

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

March 12, 2013 3:30 p.m. NCHC - Wausau Campus

Present: Gretchen Thuot, Jean Burgener, Darren Bienvenue, Laura Scudiere

Also present: Gary Bezucha, Becky Schultz, Toni Simonson, Karen Schremp-Schinker,
Paula Hawkins

The meeting opened at 3:35pm; roll call was noted and a quorum declared. Two new members to the committee were introduced and welcomed: Darren Bienvenue (CCCW) and Laura Scudiere (Bridge Community Health Clinic).

Closed Session

Motion Burgener, 2nd Scudiere, to move into closed session pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency. Roll call vote: Thuot - yes; Burgener – yes; Bienvenue – yes; Scudiere - yes. Motion carried.

Motion to return to open session by Scudiere, 2nd Bienvenue. Motion carried.

Announcements from Closed Session

- Minutes (open and closed sessions) of the 12/11/12 meeting were approved.
- Joint Commission accreditation moved back to 2014.
- The placement of the dashboard report to the board will be shifted on the agenda to be a sub-agenda item under the Quality Committee report.
- Outcome data was reviewed. The committee made recommendations on outcome measurements, with additional supporting measurement breakdowns.
- The committee reviewed program-specific dashboards for 2012 and 2013 year to date. The committee felt the measurement tools in place are effective in monitoring quality.

Safety Report

The Committee review Safety Data and the following reported initiatives:

Culture of Safety:

- Culture of Safety Survey to be administered at 1st quarter Employee Updates to obtain feedback and enhance ownership, awareness, and development of Safety Culture.

Adverse Events:

- Developed organization-wide 24 hour reporting system 4th quarter 2012 for client, resident, patient, and employee occurrences to expand data collection and identification of adverse events.
- Further delineated definition of occurrences to include near miss, adverse events, and sentinel events, to enhance data tracking and trending.
- Staff are being provided ongoing training regarding identification and reporting of occurrences.

- Developed a Cause-Effect Analysis process with associated completion of a Performance Improvement Action Plan (PDCA) for all reported Sentinel Events.

Facility Security:

- Site audit involving external agency to evaluate physical internal and perimeter security, building access control, lighting.
- External consultant providing evaluation and contribution to development of Safety and Security Plan to be finalized second quarter 2013.

Infection Prevention and Control:

- External consultant providing evaluation and contribution to development of Infection Prevention and Control Plan to be finalized second quarter 2013.
- Ongoing surveillance of infection risk.
- Evaluation of Employee Health vaccination processes, monitoring, and associated documentation.
- Process of hiring full-time Employee Health Specialist.

The Committee found the Safety Report actions and initiatives to be appropriate.

Corporate Compliance and Ethics

The Committee reviewed the following key Initiatives and actions:

Key Process Initiatives:

- A revised Corporate Compliance Policy and Plan were developed to advance these efforts by including a more clearly defined Ethics component and to meet the O.I.G. expectations.
- An Ethics Team was established with reporting to the Corporate Compliance Committee to provide for case consultation, investigation and policy formation on clinical/practice ethics. A focus and evaluation of E-Practice has begun to establish related organizational policy.
- Work Teams to develop a Code of Conduct and specific Audit process have been formed.
- Corporate Compliance Investigations were reported to the Committee. The Committee found the actions and initiatives to be appropriate. A request for an additional meeting to evaluate the revised Corporate Compliance Plan was made and consensus reached. The meeting will be planned for early April with the Plan being forwarded for full Board approval in April.

Joint Commission Update

- We were preparing for a survey the end of 2013. After completing a gap analysis, we have reconsidered that decision. It will be reported to the board that successful Joint commission accreditation will be in 2014. The committee and teams are comfortable with that.

Pdh