

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES**

**July 24, 2014, 2:00 p.m.**

**NCHC – Wausau Campus**

Present: Holly Matucheski, Darren Bienvenue, Laura Scudiere, Jean Burgener, Dr. Eric Penniman, Bill Miller

Also present: Gary Bezucha, Becky Schultz, Toni Simonson, Gretchen Brown, Dianna Schlicher

The meeting was called to order at 2:02pm; roll call was noted and a quorum declared. Moments of excellence were shared.

Minutes

- **Motion**/second by Bienvenue/Matucheski to approve the minutes of the 6/13/14 meeting. Dr. Penniman abstained from voting since he was not present for the 6/13/14 meeting.
- Motion carried.

Outcome Data

The NCHC Quality Outcome dashboard was reviewed.

- As requested by the Committee, a column showing the 2013 rates was added for comparison.
- All clinical outcomes are exceeding target(s) year-to-date.
- The Committee discussed the employee turnover rate and was informed of the process improvement plans that had been implemented, including the onboarding process. An area of high turnover tends to be with CNA and direct caregiver positions. With the new HR Director hired, there will be a focus on the selection and interview process.
- The External Partner Satisfaction Survey was distributed to organizations and agencies with whom NCHC partners with to determine how well NCHC is doing coordinating/collaborating care. The survey identified communication as an opportunity for improvement, particularly in the criminal justice area. Since then, staff has been teaching a collaborative care model and making a one-on-one connection to improve communication/collaboration with external partners.
- A request was made to revise the outcome definition for recidivism rate to reflect the following information:
  - No end date on the timeframe for having another OWI as long as they were treated by NCHC.
- The Committee will be provided additional information regarding psychiatric appointments. Specifically, the information will include:
  - How many calls were received that could not be fulfilled; and
  - The number of visits and wait time for those that NCHC could accommodate.
- NCHC is hosting a training (CMEs available) directed to PCPs, ER doctors and advance practitioners around medication and assessment of mental health patients.
- A question was raised about strategies to improve on some of the measures, such as readmission rates. It was noted that, while not current, process improvements had been implemented, including pre-blocking appointments, to improve the readmission rate. A request was made for NCHC to notify the patient's PCP upon discharge.

### Program-Specific Outcome Data

The outcome data for all programs was reviewed.

- A question was raised regarding the direct cost/unit in BHS. It was noted that, with the implementation of the medical health record, there was a revenue lag in the program. The Committee should see a significant revenue pick-up in June.
- The Committee recognized an increase in human resources in the year-to-date (YTD) internal customer satisfaction score from 4% to 28%. The score for the quarter was 55%. There are significant steps being taken in HR and it is anticipated other measures will increase as well as improvements are implemented.
- A suggestion was made to implement a mentorship program for all positions as a means to decrease employee turnover. Currently, there is a mentorship program in place for CNA's.
- **Motion**/second by Penniman/2<sup>nd</sup> Bienvenue to accept the NCHC Overall and Program-Specific Outcome Data as presented.
- Motion carried.

### Safety

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

- No trends were identified.
- Overall, adverse events have declined. This decline can be attributed to process improvements:
  - Organization-wide reminders to perform hand hygiene.
  - Training around transfers and lifts in long-term care and residential homes.
  - Overall culture of safety awareness training.
- The Committee requested presenting one (1) graph/page and a change in colors to make them easier to read.
- **Motion**/second by Burgener/Matucheski to accept the Safety Report as presented.
- Motion carried.

### Corporate Compliance and Ethics

The Corporate Compliance Plan was presented to the Committee for annual approval.

- The Plan has not changed since last year.
- Elements of the Plan follow the seven (7) recommended elements of an effective compliance program (from OIG).
- Report(s) to the Committee reflect activities in each of the seven (7) areas.
- The Committee viewed a video on compliance and board responsibilities.
- A question was raised regarding auditing of claims. An audit summary has been compiled and will be shared with the internal corporate compliance committee in August and then provided to the Committee. Further, Tier will not allow a bill to process unless all the pieces have been compiled.
- **Motion**/second by Matucheski/Penniman recommending the Board approve the Corporate Compliance Plan as presented.
- Motion carried.

### Education

- The Committee reviewed an article on board responsibilities with regard to quality and compliance.
- A request was made to provide research entities fined/audited by the Office of Inspector General (OIG) so that frequent citations may be identified and presented to the Committee.

### Future Agenda Items

- A suggestion was made to highlight a program in Moments of Excellence by presenting their dashboard and reviewing supporting measures as well as process improvements made.

Motion/second by Miller/Burgener to adjourn at 3:19 p.m. Motion carried.

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