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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, July 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 – Limited to 15 Minutes
3. Chairman's Report and Announcements – J. Zriny
4. Board Committee Minutes and Reports
    A. Review the Minutes of the July 18, 2018 Executive Committee Meeting
5. Consent Agenda
    A. ACTION: Approval of 6/28/2018 NCCSP Board Meeting Minutes
    B. Nursing Home Operations Report – K. Gochanour
    C. Quality Outcomes Review – M. Loy
        i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
6. Board Education
    A. Employee Compensation and Benefit Plan Review – Review Current Practices and 2019 Budget Assumptions
        i. ACTION: Approve the Employee Compensation Manual as Amended
        ii. ACTION: Approve Recommended Modification to Employee Compensation Pay Ranges
        iii. ACTION: Approve the Employee Compensation Policy as Amended
7. Monitoring Reports
    A. CEO Work Plan Review and Report – M. Loy
    B. Chief Financial Officer's Report – B. Glodowski
        i. ACTION: Review and Accept June Financial Statements
    C. Human Services Operations Report – L. Scudiere
8. Board Discussion and Possible Action
    A. ACTION: Recommendation to Replace the Current Nursing Home Electronic Medical Record (EMR) System
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
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn

Presiding Officer or Designee

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

DATE: 07/20/2018 TIME: 4:00 PM BY: D. Osowski

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

July 18, 2018 1:00 PM North Central Health Care–Juniper Room

Present:	X	Jeff Zriny	X	Steve Benson
	X	Corrie Norrbom	X	Bob Weaver

Others present: Michael Loy, Lance Leonhard
Guests: Todd Penske, PeopleFirst

Chairman Zriny called the meeting to order at 1:02 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 06/14/18 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 06/14/18 Executive Committee meeting minutes; motion passed.

Discussion of CEO Performance Evaluation Process – Todd Penske, PeopleFirst

- Todd Penske, PeopleFirst HR Solutions, was introduced. T. Penske was recommended by Jon Krueger to assist the Board in the development of a CEO evaluation tool and process. After reviewing a letter of proposal and meeting with J. Zriny and M. Loy, an agreement was made with PeopleFirst to continue the prior engagement.
- The project timeline is to have the evaluation tool completed by the end of August.
- The project scope is to review the CEO job description and develop the process to evaluate the CEO with input from stakeholders with the Committee's guidance,
- The Committee members provided the following expectations for the CEO evaluation process:
    - Provide formal feedback on performance, directional areas, and career development in skills to lead the organization i.e. engage with people from different careers around the community and country to stay engaged and grow/lean from each other, executive coaching services
    - Evaluate financial management i.e. budget priorities of three counties, how priorities are implemented, and budget preparation, provide stakeholder education on where the organization is allocating funding, performance metrics and what success looks like, quantify how NCHC is performing according to metrics, innovation and programming, organizational culture, patient satisfaction, employee turnover, customer service.
    - Consider referral source satisfaction in both data and communication.
    - Provide quarterly report/feedback so there are no surprises at year end.
    - CEO should become a leading communicator/facilitator to bring people together and facilitate ongoing relationship building and communication.

    - Build reputation in community that NCHC is trustworthy; share what is going on at NCHC.
    - Provide reports that are pertinent to each county i.e. Lincoln and Langlade Counties may not require the same type of reporting as Marathon County.
    - Move beyond anecdotal stories and help people better understand what is provided.
    - Understanding what each other knows what they can do to operate under the law – what will 'move the number'.
    - The Board must also have a good understanding of the metrics chosen when evaluating the CEO.
    - Capture where NCHC was when Michael stepped in and where it is now (obvious financial) but culture may be difficult to capture. Trend data can be a reference point.
- T. Penske will present a draft of the evaluation tool and process by mid-August. The Committee felt the tool should also be used for self-evaluation.
- Feedback will be solicited from representatives of the three counties, the Board, and the Executive Team.
- A meeting of the Executive Committee will be scheduled in August.

<u>CEO Report</u>

- Five proposals were received for the Master Facility Plan architectural design. Three firms will be interviewed and a selection made by August 1. Cost ranges between $3-$4 million.
- Psychiatry recruitment has resulted in five actively interested candidates. Dr. Dileep Borra joined us last week. We are very confident that we should have 8 psychiatrists on board in the next year or two which would hit our strategic goal.
- An APNP has been hired and is working in Crisis and overseeing the CBRF, MMT programs and will help with surges on the inpatient unit. She will be providing assessment and stabilization services.
- Have had conversations with individuals at the State regarding diversions in an effort to improve the number of individuals needing to be diverted to the State Institutes.
- MMT approval was received 7/9/18 and we are currently phasing up enrollment.
- Talked with State DQA on how to speed up the process for license and certification approval. We have a good strategy which includes meeting with the DQA and the construction team as soon as we have the design process underway.
- We are also in the process of hiring an APNP for Outpatient in May 2019.
- Psychiatry Residency program continues to be challenging with huge resource demands. Medical staff has expressed some pushback due to demands on their time but we are working with them to resolve these challenges. It was suggested continuing education credits may be possible for those in a supervision role for the program. Medical College may be able to help with clinical faculty.
- Budget process is under way and believe we will deliver a successful budget without a request for additional tax levy.
- Continue to recruit and screen candidates for general counsel.

Agenda for 07/27/18 Board Meeting

- Sue Matis will provide an overview of employee compensation and benefit plans.
- Board will be asked to approve the Compensation Manual, Employee Compensation Pay Ranges, and Employee Compensation Policy.
- A recommendation for an Electronic Medical Record system for Mount View Care Center will be presented.
- Performance expectations will move to August on the Board calendar. The RCA should review and make recommendation to Board.

C. Norrbom left the meeting at 1:56 p.m.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Weaver to adjourn into closed session pursuant to §19.85(1)(e) for the purposes of deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified business, whenever competitive or bargaining reasons require a closed session. This closed session is to discuss the ongoing management interests of specific county programs by NCHC. Second by Benson. Roll call. All ayes. Committee agreed L. Leonhard should remain in the meeting for the discussion. Motion passed 3-0.

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

- **Motion**/second, Benson/Weaver, to reconvene into Open Session at 2:09 p.m. All Ayes. Motion passed 3-0. No action or announcements on the Closed Session Item(s) were made.

Discussion and Future Agenda Items for Executive Committee or Board Consideration

- The CEO evaluation process will be presented at the August Board Meeting.

Adjourn

- **Motion**/second, Weaver/Benson, to adjourn the Executive Committee meeting at 2:10 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant

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NORTH CENTRAL COMMUNITY SERVICES PROGRAM
BOARD MEETING MINUTES

June 28, 2018 | 12:00 Noon | Wausau Board Room

Present:

X	Norbert Ashbeck	X	Randy Balk	X	Steve Benson
X	Ben Bliven	X	John Breske	EXC	Jan Gulsvig
EXC	Meghan Mattek	X	Bill Metter	X	Corrie Norrbom
EXC	Rick Seefeldt	X	Romey Wagner	X	Bob Weaver
EXC	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Brenda Glodowski, Sue Matis, Kim Gochanour, Sheila Zblewski, Laura Scudiere, Lance Leonhard, Jennifer Peaslee

Call to Order

- The meeting was called to order at 12:03 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements – J. Zriny

- Jon Krueger, retired Human Resources Executive, was unable to assist us in developing a CEO evaluation process but recommended Todd Penske who has agreed to assist with this process. The Executive Committee will meet with Mr. Penske in July.

Board Committee Minutes and Reports – J. Zriny

- In June, the Executive Committee met in closed session to discuss pending litigation regarding a lease agreement. The committee talked with Attorney John Fisher who is exploring options.

Consent Agenda

- **Motion**/second, Metter/Weaver, to approve the Consent Agenda.
    - The grand opening of the newly remodeled location for the expansion Medically Monitored Treatment Program (MMT) was held; we are waiting yet for the site visit.
    - Question was asked about revenue stream for the counselor in the Antigo School. The position would be supported through new billing revenue.
    - Request was made to add green and red colors to the Dashboard indicating monthly scores are above or below target.
    - Motion carried.

Board Education

Transition to Patient Experience Survey Tool – Jennifer Peaslee

- J. Peaslee is the project coordinator in the transition from HealthStream to Press Ganey for the Patient Experience Survey Tool.
- J. Peaslee acknowledged and thanked Laura Scudiere and Sheila Zblewski for their assistance with this project.
- An overview of the tool was provided and samples of the survey tools were shared.
- Questions and discussion included tracking response rates and survey methodology.
- Follow-up procedures between surveys without creating survey fatigue were discussed.
- Concern was expressed with collecting background/demographic data on client surveys being perceived as identifiable and chill response rates. This will be discussed with Press Ganey on how the details impact responses.
- Comparison peer group data is with like facilities i.e. number of people served, demographics, etc.
- Dr. Benson expressed concern that we may be asking for data without informing recipients what the data is being used for and feels people need to understand what they are agreeing to when completing the survey while ensuring maximum ability to maintain confidentiality.
- The transition to a new survey tool may reflect a change in scores. Data will be analyzed closely for any significant changes. Survey data results will be frozen until data collection has been stabilized.
- Staff are being educated as to the appropriate way to convey the importance of completing surveys.

Monitoring Reports

CEO Work Plan Review and Report – M. Loy

- Master Facility Plan has been approved by the Marathon County Board for approximately $70 million in bonding by Marathon County over the next five years. The Request For Proposal (RFP) for architectural design has been issued. A pre-bid walk through was provided. Interviews are scheduled for 7/27/18 with final selection in August. Ten firms have shown interest including the firm that assisted with the Master Facility Plan conceptual design.
- Waiting for the final inspection for the expansion of the MMT program.
- The second Psychiatry Residency Program Welcome Event was held June 25 with three new residents joining the program. Staff were acknowledged and thanked for all of their work in putting the program together. J. Zriny noted that the Medical College of Wisconsin expressed their excitement about North Central Health Care's involvement in the program and they have been very pleased with their experience.

Nursing Home Operations Report – K. Gochanour

- Initial interviews have been completed relating to the RFP for electronic medical record (EMR).

Chief Financial Officer's Report – B. Glodowski

- May saw a small gain. We continue to stay ahead of target. The nursing home is showing improvement and the hospital is stable. The MMT and CBRF programs are running behind in revenue which is attributed to delays from the State in processing our application and the onsite inspection. Expenses for programs are at full capacity as staff are hired and trained while we wait to start the programs.
- Health insurance increased through May to approximately $500,000 above target.
- June financials will include another CD that has been purchased which is contributing to reaching our cash on hand targets.

- The 2019 Budget process is in full swing. Updates will be provided regularly with a final presentation in August. Several questions were asked about health insurance contribution levels, open enrollment timeframe, co-pays, etc.
- **Motion**/second, Bliven/Balk, to approve the May Financial Statements. Motion carried.

Board Discussion and Possible Action

- The Executive Committee, in serving as the Nominating Committee, is recommending Dr. Corrie Norrbom be appointed as a member of the Executive Committee. The previous structure of the Committee has changed i.e. the vacant 'Past-President' position and the departure of Robin Stowe who was also a member of the Retained County Authority (RCA).
- Mr. Zriny called three times for other nominations from floor. No other nominations were presented.
- **Motion**/second, Weaver/Balk, to appoint Dr. Corrie Norrbom as a member of the Executive Committee. Motion carried.

MOTION TO GO INTO CLOSED SESSION:

- **Motion** by Metter to adjourn into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations. Second by Ashbeck. Roll call. All ayes. Motion passed 10-0.
    i. Corporate Compliance and Ethics
    ii. Significant Events

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

- **Motion**/second, Benson/Wagner. To reconvene into Open Session. All Ayes. Motion passed 10-0. No action or announcements on the Closed Session Item(s) were made.

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

- At the July meeting of the Board, Sue Matis will provide an update on employee compensation, benefits, retention strategies as well as an overview of current Human Resources practices.
- In July the RCA will be reviewing performance measures implemented this year, our progress in getting operationalized, and where we are going next year.
- B. Weaver will be chairing the Board meeting in July as J. Zriny and S. Benson will not be available for the 7/26/18 meeting.

Assessment of Board Effectiveness: Board materials, Preparation and Discussion

- Dr. Benson commented that it is good to see new members participating.

Adjourn

- **Motion**/second, Metter/Norrbom, to adjourn the Board meeting at 1:26 p.m. Motion carried.

Minutes by Debbie Osowski, Executive Assistant

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MEMORANDUM

DATE: July 19, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: July 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) **Electronic Medical Record Request for Proposal (RFP)**: We conducted onsite interviews with three of the six vendors that we received in response to the RFP. Based on the review and staff feedback we have made a recommendation that we will present to the Board this month.

2) **Celebrations:** During the month of June we celebrated National Certified Nursing Assistants week (C.N.A.). C.N.A.'s are the backbone of the long term care industry and we currently employ over 135 throughout North Central Health Care. For the week long celebration we created a theme of" Nacho Average C.N.A." Walking tacos and drinks were given out to all to enjoy as well as a small gift thanking them for all that they do for our residents.

3) **Post-Acute Care Conference:** On June 5, 2018 members of the Executive Team attended a conference sponsored by Wisconsin Hospital Association, Leading Age of Wisconsin, and other health care organizations. The focus was to educate and talk about transition of care from acute care to other settings and what we can do to create better transitions of care. This was a very entry level conversation and more work will need to be done as we look to partner with other providers for better outcomes for the patient/resident.

4) **Touring the Neighborhood Model Concept:** During the month a number of staff toured two other county facilities that in recent years have built new facilities and utilized the neighborhood model concept. Representation from housekeeping, activities, nursing, and dining attended for ideas to share as we move further in the master facility planning and renovation of North Central Health Care. More tours will be planned to look at facilities that opted for major renovations over new construction and created the neighborhood model in their existing facility.

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Excellence in Quality

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2018 YTD	2017 YTD
PEOPLE																
Vacancy Rate	**5-7%**	⇩	8.2%	8.8%	5.3%	8.5%	10.3%	6.9%							**8.0%**	**9.8%**
Retention Rate	**78-82%**	⇧	99.0%	98.0%	97.0%	94.0%	92.0%	90%							**90.0%**	**75.8%**
SERVICE																
Patient Experience: % Top Box Rate	**77-82%**	⇧	79.4%	81.7%	76.2%	75.3%	73.7%	75.2%							**76.9%**	**77.2%**
Referral Source Experience: % Top Box Rate	**TBD**	⇧	TBD	TBD	TBD	TBD	TBD	TBD							**TBD**	\
CLINICAL																
Nursing Home Readmission Rate	**10-12%**	⇩	5.3%	3.4%	12.9%	12.9%	8.7%	3.2%							**7.7%**	**10.2%**
Psychiatric Hospital Readmission Rate	**8-10%**	⇩	8.8%	13.6%	12.3%	15.5%	17.5%	8.4%							**12.7%**	**12.6%**
COMMUNITY																
Access to Behavioral Health Services	**90-95%**	⇧	87.0%	88.0%	87.0%	84.0%	86.0%	87.0%							**86.5%**	**74.0%**
No-Show Rate for Community Behavioral Health Services	**TBD**	⇩	TBD	TBD	TBD	TBD	15.8%	13.7%							**14.8%**	\
FINANCE																
Direct Expense/Gross Patient Revenue	**60-64%**	⇩	67.0%	69.0%	63.0%	69.0%	67.0%	67.6%							**67.0%**	**62%**
Indirect Expense/Direct Expense	**36-38%**	⇩	32.0%	37.0%	35.0%	33.0%	35.0%	33.7%							**34.4%**	**41.8%**

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. *Benchmark: HealthStream 2016 Top Box Data*
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. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
COMMUNITY	
NCHC Access	Percent of clients obtaining services within the Best Practice timeframes in NCHC programs.
	• Adult Day Services - within 2 weeks of receiving required enrollment documents
	• Aquatic Services - within 2 weeks of referral or client phone requests
	• Birth to 3 - within 45 days of referral
	• Community Corner Clubhouse - within 2 weeks
	• Community Treatment - within 60 days of referral
	• Outpatient Services
	* within 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.

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Quality Executive Summary

JULY 2018

Organizational Outcomes

People

- **Vacancy Rate**

  The 2018 vacancy rate target range is 5-7%. June's Vacancy Rate is at 6.9%. Year to Date target is slightly above target at 8.0%. NCHC closed the gap with a high volume of hiring in June filling approximately 23 positions. Also, positions were reevaluated and realigned to program needs impacting vacancy rate.

- **Employee Retention Rate**

  Employee Retention Rate target range for 2018 is 78-82%; currently the rate is 90%, which is exceeding the target. NCHC has averaged between 1 to 2% adjustments since the beginning of the year. If NCHC remains on this pace we will be on target for end of year.

Service

- **Patient Experience**

  NCHC Patient Experience 2018 target is 77-82%. In June, the percent top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 75.2% up from the previous month. Year-to-date rate is just below target at 76.9%. Individual programs within or above target include: Crisis Services, Crisis CBRT, MMT, Telepsychiatry - Merrill, Aquatic Services, Birth to Three, Community Treatment –Youth, NCHC Adult Day/Prevocational/Residential Services, Adult Protective Services, and Mount View Care Center-Legacies by the Lake. We are implementing our new patient experience surveys in August, so we'll be watching this dashboard item closely.

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

  A new referral source survey process will be implemented along with the new Patient Experience Survey tool.

Clinical

- **Nursing Home Readmissions**

  The 2018 Nursing Home 30-Day Hospital Readmission target rate is 10-12%. In June the rate was below target at 3.2%, one resident was re-hospitalized in June. Overall year-to-date the readmission rate is favorably below target at 7.7%. We had one unavoidable re-hospitalization that met the 30 day criteria. Resident had pulmonary emboli which we are unable to treat initially here. We continue to educate nurses on SBAR tool to use when communicating with MD's on things we can do in-house to reduce transfers.

- **Hospital Readmissions**

  The Hospital rate of readmissions within 30 days target is 8-10%. In June the rate was within the target range at 8.4%. Overall year to date is at 12.7%. Clinical teams will be developing a work plan to reduce readmissions.

Community

- **Access Rate for Behavioral Health Services**

  The 2018 Access Rate target is 90-95%. In June the Access Rate stayed constant at 87%. The program struggling the most with access is Community Treatment.

- **No-Show Rate for Community Behavioral Health Services**

  The percent of clients who no-show or have same day cancellation to Community Treatment and Outpatient Services is a new measure for 2018. The report criteria for this new measure has been developed, and the June rate was 13.7% with a year to date result at 14.8%.

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%. The month of June is at 67.6% and year to date is at 67%. This measure continues to exceed the target due to health insurance and State Institutes exceeding budgeted expense.

- **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 June is at 33.7% which is below target. Overall rate for 2018 is the rate is 34.4%. The target continues to remain below target due to the expenses in the support areas remaining below budget targets.

Safety Outcomes

Patient/Resident Adverse Events

Overall Adverse Event rate in June is 3.5 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 13.1 events per 1,000 patient days. In Human Services falls decreased by 30% from the prior month which is 7% below the 12 month average. In June, medication errors increased by a total of 5 across programs following a low month in May where there were only 11 reported.

Employee Adverse Events

For June, NCHC's Employee Adverse Event rate was 0.10 per 1,000 days worked. Falls on same level and being struck by/against/between an object were highest incidence. Two employee falls required medical attention.

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 the percentage of clients meeting treatment goals with a target range of 89-95%. In June the number of goals met jumped to 96%.

❖ **Community Corner Clubhouse**

Clubhouse has a Clinical goal to increase member retention for 2018 with a target range of 51-55%. In June the retention rate dipped to 67% from prior months.

❖ **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%, June has continued to hold at 38%.

❖ **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 May the ADC was 22.

Support Departments

❖ **Communication and Marketing**

Increase in social media followers to Facebook and Twitter. Through June there was a 44% increase in followers.

❖ **Health Information:**

In June, Health Information had a 97.6% scanning accuracy of paper medical records into Laser Fiche. The Health Information Management (HIM) quality measure for scanning accuracy has been running 97.5% (on average) for the last 3 months. We are within target range of 95%-98% and YTD is 97.7%. This measure is important because we are expanding the automation of real time scanning and this could impact patient safety if scanned in the wrong chart. Note – we have found that as new employees are scanning charts that their error rate tends to be a little higher so the HIM team audits additional charts for these employees and re-trains as needed.

❖ **Nutritional Services:**

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. Resident satisfaction was 88% in June.

❖ **Pharmacy**:

Pharmacy will report the percentage of Pharmacy Consult Recommendations that are reviewed by a Physician with a response. The target range is 95-97% and for June the recommendations reviewed by physicians are 98.9%.

❖ **Volunteers:**

Volunteer Services will increase the number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50. In June, there was one new volunteer. Year-to-date is at 8%.

❖ **Demand Transportation:**

Focus is to increase the number of trips provided for 2018 to between 12,400-13,000 trips per year. Through June Demand Transportation had 5,588 trips.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate		⇩	5-7%	8.0%	9.8%
		Retention Rate		⇧	78-82%	90.0%	75.8%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	76.9%	77.2%
		Referral Source Experience: % Top Box Rate		⇧	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate		⇩	10-12%	7.7%	10.2%
		Psychiatric Hospital Readmission Rate		⇩	8-10%	12.7%	12.6%
	Community	Access to Behavioral Health Services		⇧	90-95%	87%	75%
		No-Show Rate for Community Behavioral Health Services		⇩	TBD	14.8%	\
	Finance	Direct Expense/Gross Patient Revenue		⇩	60-64%	67.1%	62.0%
		Indirect Expense/Direct Expense		⇩	36-38%	34.3%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Servies 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%	81.9%	88%
		Community Living Program Employee Retention Rate		⇧	75-80%	75.0%	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs		⇩	17 or less monthly Average	21	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Communty based Billable Hours vs Shelter Based by Dec 2018)		⇧	50%-60%	39.0%	\
	Finance	ADS/Prevoc Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,252	$90,971	\
		Residential Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$216,601	\

Department	Domain	Outcome Measure	RCA		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%	96%	93%
	Clinical	% Of Clients Meeting Treatment Goals		⇧	89-95%	93.1%	\
	Community	Phycial Therapy Access		⇧	90-95%	97.2%	97.1%
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$401,587	\

Department	Domain	Outcome Measure	RCA		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%	91.5%	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	8.7%	\
		Average days from referral to initial appointment	RCA	⇩	2018 Baseline Year	11	\
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,971	\

Department	Domain	Outcome Measure	RCA		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%	62.7%	73.6%
	Clinical	Increase Member Retention		⇧	51%-55%	84%	\
	Community	Increase Evening of Jazz Revenue by 10%		⇧	$ 15,758-$17,000	\	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$260,282	\

Department	Domain	Outcome Measure	RCA		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%	74.3%	90.9%
	Clinical	**% of Treatment Plans completed within 30 days of admission**	RCA	⇧	90-95%	NA	84.4%
		% Treatment Plans reviewed every 6 months	RCA	⇧	2018 Baseline Year	93.3%	\
		Employment rate of Individual Placement and Support (IPS) clients	RCA	⇧	2018 Baseline Year	40.7%	\
	Community	**Eligible CCS and CSP clients are admitted within 60 days of referral**	RCA	⇧	90-95%	23.7%	24.0%
		Average days from referral to initial appointment	RCA	⇩	2018 Baseline Year	122	\
	Finance	Community Tx -Youth Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$260,282	\
		Community Tx -Adult Finanical Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,971	\

Department	Domain	Outcome Measure	RCA		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%	85.3%	76.6%
	Clinical	**Patient kept their outpatient appointment, if applicable**	RCA	⇧	2018 Baseline Year	90.5%	\
		% 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 Finanical Task Force 4 Positive Variance		⇧	$247,354-$371,301	$90,971	\

Department	Domain	Outcome Measure	RCA		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%	86.1%	92.8%
	Clinical	**MMT Successful completion rate**	RCA	⇧	2018 Baseline Year	68.0%	\
	Community	**MMT- compliance rate with discharge plan 60 days post-discharge**	RCA	⇧	2018 Baseline Year	72.0%	\
	Finance	Crisis CBRF/MMT Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$216,601	\

Department	Domain	Outcome Measure	RCA		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%	65.6%	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		⇧	2018 Baseline Year	TBD	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$401,587	\

Department	Domain	Outcome Measure	RCA		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%	71.7%	54.7%
	Clinical	**Percent of NCHC BHS Hospital patients that have a post diacharge therapy scheduled within 4 business days**	RCA	⇧	90-95%	89.8%	72.9%
		Percent of NCHC BHS Hospital patients that have a post diacharge psychiatry appointment scheduled within 14 business days	RCA	⇧	90-95%	97.4%	\
		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	445:107	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$260,282	\

Department	Domain	Outcome Measure	RCA		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%	74.5%	78.7%
	Clinical	**% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge**	RCA	⇧	90-95%	89.8%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge	RCA	⇧	90-95%	97.9%	\
		OWI Recidivism Rate	RCA	⇩	27-32%	23.0%	23.6%
		Day Treatment: Successful completion rate	RCA	⇧	2018 Baseline Year	16.8%	\
	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	19.0%	\
		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	$48,107	\

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure	RCA		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%	74.6%	74.6%
		Activities - Patient Experience % Top Box		⇧	64 -67%	64.5%	60.9%
	Clinical	**Post Acute Care 30-Day Rehopitalization Rate**		⇧	**11 - 13 %**	8.3%	83.0%
		Long Term Care Decreased Number of Falls by 10%		⇩	**36 -38**	52	42
		Legacies by the Lake 10% Decreased Number of Falls		⇩	**275 -280**	123	308.0
		Adverse Event Rate / 1000 pt days		⇩	**12-12.3**	13.1	14.3
	Community						
	Finance	**Medicare ADC**		⇧	17	23	\
		Nursing Home Patient Accounts - % of gross changes		⇩	0.15% - 0.21%	0.36%	\
		Administration /Rehab/ Ancillary Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$48,107	\
		PAC / LTC Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$401,587	\
		Legacies by the Lake Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$216,601	\

Department	Domain	Outcome Measure	RCA		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%	64.1%	65.2%
	Clinical	Weekly room checks pass/fail		⇧	90-95%	92.0%	86.0%
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$249,472 -$374,207	$216,601	\

Department	Domain	Outcome Measure	RCA		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%	50.9%	48.9%
	Clinical	Personal items missing per month		⇩	70-75 per month	168	97
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$48,107	\

Department	Domain	Outcome Measure	RCA		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%	61.8%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		⇧	90-95%	95.0%	\
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 -$373,354	-$401,587	\

Department	Domain	Outcome Measure	RCA		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%	76.9%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)		⇧	95-97%	99.6%	\
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 -$374,207	$48,107	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure	RCA		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%	90.3%	88.2%
	Clinical	**% Of At Risk Investigations closed within 30 days**	RCA	⇧	70-80%	70.0%	64%
		Comprehensive Eval information entered in TIER within 24 hours of date report sent out to initial parties	RCA	⇧	75-85%	87%	87.0%
		% Of Risk Case Opened within 1 month of closure	RCA	⇩	5% or below	4%	4%
	Community						
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903 - $373,354	-$401,587	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey		⇧	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	76.9%	77.2%
	Clinical						
	Community	**Increase in social media followers to Facebook and Twitter**		⇧	50%	44%	\
	Finance	Finanical Task Force 3 Positive Variance		⇧	$248,903-$373,354	-$401,587	\

Department	Domain	Outcome Measure	RCA		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%	76.9%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)		⇧	50-55	64	\
		Scanning Accuracy (25% audit, percent complete without error)		⇧	95-98%	97.8%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)		⇧	2-4	2	\
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$216,601	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey		⇧	90 - 100%	\	100%
		Vacancy Rate for 2018		⇩	5-7%	6.9%	9.8%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 5 Positive Variance		⇧	$247,354 - $371,301	$216,601	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 2 Positive Variance		⇧	$249,472 - $374,207	$48,107	\

Department	Domain	Outcome Measure	RCA		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%	0.0%	77.2%
	Clinical						
	Community	Increase volunteers between the ages of 50-65 over current number of 50		⇧	5-10%	0%	\
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869		\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Financial Task Force 2 Positive Variance		⇧	$249,472 - $374,207	$48,107	\
		Financial Statements Deadline (9 out of 11 months)		⇧	by 8th of month	MET	\

Department	Domain	Outcome Measure	RCA		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%	76.9%	77.2%
	Clinical	Performing at least 2 Special Request duties a day		⇧	40- 44 per month	205	\
		Number of trips		⇧	12,400 - 13,000	5588	\
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377.869	-$260,282	\

Department	Domain	Outcome Measure	RCA		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey		⇧		\	50%
	Service	Patient Experience: % Top Box Rate		⇧	77-82%	76.2%	77.2%
	Clinical	Provide 2,400 hours of IMS training		⇧	200 hours per month	464.25	\
	Community						
	Finance	Finanical Task Force 4 Positive Variance		⇧	$248,835 -$373,253	$90,464	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
	Clinical						
	Community						
	Finance	Finanical Task Force 1 Positive Variance		⇧	$251,912 - $377,869	-$260,282	\
		Days in Accounts Receivable		⇩	30-35 days	35	\

Department	Domain	Outcome Measure	RCA		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%	76.2%	77.2%
		Accurate paperwork from storekeepers		⇧	95-97%	96%	\
	Clinical						
	Community						
	Finance	Financial Task Force 4 Positive Variance		⇧	$248,835 - $373,253	$90,464	\
		Reduction of Budgeted Supplies and Nursing Supplies		⇧	8-15%: $57,339 -$107,510	-$39,938	\

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: July 20, 2018
TO: North Central Community Services Program Board
FROM: Sue Matis, Human Resources Executive
RE: Annual Compensation and HR Practices Education

The following items are general updates and communication to support the Board on key activities and/or updates of Compensation and HR Practices at NCHC.

This document will be broken out in the following for both Compensation and Health and Welfare Plans: Current State, Risks, and Recommendations.

Documents that will require Board approval are the NCHC Compensation Administration Manual, Employee Compensation Policy, 2019 Salary Ranges and Pay Grades.

Compensation:

Salary Ranges/Pay Grades -Current State & Market Trends

Currently NCHC pays at the 50th percentile of market which traditionally has been the target in the labor market for most employers. A percentile wage is the following: "The **percentile wage** estimate is the value of a **wage** below which a certain percent of workers fall.... **50**% earn less than $20.00; **50**% earn more than $20.00 (The **50th percentile** is called the Median). 75% earn less than $24.00; 25% earn more than $24.00. 90% earn less than $29.00; 10% earn more than $29.00." (Bureau of Labor Statistics)

The competition for NCHC talent has extended beyond the Central Wisconsin Market to Statewide and in some cases dependent on position, nationally. In majority of cases, employers are deviating from a one size fits all philosophy, i.e. all positions are treated equally at the 50th percentile as the landscape is changing. Based on evaluation of local and state employers, it is clear that for high demand positions higher percentiles are being implemented such as the 75th percentile or higher depending on the supply and demand for individuals in a particular position.

Additionally, an average of 2% pay grade adjustments have been initiated year over year at NCHC in the relatively recent history. This is in line on the lower end of what is being done, both locally and state wide. Trends for these adjustments range from 1.9% in Public Sector to 3.5% in For Profit Sectors.

Salary Ranges/Pay Grades - Risks:

The Risks for NCHC maintaining a philosophy of setting a target across pay ranges at the 50th percentile will position us to lag in the market, especially with high demand positons such as RNs, C.N.A, Physical Therapists and Pharmacists to name a few. These positions with local competitors are being paid at a higher rate than NCHC offers. One example is the RN position. A local system is offering wages ranging from $3.00 to $5.00 more per hour which would position them at slightly above the 75th percentile.

As it relates to annual pay grade adjustment of 2%, NCHC appears to be in line with its competitors in the public sector and slightly below the For Profit Sectors.

Salary Ranges/Pay Grades - Recommendations:

A compensation review was completed in June of 2018 utilizing multiple compensation sources which were:

- PayScale: an on-line compensation tool that utilizes "crowd source data". Crowd Source Data is a function of obtaining compensation data points from multiple sources and data points. Data sources utilized are: Towers Perrin, Watson Wyatt, local, state and national sources.
- Leading Age Compensation Survey for Skilled Nursing Facilities
- 2018 Behavioral Health Salary Benefits Report (Hospital & Healthcare Compensation Service)
- Local Employer Data for similar/like positions

The analysis showed that high demand positions required paying at the 75th percentile, while others were in line at the 50th percentile. There were some positions outside of these targets at the 90th such as Physical Therapist.

The recommendation is to provide a flexible approach to paying based on supply and demand relative to positions. This would mean paying between the 50th to 75th percentiles for majority of positons with some exceptions that would warrant paying at the 90th.

Relative to pay ranges, maintain a 2% annualized range adjustment for 2019 as this is within range relative to local practice in the public sectors. Requesting approval of 2019 pay ranges as outlined in "Documents Requiring Board Approval".

Merit Increase – Current Strategy

NCHC has historically utilized a merit based pay system for employee increases averaging between 2 to 2 ½ % increase pool. (Note: 2016 increases were suspended due to not meeting financial and organizational targets).

Merit Increase Risks:

Through analysis and research of local and national trends, the average increase for salary increase budgets ranged between 2.8% to 3.25%. WordatWorks (Compensation Analytics Firm) findings along with the ERI (Economic Research Institute) determined that firm's forecast, based on data from over 20,000 companies in its research database and analysis of government statistics projected that U.S. salary increase budgets will grow by 3.2 percent in 2018, up from a 3.1 percent increase in 2017 and 3.0 percent in 2016. (https://www.shrm.org/resourcesandtools/hr-topics/compensation/pages/2018-salary-increase-budgets.aspx)

NCHC is potentially at risk to lag behind other organizations by ½ to ¾ of a percent if we remain at 2 – 2 ½ % merit increase. In reviewing the past 3 years history of increase percentage, NCHC has positioned itself behind the norm in this area. One item of note that impacts this decision is the average benefits package is worth 30% of the total compensation package. NCHC's budgeted benefit package is at 37%.

Merit Increase - Recommendations:

While NCHC has been lagging the norm in merit increases, it is above the norm relative to the percent regarding benefit's package. A 2 ½ % merit increase for 2019 is reasonable considering all factors. Please note that in the future; this will be a consideration point to evaluate based on continued trends.

Note: In 2017 the board had approved a phased wage adjustment based on market for RNs. The amount in 2019 this amount to be budgeted is $162,250.

Benefits

Benefits – Current State

NCHC's goal is to offer a comprehensive and innovative benefit's package to attract and retain talent while remaining fiscally responsible. The current suite of benefits includes the following:

- Self-funded High Deductible Health Insurance Plan
  - Plan 1: 75% Employer sponsored/25% Employee Paid
    - $1,350/$2,700 up front deductibles – 80/20 cost share up to max out of pocket of $3,000/$6,000
  - Plan 2: 90% Employer sponsored/10% Employee Paid
    - $2,700/$5,400 up front deductible
    - Prescription/ER charges up to Maximum out of pocket
    - Maximum out of pocket $3,000/$6,000
- Health Savings Account (Employer contribution)
- Self-funded Dental Plan (Employer contribution)
- Vision Insurance (100% Employee Paid)
- Voluntary Benefits: Critical Illness, Accident Insurance and Short Term Disability (100% Employee Paid)
- Teledoc (Tele Medicine)
- Exercise Rewards
- Flexible Spending Account (Dependent) (100% Employee Paid)
- Limited Flexible Spending Account (Dental & Vision) (100% Employee Paid)
- Pet Insurance (100% Employee Paid)
- ID Guard (100% Employee Paid)
- EAP – Employee Assistance Program
- Employee Wellness Clinic
- 457b Plan

Benefits - Risks:

As indicated in the compensation section, NCHC's Health & Welfare benefits plans accounts for 37% of the total compensation for employees. While this is competitive, NCHC has opportunity to do better. NCHC has the opportunity to leverage more discounts as well as better structure/design the plans through a more innovative approach to benefit plan design and execution. Given these opportunities exist, NCHC has released an RFP for Health & Welfare brokerage services to obtain a broker that can provide the maximum impact relative to cost.

Recommendations:
NCHC will need to continue to evaluate and forecast the impact of its health & welfare plans both to employees as well as NCHC as an employer. In order to accomplish this, it is recommended that NCHC secure a more innovative broker partnership relationship.

Documents Requiring Board Approval:

- NCHC Compensation Administration Manual
    - Key Modifications:
        - Incorporating a flexible approach relative to percentile used establish ranges based on market.
- Employee Compensation Policy
    - No material changes
- 2019 Salary Ranges and Pay Grades
    - Reflective of Market Analysis

North Central Health Care

Person centered. Outcome focused.

COMPENSATION ADMINISTRATION MANUAL

~~MANAGEMENT DOCUMENT – NOT FOR DISTRIBUTION~~

Effective
~~January~~ August 1, ~~2015~~2018

NORTH CENTRAL HEALTH CARE

Compensation Administration Manual

Table of Contents

PHILOSOPHY

The purpose of the North Central Health Care (NCHC) Compensation Program is to ensure that pay is established and administered according to competitive, equitable, and effective principles. Established policies and procedures provide ~~leader~~manager/supervisor s with guidelines for the day-to-day administration of compensation for North Central Health Care employees.

The principles of our compensation philosophy are as follows:

- Our pay programs will be competitive with the external labor markets in which we compete for employees, while maintaining internal equity across jobs and for our employees within those jobs.
- We strive to offer a strong 'total rewards' package made up of competitive base pay relative to market, insurance benefits (health, dental, life, disability), a very good retirement savings plan, and a respectful, modern, and open work environment.
- We target the market ~~median~~ percentile which is being utilized by competitors for base pay in the markets in which we need to attract and retain employees.
- Individual performance has an impact on individual pay in relation to the market midpoint; however is not the only factor.
- Management strives to make fiscally responsible decisions in the long-term best interests of NCHC, and recognizes that employees may differ in their opinions on exactly how this is accomplished.
- We establish and maintain equitable compensation administration guidelines and set financially responsible compensation budgets annually, and expect our ~~leader~~manager/supervisor s to manage these accordingly.
- North Central Health Care will not make compensation decisions based upon race, color, gender, religion, creed, age, disability, national origin, lifestyle, or any other basis prohibited by state or federal law.

The effective administration of compensation at NCHC is a shared responsibility. Employees have the responsibility to understand our compensation policies and generally how the administrative guidelines work. It is the responsibility of the ~~leader~~manager/supervisor s of NCHC to believe in and ensure the consistent application of the compensation philosophy in all of their compensation decisions, while responsibly observing their annual salary budget, which is established by senior management and approved by the Board of Directors. Our ~~leader~~manager/supervisor s are responsible for accurately evaluating performance and recognizing performance differentiations with appropriate pay decisions. It is the Compensation Committee's responsibility to administer the Organization's compensation policies and procedures consistently and impartially, and to ensure that equal employment opportunity principles are followed for each employee at NCHC, or candidate for employment, regarding compensation.

The compensation philosophy and related administration guidelines outlined in this manual are regularly reviewed and evaluated by the Executive Management Team who serves as the Compensation Committee. Modifications will be made as necessary and communicated appropriately to all employees of NCHC.

Questions concerning the policies and procedures contained in this program should be referred to the Human Resource Department.

JOB DOCUMENTATION

Definition

Job documentation refers to the collection and maintenance of job content information. Formal job descriptions are used to describe duties and responsibilities required for each job at the Organization.

The description focuses on the job, not the person assigned to the job. Evaluation of the individual's performance is a separate issue covered under our Performance Evaluation process.

Job descriptions reflect the organization level, as well as the type and scope of the work required.

Purpose

A job description is used to describe every job. It is intended to document the minimum requirements to be fully functional in the job, as it exists at the present time.

Written job descriptions are used as the basis for assigning jobs to a job grade and pay range. Accurate and complete job descriptions must be prepared and maintained. The importance of job descriptions is stressed to all ~~leader~~manager/supervisor s and employees at NCHC.

Salary adjustments for current employees or hiring rates for new employees are authorized only with a current job description.

As a job changes, the job description will be updated to reflect such changes.

Responsibilities

Current job documentation for all jobs reporting to a ~~leader~~ manager/supervisor (direct and indirect) is the responsibility of that ~~leader~~manager/supervisor . Usually in conjunction with the performance evaluation process (or other annual time determined by the ~~leader~~manager/supervisor), individual job descriptions are reviewed with the person/employees in the job and updated. Revisions are forwarded promptly to the Human Resource Department. The Human Resources Department is responsible for ensuring the consistency and accuracy of the information, and to keep formal copies and background information on file for all jobs.

A copy of each job's description is available to employees through their ~~leader~~manager/supervisor or the Human Resource Department.

Process

Job descriptions are kept current and up-to-date through periodic reviews by ~~leader~~manager/supervisor ~~s~~ and employees in the job.

- **New jobs –** To hire for a new job, a position ~~description questionnaire~~review form must be completed by the requesting ~~leader~~manager/supervisor listing the minimum requirements and responsibilities for the job. A job description will then be developed in coordination with the Human Resource Department, who will then assign a salary range for the job. If necessary, the Compensation Committee may be involved.

- **Revised jobs –** As a job changes, a revised job description may be needed. Job descriptions will be reviewed on at least an annual basis, usually in conjunction with the performance evaluation process. If changes are minor, the ~~leader~~manager/supervisor notes the changes on the current job description and forwards it ~~to the~~to the Human Resource Department who will make the changes to the controlled job description.

  If there are major changes in the duties and responsibilities of a job, a new position ~~description questionnaire~~review form must be completed. The ~~questionnaire~~ position review form must be forwarded to the Human Resources Department, who will assist in developing a new job description and determine the appropriate job group and pay range. If there is a question on how the new position will be evaluated internally, the ~~Senior Executive-Human Resources~~Human Resources Executive will recommend and confer with the Compensation Committee to determine if the new job should be placed in a different job group and salary range. The ~~leader~~manager/supervisor will be notified regarding the new job description and salary range change, if any, and will in turn inform the affected person/employees.

- **Vacant jobs –** If a job becomes vacant, a review of the current job description shall be completed by the manager/supervisor~~leader~~manager/supervisor and the Human Resources Department to determine if there should be any changes prior to an individual being hired to fill the position. Revisions should be made before any action is taken to fill the position.

JOB PRICING AND SALARY RANGE STRUCTURE

Definition

Job pricing is the process of comparing compensation for our jobs at NCHC to that of the external market. Job groups are determined through a process of evaluating jobs based upon internal and external conditions and grouping similarly valued jobs together. The market valu~~e~~/~~e~~demand for jobs within a job group is a primary (though not exclusive) factor when determining the pay ranges in the salary structure.

The salary range structure consists of a series of overlapping salary ranges. Each salary range has a minimum and market midpoint salary amount. These ranges are normally adjusted annually.

Purpose

North Central Health Care is committed to providing a salary range structure that is responsive to the external market and is internally equitable. Data will be collected from a variety of reputable sources and analyzed on a regular basis to determine market movement of jobs and current salary trends.

Responsibilities

The ~~Senior Executive Human Resources~~Human Resources Executive is responsible for gathering, analyzing, and recommending changes to the salary range structure based on market data and salary trend information. This information will then be presented to the Compensation Committee for their input, then to the CEO for incorporation into the annual operating budget as approved by the Board of Directors.

Process

On an annual basis, the ~~Senior Executive Human Resources~~Human Resources Executive gathers information regarding trends in general pay movement (i.e., estimates of salary adjustments in our recruiting areas, anticipated annual adjustments, local market conditions, etc.). The ~~Senior Executive Human Resources~~Human Resources Executive discusses the results with the Compensation Committee, who then makes a recommendation to the CEO for changes to the salary range structure consistent with the overall operating budget for the year.

The ~~Senior Executive Human Resources~~Human Resources Executive also conducts a salary range analysis on an annual basis. A salary range analysis identifies where each person falls relative to his or her current salary range. Any outstanding issues are reported to the Compensation Committee for recommendations and action planning. The ~~Senior Executive Human Resources~~Human Resources Executive communicates these decisions to the appropriate ~~leader~~manager/~~ for~~supervisor for consideration when conducting annual salary planning.

A full review of market data for NCHC's jobs will be conducted at least once every ~~five~~ two years. The Compensation Committee reviews market data and develops a comparison to current market and actual salaries. If warranted, changes in salary range structure will be recommended to the CEO.

Salary Range Structure

The Salary Range Structure consists of a series of overlapping salary ranges. Each salary range is identified through a minimum and market midpoint salary amount.

- **Minimum –** Normally the lowest amount NCHC will pay an individual for a job assigned to the salary range.

- **Minimum to market area -** Intended for employees who:

  - Are continuing to learn job responsibilities while meeting performance standards; or

  - Are fully trained but perform at a level which is less than fully satisfactory, or

- **Market area (generally 95 – 105% of range midpoint) –** Normally represents the salary level for employees who are fully qualified and performing at a fully proficient level, over a period of time (represents approximate Market Rate). Most employee compensation at NCHC is targeted to be in this market area, as it represents equitable market value for our jobs.

- **Market area to 120% of market midpoint –** Intended for employees whose performance is clearly outstanding and consistently exceeds performance objectives over a period of time.

- **Greater than 120% of market midpoint –** Individual base compensation will not exceed this amount. ~~without approval from the CEO~~.

PAY ADJUSTMENTS

Definition

Pay adjustment refers to policies and procedures that support the administration of compensation within an assigned salary range and result in the delivery of actual compensation dollars to employees of NCHC. Pay adjustments change the actual compensation dollars paid to a person within an assigned salary range. The various types of adjustments are included in this section.

Purpose

To ensure credibility and achievement of NCHC compensation objectives, an effective pay adjustment system must be developed and maintained with guidelines and procedures communicated to manager/supervisor ~~s~~ and employees of NCHC on a timely basis. The guidelines and procedures of the compensation system are intended to ensure that our **annual budget, market value for each job, and demonstrated individual performance** are the primary (though not exclusive) considerations when recommending wage adjustments.

Responsibilities

Each ~~leader~~manager/supervisor is responsible for initiating pay adjustments for the employees reporting to them and involving the Human Resources Department in the process. Pay adjustment recommendations are forwarded to their ~~Senior~~ Executive ~~or Executive~~, who reviews/edit/approves them. These are then forwarded to the Human Resources Department for payroll processing.

The Human Resources Department is responsible for:

- Administering appropriate pay adjustments as budgeted and within established salary ranges.
- Resolving and coordinating pay adjustment recommendations not consistent with Organization guidelines (may involve Compensation Committee if necessary).
- Preparing timely recommendations for annual pay adjustment guidelines.
- Ensuring that a formal performance evaluation precedes all annual pay adjustments.
- Monitoring the day-to-day administration of salaries and compensation decisions for consistency with the compensation program's objectives.
- Maintaining this Compensation Administration Manual and communicating all compensation program changes as authorized by the Compensation Committee.

General Guidelines

The specific process for each type of pay adjustment is detailed in the next section; however, the following are general guidelines for all types of adjustments:

- ALL pay adjustment recommendations must be submitted on an appropriate form according to established procedures.
- Pay adjustment recommendations shall not be written on performance evaluation forms.
- Pay adjustment recommendations shall take into account the internal equity of the proposed salary compared to that of other employees assigned to that same job and in the same salary range. Pay adjustments should conform to the guidelines outlined in this guidebook and ranges established each year by the Compensation Committee.
- Performance evaluations must be completed for all annual pay adjustments prior to the actual delivery of an increase on a person's paycheck. If a ~~leader~~manager/supervisor ~~-~~does not complete this process timely, their own eligibility for a pay adjustment will be prospectively deferred until the first full pay period after they are completed (no retroactive pay increases).
- Employees not at work at the time of a pay adjustment (i.e. due to leave of absence, etc.), but not due to normal vacation or paid time off, will receive their pay adjustment effective ~~beginning on the day they return to work~~the date the employee would have received if they had been working.
- Pay adjustments should be submitted at least one week prior to the pay period effective date.
- Pay adjustments of any kind shall not be communicated to a person prior to the ~~leader~~manager/supervisor receiving approval of that action from the ~~Senior Executive Human Resources~~Human Resources Executive.

New Hires

The hiring rate is normally the minimum of the salary range for entry-level individuals. If an individual with prior experience is hired, the hiring rate will normally be between the minimum and 95% of the market rate. The proposed rate should not create inequities within NCHC. It is extremely important to maintain a careful balance between the needs of the Organization, market competitiveness, and the desires and expectations of the job applicant. New hires are approved by the hiring ~~leader~~manager/supervisor 's ~~Senior~~ Executive, especially for additions to staff that are not included in the department's annual budget for employees.

Steps in Hiring Process:

1. The hiring manager/supervisor~~leader~~ completes a Hiring Requisition form and seeks appropriate approvals as needed. The job description is reviewed and updated as needed by the hiring ~~leader~~manager/supervisor. The Hiring Requisition and updated job description are then forwarded to the Human Resources Department for processing.
2. If the job is not in a salary range, the hiring ~~leader~~manager/supervisor will confer with the ~~Senior Executive Human Resources~~Human Resources Executive to place it in a job grade and pay range. The Compensation Committee may be involved if needed.
3. Individuals are interviewed and a candidate is selected by the hiring ~~leader~~manager/supervisor and a Human Resources Department representative.
4. Proposed rates greater than 95% of the market rate are reviewed by the ~~Senior Executive Human Resources~~Human Resources Executive to ensure internal equity. Any disagreements on hiring rates will be adjudicated by the hiring ~~leader~~manager/supervisor's ~~Senio~~r Executive as needed.

5. After approval of the hiring rate, the Hiring ~~Leader~~Manager/supervisor or Human Resources extends an offer to the candidate and proceeds with the hiring process. Offer letters shall indicate when the new person's pay will be reviewed, and when they will be placed on the annual compensation schedule.

Annual Pay Adjustments

Annual pay increases are intended to ensure that job performance which meets or exceeds expectations is recognized and rewarded, within the salary range established for each job. Generally, these adjustments are usually made mid-March. Some adjustments to this date may be warranted based on date of hire, transfer, promotion, demotion, or other employment action that may affect timing. ~~Leaves of absence may also affect effective dates of annual adjustments.~~

Steps:

1. Annual pay increase guidelines are approved by the CEO. These plans are communicated to the Compensation Committee, the ~~Senior Executive Human Resources~~Human Resources Executive, and then to ~~leader~~manager/supervisor s with compensation adjustment responsibility.

2. Annual pay adjustments are generally based on a matrix which takes into account the annual operating budget approved each year, an employee's position within the pay range, and individual performance evaluation results.

3. Although pay adjustments are based primarily on the items listed above, there are other factors that may influence the timing and amount of a pay increase such as the value of the position in the marketplace, economic conditions, leaves of absence, etc. There may be times where pay increases are suspended for some individuals, jobs, departments, or the entire Organization.

4. An annual pay increase shall not move a person past 120% of the market midpoint~~. Any exceptions must be reviewed in advance by the Compensation Committee and approved by the CEO.~~

5. ~~Leader~~Manager/supervisor s with compensation responsibility prepare recommendations on annual pay increases according to the established guidelines for the year utilizing the procedures developed by the Human Resources Department. These are then completed and forwarded to the ~~leader~~manager/supervisor's ~~Senior~~ Executive for review and approval, and then to the ~~Senior Executive Human Resources~~Human Resources Executive, who compiles the data Organization-wide to ensure that internal equity and consistency have been appropriately considered. The results are then forwarded to the CEO and Compensation Committee for oversight review and approval. Adjustments that exceed the annual guidelines, or are otherwise exceptions to policy or procedure, will be discussed and resolved with the CEO if needed. Finalized annual pay adjustments are then forwarded to the ~~Senior Executive Human Resources~~Human Resources Executive.

6. Following approval, the Human Resources Department distributes approved increases to each ~~leader~~manager/supervisor for them to discuss with their employees individually on a timely basis.

Promotion

A promotion is the reassignment of a person from one job to another job that is at least one grade higher than the former job. A promotion is generally accompanied by an increase in pay.

Promotional increases are provided to recognize an increase in the scope and responsibility of an individual person's job and are usually given at the time the new responsibilities are assumed. Promotional increases generally are not given at the same time as an annual pay increase. The amount of the increase should:

- Be consistent with the objectives of the Compensation Program AND be within the Organization's operating budget for the year,
- Result in a pay level that is at or above the minimum of the new pay range for the job, and not to exceed 110% of the new market midpoint,
- Take into consideration the degree of increase in scope and responsibility of the new job,
- Take into consideration the person's pay level prior to the promotion,
- Meet the hiring rate that would be paid to a new hire of equivalent qualifications, and experience.
- Consider internal equity issues.

Steps:

1. The hiring ~~leader~~manager/supervisor recommends an individual for promotion and a pay adjustment rate to their immediate supervisor, who ensures that salary budget guidelines and Compensation Program objectives are met. The amount of the increase will generally be based on the following criteria:

   - In a one salary range change, the increase amount is generally two-thirds the difference of the old and new market midpoints.

     Example:

Pay range 4 market midpoint	$10.00
Pay range 5 market midpoint	$11.00
Difference	$ 1.00
2/3 difference	67¢ hour

     An employee being promoted from range 4 to range 5 would likely receive a pay adjustment of 67¢ per hour.

   - In a two or more pay range change, the increase amount is generally one-half the difference of the old and new midpoints.

     Example:

Pay range 4 market midpoint	$10.00
Pay range 6 market midpoint	$12.10
Difference	$ 2.10
1/2 difference	$ 1.05

     An employee promoted from range 4 to range 6 will likely receive a pay adjustment of $1.05/hr.

2. The Human Resources Department reviews the pay adjustment recommendation to ensure that no internal inequities will result. However unlikely, it is possible that no increase would be given in a promotion situation, depending on internal equity considerations with other employees currently performing the same job.

3. If there are issues with the promotional adjustment, the ~~Senior Executive Human Resources~~Human Resources Executive will be involved. Issues not resolved at this level will be referred to the Compensation Committee.

4. Following appropriate approval, the ~~new~~ ~~hiring~~~~leader~~manager/supervisor will notify the employee of the promotion and promotional pay increase on a timely basis.

Equity and Administrative Adjustments

An equity adjustment is made to correct inequities due to internal or external conditions and may also be used to bring compensation to the minimum of the range or up to the level of other employees with the same experience, job, and work performance.

An administrative adjustment is used to correct unique situations which require a change in pay that is outside the normal guidelines, such as a significant increase in market pay rates.

Equity and administrative adjustments are considered exceptions and should be discussed with the ~~Senior~~ Executive prior to the preparation of any recommendation.

Steps:

1. The ~~leader~~manager/supervisor proposes an increase and forwards the recommendation to the ~~Senior Executive Human Resources~~Human Resources Executive.

2. The ~~Senior Executive Human Resources~~Human Resources Executive reviews the request for internal equity and market value issues, as well as salary budget issues. The Compensation Committee may be involved if necessary.

3. The ~~Senior Executive Human Resources~~Human Resources Executive communicates any pay adjustments to the appropriate ~~leader~~manager/supervisor who will discuss it with the affected employee(s) on a timely basis.

Job Reclassification

As jobs change, there may be a need to classify them in a different job group, and therefore salary range. In most circumstances, no change in the compensation of the incumbent(s) will occur.

Steps:

1. The ~~leader~~manager/supervisor completes a position ~~description questionnaire~~review form indicating the new duties and responsibilities of the job and discusses it with their immediate supervisor and the Human Resources Department, taking into consideration their department's operating budget. The recommendation for a new job is forwarded to ~~Senior Executive Human Resources~~Human Resources Executive to review and to approve the new job description.

2. The ~~Senior Executive Human Resources~~Human Resources Executive assigns the job to a job group and salary range. If there are any questions about the job's placement, it may be referred to the Compensation Committee for a decision.

3. If the job is placed in a different salary range, the following pay adjustments may occur:

    - If the job is classified into a higher salary range and the incumbent(s) current pay is less than the minimum of the new salary range, a pay adjustment to bring the incumbent(s) to the minimum of the new salary range may be made.

- If the job is within the new range, no adjustment will occur until the person's next scheduled performance evaluation.

- If the job is classified into a lower salary range, the employee's pay ~~will~~ may be adjusted accordingly using the following methodology:

- In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

Example:	Pay range 5 market midpoint	$11.00
	Pay range 4 market midpoint	$10.00
	Difference	$ 1.00
	2/3 difference	67¢ hour

An employee moving from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

- In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

Example:	Pay range 6 market midpoint	$12.10
	Pay range 4 market midpoint	$10.00
	Difference	$ 2.10
	1/2 difference	$ 1.05

. ~~usually not be changed.~~ Exceptions can be made and approved by the Human resources Executive. ~~However, if the current pay is more than the 120% of the market midpoint of the new salary range, the incumbent will be "red-circled" and further pay adjustments will be delayed at least until the pay range is adjusted. "Red-circled" employees are not eligible for annual pay adjustments until their compensation is within the assigned salary range.~~

Lateral Transfer

A lateral transfer is the reassignment of an employee from one job to another job in the same salary range, and normally does not involve a change in pay.

Lateral transfers provide employees with the opportunity to acquire new work experience and generally be exposed to a different work environment.

Demotion

Demotion is the reassignment of an employee from one job to another job in a lower salary range with a resulting decrease in the scope and responsibility of an individual's job.

Demotions may occur for the following reasons:

- Unsatisfactory job performance,

- Individually initiated (e.g., an individual that wishes to move from a supervisory position to a nonsupervisory position),

- Organization initiated (e.g., reorganization, reassignments, etc.).

These demotions may or may not be accompanied by a decrease in pay. We are most concerned when a demoted person's pay creates inequities with peers. Requests for demotions should be submitted to the ~~Senior Executive Human Resources~~Human Resources Executive, who will, if necessary, discuss it with the Compensation Committee for a determination.

If it is determined a decrease in pay is necessary, the following guidelines will be considered:

- In a one salary range change, the decrease amount is generally 2/3 the difference of the old and new midpoints.

Example:	Pay range 5 market midpoint	$11.00
	Pay range 4 market midpoint	$10.00
	Difference	$ 1.00
	2/3 difference	67¢ hour

An employee being demoted from range 5 to range 4 would likely receive a pay decrease of 67¢/hr.

- In a two or more salary range change, the decrease amount is generally 1/2 the difference of the old and new midpoints.

Example:	Pay range 6 market midpoint	$12.10
	Pay range 4 market midpoint	$10.00
	Difference	$ 2.10
	1/2 difference	$ 1.05

An employee demoted from range 6 to range 4 will likely receive a pay decrease of $1.05/hr.

Exceptions

Although unlikely, there may be circumstances where exceptions to the compensation guidelines are warranted. Exceptions to policy should be discussed with your immediate supervisor first, then your ~~Senior~~ Executive, then the ~~Senior Executive Human Resources~~Human Resources Executive and/or Compensation Committee prior to the preparation of any recommendation.

Examples of exceptions are:

- Increases or decreases over 10%,
- Promotions granted before experience requirements are met or which exceed the guidelines,
- Demotions for performance which do not result in a decrease in pay,
- Annual pay adjustments outside the annual pay adjustment guidelines for the year,
- Hiring rates over 95% of market midpoint.

~~CONFIDENTIALITY~~

~~All pay and salary range information is confidential. The following are guidelines when handling this information:~~

- ~~Employees are provided with their individual job grade and salary range when requested.~~
- ~~If an employee is considering a job change to a vacant position for which he/she is qualified, the salary range information may be released to that employee.~~
- ~~Individually identifiable pay information will not be shared in salary surveys.~~
- ~~Individual pay information is confidential and will be maintained confidentially in accordance with~~

~~applicable NCHC policies. This in no way discourages employees from discussing their pay with other employees.~~

Name of Document: **Employee Compensation Policy** **Policy: ☒ X Procedure: ☐**	North Central Health Care Person centered. Outcome focused.
Document #: 0010-1	Department: Administration
Primary Approving Body: NCCSP Board	Secondary Approving Body: HR Executive

Related Forms:

- None

I. Policy Statement

North Central Health Care (NCHC) believes that it is in the best interest of both the organization and our employees to establish fair and consistent pay practices.

II. Purpose

North Central Health Care's Employee Compensation Policy ensures that pay is established and administered according to competitive, equitable, effective and compliant principles.

III. Definitions

Exempt - An employee, based on duties performed and manner of compensation is exempt from the Fair Labor Standards Act (FLSA) minimum wage and overtime provisions. Exempt employees are paid on a salary basis and must work their established FTE meeting FLSA exempt wage requirements.

Non-Exempt - All other employees who are subject to FLSA minimum wage and overtime provisions ~~or work part-time~~ are paid on an hourly basis.

Full-Time Equivalent - A full 1.0 FTE is equal to 2,080 hours worked in a year.

Regular Full-time - An employee who works a regular schedule and is expected to normally work at least thirty hours (0.75 FTE) up to forty hours (1.0 FTE) per work week.

Regular Part-time - An employee who works a regular schedule and is expected to normally work at least twenty hours (0.50 FTE) ~~but not more than~~up to ~~thirty~~ thirty hours (0.~~75~~ .75 FTE) per work week.

Limited Part-time **-** An employee who works a regular schedule and is expected to normally work up to twenty hours per week (Less than 0.50 FTE).

Occasional - ~~:~~ An employee who works irregular hours on an as-needed basis not to exceed 1,000 hours worked in any 12-month period with a minimum of one shift in a 60 day period.

Seasonal - ~~—~~An employee who is either a student that will be limited to work hours during their off-school periods and/or weekends or individuals who only work specific periods in the course of a year.

Professional Staff - Occupations which require specialized and theoretical knowledge which is usually acquired through college training or through work experience and other training which provides comparable knowledge.

Paraprofessional Staff **-** Occupations in which ~~workers~~ employees perform some of the duties of a professional in a supportive role, which usually require less formal training and/or experience normally required for professional status.

IV. General Procedure

Employee compensation is objectively administered and non-discriminatory in theory, application, and practice.

Time Keeping

Accurately recording hours worked is the responsibility of every employee. Hours worked is all time spent performing assigned duties and does not include paid leave. All non-exempt employees must accurately record time worked on a time card for payroll purposes and are required to record their own time at the beginning and end of each work period, and the start and end of any unpaid break. No work shall be performed by employees prior to their clocking in at the start of their work day, during lunch, other unpaid breaks, or after clocking out at the end of the day. No one at NCHC has the authority to ask, encourage, or insinuate that an employee perform work off the clock. Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Payroll

Employees of NCHC are paid on a bi-weekly basis by direct deposit on alternating Fridays. In the event that a regularly scheduled payday falls on a bank holiday, employees will be paid the day prior to the bank holiday. Each workweek begins on Sunday at 12:00 am (midnight) and ends the following Saturday at 11:59 pm. Each paycheck will include earnings for all hours through the end of the previous payroll period.

Payroll Deductions

North Central Health Care reserves the right to make deductions and/or withhold compensation from an employee's paycheck as long as such action complies with applicable state and federal law. In addition, it may be possible for you to authorize NCHC to make additional deductions from your paycheck for extra income taxes, contributions to retirement savings programs or insurance benefits (if eligible). These deductions will be itemized on your payroll statement. The amount of the deductions may depend on your earnings and the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name,

address, telephone number, marital status or number of exemptions must be reported to Human Resources immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates precisely how much of your earnings were deducted for these purposes. Any other mandatory deductions to be made from your paycheck, such as court-ordered garnishments, will be explained whenever NCHC is ordered to make such deductions.

Every effort is made to avoid errors in an employee's paycheck. If you believe an error has been made or you have a question about your pay, notify your supervisor immediately. North Central Health Care will take the necessary steps to research the problem and to assure that any necessary correction is made properly and promptly.

Breaks

Employees scheduled to work more than four hours may take reasonable time to rest, however, breaks are not guaranteed. Breaks must be approved by an employee's immediate supervisor. Employees who leave NCHC property for breaks lasting 30 minutes or more must punch out. Breaks, including lunch periods, exceeding thirty (30) minutes are unpaid unless specifically authorized by management.

Lunch breaks, which are unpaid, are thirty (30) minutes after six (6) hours worked and an additional thirty (30) minutes after twelve (12) hours worked. Prior approval must be given by an employee's supervisor to exceed a thirty (30) minute unpaid lunch period or to work through lunch. Employees under age 18 may not work more than six 6 hours without a duty free thirty (30) minute break.

Base Pay

Base compensation is an employee's hourly rate without any differential, overtime, or additional pay factored in. Base compensation is designed to provide competitive and fair compensation to employees for fulfilling the full scope of responsibilities and accountabilities as outlined in the job description. Base compensation salary ranges and market rates for each position are established by researching industry and local salary survey data on an annual basis. Base compensation levels within the established range for the position are determined on the basis of an employee's ability to execute the responsibilities of the position.

Merit Pay

North Central Health Care may award annual pay increases in the form of merit increases. Merit pay is used to reward successful performance and is based on the amount of funding available, the relative positon of an individual's current pay to the market rate, and annual performance evaluation factors. Annual merit increases are considered in February of each year with any merit adjustment applied in March.

Overtime

North Central Health Care will comply with the provisions of the Fair Labor Standard Act and provide for systematic review of exemption status for all employees. All exempt positions will have a documented analysis establishing the basis for the exemption designation of the position. Overtime shall be compensated for non-exempt employees at one and one half (1 ½) times the employee's hourly rate of pay. Overtime is defined as any hours worked in excess of 40 hours per week.

Overtime work is to be held to a minimum consistent with the needs of the program. Prior approval by management must be obtained for all overtime hours worked. It is the responsibility of each department to explore all possible alternatives before a decision is made to require employees to work on an overtime basis. Further, it is the responsibility of each department to ensure that the provisions of overtime pay are administered in the best interest of NCHC services. Each department should develop internal controls that provide a means of reviewing and evaluating the use of overtime.

Shift Differential

North Central Health Care pays shift differentials to non-exempt staff for hours worked on:

- Evenings (Monday – Sunday, 3 p.m. – 11 p.m.);
- Nights (Monday – Sunday, 11 p.m. until 7 a.m.); or
- Weekend Days (Saturday & Sunday, 7 a.m. until 3 p.m.).

Employees working in programs with 24/7 operations (i.e., Mount View Care Center, Residential Services, Inpatient Hospital, etc.,) will be paid shift differentials for any time worked in the shift. For all other employees, hours worked in a shift, or prior to a shift, are paid at the differential that applies to the shift in which the majority of hours are worked.

Paraprofessional non-exempt employees will be paid shift differential of $0.60 per hour for PM shifts, $1.00 per hour for night shifts, or $0.45 for weekend days. Professional non-exempt employees will be paid shift differential of $1.50 per hour for PM shifts, $2.50 per hour for night shifts, or $0.45 for weekend days.

On-Call Pay

On-call pay is for an employee who must remain available to be called back to work on short notice if the need arises. Employees required to be in official on-call status will be paid $2.50 per hour served on-call. Employees are not eligible to receive payment for both hours worked and on-call pay for the same hours. If an employee reports to work during on-call status, on-call pay ends when the employee reports to work. If an employee must remain on NCHC property or so near that time cannot be used freely, it is not considered on-call time but is to be recorded as work time. Note: If you are called in you will be paid the greater of two hours of work or actual time worked.

Call-in Pay

A call-in is an unscheduled request made by appropriate management personnel for a non-exempt (hourly) employee to return to work or extend their shift to perform unforeseen, fill-in or emergency work after ending their regular shift and before the beginning of the next regularly scheduled shift.
Call-In Pay will be paid in the following instances:

1.) If a non-exempt employee is called back into work outside of his or her work schedule, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

2.) If the employee is requested to extend their shift beyond the designated start or stop time of the shift, he or she will receive two (2) hour's pay in addition to the actual time worked. Additional hours worked must be a minimum of three (3) hours to receive Call-In Pay.

Note: Ineligibility for Call-In Pay:

1.) If employee is coming in from scheduled PLT to pick up their own shift, they are not eligible for the Call-In Pay.

2.) Schedule changes made 72 hours (three days) in advance of a shift are not eligible.

3.) Employees who are occasional staff do not qualify for Call-In Pay.

4.) Employees who are in an "on-call shift" status.

Temporary Appointment Pay

Employees temporarily appointed to positions of a higher classification may be eligible for a pay increase during the temporary appointment period. The supervisor in coordination with Human Resources will review temporary appointment pay rates annually based on approved compensation administration guidelines. If the temporary appointment has a difference of one salary range, the pay differential will generally be two-thirds the difference of the old and new market midpoints. If a difference of two or more pay ranges occurs, the pay differential will generally be one-half the difference between the old and new market midpoints.

Holiday Pay

Regular full-time and part-time employees receive the following paid holidays:

New Year's Day	Thanksgiving Day
Memorial Day	Christmas Eve Day
Independence Day	Christmas Day
Labor Day	New Year's Eve Day

For holiday pay purposes, employees subject to seven (7) day a week scheduling are paid on the actual holiday. For employees working a Monday – Friday schedule, when any of these holidays fall on a Saturday or Sunday, the preceding Friday or following Monday are considered the holiday for scheduling purposes. Holiday pay is

paid based on an employee's status. Regular full-time employees will be paid eight (8) hours for each holiday; regular part-time employees will be paid six (6) hours~~)~~.

Any non-exempt employee who works during any paid holiday will be paid at the overtime rate for all hours worked on the actual holiday (12:00 a.m. until 11:59 p.m.) in addition to any holiday pay received. An employee, who fails to work a scheduled holiday, including the scheduled day immediately prior to or following the paid holiday, will forfeit any holiday pay, unless that employee is off of work due to a Worker's Compensation incident ~~or~~, approved Family Medical Leave, or approved PLT~~-~~.

Funeral Pay

Funeral pay recognizes that employees need time to make arrangements, handle family matters and attend funerals when a death occurs with an immediate member of their family without suffering short-term financial burdens from loss of income. Therefore, in the event of a death in the immediate family of an employee, full-time and regular part-time employees (0.5 FTE and greater) will upon request to their supervisor, be granted up to three days of paid funeral leave. Exceptions for additional days in extraordinary situations may be approved at the sole discretion of the ~~Senior~~ Human Resources Executive ~~Human Resources~~. Funeral leave must be used within fourteen (14) days of the death with employees solely being eligible to be paid for those days that are scheduled workdays. Verification of the death may be requested.

Immediate family includes an employee's spouse, child, father, mother, brother, sister, grandparent, great grandparent, grandchild, great grandchild or counterpart step relatives, in-laws or any person who had resided with the employee immediately preceding the person's death.

If an employee wants to attend a funeral of a person not meeting the requirements of funeral pay, they may, upon supervisor approval, request PLT or make arrangements to trade shifts.

Jury Duty

Employees must report to NCHC when they are notified for jury duty. Upon receipt of appropriate documentation, employees who serve on a jury or are subpoenaed to appear as a witness before a court or administrative tribunal shall be paid their regular earnings for hours served during regular scheduled hours. However, employees will be required to submit payments received for jury duty including mileage reimbursement to NCHC to offset this benefit. When released from jury or witness duties employees shall immediately return to their job and complete the scheduled work day. Employees shall not be entitled to overtime or shift differential under this provision.

V. Program-Specific Requirements:

None

References:

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MEMORANDUM

DATE: July 20, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: 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) Master Facility Planning: Five firms submit proposals for the architectural design and engineering for the NCHC Main Campus Renovation plan. Proposals came in at $3 to $4 Million which is lower than initial estimates. Proposals were reviewed by the project team who unanimously endorsed three firms moving forward to final interviews on Friday July 27, 2018. We will select a firm following the interviews and expect contracting and project kick-off to occur in August. Initial design estimates indicate the design work to be completed by early 2019. Bid packages will be developed and released at two different points in 2019 for the multiple phases of the project. Total timeline for the project start to finish is projected from August 2018 until March 2022.

2) General Counsel Position: Recruitment continues with three new additional candidates being considered for interviews. The RCA will be reviewing the County's role in assigning legal counsel under state statutes for multi-county community services programs at their July 26th meeting.

3) Merrill Office Remodel: The Merrill office remodel continues to move along according to schedule. The furniture is slated to be delivered on August 17th with a move-in date of Tuesday September 4th. Once the project is completed, we will be scheduling the next available NCCSP Board meeting in Merrill so the Board can tour the new location.

4) Psychiatry Residency Program: The 1st generation residents of the MCW Central Wisconsin Psychiatry Residency program have transitioned into their PGY2 experience. The 2nd generation of residents are now into their PGY1 experience as well. The continued growth and support of the program has presented many challenges as we change our organization to support the residency program. Discussions are ongoing with the State and MCW how we can continue to adequately support and grow this program to achieve the objectives of the program. There is much to celebrate while at the same time working to continuously improve the program experience for residents. Recruitment for the 3rd generation of residents will begin in early fall.

5) Psychiatry Recruitment: We have an offer out to a Psychiatric Nurse Practitioner to join NCHC in Outpatient Services next May. There are four scheduled site visit interviews with Psychiatrist candidates scheduled for August and September. We expect additional candidates to develop through the recruitment process. We are also working to convert two of our full-time contract Psychiatrists to be employees of NCHC. We anticipate hitting our objective of eight (8) full-time employed Psychiatrists in 2019.

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 ihas reappointed Lance Leonard and Chad Billeb.	Complete												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	All NCCSP Board Appointments have been filled.	Complete												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	A consultant has been retained for the project. He has met with the CEO and the Executive Committee from NCCSP to collect the pertinent information to begin the project. Following the feedback, the rough draft of the new process will be presented to the Executive Committee in August with the targeted timeline for the completion of the engagement occuring in September.	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 have been provided to the NCCSP Board.	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 Committee made its final report and recommendations to the Health & Human Services Committee which formally adopted them at their April meeting. We will work now with Marathon County Administration to complete a new Management Agreement for Mount View Care Center.	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.	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	Copies of the report have been printed and is availabe online on the North Central website. The report has been presented to Lincoln and Marathon Counties.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	An initial report will be given to the RCA by the end of the 3rd quarter.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Complete												

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	The RCA reported their priorities for 2019 at the May NCCSP Board Retreat. Administration is working to incorporate the priorities into the development of the proposed 2019 Budget. The NCCSP Board will review the Proposed Budget in August and forward to the RCA for final consideration and recommendation to the County Boards.	Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year	This document serves as the work plan.	Open												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	See "CEO Appraisal" item above.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards	An update on the RCA measures and input for 2019 changes will be reviewed with the RCA at their July meeeting.	Open												
Tri-County Contral 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												

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MEMORANDUM

DATE: July 20, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: June 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 June shows an overall gain for the month of $2,827 compared to the targeted gain of $10,966, resulting in a negative variance of ($8,139). Through June the organization shows an overall gain of $222,618 which is $25,345 ahead of the target of $197,274.

2) **Revenue Key Points**: The nursing home census averaged just under 179 per day compared to the target of 185. This is comparable to the prior month. The Medicare census did decrease, which contributes to a less favorable payer mix. The hospital census averaged close to 15/day which is above the target of 14. Revenue in the CBRF and MMT programs continues to run below targets due to the expansion of these programs not being completed yet. Revenue in other outpatient areas is showing improvement over prior months. Overall revenue for the month is ahead of target. However, year to date revenue continues to be below target.

3) **Expense Key Points:** Overall expenses for June exceed budget targets. The areas that have been high for the past months continue to run over budget. This includes health insurance and state institutes. Also, the MMT and CBRF programs are staffed at the expanded levels, while preparing for the expansion of services. There was an increase in legal expense in June. The support areas continue to maintain expenses below targets, which helps offset overages in the direct areas. Overall year to date expenses remain below budget target.

4) **2019 Budget:** The 2019 budget process continues. Program meetings to review the first draft will be held on July 24.

5) **Certificates of Deposit:** A new CD was purchased the beginning of June. The purchase will assist with moving closer to meeting the Days Cash on Hand target of 90 days. Days Cash on Hand is currently at about 69 days based on actual expenses through June.

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JUNE 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Assets:				
Cash and cash equivalents	3,391,119	2,599,767	5,990,886	4,517,255
Accounts receivable:				
Patient - Net	2,669,925	1,904,126	4,574,050	4,925,108
Outpatient - WIMCR & CCS	2,212,500	0	2,212,500	695,000
Nursing home - Supplemental payment program	0	12,500	12,500	0
Marathon County	193,205	0	193,205	77,884
Appropriations receivable	0	0	0	0
Net state receivable	1,414,193	0	1,414,193	1,950,273
Other	277,615	0	277,615	534,906
Inventory	0	342,220	342,220	305,373
Other	483,464	357,490	840,954	1,013,398
Total current assets	10,642,020	5,216,103	15,858,124	14,019,197
Noncurrent Assets:				
Investments	12,212,000	0	12,212,000	11,292,000
Assets limited as to use	1,025,544	285,204	1,310,749	2,292,324
Contigency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	16,189	24,944	41,133	51,008
Net pension asset	0	0	0	0
Nondepreciable capital assets	832,345	513,823	1,346,168	1,154,329
Depreciable capital assets - Net	6,766,611	3,640,849	10,407,460	9,913,855
Total noncurrent assets	21,352,689	4,464,821	25,817,510	25,203,516
Deferred outflows of resources - Related to pensions	6,939,524	5,131,313	12,070,837	17,516,720
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	38,934,234	14,812,237	53,746,471	56,739,433

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
JUNE 2018

	Human Services	Nursing Home	Total	Prior Year Combined
Current Liabilities:				
Accounts payable - Trade	871,152	644,158	1,515,310	1,390,324
Appropriations advances	0	0	0	0
Accrued liabilities:				
Salaries and retirement	921,296	681,237	1,602,533	1,604,897
Compensated absences	856,212	633,111	1,489,323	1,393,123
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,229	101,471	238,700	364,809
Amounts payable to third-party reimbursement programs	250,118	0	250,118	229,576
Unearned revenue	76,805	0	76,805	92,635
Total current liabilities	3,470,398	2,324,389	5,794,788	5,873,364
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	0
Patient trust funds	16,189	24,944	41,133	51,008
Total noncurrent liabilities	925,731	697,489	1,623,221	3,178,387
Total liabilities	4,396,130	3,021,879	7,418,008	9,051,751
Deferred inflows of resources - Related to pensions	2,886,978	2,134,726	5,021,704	6,647,040
Net Position:				
Net investment in capital assets	7,598,956	4,154,673	11,753,629	11,068,184
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	1,025,544	285,204	1,310,749	2,292,324
Undesignated	22,067,808	5,451,956	27,519,763	26,083,464
Operating Income / (Loss)	458,819	(236,201)	222,618	1,096,670
Total net position	31,651,127	9,655,632	41,306,759	41,040,642
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	38,934,234	14,812,237	53,746,471	56,739,433

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2018

TOTAL	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$4,059,621	$4,050,420	$9,201	$23,580,591	$24,428,041	($847,450)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,946,259	1,950,718	(4,459)
Grant Revenue	212,800	193,933	18,867	1,244,982	1,163,597	81,385
County Appropriations - Net	619,260	635,927	(16,667)	3,715,559	3,815,559	(100,000)
Departmental and Other Revenue	429,535	311,702	117,833	2,009,904	1,870,214	139,689
Total Other Revenue	1,585,972	1,466,681	119,290	8,916,704	8,800,089	116,615
Total Revenue	5,645,592	5,517,101	128,491	32,497,295	33,228,129	(730,834)
Expenses:						
Direct Expenses	4,389,217	4,169,195	220,022	25,050,879	24,970,524	80,355
Indirect Expenses	1,272,178	1,349,441	(77,262)	7,366,840	8,135,331	(768,491)
Total Expenses	5,661,396	5,518,636	142,760	32,417,720	33,105,856	(688,136)
Operating Income (Loss)	(15,803)	(1,534)	(14,269)	79,575	122,274	(42,698)
Nonoperating Gains (Losses):						
Interest Income	20,446	12,500	7,946	107,688	75,000	32,688
Donations and Gifts	864	0	864	32,371	0	32,371
Gain / (Loss) on Disposal of Assets	(2,680)	0	(2,680)	2,984	0	2,984
Total Nonoperating Gains / (Losses)	18,630	12,500	6,130	143,043	75,000	68,043
Income / (Loss)	$2,827	$10,966	($8,139)	$222,618	$197,274	$25,345

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2018

51.42./.437 PROGRAMS	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$2,419,641	$2,485,685	($66,044)	$13,852,395	$14,998,402	($1,146,007)
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	1,946,259	1,950,718	(4,459)
Grant Revenue	212,800	193,933	18,867	1,244,982	1,163,597	81,385
County Appropriations - Net	494,260	494,260	0	2,965,559	2,965,559	0
Departmental and Other Revenue	318,857	194,119	124,738	1,286,388	1,164,714	121,674
Total Other Revenue	1,350,294	1,207,431	142,862	7,443,188	7,244,588	198,600
Total Revenue	3,769,935	3,693,116	76,819	21,295,584	22,242,990	(947,406)
Expenses:						
Direct Expenses	3,082,152	2,933,041	149,111	17,182,868	17,568,721	(385,852)
Indirect Expenses	658,464	770,874	(112,410)	3,792,503	4,344,480	(551,977)
Total Expenses	3,740,616	3,703,916	36,701	20,975,372	21,913,201	(937,829)
Operating Income (Loss)	29,319	(10,799)	40,118	320,212	329,789	(9,577)
Nonoperating Gains (Losses):						
Interest Income	20,446	12,500	7,946	107,688	75,000	32,688
Donations and Gifts	430	0	430	27,934	0	27,934
Gain / (Loss) on Disposal of Assets	(2,680)	0	(2,680)	2,984	0	2,984
Total Nonoperating Gains / (Losses)	18,196	12,500	5,696	138,607	75,000	63,607
Income / (Loss)	$47,515	$1,701	$45,815	$458,819	$404,789	$54,030

NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING JUNE 30, 2018

NURSING HOME	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	CURRENT MONTH VARIANCE	YTD ACTUAL	YTD BUDGET	YTD VARIANCE
Revenue:						
Net Patient Service Revenue	$1,639,979	$1,564,735	$75,244	$9,728,196	$9,429,639	$298,557
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	750,000	850,000	(100,000)
Departmental and Other Revenue	110,678	117,583	(6,905)	723,515	705,501	18,015
Total Other Revenue	235,678	259,250	(23,572)	1,473,515	1,555,501	(81,985)
Total Revenue	1,875,657	1,823,985	51,672	11,201,711	10,985,140	216,572
Expenses:						
Direct Expenses	1,307,065	1,236,154	70,912	7,868,011	7,401,803	466,208
Indirect Expenses	613,714	578,566	35,148	3,574,337	3,790,851	(216,515)
Total Expenses	1,920,779	1,814,720	106,059	11,442,348	11,192,655	249,693
Operating Income (Loss)	(45,122)	9,265	(54,387)	(240,637)	(207,515)	(33,122)
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	434	0	434	4,436	0	4,436
Gain / (Loss) on Disposal of Assets	0	0	0	0	0	0
Total Nonoperating Gains / (Losses)	434	0	434	4,436	0	4,436
Income / (Loss)	($44,689)	$9,265	($53,954)	($236,201)	($207,515)	($28,685)

NORTH CENTRAL HEALTH CARE

REPORT ON AVAILABILITY OF FUNDS

June 30, 2018

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
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
PFM Investments	365 Days	4/4/2019	2.13%	$488,000	x
BMO Harris	365 Days	5/28/2019	2.10%	$500,000	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	367 Days	6/3/2019	2.40%	$486,000	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
PFM Investments	545 Days	12/10/2019	2.58%	$480,000	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
PFM Investments	730 Days	4/29/2020	2.57%	$473,000	X
Abby Bank	730 Days	5/3/2020	2.00%	$500,000	X
TOTAL FUNDS AVAILABLE				$12,200,000	
WEIGHTED AVERAGE	555.52 Days		1.702% INTEREST		

NCHC-DONATED FUNDS
Balance Sheet
As of June 30, 2018

ASSETS	
Current Assets	
Checking/Savings	
CHECKING ACCOUNT	
Adult Day Services	5,290.11
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	35,161.99
Community Treatment - Adult	562.00
Community Treatment - Youth	7,485.37
Fishing Without Boundries	6,190.80
General Donated Funds	60,714.01
Hope House	2,452.35
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,071.18
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	5,230.14
Total Legacies by the Lake	7,188.39
Marathon Cty Suicide Prev Task	15,974.15
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	6,996.97
Outpatient Services - Marathon	401.08
Pool	23,568.97
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	2,046.25
Voyages for Growth	33,442.72
Total CHECKING ACCOUNT	229,783.27
Total Checking/Savings	229,783.27
Total Current Assets	229,783.27
TOTAL ASSETS	**229,783.27**
LIABILITIES & EQUITY	
Equity	
Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	5,829.64
Total Equity	229,783.27
TOTAL LIABILITIES & EQUITY	**229,783.27**

North Central Health Care
Budget Revenue/Expense Report

Month Ending June 30, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
REVENUE:					
Total Operating Revenue	5,645,592	5,517,101	32,497,295	33,228,129	(730,834)
EXPENSES:					
Salaries and Wages	2,423,485	2,702,210	14,228,138	16,173,702	(1,945,564)
Fringe Benefits	1,011,889	986,315	6,245,570	5,903,492	342,078
Departments Supplies	613,596	630,921	3,582,998	3,785,523	(202,525)
Purchased Services	785,873	504,858	3,825,967	3,077,150	748,817
Utilitites/Maintenance Agreements	330,752	267,263	1,953,538	1,603,577	349,961
Personal Development/Travel	39,935	40,221	198,978	241,325	(42,347)
Other Operating Expenses	92,100	137,931	554,922	827,587	(272,664)
Insurance	34,784	41,000	205,921	246,000	(40,079)
Depreciation & Amortization	144,981	141,250	830,872	847,500	(16,628)
Client Purchased Services	184,000	66,667	790,816	400,000	390,816
TOTAL EXPENSES	**5,661,396**	**5,518,636**	**32,417,720**	**33,105,856**	**(688,136)**
Nonoperating Income	18,630	12,500	143,043	75,000	68,043
EXCESS REVENUE (EXPENSE)	**2,827**	**10,966**	**222,618**	**197,274**	**25,345**

North Central Health Care
Write-Off Summary
June 2017

	Current Month	Current Year To Date	Prior Year To Date
Inpatient:			
Administrative Write-Off	$2,657	$54,623	$59,642
Bad Debt	$0	$8,440	$1,422
Outpatient:			
Administrative Write-Off	$19,269	$66,516	$102,890
Bad Debt	$209	$2,261	$1,814
Nursing Home:			
Daily Services:			
Administrative Write-Off	$0	$30,580	$724
Bad Debt	$0	$9,169	$11,970
Ancillary Services:			
Administrative Write-Off	$2,037	$4,162	$13,685
Bad Debt	$0	$0	$321
Pharmacy:			
Administrative Write-Off	$117	$2,753	$0
Bad Debt	$0	$0	$0
Total - Administrative Write-Off	$24,079	$158,635	$176,941
Total - Bad Debt	$209	$19,870	$15,527

North Central Health Care
2018 Patient Days

Month		Budget	Actual	Variance	Budgeted Occupancy	Actual Occupancy
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	5,550	5,507	(43)	84.09%	83.44%
	Hospital	420	457	37	87.50%	95.21%
May	Nursing Home	5,735	5,553	(182)	84.09%	81.42%
	Hospital	434	425	(9)	87.50%	85.69%
				0		
June	Nursing Home	5,550	5,362	(188)	84.09%	81.24%
	Hospital	420	443	23	87.50%	92.29%
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	33,485	32,749	(736)	84.09%	82.24%
	Hospital	2,534	2,584	50	87.50%	89.23%

North Central Health Care
Review of 2018 Services
Langlade County

Direct Services:	2018 Jan-June Actual Rev	2018 Jan-June Budg Rev	Variance	2018 Jan-June Actual Exp	2018 Jan-June Budg Exp	Variance	Variance by Program
Outpatient Services	$195,830	$270,057	($74,227)	$443,001	$457,763	$14,762	($59,465)
Community Treatment-Adult	$271,291	$393,091	($121,800)	$256,830	$404,157	$147,327	$25,527
Community Treatment-Youth	$642,919	$419,343	$223,576	$538,570	$420,452	($118,118)	$105,458
Day Services	$173,402	$197,500	($24,098)	$158,842	$197,500	$38,658	$14,560
	$1,283,442	$1,279,991	$3,452	$1,397,243	$1,479,871	$82,628	$86,080
Shared Services:							
Inpatient	$246,077	$255,961	($9,884)	$349,048	$331,628	($17,420)	($27,304)
CBRF	$26,824	$55,637	($28,813)	$31,365	$55,637	$24,272	($4,541)
Crisis	$16,894	$19,198	($2,304)	$131,010	$146,904	$15,894	$13,591
MMT (Lakeside Recovery)	$4,898	$27,866	($22,968)	$26,787	$54,928	$28,141	$5,174
Day Treatment	$3,558	$4,063	($505)	$3,628	$4,905	$1,277	$772
Protective Services	$13,118	$13,276	($158)	$34,289	$45,131	$10,842	$10,684
Birth To Three	$45,610	$45,239	$372	$76,997	$84,980	$7,983	$8,354
Group Homes	$95,758	$58,034	$37,724	$92,570	$58,034	($34,536)	$3,188
Supported Apartments	$0	$73,549	($73,549)	$0	$73,549	$73,549	$0
Contract Services	$0	$0	$0	$96,703	$49,826	($46,878)	($46,878)
	$452,737	$552,822	($100,085)	$842,397	$905,521	$63,124	($36,961)
Totals	$1,736,179	$1,832,812	($96,633)	$2,239,640	$2,385,392	$145,752	$49,119
Base County Allocation	$399,266	$399,266	$1				$1
Nonoperating Revenue	$6,646	$4,073	$2,574				$2,574
County Appropriation	$149,242	$149,242	$1				$1
Excess Revenue/(Expense)	$2,291,333	$2,385,392	($94,059)	$2,239,640	$2,385,392	$145,752	$51,693

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-June Actual Rev	2018 Jan-June Budget Rev	Variance	2018 Jan-June Actual Exp	2018 Jan-June Budg Exp	Variance	Variance By Program
Outpatient Services	$155,602	$214,623	($59,021)	$447,155	$486,629	$39,474	($19,547)
Community Treatment-Adult	$350,620	$411,542	($60,922)	$277,541	$423,131	$145,590	$84,669
Community Treatment-Youth	$846,110	$484,110	$362,000	$700,473	$486,677	($213,797)	$148,204
	$1,352,332	$1,110,274	$242,058	$1,425,169	$1,396,436	($28,733)	$213,325
Shared Services:							
Inpatient	$335,559	$349,037	($13,478)	$475,975	$452,221	($23,754)	($37,232)
CBRF	$36,578	$75,869	($39,291)	$42,770	$75,869	$33,099	($6,192)
Crisis	$23,038	$26,179	($3,141)	$178,651	$200,324	$21,673	$18,533
Day Treatment	$4,852	$5,541	($689)	$4,947	$6,689	$1,742	$1,053
MMT (Lakeside Recovery)	$6,679	$37,999	($31,320)	$36,527	$74,902	$38,375	$7,055
Protective Services	$17,887	$18,104	($217)	$46,757	$58,042	$11,285	$11,069
Birth To Three	$67,062	$76,224	($9,162)	$113,210	$143,185	$29,975	$20,814
Apartments	$0	$22,941	($22,941)	$0	$22,941	$22,941	$0
Contract Services	$0	$0	$0	$131,867	$67,944	($63,923)	($63,923)
	$491,655	$611,891	($120,236)	$1,030,704	$1,102,115	$71,411	($48,825)
Totals	$1,843,987	$1,722,165	$121,823	$2,455,873	$2,498,551	$42,678	$164,501
Base County Allocation	$414,989	$414,989	$1				$1
Nonoperating Revenue	$9,438	$5,190	$4,248				$4,248
County Appropriation	$356,208	$356,208	$0				$0
Excess Revenue (Expense)	$2,624,622	$2,498,551	$126,071	$2,455,873	$2,498,551	$42,678	$168,749

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018 Jan-June Actual Rev	2018 Jan-June Budget Rev	Variance	2018 Jan-June Actual Exp	2018 Jan-June Budget Exp	Variance	Variance by Program
Outpatient Services	$618,156	$851,847	($233,691)	$1,574,039	$1,904,345	$330,306	$96,616
Community Treatment-Adult	$1,831,441	$2,831,504	($1,000,063)	$1,778,819	$2,885,241	$1,106,422	$106,359
Community Treatment-Youth	$1,711,350	$1,272,722	$438,628	$1,613,439	$1,276,025	($337,415)	$101,214
Day Services	$814,511	$842,627	($28,116)	$763,984	$842,627	$78,643	$50,527
Clubhouse	$197,278	$199,626	($2,348)	$264,425	$245,626	($18,800)	($21,147)
Demand Transportation	$220,828	$215,618	$5,211	$193,306	$215,618	$22,312	$27,522
Aquatic Services	$332,727	$396,050	($63,323)	$459,638	$503,108	$43,470	($19,854)
Pharmacy	$2,498,379	$2,318,325	$180,055	$2,505,568	$2,318,325	($187,244)	($7,189)
	$8,224,670	$8,928,317	($703,647)	$9,153,218	$10,190,912	$1,037,694	$334,047
Shared Services:							
Inpatient	$1,655,425	$1,721,917	($66,492)	$2,348,140	$2,230,957	($117,183)	($183,675)
CBRF	$180,451	$374,286	($193,835)	$210,998	$374,286	$163,288	($30,547)
Crisis Services	$113,653	$129,147	($15,494)	$881,343	$988,264	$106,921	$91,427
MMT (Lakeside Recovery)	$32,949	$187,459	($154,510)	$180,202	$369,515	$189,313	$34,804
Day Treatment	$23,935	$27,334	($3,399)	$24,405	$32,996	$8,591	$5,193
Protective Services	$88,243	$89,310	($1,067)	$230,669	$287,107	$56,438	$55,371
Birth To Three	$332,809	$353,851	($21,042)	$561,833	$664,704	$102,871	$81,830
Group Homes	$887,950	$910,466	($22,516)	$858,379	$910,466	$52,087	$29,571
Supported Apartments	$1,289,976	$1,062,011	$227,966	$1,180,128	$1,062,011	($118,118)	$109,848
Contracted Services	$0	$0	$0	$650,546	$335,190	($315,356)	($315,356)
	$4,605,391	$4,855,779	($250,388)	$7,126,643	$7,255,495	$128,852	($121,536)
Totals	$12,830,061	$13,784,096	($954,035)	$16,279,861	$17,446,407	$1,166,546	$212,511
Base County Allocation	$1,136,464	$1,136,464	$0				$0
Nonoperating Revenue	$91,604	$65,738	$25,867				$25,867
County Appropriation	$2,460,110	$2,460,110	$1				$1
Excess Revenue/(Expense)	$16,518,239	$17,446,407	($928,168)	$16,279,861	$17,446,407	$1,166,546	$238,378

North Central Health Care
Person centered. Outcome focused.

DATE: July 19, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Service Operations Executive
RE: Monthly HSO Report

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

1. **MMT Expansion Wausau**: NCHC received its certificate of compliance from DQA and we had a successful site visit on 7/9/18. The unit opened to expanded capacity as of 7/11/18. DQA followed up with us on 7/17/18 and let us know that we are not approved to have three beds in the larger corner room. As such, we are capped at 14 beds. This service will be available to residents of all three counties.
2. **CBRF Expansion Wausau:** CBRF expansion occurred as of 7/11/18 when the MMT unit opened. The CBRF now has 12 beds available for short-term adult crisis placement. CBRF can be used as a step-down from inpatient hospital and/or a less restrictive setting for crisis treatment than the inpatient hospital. This service will be available to residents of all three counties.
3. **Linkage and Follow-up:** In June, one of our Linkage Coordinators resigned due to family needs. We have begun recruiting for the position and have a few promising internal candidates. Currently, over 140 clients are being case-monitored by the program.
4. **Press Ganey Confidentiality Concerns:** At the June Board meeting, members had some additional questions about the confidentiality of the Press Ganey survey tool. According to our Press Ganey contact, patient information is never shared, even within their reports.

   Per Press Ganey, "Unless a client specifically shares identifiable information within comment areas, we wouldn't know who said what. Surveys are not reported out on an individual level but aggregated. Background questions allow for better reporting and addressing of patient concerns at a demographic level but never at an individual level. Also, the background questions are a requirement for the Hospital Consumer Assessment of Healthcare Providers and Systems required by CMS."

   With the mailed surveys, Press Ganey would have access to this information but would only access it in the event that there is an adverse comment such as an allegation of abuse/neglect, a patient safety concern, or legal concern. In that instance, NCHC would work with Press Ganey to drill down further in order to address. Specific information by other facilities is not available to us and vise-versa. Data is aggregated and benchmarked against like facilities.

5. **Suicide Screening Tool:** Our Joint Commission survey highlighted the need to evaluate our overall suicide risk assessment and screening processes. Some programs were conducting a suicide risk screening rather than an assessment.

   As of June 4, 2018 all departments implemented changes as a result of our improved Suicide Risk Assessment and Screening Policy written in response to the Joint Commission findings. The purpose was to "identify safety risks inherent in the populations that NCHC serves to include: conducting a risk assessment, identification of specific client/patient/resident characteristics and environmental features that may increase or decrease the risk for suicide, address the patient/client/resident's immediate safety needs and most appropriate setting for treatment."

   Therefore, a suicide risk assessment (as opposed to only a screening) is now being completed in all programs upon intake and/or admission or if changes in protective and risk factors are present. In addition, the assessment is completed with each visit to crisis and upon discharge from the Hospital, Crisis CBRF and MMT. The current assessment that is being used is a hybrid tool that our Electronic Medical Record vendor created which includes only components of the Columbia assessment, not the assessment in its entirety. The custom assessment also includes risk stratification and identifies appropriate interventions based on risk. Suicide risk screening is now completed and documented based on department procedures and changes in protective or risk factors. Staff will continue ongoing analysis to determine what gaps exist with our current tool and developing an organization-wide initiative enhancing suicide prevention awareness.

6. **Department of Health Services Crisis Learning Collaborative:** On June 27, the final meeting of DHS's Crisis Learning Collaborative occurred in Madison. NCHC, along with the Social Service Departments of all three counties, were invited to participate to learn common crisis barriers and work together to overcome them. Attention also focused on short term stays for patients diverted to state-run facilities. Members of NCHC participated in these meetings and NCHC was asked to present on our crisis service and hospital system at the final meeting.
7. **Langlade County Day Treatment and IOP Expansion:** NCHC submitted an initial application per DHS request. Site survey was scheduled for July 16, 2018. We were approved on the condition that we supply an additional telemedicine certification for our supervising psychiatrist. The certification paperwork was sent as of 7/19/18.
8. **Langlade County TAD (Treatment Alternatives and Diversion) Meeting:** NCHC and our partners have been working with Langlade County partners to build systems that would support a drug court and address the increasing methamphetamine crisis. NCHC continues to lead the Behavioral Health Task Group which is exploring the recovery coaching model, availability of AA and NA, and sober living environments.
9. **Marathon County EBDM (Evidenced Based Decision Making) Meeting:** NCHC has been working with Marathon County partners on a work plan for the EBDM mental health taskforce. The work plan centers around identifying high utilizers of the shared systems and providing care coordination and innovative programming designed for patient support. Barriers to progress include difficulties with information sharing.

10. **Marathon County Information Sharing Subgroup:** NCHC has been leading a subgroup that emerged from both the Crisis P&I action plan and the EBDM work plan with a focus on information sharing. HIPAA and 42 CFR Part II impact how NCHC can share information with partners without a release of information. The group is seeking an accessible way to share information effectively and appropriately with partners. Currently, partners are working to determine access to the new electronic system that will be implemented for law enforcement in October, which could house crisis plans.
11. **Marathon County School Counseling Consortium:** Data from this school year is in and the consortium assisted over 200 clients in receiving school-based mental health care. Of 4th to 12th grade students utilizing onsite mental health counseling services, 85% reported an increase in improvements and positive changes in functioning on a client satisfaction and wellness survey. NCHC plans to continue its participation in the program in the coming year.
12. **Intensive Outpatient Program (IOP) Curriculum:** NCHC clinical staff are in process of making a few changes to the IOP programming at NCHC based off of patient feedback. The facilitators will reduce the duration from 16 weeks to 8 weeks with the option to continue longer if the client and clinician agree that the client would benefit from longer exposure to the group process. Also, due to overlap in the curricula used for Day Treatment and IOP, clients have asked that more advanced recovery skills be introduced during IOP. Clinical Coordinators will continue to use the Matrix Model as the basic curriculum, but will incorporate practical skills into group work. For example, new topics will include community resources for food, cross-addiction, dealing with dual-diagnosis, rebuilding trust in self and others, dealing with complacency in recovery, and criminal thinking.

North Central Health Care
Person centered. Outcome focused.

MEMORANDUM

DATE: July 18, 2018
TO: North Central Community Services Program Board
FROM: Kim Gochanour, Nursing Home Operations Executive
RE: Electronic Medical Record Proposal for Mount View Care Center

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Purpose

To obtain approval to move forward with a new Electronic Medical Records (EMR) system for Mount View Care Center based on the recommendation from the 2017 Clifton Larson Allen Operational Assessment and Analysis.

Background

In the spring of 2017, the Marathon County Mount View Care Committee and North Central Nursing Home Operations Committee requested a Financial and Operational Analysis of Mount View Care Center. From the final report provided last June by Clifton Larson Allen, one of the key recommendations was an investment in our technology that will help staff be more efficient and effective in their jobs. The report also highlighted that the residents and their families also expect technology options that help improve their quality of life through greater connection and choice.

The existing EMR (American Data System) was put in place in 2005 and at the time was one of the top vendors available. While 13 years ago this was a state of the art EMR system, it has lost its relative advantages to the marketplace in not evolving as quickly or as innovatively in response to changing operational, regulatory and documentation environments for long term care. One major drawback with our current EMR is the connectivity with our wireless system. Since this system is not web-based, staff frequently loses connectivity when working in the EMR system which causes numerous reworks and additional hours for staff. Another issue with our current EMR is the over customization that has occurred over the years and as a result considerable time is spent searching for documentation along with break/fix requests of IT.

Based on the Clifton Larson Allen report, an RFP was sent out to research new EMR systems for Mount View Care Center. We received 6 proposals back and interviewed 3 companies. The main areas that were reviewed for selection: ease of use, connectivity, support, documentation, Minimum Data Set (MDS) efficiency and maximization, billing, customer relationship management abilities for admission flow, data analytics, technological innovation and capability and finally interface ability with other computer systems and families.

Recommendation

After interviewing the 3 companies, receiving feedback from clinical, billing, admissions, coding, Health Information Management and City County IT departments, staff recommend replacing our current American Data system with Matrix Care. In all of the areas that were reviewed, Matrix Care was superior to the other vendors. Their focus on data analytics and staying current with the industry has put them in a leadership position in the skilled nursing field, especially with their recent partnership with Microsoft which sets them apart from other industry systems. Testing of connectivity issues showed a significant reduction in dropped connections and the addition of a customer portal will improve patient satisfaction with the ability for remote access to personal health information. Another major benefit of Matrix Care is there is no customization necessary. Workflows have been designed following best practices.

Financial Analysis

The impact of changing EMR systems is projected to be a one-time implementation fee of $30,300 and a monthly fee of $6,432 per month for an annual cost of $77,184. The ongoing monthly fee is a substantial increase from our current annual cost of $31,800 but we anticipate reduction in staff time with better connectivity, less customization, IT maintenance resources and interfaces that will reduce copying and scanning into our current medical record. The impact on the increased maintenance fee to the 2018 Budget will be negligible given the project plan and remaining months in the year. Ongoing cost increases will be built into the proposed 2019 Budget.

These projections do not include initial hidden costs i.e. implementation team meetings, training, data entry, travel, and lodging. During the implementation period, we anticipate increased labor hours with choosing a dedicated team of staff to lead the clinical, billing, admissions and interface with other programs.

2018 NCCSP BOARD CALENDAR – As of July 18, 2018

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

Educational Presentation: 2019 Proposed Budget

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

Board Policy Discussion Generative Topic: TBD

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: TBD

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