

NORTH CENTRAL COMMUNITY SERVICES PROGRAM QUALITY COMMITTEE MEETING MINUTES

June 13, 2014 9:30 a.m.

NCHC – Wausau Campus

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

Also present: Becky Schultz, Toni Simonson, Paula Hawkins

The meeting was opened at 9:00 a.m.; roll call was noted and a quorum declared. Moments of excellence were shared.

Minutes

- **Motion**/second by Matucheski/Burgener to approve the minutes of the 3/28/14 meeting with the following corrections:
 - Under minutes remove the words “and summary minutes”;
 - Under outcome data, bullet point 7, add “day” to 90 day action plans.
- Motion carried.

Outcome Data

The organizational outcome dashboard and related data were reviewed.

- Year-to-date all clinical outcomes are at, or exceeding, targets.
- A suggestion was made to share what industry averages on the dashboard itself for benchmarking purposes.
- A suggestion was made to show 12 rolling month dashboard which would help the Committee to monitor trends over a longer period of time. After discussion, the Committee decided to put the year end of the previous year on the report.
- The Committee discussed the new external customer satisfaction survey initiated this year. This will allow comparison data with other like organizations. Year-to-date, NCHC’s overall satisfaction ranking in the database is at the 53rd percentile.
- The Committee discussed the current access measures. A request was made to report on appointment wait times related to psychiatry in addition to the wait time data on counseling reported currently. The Committee would like to track both internal and external calls for appointments recognizing that we are not able to accept external clients at this point due to the shortage of psychiatrist. This will provide baseline data as the organization moves forward on its psychiatry recruitment and the establishment of the psychiatry residency program.
- The Financial outcomes continue not to meet targets due to revenues. Expense management and reduction steps have been taken.
- A request was made to include comparative data to specific to other local facilities (by individual facility). The Committee will refer the analysis of this data to the Nursing Home Operations Committee.

The Committee found the Outcomes and related improvement actions to be appropriate.

Closed Session

- **Motion**/second Burgener/Bienvenue 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, and to allow Becky Schultz, Toni Simonson, and Paula Hawkins to remain. Motion carried.
- **Motion**/second Bienvenue/Matucheski to come out of closed session. Motion carried.
- No actions were taken in closed session.

Program-Specific Outcome Data

Outcome data for all program areas were reviewed.

- The Inpatient Behavioral Health External Customer Satisfaction Percent was not included due to low sample size at the time of mailing Committee materials- The percentage of 9 and 10 responses on overall satisfaction is currently 57.5%.
- The Committee noted that external customer satisfaction scores were low in a few program areas. Staff reported that the new satisfaction tool will provide these programs to evaluate specific information so that they are able to identify specific improvement actions. The Committee will monitor trends over time.
- The Committee discussed the very low percent of satisfaction on the Human Resources internal customer satisfaction. Staff reported on the specific actions being taken which include:
 - Several process improvement initiatives have been launched to improve the employee acquisition and onboarding processes.
 - Michael Loy has joined NCHC as the new Senior Executive for HR. He has a experience in process improvement.
 - The Senior Team has initiated a complete review of all pay practices to ensure consistency throughout the organization.
 - All Human Resource policies are being reviewed and updated.
- It was noted that Crisis Services external partner satisfaction was quite low. Staff reported that the following actions have been taken:
 - A organizational restructure to allow for direct oversight of the program
 - Customer service training was provided for crisis staff.
 - We are bringing in trauma informed care training.
 - A collaborative model in working with community partners is being integrated.

The Committee found the Outcomes and related improvement actions to be appropriate.

Safety

The Committee reviewed client/resident/patient and employee adverse event data

- We are seeing a steady improvement in both client/patient/resident adverse events as well as employee adverse event rates.
- No trends were identified.

Corporate Compliance and Ethics

A summary of Corporate Compliance and Ethics investigations was reviewed.

- No identified trends.
- Actions taken found to be appropriate.

Key Cross-Functional Process Improvement (PI) Initiatives

Staff reported on the following PI initiatives:

- BHIC (Behavioral Health Integrated Care) Project
 - We are working with the state of WI, and will be the pilot site for this initiative.
 - There is a meeting with the state next Tuesday.
 - Bridge, Aspirus, Ministry, Marshfield Clinic, and NCHC (as lead) are working on this.
 - Projected start date is October 1st.
 - We are not recruiting for staff until we get final approval.
 - The project is to care for those Medical Assistance clients with multiple mental health and medical needs and integrating their care. NCHC will be the care managers.
 - It will improve lives and reduce costs.
- Employee Acquisition PI
 - The processes of recruiting and onboarding have been evaluated and improvements are being initiated.

Joint Commission

Staff provided the following update:

- All organization-wide policies have been updated.
- Chapter owner teams are assessing practice against policies, and identifying any gaps where standards are not met so that process corrections can be made.
- The survey application has been completed and accepted.
- The Quality Committee will receive training related to their role in the JC accreditation survey process.

Future Agenda Items

Joint Commission accreditation training

Future Meetings

Meetings for the remainder of the year:

- July 24 2-3:30
- Sept 18 2-3:30
- Nov. 17 8-9:30

Motion/second Matucheski/Bienvenue to adjourn at 11:01 a.m. Motion carried.

pdh