

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

January 17, 2014

8:00 a.m.

NCHC – Wausau Campus

Present: Laura Scudiere, Darren Bienvenue, Jean Burgener, Holly Matucheski

Also present: Gary Bezucha, Gretchen Brown, Becky Schultz, Debbie Osowski

Excused: Toni Simonson, Dr. Ticho

The meeting was opened at 8:00 a.m.; roll call was noted and a quorum declared.

Moments of Excellence

- We have seen a substantial decrease in infection rates this past year. Residential Care, in particular, has had a dramatic drop in infection rates from 13.1 to 2.9. We attribute this reduction to the intensive re-education on hand hygiene and providing products that are readily available for sanitizing.

Closed Session

Motion Burgener, 2nd Bienvenue, 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 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: Scudiere – yes; Bienvenue – yes; Burgener – yes; Matucheski – yes. Motion carried.

Outcome Data

Organizational Outcomes: The Committee reviewed current results and improvement actions.

- Clinical Domain
 - We are experiencing an increase in the acuity of residents on the post-acute care unit.
 - It was noted that there was a spike during the summer months and feel it was unique due to a special cause variation and types of clients served at the time.
- People Domain
 - This will be a primary focus in 2014 for operational objectives. Changes have been incorporated into the 2014 Quality Plan with an emphasis in this area.
 - A reduction in adverse events will be a primary focus in 2014.
- Service Domain
 - Inpatient Behavioral Health and Crisis Services have identified opportunities for making changes/improvements to have a positive impact in 2014.
- Community
 - We have not received data from the three counties to provide a Recidivism Rate for OWI.

- Finance
 - Target is 45 days which is felt to be too aggressive. An adjustment to the target has been made for 2014.

Program-Specific Outcomes: The Committee reviewed current results and discussed improvement actions being taken on those not met.

- 123 of 176 outcome measures were either met or exceeded target. This means improvement has been made in these outcomes as targets were set above 2012 performance.
- Inpatient Behavioral Health and Crisis Services will be an area of focus in 2014.
 - Have identified an increased need for mobile crisis services availability.
 - Hired a consultant in behavioral health who was on site in November. She reviewed all processes, developed action plans, and implemented three key areas for consistency in admission, treatment planning and discharge.
 - Behavioral health consultant will return in February to train staff on key processes.
 - Secured an Inpatient Manager with extensive background and experience in behavioral health. She will be on board soon.
 - Toni Simonson will head up the Crisis Program and partner with Gretchen Brown on Inpatient Behavioral Health services for a seamless connection.
- A consultant from Wipfli was on site 2 days to evaluate the Human Resources processes. A report is expected in 2-3 weeks.
- Nutritional Services have opportunities to improve.
 - The cost per meal was over the target; an adjustment has been made for 2014.
 - We are also looking at equipment needs for efficiency at meal times and on units. Also looking at renovations for the employee areas.
 - Have seen positive outcomes following some restructuring so far.

Safety

The Committee reviewed Safety Data and initiatives:

Adverse Events:

- Education/training will be provided to all employees in behavioral health on crisis prevention and intervention which will help staff to de-escalate individuals/situations and learn how to protect client/resident and themselves.
- Staff Development will develop a program for training ALL employees on de-escalation and personal protection.
- 2014 focus will be on an extensive wellness program with a target of reducing strains, how to keep healthy, and lift safely.

Corporate Compliance and Ethics

The Committee reviewed the following key initiatives and actions:

Corporate Compliance

- Mandatory training will be provided for all caregiver staff on boundaries in 2014.

Key Process Improvement Initiatives

Criminal Justice Client Care

- Spent 2013 working on process improvement and partnership with the criminal justice agencies and care of those clients.
- Identified gaps when criminal justice clients received services at NCHC.
- Developed Meet & Greet events to learn about each program.
- Agreed that criminal justice clients need a specific case management program. ATTIC has this type of program and NCHC will trial this type of model through Community Treatment while working with ATTIC and the criminal justice partners.
- We will monitor outcomes through 2014.
- We will start the pilot in Marathon County, train staff, and begin to apply to the criminal justice clients we currently see as a pilot program.

CNA Turnover

- Primary causes were evaluated and improvement strategies implemented.
- The number of open positions has been cut in half.
- The new administrator is meeting with staff on all shifts to identify additional opportunities.
- CNA turnover continues to decline steadily.

2014 Quality Plan

- A 2013 Excellence in Quality Review was provided including input, processes and outputs; outcomes and plan-action items.
- Proposed revisions to the 2014 Quality Plan were reviewed.
 - Community Treatment now encompasses the combined Community Support Services (CSP) and Comprehensive Community Services (CCS) programs.
 - The Alignment and Accountability Team has restructured slightly and is now the Accountability and Improvement Team.
 - Proposed revisions to the Dashboard include:
 - Addition of AODA relapse rate (a primary service for us)
 - Addition of Employee turnover (currently 22.6 and proposing a 2-4% reduction)
 - Client/patient/resident Satisfaction Percentile Rank will include a new comparison data base (will have 1100 facilities to compare with through HealthStream now that we will be utilizing their survey tool)

Infection Prevention and Control Plan

The Committee was provided a copy of the plan for their review prior to the meeting. No questions or concerns were presented.

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

Announcements from Closed Session

- The minutes of the 9/10/13 meeting were approved.
- The 2014 Quality Plan was approved.
- The Infection Prevention and Control Plan was approved.

Motion Bienvenue, 2nd Matucheski to adjourn at 9:30 a.m. Motion carried.

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