES & EQUITY****Equity**

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	18,297.41

Total Equity 242,251.04**TOTAL LIABILITIES & EQUITY** 242,251.04

North Central Health Care Budget Revenue/Expense Report

Month Ending March 31, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,508,754</u>	<u>5,642,623</u>	<u>15,944,481</u>	<u>16,551,303</u>	<u>(606,823)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,406,942	2,792,282	7,030,931	7,977,000	(946,069)
Fringe Benefits	1,098,463	1,019,167	3,191,854	2,911,694	280,160
Departments Supplies	701,574	630,921	1,835,009	1,892,762	(57,753)
Purchased Services	350,716	509,858	1,694,811	1,557,575	137,236
Utilitites/Maintenance Agreements	398,532	267,263	931,543	801,788	129,755
Personal Development/Travel	40,751	40,221	101,037	120,663	(19,626)
Other Operating Expenses	95,831	137,931	268,354	413,793	(145,439)
Insurance	18,670	41,000	101,909	123,000	(21,091)
Depreciation & Amortization	138,699	141,250	415,355	423,750	(8,395)
Client Purchased Services	<u>80,519</u>	<u>66,667</u>	<u>281,903</u>	<u>200,000</u>	<u>81,903</u>
TOTAL EXPENSES	5,330,698	5,646,560	15,852,706	16,422,025	(569,319)
Nonoperating Income	<u>25,651</u>	<u>12,500</u>	<u>66,933</u>	<u>37,500</u>	<u>29,433</u>
EXCESS REVENUE (EXPENSE)	<u>203,708</u>	<u>8,564</u>	<u>158,708</u>	<u>166,778</u>	<u>(8,070)</u>

**North Central Health Care
Write-Off Summary
March 2018**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$8,606	\$25,060	\$11,940
Bad Debt	\$78	\$8,314	\$1,943
<i>Outpatient:</i>			
Administrative Write-Off	\$13,762	\$30,107	\$273
Bad Debt	\$350	\$1,786	\$2,089
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$6,382	\$18,449	(\$18,627)
Bad Debt	\$0	\$2,122	\$4,632
Ancillary Services:			
Administrative Write-Off	\$974	\$1,061	(\$4,763)
Bad Debt	\$0	\$0	(\$126)
Pharmacy:			
Administrative Write-Off	\$1,636	\$1,919	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$31,360	\$76,595	(\$11,177)
Total - Bad Debt	\$428	\$12,222	\$8,538

**North Central Health Care
2018 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
February	Nursing Home	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
March	Nursing Home	5,735	5,654	(81)	84.09%	82.90%
	Hospital	434	445	11	87.50%	89.72%
April	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
YTD	Nursing Home	16,650	16,327	(323)	84.09%	82.46%
	Hospital	1,260	1,259	(1)	87.50%	87.43%

North Central Health Care
Review of 2018 Services
Langlade County

	2018 Jan-March Actual Rev	2018 Jan-March Budg Rev	Variance	2018 Jan-March Actual Exp	2018 Jan-March Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$101,526	\$135,028	(\$33,502)	\$223,306	\$228,881	\$5,575	(\$27,927)
Community Treatment-Adult	\$147,106	\$196,546	(\$49,440)	\$130,225	\$202,078	\$71,853	\$22,414
Community Treatment-Youth	\$276,081	\$209,672	\$66,410	\$229,256	\$210,226	(\$19,030)	\$47,380
Day Services	\$81,115	\$98,750	(\$17,635)	\$80,073	\$98,750	\$18,677	\$1,042
	\$605,828	\$639,995	(\$34,167)	\$662,860	\$739,936	\$77,076	\$42,908
Shared Services:							
Inpatient	\$113,093	\$127,981	(\$14,888)	\$188,480	\$165,814	(\$22,666)	(\$37,554)
CBRF	\$11,843	\$27,819	(\$15,976)	\$14,923	\$27,819	\$12,896	(\$3,080)
Crisis	\$8,327	\$9,599	(\$1,272)	\$63,769	\$73,452	\$9,683	\$8,411
MMT (Lakeside Recovery)	\$1,420	\$13,933	(\$12,513)	\$12,125	\$27,464	\$15,339	\$2,826
Day Treatment	\$1,872	\$2,032	(\$160)	\$1,800	\$2,453	\$653	\$493
Protective Services	\$6,652	\$6,638	\$14	\$17,964	\$22,565	\$4,601	\$4,615
Birth To Three	\$21,976	\$22,619	(\$643)	\$38,169	\$42,490	\$4,321	\$3,678
Group Homes	\$47,815	\$29,017	\$18,798	\$47,991	\$29,017	(\$18,974)	(\$176)
Supported Apartments	\$0	\$36,775	(\$36,775)	\$0	\$36,775	\$36,775	\$0
Contract Services	\$0	\$0	\$0	\$34,334	\$24,913	(\$9,421)	(\$9,421)
	\$212,998	\$276,411	(\$63,413)	\$419,555	\$452,760	\$33,205	(\$30,208)
Totals	\$818,826	\$916,406	(\$97,580)	\$1,082,415	\$1,192,696	\$110,281	\$12,701
Base County Allocation	\$199,633	\$199,633	\$0				\$0
Nonoperating Revenue	\$3,079	\$2,036	\$1,043				\$1,043
County Appropriation	\$74,621	\$74,621	\$0				\$0
Excess Revenue/(Expense)	\$1,096,159	\$1,192,696	(\$96,537)	\$1,082,415	\$1,192,696	\$110,281	\$13,744

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-March Actual Rev	2018 Jan-March Budget Rev	Variance	2018 Jan-March Actual Exp	2018 Jan-March Budg Exp	Variance	Variance By Program
Outpatient Services	\$87,736	\$107,311	(\$19,575)	\$200,975	\$243,314	\$42,339	\$22,764
Community Treatment-Adult	\$182,284	\$205,771	(\$23,487)	\$136,010	\$211,566	\$75,556	\$52,069
Community Treatment-Youth	\$350,407	\$242,055	\$108,352	\$268,242	\$243,338	(\$24,904)	\$83,448
	\$620,427	\$555,137	\$65,290	\$605,227	\$698,218	\$92,991	\$158,281
Shared Services:							
Inpatient	\$154,220	\$174,519	(\$20,299)	\$257,021	\$226,111	(\$30,911)	(\$51,209)
CBRF	\$16,150	\$37,934	(\$21,784)	\$20,349	\$37,934	\$17,585	(\$4,199)
Crisis	\$11,355	\$13,089	(\$1,734)	\$86,958	\$100,162	\$13,204	\$11,470
Day Treatment	\$2,552	\$2,770	(\$218)	\$2,454	\$3,344	\$890	\$672
MMT (Lakeside Recovery)	\$1,936	\$18,999	(\$17,063)	\$16,534	\$37,451	\$20,917	\$3,854
Protective Services	\$9,071	\$9,052	\$19	\$24,496	\$29,021	\$4,525	\$4,544
Birth To Three	\$32,312	\$38,112	(\$5,800)	\$56,120	\$71,593	\$15,473	\$9,673
Apartments	\$0	\$11,470	(\$11,470)	\$0	\$11,470	\$11,470	\$0
Contract Services	\$0	\$0	\$0	\$46,819	\$33,972	(\$12,847)	(\$12,847)
	\$227,596	\$305,945	(\$78,349)	\$510,751	\$551,058	\$40,307	(\$38,043)
Totals	\$848,023	\$861,082	(\$13,059)	\$1,115,978	\$1,249,276	\$133,298	\$120,238
Base County Allocation	\$207,494	\$207,494	(\$0)				(\$0)
Nonoperating Revenue	\$4,373	\$2,595	\$1,778				\$1,778
County Appropriation	\$178,104	\$178,104	\$0				\$0
Excess Revenue (Expense)	\$1,237,994	\$1,249,276	(\$11,282)	\$1,115,978	\$1,249,276	\$133,298	\$122,016

North Central Health Care
Review of 2018 Services
Marathon County

	2018 Jan-March Actual Rev	2018 Jan-March Budget Rev	Variance	2018 Jan-March Actual Exp	2018 Jan-March Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$303,539	\$425,923	(\$122,384)	\$696,512	\$952,173	\$255,661	\$133,276
Community Treatment-Adult	\$964,197	\$1,415,752	(\$451,555)	\$890,120	\$1,442,620	\$552,500	\$100,945
Community Treatment-Youth	\$720,962	\$636,361	\$84,601	\$689,155	\$638,012	(\$51,143)	\$33,458
Day Services	\$381,217	\$421,314	(\$40,097)	\$379,990	\$421,314	\$41,324	\$1,227
Clubhouse	\$102,624	\$99,813	\$2,811	\$122,057	\$122,813	\$756	\$3,567
Demand Transportation	\$110,589	\$107,809	\$2,780	\$104,248	\$107,809	\$3,561	\$6,341
Aquatic Services	\$162,425	\$198,025	(\$35,600)	\$227,045	\$251,554	\$24,509	(\$11,091)
Pharmacy	\$1,289,188	\$1,159,162	\$130,026	\$1,237,131	\$1,159,162	(\$77,969)	\$52,057
	\$4,034,741	\$4,464,159	(\$429,418)	\$4,346,258	\$5,095,456	\$749,198	\$319,781
Shared Services:							
Inpatient	\$760,811	\$860,959	(\$100,148)	\$1,267,969	\$1,115,479	(\$152,491)	(\$252,638)
CBRF	\$79,673	\$187,143	(\$107,470)	\$100,390	\$187,143	\$86,753	(\$20,717)
Crisis Services	\$56,019	\$64,574	(\$8,555)	\$428,991	\$494,132	\$65,141	\$56,587
MMT (Lakeside Recovery)	\$9,550	\$93,729	(\$84,179)	\$81,569	\$184,758	\$103,189	\$19,009
Day Treatment	\$12,591	\$13,667	(\$1,076)	\$12,106	\$16,498	\$4,392	\$3,316
Protective Services	\$44,751	\$44,655	\$96	\$120,849	\$143,553	\$22,704	\$22,800
Birth To Three	\$160,354	\$176,925	(\$16,571)	\$278,508	\$332,352	\$53,844	\$37,273
Group Homes	\$443,380	\$455,233	(\$11,853)	\$445,007	\$455,233	\$10,226	(\$1,627)
Supported Apartments	\$660,190	\$531,005	\$129,185	\$603,476	\$531,005	(\$72,471)	\$56,714
Contracted Services	\$0	\$0	\$0	\$230,973	\$167,595	(\$63,378)	(\$63,378)
	\$2,227,319	\$2,427,889	(\$200,570)	\$3,569,838	\$3,627,747	\$57,909	(\$142,661)
Totals	\$6,262,060	\$6,892,048	(\$629,988)	\$7,916,096	\$8,723,203	\$807,107	\$177,120
Base County Allocation	\$568,198	\$568,232	(\$34)				(\$34)
Nonoperating Revenue	\$42,438	\$32,869	\$9,569				\$9,569
County Appropriation	\$1,230,055	\$1,230,055	\$0				\$0
Excess Revenue/(Expense)	\$8,102,751	\$8,723,203	(\$620,452)	\$7,916,096	\$8,723,203	\$807,107	\$186,655

MEMORANDUM

DATE: April 20, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: April Human Services Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of the Human Services Operations service line since our last meeting:

1. **Joint Commission Survey:** Staff are actively working to incorporate changes that Joint Commission suggested from their last visit. Changes include improvements to our suicide screening tool and procedure, improvements to our treatment planning process, and various updates to preventative maintenance protocols. There have been several work groups that have been convened to ensure that these changes happen prior to the timeline set by Joint Commission (45 days). NCHC is due to have a follow up survey on the items that were identified as needing immediate correction for CMS standard. This survey can occur any time within the first 45 days post survey.
2. **MMT Expansion:** The refurbished MMT unit is ready for patients, but is still waiting on certification. Staff have been hired and trained, the furniture has been purchased, and renovations are complete. The application has been sent to the state as of April 6. We expect at least a two month lag time for the State to review the application and approve the certification, according to conversations with the DQA representative who is tasked with licensing this unit.
3. **CBRF Expansion:** CBRF Expansion preparation continues. MMT expansion is required for CBRF expansion to occur, as they are co-located currently. The majority of the staff in the current combined unit will be re-located to the new MMT space once they receive certification. Many of the CBRF staff have been hired and trained. The remaining vacancies have been posted and we are actively recruiting.
4. **Day Treatment and Intensive Outpatient (IOP) Expansion:** IOP has been implemented in Marathon County. IOP and Day Treatment are now accepting referrals in Langlade. We need five participants to open the group.
5. **Linkage and Follow-up:** Two staff members have been hired to be Linkage and Follow-up Coordinators. They are currently case monitoring new commitments and settlement agreements. As this is a new program, we are continuing to monitor and evaluate how we move consumers through our systems.
6. **Psychiatric Hospital Renovation:** We are currently adding two office spaces onto the hospital unit. This will allow a second psychiatrist or resident to see patients on the unit. It also allows the nurse manager to be more accessible to staff. We have also redesigned the nursing station to be more welcoming and promote a customer service focus.
7. **New Psychiatrists Joining the Team:** Outpatient services will be welcoming Dr. White and Dr. Gabriella Hangiandreou in May. Dr. White will be providing adult psychiatric services. Dr. 'Gabi' will be providing psychiatric support to primary care doctors for the adolescent population. Patients will be required to have a primary care provider to participate.



MEMORANDUM

DATE: April 20, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: April Nursing Home Operations Report

The following items are general updates and communication to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

- 1) **Audit:** From our audit in January, Mount View continues to work on improving our Minimum Data Set case mix index and have been focusing on behavior add-ons and early stages of developing a restorative nursing program.
- 2) **Leading Age and Wisconsin Association of County Homes (WACH):** Mount View is an active member of these two organizations that keep us updated on state/federal regulations and industry changes. Leading Age was established for non-profit and governmental facilities. WACH was established to discuss and work towards the common interests of county nursing homes in Wisconsin. Some of the areas of advocacy include:
 - a. As a county facility we receive a supplemental payment to offset our higher Medicaid populations. This is \$34 million dollars annually that is divided between the facilities. Mount View typically receives around \$2 million that is built into our budget.
 - b. One area that is of great concern that the State of Wisconsin acknowledges is workforce shortages. One of this year's initiatives is the WisCaregiver Career Program. North Central had been asked to participate in a couple of ways. One way was we were one of three Wisconsin nursing homes featured in a commercial to promote the nursing assistant career. This commercial will be aired the end of April. The second way was our staff educator, Cagney Martin's participation in a webinar focusing on our recruitment and staff onboarding processes that we have implemented.
 - c. The Department of Health – Division of Quality Assurance have released the top 10 federal health citations in Wisconsin. Currently the top three are: that the facility is free of hazardous environment, services to prevent or heal pressure ulcers, and infection control program designed to prevent the development and control the spread of infection. We believe we are well positioned in these focused areas.

- 3) **Dementia Training Grant:** North Central Health Care was given a grant to educate other nursing facility staff on our unique approach to dementia training. So far we have held four all day conferences throughout Wisconsin with sold out participation. We have six more and they are sold out as well. There are a few seats left in the November date here in Wausau. I invite you to contact me if you would be interested in this presentation. Feedback has been so strong that we have now been asked to be a key speaker at the State's Annual FOCUS Conference in November for state surveyors, and nursing home and assisted living providers. This presentation will take Stop Starting It to another level and how you use these techniques to teach your staff critical thinking skills as it relates to all residents.
- 4) **The Branch:** Students continue to meet throughout March and April and are preparing for their final presentation and demo day on May 10th at 6 PM at the NTC campus. I would like to invite you to attend to listen to these creative students' ideas to increase utilization of artificial intelligence to promote patient safety and increase patient satisfaction.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	↓	8.2%	8.8%	5.3%										5.3%	9.8%
Retention Rate	78-82%	TBD	↑	99%	98%	97%										97%	75.8%
SERVICE																	
Patient Experience: % Top Box Rate	77-82%	TBD	↑	79.4%	81.7%	76.2%										78.9%	77.2%
Referral Source Experience: % Top Box Rate	TBD	TBD	↑	TBD	TBD	TBD										TBD	\
CLINICAL																	
Nursing Home Readmission Rate	10-12%	16.70%	↓	5.3%	3.4%	12.9%										7.1%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	TBD	↓	8.8%	13.6%	12.3%										11.6%	12.6%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	↑	87%	88%	87%										87%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	↓	TBD	TBD	TBD										TBD	\
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	↓	67%	69%	63%										66%	62%
Indirect Expense/Direct Expense	36-38%	TBD	↓	32%	37%	35%										35%	41.80%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
Referral Source Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on a referral source survey developed prior to 2018
CLINICAL	
Nursing Home Readmission Rate	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>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
No-Show Rate for Community Behavioral Health Services	Percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment and Outpatient Services
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.

Quality Executive Summary

April 2018

Organizational Outcomes

People

❖ **Vacancy Rate**

The vacancy rate has a 5-7% target for 2018. The month of March Vacancy Rate dropped to 5.3 %, within the 5-7% Target.

❖ **Employee Retention Rate**

Employee Retention Rate target for 2018 is 78-82%; currently the rate is 97% which is exceeding the target in a positive way. The enhanced and updated orientation and onboarding process has been working well including the additional day of clinical orientation.

Service

❖ **Patient Experience**

NCHC Patient Experience 2018 target is 78-82%. In March the % top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 76.2% down from the previous two months. Year to date rate remains within target. Individual programs within or above target included: Lakeside Recovery (MMT), Crisis CBRF, Community Treatment Youth, Outpatient Services – Wausau, Merrill, Telepsychiatry and Psychiatry Wausau, Aquatic Services, Birth to Three, NCHC Wausau Prevocational Services, Wausau Adult Day Services, Adult Protective Services, and Mount View Care Center- Legacies by the Lake.

❖ **Referral Source Experience: % Top Box Rate**

Percent of level 9 and 10 responses to the Overall satisfaction rating question on a Referral Source Experience survey is still in development. Monitoring and reporting systems are also being developed. Modifications have been made in the records entry systems to start to collect the information.

Clinical

❖ **Nursing Home Readmissions**

The 2018 Nursing Home 30-Day hospital readmission target rate is 10-12%. In March the rate was above target at 12.9%, four residents were hospitalized between 2 - 13 days post hospital discharge. Overall year to date the readmission rate is at 7.1%.

❖ **Hospital Readmissions**

The Hospital rate of readmissions within 30 days target is 8-10%. In March the rate was above target at 12.3%. Overall year to date is at 11.6%. All readmissions are reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days. There are a handful of individuals we are actively working with who are driving our recent readmission experience.

Community

❖ Access Rate for Behavioral Health Services

The 2018 Access Rate target is 90-95%. The Access rate has been stagnant over the past 3 months with March rate below target at 87%. Outpatient improved access to 98% in March with offering additional appointments in Wausau. Residential had 2 of 3 referrals in within the designated timeframe; Community Treatment continues to work on their access performance.

❖ No-Show Rate for Community Behavioral Health Services

The percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment, and Outpatient Services is a new measure for 2018. The systems for this new measure are still being developed. Target is to be determined following 2018 as a baseline period.

Finance

❖ Direct Expense/Gross Patient Revenue

This measure looks at percentage of total direct expense to gross patient revenue. The 2018 target is 60-64%. For March the rate decreased to 63% within target and the Year to Date rate is at 66%.

❖ Indirect Expense/Direct Expense

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2018 target is 36-38%. The rate for March is at 35% which is within target. Overall rate for 2018 is a desirable below target rate of 35%.

Safety Outcomes

Patient/Resident Adverse Events

NCHC Overall Adverse Event rate in March is 3.9 events per 1,000 patient days/visits. Human Services Adverse Event rate was 2.0 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 15.3 events per 1,000 patient days. In Human Services March falls and medication errors have remained consistent. Residential Services is working with one residential facility to reduce medication errors. The nursing home in March had a slight increase in the number of falls; infections are the cause of the increase in the rate. In March there were an increased number of respiratory infections and an unusual number of urinary tract infections, the nursing home is monitoring nursing documentation and physician prescribing practices.

Employee Adverse Events

For March NCHC Employee Adverse Event rate was 0.14 per 1,000 days worked. Four employees required medical attention. The highest incidences were work activity injuries (injuries from performing tasks other than patient care) and injuries from altercations with clients/patient/residents (often the client will strike out without warning or the employee puts themselves in harm's way to protect others).

Program-Specific Outcomes-*items not addressed in analysis above*

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

Human Service Operations

❖ **Aquatic**

During 2018 Aquatic Therapy will be monitoring % of clients meeting treatment goals with a target of 89-95%. In March 95.6% of clients met their treatment goals.

❖ **Community Corner Clubhouse**

Clubhouse has a Clinical goal to increase member retention for 2018 with a target of 51-55%. In March the retention rate was 100%.

❖ **Residential and Pre-Vocational Services**

The Community Living Employee Vacancy Rate in residential services will again be a focus for 2018. Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50- 60%, March's rate remained at 39%.

❖ **Nursing Home**

Financial indicator for the nursing home in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In March the ADC was 23.9.

Support Departments

❖ **Communication and Marketing:**

Increase in social media followers to Facebook and Twitter. Through March there was a 27% increase in followers.

❖ **Health Information:**

Health Information has 98.6% March scanning accuracy of paper medical records into Laser fiche.

❖ **Nutritional Services:**

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. Resident satisfaction has been 91% for February and March.

❖ **Pharmacy:**

Pharmacy will report the % of Pharmacy Consult Recommendations that are reviewed by Physician with a response. Target is 95-97% and for the past two months recommendations reviewed by physicians are at 100%.

❖ **Volunteers:**

Volunteer Services will increase number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. The number of volunteers is up 4%. In March there were no new volunteers.

❖ **Demand Transportation:**

Increasing the number of trips provided for 2018 to between 12,400-13,000 trips per year. In March Demand Transportation increased to 1,017 trips.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	5-7%	5.3%	9.8%
		Retention Rate	↑	78-82%	97.0%	75.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
		Referral Source Experience: % Top Box Rate	↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate	↓	10-12%	7.1%	10.2%
		Psychiatric Hospital Readmission Rate	↓	8-10%	11.6%	12.6%
	Community	Access to Behavioral Health Services	↑	90-95%	87%	75%
		No-Show Rate for Community Behavioral Health Services	↓	TBD	TBD	\
	Finance	Direct Expense/Gross Patient Revenue	↓	60-74%	66.0%	62.0%
		Indirect Expense/Direct Expense	↓	36-38%	35.0%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Services Improve Leadership Index in Employee Engagement Survey	↑	33.6 - 35.2%	\	28.0%
		Residential Improve Leadership Index in Employee Engagement Survey	↑	20.9 - 23.7%	\	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑	77-82%	81.8%	88%
		Community Living Program Employee Vacancy Rate	↓	75-80%	NA	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs	↑	17 or less monthly Average	17	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		50%-60%	39.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,252	\$121,516	\
		Residential Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 -55%	\	50%
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	↑	77-82%	98%	93%
	Clinical	% Of Clients Meeting Treatment Goals	↑	89-95%	93.2%	\
	Community	Physical Therapy Access	↑	90-95%	97.8%	97.1%
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903-\$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BIRTH TO 3	People	Improve Leadership Index in Employee Engagement Survey	↑	34.6 - 36.3%	\	33%
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	↑	77-82%	93.8%	89%
	Clinical	Total Number of Early Intervention Visits/Month	↑	375 - 400	336	241
	Community	Eligible clients are admitted within 45 days of referral (RCA)	↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate (RCA)	↓	2018 Baseline Year	7.0%	\
		Average days from referral to initial appointment (RCA)	↓	2018 Baseline Year	11	\
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	\$121,516	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Improve Leadership Index in Employee Engagement Survey	↑		\	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑	77-82%	66.7%	73.6%
	Clinical	Increase Member Retention	↑	51%-55%	78%	\
	Community	Increase Evening of Jazz Revenue by 10%	↑	\$ 15,758- \$17,000	\	\
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$262,429	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Improve Leadership Index in Employee Engagement Survey	↑	50-52.8%	\	48%
	Service	Community Treatment Patient Experience Percent 9/10 Responses	↑	77-82%	77.7%	90.9%
	Clinical	% of Treatment Plans completed within 30 days of admission (RCA)	↑	90-95%	0.0%	84.4%
		% Treatment Plans reviewed every 6 months (RCA)	↑	2018 Baseline Year	91.9%	\
		Employment rate of Individual Placement and Support (IPS) clients (RCA)	↑	2018 Baseline Year	42.3%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral (RCA)	↑	90-95%	24.7%	24.0%
		Average days from referral to initial appointment (RCA)	↓	2018 Baseline Year	156	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$262,429	\
		Community Tx -Adult Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	\$121,516	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS CBRF	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	80%
	Service	Crisis CBRF Patient Experience Percent 9/10 Responses	↑	77-82%	82.4%	76.6%
	Clinical	Patient kept their outpatient appointment, if applicable (RCA)	↑	2018 Baseline Year	100.0%	\
		% of clients connected to a PCP within 7 days of admission	↑	2018 Baseline Year	100.0%	\
	Community	% of eligible patients are admitted within 24 hours (RCA)	↑	2018 Baseline Year	100.00%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance	↑	\$247,354-\$371,301	\$121,516	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	80%
	Service	MMT -Lakeside Recovery Patient Experience Percent 9/10 Responses	↑	77-82%	100.0%	92.8%
	Clinical	MMT Successful completion rate (RCA)	↑	2018 Baseline Year	70.0%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge (RCA)	↑	2018 Baseline Year	72.2%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	\	79.0%
	Service	Crisis Services Patient Experience Percent 9/10 Responses	↑	77-82%	0.0%	70.9%
	Clinical	Crisis & Suicide Prevention Hotline: % of callers who are linking with services within 72 hours (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old) (RCA)	↓	2018 Baseline Year	TBD	\
		Youth Crisis: avoid diversions of less than 72 hours. (RCA)	↓	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended (RCA)	↑	2018 Baseline Year	78%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments (RCA)	↑	2018 Baseline Year	332:193	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created] (RCA)	↑	2018 Baseline Year	89.0%	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (RCA)	↑	2018 Baseline Year	TBD	\
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
INPATIENT BEHAVIORAL HEALTH	People	Improve Leadership Index in Employee Engagement Survey	↑	63.4 - 66.4%	\	40%
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	↑	77-82%	64.9%	54.7%
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy scheduled within 4 business days (RCA)	↑	90-95%	90.0%	72.9%
		Percent of NCHC BHS Hospital patients that have a post discharge psychiatry appointment scheduled within 14 business days (RCA)	↑	90-95%	97.2%	\
		Detox: Length since previous admission (RCA)	↑	2018 Baseline Year	TBD	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge (RCA)	↑	2018 Baseline Year	TBD	\
	Community	Ratio of patient days served at NCHC vs. Out of County placements (RCA)	↑	2018 Baseline Year	373:171	\
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$262,429	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
OUTPATIENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	67.3 - 70.5%	\	65%
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	↑	77-82%	77.9%	78.7%
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge. (RCA)	↑	90-95%	90.0%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge (RCA)	↑	90-95%	97.2%	\
		OWI Recidivism Rate (RCA)	↓	27-32%	25.5%	23.6%
		Day Treatment: Successful completion rate (RCA)	↑	2018 Baseline Year	28.6%	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator (RCA)	↑	90-95%	97.0%	\
		Hospitalization rate of active patients (RCA)	↓	2018 Baseline Year	2.4%	\
		Same day cancellation and no-show rate (RCA)	↓	2018 Baseline Year	19.7%	\
		Criminal Justice Post-Jail Release Access Rate (RCA)	↑	2018 Baseline Year	100.0%	\
		Day Treatment: % of eligible patients are admitted within 24 hours (RCA)	↑	2018 Baseline Year	TBD	\
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	-\$41,595	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Improve Leadership Index in Employee Engagement Survey	↑	45.2 - 47.3%	\	41%
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	↑	77-82%	78.3%	74.6%
		Activities - Patient Experience % Top Box	↑	64 -67%	72.2%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate	↓	11 - 13 %	6.0%	83.0%
		Long Term Care Decreased Number of Falls by 10%	↓	36 -38	28	42
		Legacies by the Lake 10% Decreased Number of Falls	↓	275 -280	56	308.0
		Adverse Event Rate / 1000 pt days	↓	12-12.3	12.5	14.3
	Community		↓			
	Finance	Medicare ADC	↓	17	23	\
		Nursing Home Patient Accounts - % of gross changes	↓	0.15% - 0.21%	0.5%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	-\$41,595	\
		PAC / LTC Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$107,177	\
		Legacies by the Lake Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Improve Leadership Index in Employee Engagement Survey	↑	54.07 - 57.3%	\	46%
	Service	Housekeeping Patient Experience Percent Excellent Responses	↑	67-70%	67.7%	65.2%
	Clinical	Weekly room checks pass/fail	↑	90-95%	92.0%	86.0%
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$249,472 - \$374,207	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Laundry Patient Experience Percent Excellent Responses	↑	51-54%	46.0%	48.9%
	Clinical	Personal items missing per month	↓	70-75 per month	73	97
	Community					
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Nutritional Services Patient Experience Percent Excellent Responses	↑	67-70%	61.0%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		90-95%	94.0%	\
	Community					
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PHARMACY	People	Improve Leadership Index in Employee Engagement Survey	↑	74.5 -78.1%	\	71%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)	↓	95-97%	99.6%	\
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	-\$41,595	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	70 - 73.7%	\	67%
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	↑	77-82%	83.1%	88.2%
	Clinical	% Of At Risk Investigations closed within 30 days. (RCA)	↑	70-80%	66.0%	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties. (RCA)		75-85%	79%	87.0%
		% Of Risk Case Opened within 1 month of closure (RCA)		5% or below	2%	4%
	Community					
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	79.4%	77.2%
	Clinical					
	Community	Increase in social media followers to Facebook and Twitter	↑	50%	27%	\
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903- \$373,354	-\$107,177	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Improve Leadership Index in Employee Engagement Survey	↑	66- 69.3%	\	63%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)	↑	50-55	64	\
		Scanning Accuracy (25% audit, percent complete without error)	↑	95-98%	96.1%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)	↑	2-4	2	\
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
		Vacancy Rate for 2018	↓	5-7%	5.3%	9.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$24,982	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
QUALITY	People	Improve Leadership Index in Employee Engagement Survey	↑	70 -73.7%	\	67%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical					
	Community					
	Finance	Finanical Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	-\$41,595	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	90-100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical					
	Community	Increase volunteers between the ages of 50-65 over current number of 50	↑	5-10%	4%	\
	Finance	Finanical Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$262,429	\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	\	56%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	-\$41,595	
		Financial Statements Deadline (9 out of 11 months)	↑	by 8th of month	MET	Met

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
DEMAND TRANSPORTATION	People	Improve Leadership Index in Employee Engagement Survey	↑	78.7-82.5%	\	75%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical	Performing at least 2 Special Request duties a day	↑	40- 44 per month	108	\
		Number of trips	↑	12,400 - 13,000	2825	\
	Community					
	Finance	Finanical Task Force 1 Positive Variance	↑	\$251,912 - \$377.869	-\$262,429	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑		\	50%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical	Provide 2,400 hours of IMS training	↑	200 hours per month	205.00	\
	Community					
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	\$121,516	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	21-22%	\	20%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$262,429	\
		Days in Accounts Receivable	↓	30-35 days	37	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	78.9%	77.2%
		Accurate paperwork from storekeepers	↑	95-97%	97%	\
	Clinical					
	Community					
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	\$121,516	\
		Reduction of Budgeted Supplies and Nursing Su	↓	8-15%: \$57,339 - \$107,510	\$150,307	\

2018 NCCSP BOARD CALENDAR – As of April 20, 2018

Thursday April 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year. Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

Board Action: NCHC Master Facility Plan Presentation and Recommendation to the Marathon County Board.

Board Policy to Review: Strategic Planning Policy

Board Policy Discussion Generative Topic: Information Technology – An overview of key systems and strategy for technology.

Thursday May 31, 2018 – 12:00 PM – 8:00 PM

Board Policy Discussion Generative Topic: Focus on the environment, competition, and opportunities for collaboration.

Review Mission, Vision, Values and End Statements – Reflect on the organization's mission, vision, values and end statements and compare them against its activities and strategy going forward.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Capital Projects – Review capital budget and forecast for the organization.

2018 NCCSP BOARD CALENDAR – As of April 20, 2018

Thursday June 28, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Approve Corporate Compliance Plan for the upcoming year.

Board Policy to Review: Business Associate Agreements Policy, Investment Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review – Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit and 501(c)(3) compliance, facilities and real property, and intellectual property. Review board policies, risk areas, and insurance coverage.

Thursday July 26, 2018– 12:00 PM – 2:00 PM

Educational Presentation: Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee. Develop Dashboard measures for upcoming year.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic: TBD

Thursday August 30, 2018– 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Budget – Review and approve the budget and dashboard for the coming year.

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

2018 NCCSP BOARD CALENDAR – As of April 20, 2018

Thursday September 27, 2018 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. CEO Performance Review – Review performance to date and report evaluation and progress to the Retained County Authority Committee.

Board Policy to Review: Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

Thursday October 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: Approve the Quality Plan for the upcoming year.

Board Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic:

Thursday November 29, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Elections – Hold elections of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review year to date process and develop, as necessary, the organization's programmatic plans for the upcoming year.

Board Policy to Review: Board – CEO Succession Planning

Board Policy Discussion Generative Topic: TBD

Thursday December 20, 2018 (Third Tuesday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD