



OFFICIAL NOTICE AND AGENDA of a meeting of the Board or a Committee

A meeting of the **Quality Committee** of the North Central Community Services Program Board will be held at **North Central Health Care, 1100 Lake View Dr., Wausau, WI, Board Room** at **8:00AM**, on **Monday, March 23rd**, 2015.

AGENDA

1. Call to order
2. Moments of Excellence
3. Action: approve January 15, 2015, meeting minutes
4. Outcomes Review
 - a. Organizational Outcomes
 - b. Program Specific Outcomes
 - c. Safety – Adverse Events
5. 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.
 - a. Corporate Compliance and Ethics Report
6. Motion to come out of closed session
7. Possible announcements regarding issues discussed in closed session
8. Compliance Auditing
9. Staff Competency Validation
10. Annual Review of Safety Plans
 - a. Safety and Security Plan
 - b. Emergency Management Plan
11. Joint Commission Education
12. Future agendas
13. Adjourn

*Action may be taken on any agenda item.

*In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/ G. Bezucha
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Langlade, Lincoln & Marathon County Clerk Offices
DATE 3/18/15 TIME 10:15 a.m.

VIA: X FAX X MAIL
BY /s/ D. Schlicher

THIS NOTICE POSTED AT

NORTH CENTRAL HEALTH CARE
DATE 3/18/15 Time 10:15 a.m.
By Dianna Schlicher

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative office at 715-848-4422. For TDD telephone service, call 715-845-4928.

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

January 15, 2015, 10:30 a.m.

NCHC – Wausau Campus

Present: Darren Bienvenue, Holly Matucheski, Dr. Eric Penniman, Bill Miller

Excused: Laura Scudiere, Jean Burgener

Also present: Gary Bezucha, Becky Schultz, Gretchen Brown, Michael Loy, Toni Simonson, Dr. Gabriel Ticho, Dianna Schlicher

The meeting was called to order at 10:38 a.m.; roll call was noted and a quorum declared. Moments of excellence were shared.

Minutes

- **Motion**/second by Miller/Bienvenue to approve the minutes of the December 1, 2014, meeting. Motion carried.

Outcome Data/Safety

- **Motion**/Second by Matucheski/Bienvenue to approve the Outcome Data and Safety information as presented. Motion carried. Staff was commended on the readmission rates and quality metrics.
- Discussion was held on how safety data compares to national level/benchmarks.

Closed Session

- **Motion**/second by Bienvenue/Miller 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 staff to remain. Motion carried and moved into closed session at 10:56 a.m. Roll Call taken, Yes=4, No=0.
- **Motion**/second by Miller/Bienvenue to approve the closed session minutes of December 1, 2014.
- **Motion**/second by Miller/Bienvenue to come out of closed session. Motion carried.
- No announcements from closed session.

2015 Quality Plan Update

- A revised 2015 Quality Plan was presented with recommendations from the December 1, 2014, meeting included.
- Discussed employee turn-over and community client employment measurements rate target revisions.
- **Motion**/second by Matucheski/Bienvenue to approve the 2015 Quality Plan.

Hospital Utilization Review Plan

- This is a requirement of all hospitals.
- The Committee will be provided regular reports on utilization review.
- The Plan helps to ensure continuity of care, medical necessity and appropriate length of stays.
- A Hospital Utilization Review Team will review cases/information and make recommendations.
- **Motion**/second by Bienvenue/Miller to approve the Hospital Utilization Review Plan. Motion carried.

Joint Commission Education

- Joint Commission accreditation will take place after June 1, 2015.
- Once accredited, NCHC can apply for “deemed” status with the Centers for Medicare & Medicaid Services (CMS) whereby scheduled state surveys would no longer occur because the Joint Commission survey process would replace the CMS survey. Deemed status does not apply to nursing home.
- NCHC is applying for accreditation in behavioral health programs.
- Leadership and the Board of Directors need to demonstrate that they are ensuring quality care that meets professional standards/safety at NCHC. Specific initiatives and reports that ensure these were reviewed.

Future Agenda Items

Human Resources will provide information outlining the validation of staff competency.
Report on compliance auditing.

- **Motion**/second by Miller/Matucheski to adjourn at 11:58 a.m. Motion carried.

dls

DEPARTMENT **NORTH CENTRAL HEALTH CARE** **QUALITY OUTCOME DASHBOARD**
FISCAL YEAR: **2015**

PRIMARY OUTCOME GOAL	TARGET (Rank 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
CLINICAL																
Nursing Home Readmission Rate	5-7%	↑	8.9%	5.5%											7.2%	4.8%
Psychiatric Hospital Readmission Rate	9-11%	↓	11.0%	9.3%											10.2%	10.0%
AODA Relapse Rate	18-21%	↓	17.9%	25.0%											20.0%	10.8%
NCHC Adverse Event Rate	3.8-4.0	↓	3.5	4.1											3.8	4.1
PEOPLE																
Injury Claims*	50-60	↓	24	18											18	n/a
Employee Turnover Rate*	20-23%	↓	22.4%	19.5%											19.5%	25.5%
SERVICE																
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	↑	66th	70th											71st	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	68%											68%	71%
COMMUNITY																
Community Employment Rate	15.8-18%	↑	27.2%	25.2%											26.2%	n/a
NCHC Access Measure	90-95%	↑	98%	98%											98%	n/a
Recidivism Rate for OWI	27-32%	↓	31.37%	26.32%											30.00%	31.30%
FINANCE																
Direct Expense/Gross Patient Revenue	55-59%	↓	61%	51%											56%	59.7%
Days In Account Receivable	55-60	↓	80	79											79	79
Write-Off Percent of Gross Revenue	.5-.6%	↓	0.18%	0.27%											0.22%	n/a

KEY: ↑ Higher rates are positive
↓ Lower rates are positive
* Monthly Rates are Annualized

NCHC OUTCOME DEFINITIONS

CLINICAL	
Nursing Home Readmission Rate	Percent of Nursing Home Medicare residents rehospitalized within 30 days of admission to the Nursing Home.
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital.
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification.
NCHC Adverse Event Rate	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors.
PEOPLE	
Injury Claims	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate.
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate.
SERVICE	
Client/Patient/Resident Satisfaction Percentile Rank	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey.
Community Partner Satisfaction Percent Good/Excellent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
Community Employment Rate	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed.
NCHC Access Measure	% of clients obtaining services within the Best Practice timeframes in NCHC programs.
Recidivism Rate for OWI	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions.
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts.
Write-Off percent	Write-offs as a percent of gross revenue

Human Services Operations

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
ADS-Prevoc-Residential	Clinical	Adverse Event/Near Miss Rate per 1000 patient days	↓	7.5-9.0	4.8	N/A
		% Prevocational Consumers with DVR Referrals that Obtain Community-Based Competitive Employment	↑	65-75%	67%	N/A
	People	Employee Engagement Partnership Mean	↑	71.5-76.5	N/D	64.4
	Service	External Customer Satisfaction Percent 9/10 responses	↑	92-94%	90%	91%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	100%	83%
	Community	Percentage of All DVR Referrals Obtain Community-Based Employment	↑	45-55%	12.5%	N/A
	Finance	% Direct Expense/Gross Patient Revenue – Prevocational Services	↓	51-54%	49.51%	51.08%
		% Direct Expense/Gross Patient Revenue – Residential Services	↓	80-83%	79.40%	82.27%
Aquatic Therapy	Clinical	% of Clients Meeting Treatment Goals of 80-100% in 8-12 Sessions	↑	87-90%	80%	88%
	People	Employee Engagement Partnership Mean	↑	77.7-82.7	N/D	69.7
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	92-94%	93.6%	94.5%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	75%	96%
	Community	Access to Aquatic Services	↑	90-95%	100%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	41-44%	57.57%	41.42%
Birth to 3	Clinical	% of B-3 Children Discharged with No School Intervention Needs	↑	28-32%	35%	N/A
	People	Employee Engagement Partnership Mean	↑	74.7-79.7	N/D	65.9
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	92-94%	100%	96%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	100%	91%
	Community	Access to Birth-3 Services (≤45 Days)	↑	90-95%	100%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	146-151%	155%	137.57%
		% TIER Documentation Complete for Billing by the 5 th of Following Month	↑	90-95%	93%	N/A
Community Corner Clubhouse	Clinical	50% of Members are Working on Supportive or Independent Employment at Least 15 hrs/week	↑	84-86%	89%	82%
	People	Employee Engagement Partnership Mean	↑	86.3-89.3	N/D	81.0
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	72-76%	66.6%	62.1%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	50%	71%
	Community	Access to Clubhouse Services	↑	90-95%	50%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	75-78%	49.6%	57.05%



Higher rates are positive
Lower rates are positive

N/D = No data available to date
*Annualized Data

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Community Treatment	Clinical	Percent of Consumers Competitively Employed	↑	16.8-18%	18.4%	15.2%
		Percent of Consumer Days Spent Hospitalized for MH/AODA Reasons	↓	0.5-0.75%	0.79%	.77%
	People	Employee Engagement Partnership Mean	↑	72.5-77.5	N/D	65.7
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	72-76%	57.5%	64.9
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	100%	87%
	Community	Access to Community Treatment Services	↑	90-95%	100%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	54-57%	88.76%	84.18%
Crisis CBRF/ Residential Treatment	Clinical	CBRF 30-Day Hospital Admission Rate	↓	10-12%	2.9%	N/A
	People	Employee Engagement Partnership Mean	↑	66.2-71.2	N/D	61.2
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	54-60%	75%	43.8%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	0%	82%
	Finance	% Direct Expense/Gross Patient Revenue	↓	28-31%	6.41%	9.97%
Crisis Services	Clinical	Crisis Diversion Rate (No Hospitalization Required)	↑	70-75%	87%	95%
	People	Employee Engagement Partnership Mean	↑	77.2-82.2	N/D	72.2
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	92-94%	86%	88.9%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	56%	60%
	Finance	% Direct Expense/Gross Patient Revenue	↓	280-285%	419.48%	302.23%
Inpatient Behavioral Health (Hospital)	Clinical	Hospital 30-Day Readmission Rate	↓	9-11%	11.0%	9.8%
	People	Employee Engagement Partnership Mean	↑	67.6-72.6	N/D	62.2
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	54-60%	N/D	52.5%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	55%	46%
	Finance	% Direct Expense/Gross Patient Revenue	↓	45-48%	61.08%	42.91%
Outpatient Behavior Health Services	Clinical	Hospitalization Rate	↓	1-2%	2.0%	1.36%
	People	Employee Engagement Partnership Mean	↑	74.6-79.6	N/D	67.5
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	72-76%	56.5%	64.9%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	63%	57%
	Community	Outpatient Services Access	↑	90-95%	99%	N/A
		OWI Recidivism Rate	↓	27-32%	30.0%	32.5%
	Finance	% Direct Expense/Gross Patient Revenue	↓	63-66%	75.74%	56.61%

↑ Higher rates are positive
↓ Lower rates are positive

N/D = No data available to date
*Annualized Data

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Human Services Operations Overall	Clinical	HSO Overall Hospitalization Rate	↓	1.0-1.5%	0.8%	N/A
	People	Employee Engagement Partnership Mean	↑	71.6-76.6	N/D	N/A
	Service	HSO External Customer Satisfaction Percent 9/10 Responses	↑	83.3-87.2%	77.1%	N/A
		HSO Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	67%	N/A
	Community	HSO Accessibility	↑	90-95%	98%	N/A
		Community Employment Rate	↑	15.8-18%	26.2%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	55-59%	61.0%	N/A

↑ Higher rates are positive
↓ Lower rates are positive

N/D = No data available to date
*Annualized Data

Mount View Care Center

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
MV-Legacies by the Lake	Clinical	Fall Rate	↓	6.2-7.2	5.0	N/A
		New/Worsening Pressure Ulcers Rate	↓	0.45-0.54	0.0	N/A
	People	Employee Engagement Partnership Mean	↑	72.9-77.9	N/D	69.9
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	77.8%	95%
	Finance	% Direct Expense/Gross Patient Revenue	↓	45-48%	66.71%	51.78%
MV-Long Term Care	Clinical	Fall Rate	↓	3.4-4.1	4.7	N/A
		New/Worsening Pressure Ulcers Rate	↓	0.68-0.81	0.0	N/A
	People	Employee Engagement Partnership Mean	↑	58.3-63.5	N/D	56.2
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	N/D	95%
	Finance	% Direct Expense/Gross Patient Revenue	↓	47-50%	56.57%	55.59%
MV-Post Acute Care	Clinical	Fall Rate	↓	2.7-3.2	5.1	N/A
		New/Worsening Pressure Ulcers Rate	↓	1.5-1.9	0.4	N/A
	People	Employee Engagement Partnership Mean	↑	70.3-75.3	N/D	66.3
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	77.7%	72.1%
	Finance	% Direct Expense/Gross Patient Revenue	↓	47-50%	55.05%	63.93%
Mount View Care Center Overall	Clinical	Rehospitalization within 30 days of Admission	↓	5-7%	7.2%	4.0%
		Resident Adverse Event Rate (per 1000 patient days)	↓	12.0-13.0	11.5	13.5
	People	Employee Engagement Partnership Mean	↑	70.2-75.2	N/D	68.9
		Employee Turnover (Annualized)	↓	18-20%	33.8%	N/A
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	75.0%	77%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	86.0%	100%
	Finance	% Direct Expense/Gross Patient Revenue	↓	46-49%	59.0%	56.38%

↑ Higher rates are positive
↓ Lower rates are positive

N/D = No data available to date
*Annualized Data

Financial Division

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Business Operations	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	84%
	Finance	Direct Expense Budget	↓	\$754,368-\$802,520	\$639,828*	\$719,555
		Audit Results – Adjusting Journal Entry (AJE)	↓	2-4 AJEs	0	0
		Financial Statements	↓	Done by 3 rd Tuesday Following Month	Yes	100%
Demand Transportation	Clinical	Double Occupancy per Trip per Week	↑	11-13	8	11
	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	78%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	100%	100%
	Community	% Excellent on External Satisfaction Survey	↑	85-90%	N/D	N/A
	Finance	% Direct Cost/Gross Patient Revenue	↓	320-325%	215.64%	77.62%
Information Services	Clinical	Timeliness of Chart Completion (Hospital record within 25 days post discharge)	↑	70-75%	78.5%	N/A
	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	90%
	Finance	Direct Expense Budget	↓	\$2,534,148-\$2,695,903	\$2,208,168*	\$2,344,120
Patient Accounts and Enrollment	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	89%
	Finance	Direct Expense Budget	↓	\$761,900-\$810,532	\$682,692*	\$727,153
		Timeliness of Billing	↓	15-16 Days	25	N/A
Purchasing	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	98%
		% Paperwork Accuracy	↑	95-100%	96%	97.8%
		Deliver All Packages on the Day of Arrival	↑	95-100%	98%	99.9%
	Finance	Direct Expense Budget (\$17,425-\$18,538/month)	↓	\$209,109-\$222,456	\$17,280*	\$209,759

↑ Higher rates are positive
↓ Lower rates are positive

N/D = No data available to date
*Annualized Data

Support Services

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Adult Protective Services	Clinical	% of At-Risk Investigations Closed within 30 Days	↑	55-65%	N/D	75%
		Repeat at Risk Case Opened within 1 month of Closure	↓	10-15%	N/D	N/A
	People	Employee Engagement Partnership Mean	↑	77.7-80.7	N/D	69.8
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	92-94%	84.6%	91%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	70%	73%
	Finance	Direct Expense Budget	↓	\$430,215-\$457,675	\$390,660*	\$707
Communications & Marketing	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	82.9
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	81%
	Community	Increased NCHC Foundation Support Related to Marketing/Community Contact/Visibility	↑	0-25%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$177,578-\$188,913	\$190,632*	N/A
County/City IT	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	40%
	Finance	IT Utilization – Partnership	↑		43.65%	39.78%
Housekeeping	Clinical	Adverse Events (Housekeeping Cause)	↓	3-5	0	N/A
	People	Employee Engagement Partnership Mean	↑	81.5-84.5	N/D	79.5
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	74.2%	75%
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$1,133,417-\$1,205,763	\$943,296*	N/A
Laundry	People	Employee Engagement Partnership Mean	↑	89.1-92.1	N/D	87.1
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	29.5%	37.5%
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$386,660-\$411,340	\$335,580*	N/A



Higher rates are positive
Lower rates are positive

N/D = No data available to date
*Annualized Data

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Maintenance/ Grounds	Clinical	Adverse Events (Maintenance Cause)	↓		2	N/A
	People	Employee Engagement Partnership Mean	↑	90.9-93.9	N/D	88.9
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	58.3%	75%
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$1,852,066-\$1,863,900	\$1,531,008*	N/A
Transportation	People	Employee Engagement Partnership Mean	↑	84.1-97.1	N/D	N/A
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$73,189-\$77,861	\$87,672*	N/A
Environmental Services Overall	Clinical	Adverse Events (Environmental Cause)	↓	10-15/year	2	N/D
	People	Employee Engagement Partnership Mean	↑	87.1-90.1	N/D	85.1
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	82-86%	62.5%	56.3%
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	93%
	Finance	Direct Expense Budget	↓	\$3,499,450-\$3,722,819	\$3,050,376*	\$3,105,445
Human Resources	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	82.9
		Employee Turnover Rate Annualized	↓	20-23%	22.4%	22.9%
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	41%
	Finance	Direct Expense Budget	↓	\$941,245-\$1,001,324	742,248*	\$720,834
Nutrition Services	Clinical	Diet Order Accuracy	↑	95-99%	94.5%	93.0%
	People	Employee Engagement Partnership Mean	↑	78.2-83.2	N/D	73.2
	Service	External Customer Satisfaction Percent 9/10 Responses	↑	51.3-58.3%	41.1%	46.6%
		% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	N/A
	Finance	Direct Expense Budget	↓	\$2,464,544-\$2,621,855	\$2,886,168*	\$2,732,879
Pharmacy	Clinical	Pharmacy Medication Error Rate	↓	0.81%-0.090%	0.020%	0.10%
	People	Employee Engagement Partnership Mean	↑	69.5-74.5	N/D	68.2
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	77%
	Finance	% Direct Expense/Gross Patient Revenue	↓	38-41%	34.14%	\$1.02

↑ Higher rates are positive
↓ Lower rates are positive

N/D = No data available to date
*Annualized Data

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Quality	Clinical	NCHC Adverse Events	↓	3.8-4.0	3.5	4.0
	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	69.8
		NCHC Injury Claims	↓	50-60	2	N/A
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	75%
	Finance	Direct Expense Budget	↓	\$553,341-\$588,661	\$532,896*	\$797,287
Volunteer Services	Clinical	% Volunteers Complete Required Annual Health Stream Training	↑	75%	N/D	N/A
	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	82.9
	Service	% Excellent Internal Customer Satisfaction Survey	↑	80-85%	N/D	96%
	Community	Increased # Volunteers	↑	10-15%	12.0%*	N/A
	Finance	Direct Expense Budget	↓	\$91,967-\$97,837	\$89,532*	\$93,720

↑ Higher rates are positive
↓ Lower rates are positive

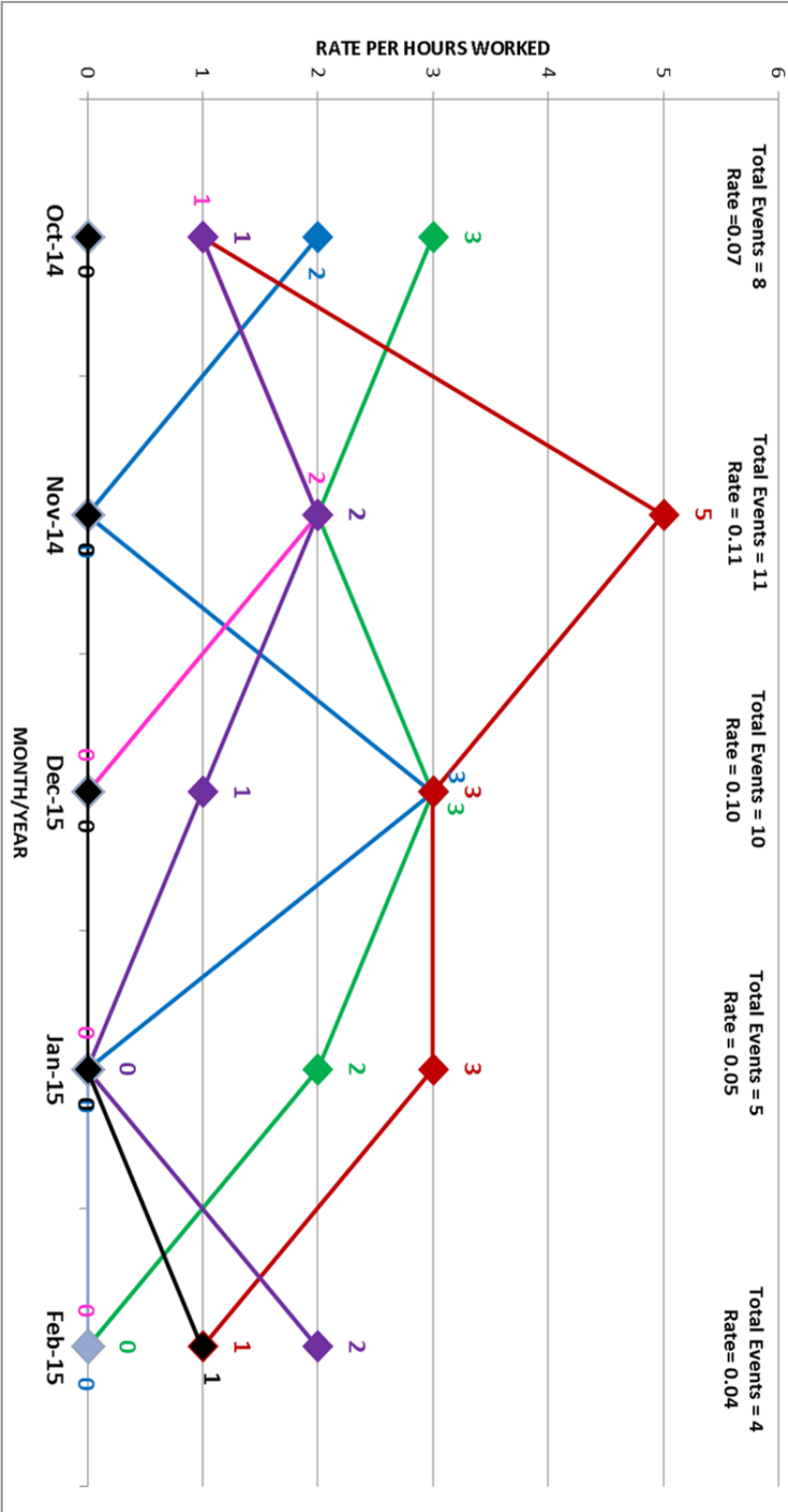
N/D = No data available to date
*Annualized Data

2014 Cumulative Rates
Overall Cumulative Rate= 0.11
Altercation Rate=0.009
Fall Rate= 0.02
Direct Patient Care Rate= 0.04
Other Work Activities Injury= 0.02
Struck by/against/between object= 0.01
Lost/Theft/Damaged= 0.001
Motor Vehicle= 0.002
Other = 0.002

NCHC EMPLOYEE ADVERSE EVENTS

- Altercation
- Direct Patient Care Injury
- Other Work Activity Injuries
- Motor Vehicle
- Falls
- Struck by/Against/Caught between Object
- Lost/Theft/Damaged Items
- OT/HER

2015 Cumulative Rates
Overall Cumulative Rate 0.05
Altercation 0.00
Fall 0.019
Direct Patient Care 0.019
Other Work Activities 0.00
Struck by/Against/Between 0.00
Lost/Theft Damage 0.00
Motor Vehicle 0.00
Other 0.00



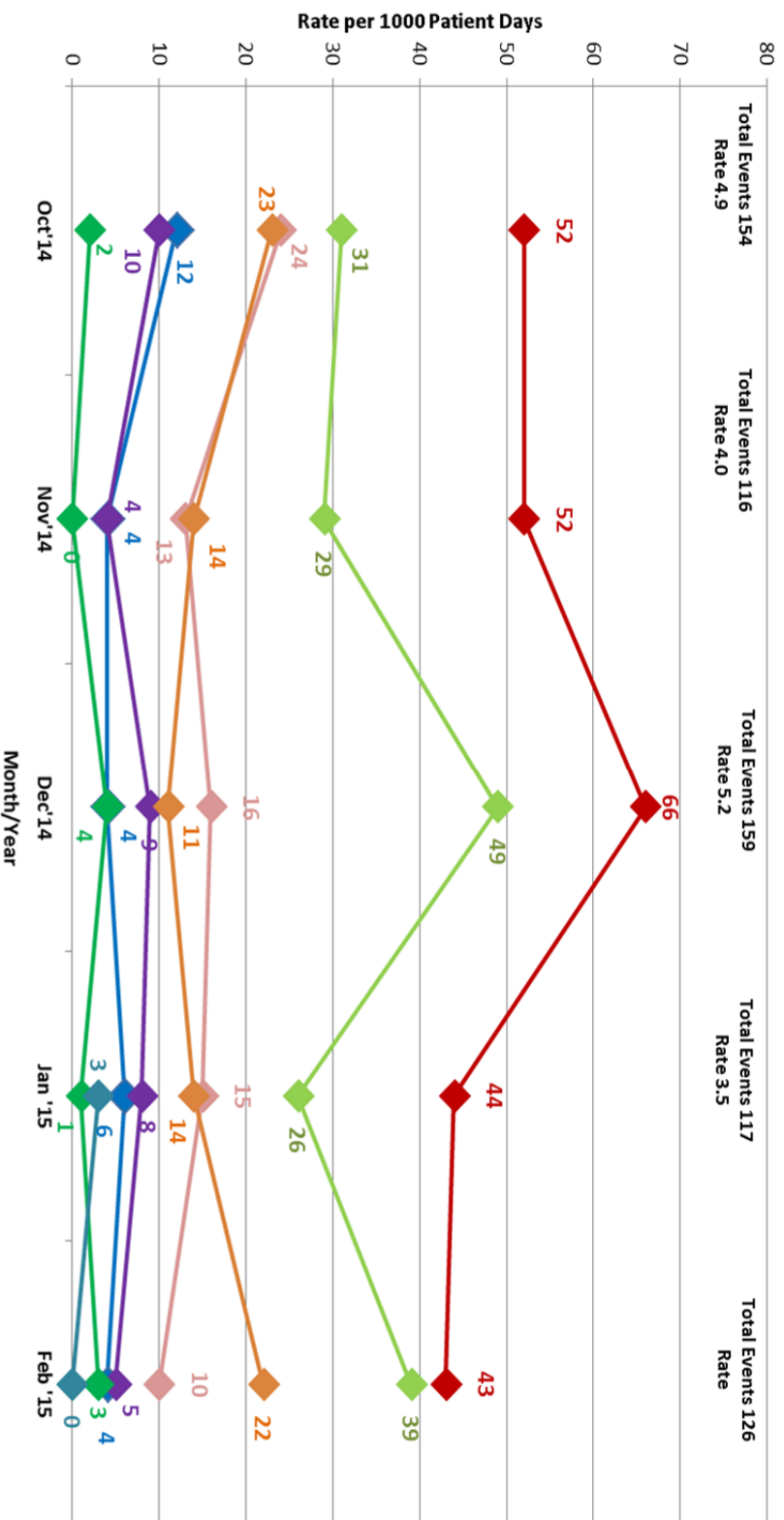
Adverse Event: Unexpected occurrence with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors.

NORTH CENTRAL HEALTH CARE CLIENT/PATIENT/RESIDENTS ADVERSE EVENT DATA

2014 Cumulative Rate
 Altercation Rate 0.23
 Behavior Rate 0.18
 Fall Rate 1.49
 Infection Rate 1.13
 Injury (Unknown) Rate 0.51
 Medication Errors 0.45
 Other Safety/Medical 0.13

- Altercations
- Falls
- Injury not related to Other Occurrence
- Other Medical Emergencies
- Behavior Incidents
- Infections
- Medication Error
- Miscellaneous Other

2015 January Cumulative Rate 3.5
 Altercation Rate 0.18
 Behavior Rate 0.24
 Fall Rate 1.34
 Infection Rate 0.79
 Injury Rate 0.46
 Medication Errors 0.43
 Medical Emergencies 0.03
 Miscellaneous Other 0.09



Adverse Event: Unexpected occurrence with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors.

Name of Policy: SAFETY AND SECURITY MANAGEMENT PLAN		 North Central Health Care Person centered. Outcome focused.
Policy #: EOC-0002		
Primary Approving Body: Safety Officer/Safety Committee	Committee Approvals: Quality Committee of the Board	

I. Policy Statement

The Safety and Security Management Plan defines how North Central Health Care as an organization maintains the safety and security of the established environment, equipment, supplies, and information at all organizational locations. Oversight of medical information security is a function of the HIPAA Officer and Corporate Compliance Committee. This management plan also describes the process North Central Health Care implements to effectively minimize the inherent safety risks associated with providing services, and the performance of daily activities by employees, contractors, clinicians, medical staff, and volunteers, as well as the environment in which services occur.

II. Purpose

There are inherent safety risks in the healthcare environment to which patients, residents, clients, employees, contractors, clinicians, medical staff, volunteers, and visitors are exposed. North Central Health Care proactively works to identify these risks in an attempt to prevent or mitigate associated effects. General Principles:

- Safety risks may arise from the structure of the physical environment, from the performance of everyday tasks, or from situations beyond the organization's control such as weather. Safety incidents are most often accidental.
- Security risks are often intentional, caused by individuals within or outside the organization. The security program is designed to protect individuals and property against harm or loss.

III. Definitions

Credible External Sources - External sources which include, but are not limited to, manufacturer recalls, Federal Drug Administration (FDA) notices, Environmental Protection Agency (EPA), The Joint Commission Sentinel Event Alerts, Stayalert notifications from MCN Healthcare, State of Wisconsin Department of Health notices, security alerts from Aspirus Wausau Hospital, Saint Clare Hospital-Weston,

City of Wausau Police Department, Marathon, Lincoln, and Langlade County Sheriff's departments, Wausau Chamber of Commerce, COAD and the Wisconsin Hospital Emergency Preparedness Program's WI Trac. These sources are monitored for applicable risks to the North Central Health Care organization. News articles and literature reviews are completed by the Inpatient and Outpatient Service Line leaders for their assigned programs. Concerns identified are addressed through informational sessions, as well as organizational policies and procedures.

IV. General Procedure

A. North Central Health Care manages risks by identifying qualified individual(s) to manage risk reduction activities in the environment of care, collect information on deficiencies and disseminate summaries of actions and results.

This information is disseminated to individuals with responsibilities for the issues being addressed. These deficiencies include injuries, problems, use, or process errors. These individual(s) oversee the development, implementation, and monitoring of safety management:

- The Senior Executive of Quality and Compliance has been appointed Safety Officer for the organization. The Safety and Risk Manager may intervene in the absence of the Safety Officer.
- The Senior Executive of Quality and Compliance, Safety and Risk Manager, and the Safety Committee oversee the management of the safety and security program.
- The Safety Committee consists of representatives from administration, clinical services, and support services. Safety issues are reviewed and analyzed at the Safety Committee meetings. Report findings and actions are reported to the Quality Sub-Committee of the Board and forwarded to the Board of Directors as appropriate. Key safety and security indicator(s) are selected for performance improvement annually. Oversight of the performance improvement indicators is a function of the Safety Committee.

B. North Central Health Care identifies safety and security risks associated with the environment of care by the following (EP1 EC02.01.01):

- **Ongoing Monitoring (Rounding) of the Environment:**
Safety and security concerns are proactively identified through safety rounds conducted at least annually in all areas and semi-annually in all patient, resident, or client care areas. Executive rounding, front-line leadership rounding, and environmental tours by the Facilities Operations Director are also completed. Employees and contractors are coached to recognize and report any safety or security concerns directly to Administration, during

Inpatient and Outpatient Service Line meetings, and through the availability of the 24 hour, 7 day per week occurrence reporting line (#4488).

- **Root Cause Analysis (Cause Effect Analysis):**

As necessary, and with facilitation from the Safety and Risk Manager, Inpatient and Outpatient Service Line executives, directors, managers, and supervisors conduct a cause effect analysis of occurrences, designated as sentinel events, in their programs to evaluate processes and prevent recurrence. A sentinel event, defined as an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof when under North Central Health Care's care or related organizational operations to include: Suicide, suicide attempt, fracture, major injury, unexpected deaths, death from the use of physical restraints, chemical restraints, seclusions, or psychotropic medications, or significant medical outcome as the result of a medication error. The summaries are reported and reviewed by the Safety Committee as requested by the Safety and Risk Manager.

- **Proactive Risk Assessments of High Risk Processes:**

Risk assessments, when completed, include a review of occurrence reports, the physical environment, practices and policies, a review of codes, standards or literature, and a gap analysis with recommended changes provided to Administration for approval for implementation and/or consideration for potential inclusion into improvement priorities. Such evaluation is also assisted by the use of reports from various resources such as insurance companies and state or county health agencies or regulatory bodies.

-Potential high risk concerns include threat of workplace violence, consumer suicide, presence of weapons or firearms, orientation of law enforcement personnel, property security, and information security.

-Pro-active risk assessments include environmental tours, Inpatient and Outpatient Service Line meetings, Executive rounding, a comprehensive preventative maintenance program of buildings and equipment, collaborative relationships with law enforcement, and the organization's Hazard Vulnerability Assessment.

C. North Central Health Care takes actions to minimize or eliminate identified safety and security risks in the physical environment by (EP 3 EC02.01.01):

- North Central Health Care conducts environmental tours to assess employee and contractor knowledge and behavior, identify new or altered risks in areas where construction or changes in services have occurred, and identify opportunities to improve the environment. Safety rounds, to identify environment deficiencies, hazards and unsafe practices are conducted at least every six months in all areas where patients, residents, or clients are served and annually in other areas.

- Identifying unsafe conditions or acts by employees, contractors, clinicians, medical staff, volunteers, or visitors which are brought to the attention of the Inpatient and Outpatient Service Line executives, directors, managers, and supervisors are monitored as appropriate until the issue is resolved. When appropriate, the unsafe condition is reported directly to Executive Team members or through the “4488” occurrence reporting line, which is continually monitored by Executive Team members.
- Establishing and implementing safety and security policies and procedures that are distributed, practiced and reviewed as frequently as necessary, but at least every three years.
- Providing security oversight of patient information by the HIPAA Officer and Corporate Compliance Committee. Administrative policies have been established to address the various security issues concerning patients, residents, clients, visitors, clinicians, medical staff, Electronic Protected Health Information (ePHI) and property identified through the risk assessment process and the review of security occurrences.
- Facility Operations Director, Infection Prevention Specialist, Safety and Risk Manager, maintenance and housekeeping, routinely monitor the building, grounds, construction areas and the parking lot for hazardous conditions. When hazardous conditions are noted, the condition is either rectified immediately or a maintenance work order request is issued. Evaluation of risk and plans of correction relating to significant occurrences are forwarded to the Safety Committee for evaluation of trending, analysis, and action. The Executive Team, in conjunction with assistance from the Performance Improvement Specialist and Safety Committee has developed performance measures (indicators) for each of the functions which are maintained on the organization dashboards. The effectiveness of performance measures is assessed as part of the annual evaluation of the Environment of Care and reported to the Board of Directors as such.
- The Senior Executive of Quality and Compliance has been appointed Safety Officer for the facility. The Safety and Risk Manager may intervene in the absence of the Safety Officer to take actions to minimize or eliminate identified safety and security risks in the physical environment.
- Occurrence analysis is intended to provide an opportunity to identify trends or patterns that can then be used to identify changes to the Safety and Security Management Plan to control or prevent future occurrences. A failure modes and effects analysis (FMEA) is conducted annually by the Safety Officer on a high hazard or high-risk process. The Safety Committee or other process committee, as appropriate, may assist in conducting this review assessment. Sentinel event alerts, near miss opportunities and literature reviews may be evaluated to provide process improvement strategies. A root cause analysis (cause-effect analysis) will be conducted on sentinel events and those deemed significant to provide an action plan to improve the process and

prevent recurrence. Information and actions related to occurrences and analysis of such events is reported to the Safety Committee and the Quality Committee of the Board.

D. North Central Health Care maintains the grounds, buildings and equipment (EP 5 EC02.01.01):

- Facility Operations Director supervises and maintains grounds and equipment, clinical, therapeutic, and diagnostic equipment, with the assistance of contracted services from Midwest Biomedical & Scientific Services. Competency of contracted services is confirmed by surveillance and yearly audit of services by designated individuals. Any related grounds, buildings, or equipment related significant occurrences are to be forwarded to the Safety Committee for review. Work orders are developed, assigned, and completed for preventive and corrective maintenance of equipment. The grounds staff conducts visual surveillance of the property on a daily basis, and more frequently in the event of changing conditions such as weather.

E. North Central Health Care identifies individuals entering its facilities by (EP 7 EC02.01.01):

- Human Resources provides new employee photo identification badges, as well as replacement badges as necessary. All employees are required to wear issued identification badge above the waist while on duty, with the name and photograph plainly visible.
- Vendors - All vendors are to report to the front entrance Welcome Center to check in and out of the North Central Health Care property. After checking in, the vendors will report to Human Resources where the staff will verify their appointment and provide them with a visitor identification badge.
- Construction workers - All construction workers working inside North Central Health Care will report to the Facility Operations Director or designee, where they will be briefed in safety, infection prevention and control, emergency procedures, and confidentiality. The Facility Operations Director or designee will confirm that the construction worker has appropriate photo identification to be worn whenever inside the facility.
- Residents/Patients – Identification of residents/patients is provided by a photo ID or an identification band provided by a registering party upon their admission. The photo ID or identification band will include the

residents/patient's name, birth date and unique medical record number. The photo ID or identification band is checked by all clinical personnel prior to administration of medications or blood, collection of blood or other samples for clinical testing, or prior to other tests and treatments.

- Staff is encouraged to challenge any individual without proper identification (e.g., no identification badge and/or without apparent reason to be in the area). Such individuals may be detained, questioned and/or escorted from the facility by designated individuals at the discretion of the Safety Officer.

F. North Central Health Care controls access to and from areas identified as security sensitive (EP 8 EC02.01.01):

- Sensitive areas involving all North Central Health Care locations include but are not limited to: Administration, Pharmacy, Plant Operations, Crisis Emergency Services, Behavioral Health Services, Laboratory Storage, Medical Record Storage, Biohazardous Waste Storage, Information Systems, Electrical and Maintenance rooms, and Hazardous Chemical Waste Storage. Program leaders, with the assistance of the Safety and Risk Manager, are responsible for educating and updating staff on any associated security issues in these areas.
- Environmental Services will lock down the facility at specified hours at night until a specified hour in the morning. The Safety Officer or Chief Executive Officer or designee will also lock down the facility during emergencies that require the protection of the facility as outlined in the Emergency Plan (Incident Command Activation) and the Emergency Operations Plan (EM.01.01.01)
- All requests for facility keys are processed through the Facility Operations Director.

G. North Central Health Care implements these following written procedures in the event of a security incident. (EP 9 EC02.01.01):

- An occurrence report is completed for any security incident that is not consistent with the routine operations of the facility or the routine care of a particular consumer. An occurrence may be any situation or condition which could adversely affect the patient, resident, client, visitor, employee, physician, volunteer, student, or the facility. Events involving property damage are reviewed and investigated by Inpatient and Outpatient Service line leaders, the Safety Officer, Safety and Risk Manager, Facility Operations Director, and Safety Committee as necessary. Occupational illness and employee occurrence reports are reviewed and investigated by Inpatient and Outpatient Service Line leaders, Human Resources, the Safety Officer, Quality and Performance Excellence including the

Performance Improvement Specialist, Safety and Risk Manager, Employee Health Specialist, Infection Prevention Specialist, and Facility Operations Director as necessary.

- Patient, resident, client, and visitor occurrence reports are reviewed and investigated by Inpatient and Outpatient Service Line leaders, the Performance Improvement Specialist, Safety Officer, Safety and Risk Manager, and Safety Committee.

H. Threats, harassment, aggressive or violent behavior to employees, patients, residents, clients, volunteers, medical staff, visitors or others will not be tolerated. See associated organizational policies for specifics.

Security Occurrences:

- North Central Health Care employees will call the immediate notification line (#4488), which is continually monitored and responded to by the Executive team, and complete an occurrence report for any environmental emergency, including but not limited to fire, weapon presence, bomb threat, computer outage, utility failure, or property damage which could result in a related security event. Such occurrences will be forwarded to the Facilities Operations Director or designee, Safety Officer, Safety and Risk Manager, and Safety Committee as appropriate.
- Security occurrences requiring action plans will be reported to the Safety Committee via the Facilities Operations Director, Safety Officer, Safety and Risk Manager, or designated representative.
- In the event that any person becomes aware of any suspicious individuals or activities in the facility, the person shall immediately notify the Human Resources Director, Safety Officer, Safety and Risk Manager or any Executive leader, giving the location of the individual and/or activity warranting further investigation.
- The provision of additional staff to control human and vehicle traffic in and around the environment during disasters is outlined in the Emergency Management Plan (EM 01.01.01) and the Internal/External Emergency Plan (Incident Command Activation).

I. NCHC controls access to health information

The Information Services Director is designated as the Health Insurance Portability and Accountability Act (HIPAA) security officer. The HIPAA security officer will be responsible for developing, implementing and overseeing security policies and procedures to ensure information management compliance for North Central Health Care. The ePHI (electronic protected health information) systems are managed to ensure effective, safe and

reliable operation essential to the proper operation of the environment of care. These systems will significantly contribute to effective, safe and reliable provisions of care to patients by:

- Ensuring operational reliability of computer systems that contain ePHI.
- Reducing the potential of system outages.
- Providing a process for the continuation of care in the event any of the computer systems are unavailable.

These objectives are met by:

- The design and implementation of computer systems which will meet all HIPAA requirements to provide privacy, confidentiality, and security of patient information.
- Establishing backup, recovery, and emergency modes of operation in the event that computer systems are not available to system users.

J. North Central Health Care responds timely and appropriately to product recalls and notices for the health and safety of patients, residents, clients, employees, and visitors as required. (EP 11 EC02.01.01)

- **Medical Equipment**

Therapeutic diagnostic equipment hazard notices are received from a variety of external resources. All such notices are referred to Inpatient and Outpatient Service Line leaders, the Safety Officer, Safety and Risk Manager, and/or Facility Operations Director and designees. The select facility personnel (as determined by the device/product affected) investigate the pertinence at North Central Health Care and if applicable, for action following procedures as outlined.

- **Supplies**

Product safety alerts, product recall notices, and hazard notices are received from a variety of external resources. All such notices are referred to the Purchasing Manager and select facility personnel (as determined by the device/product affected) who each investigate the pertinence at North Central Health Care and if applicable, for action following procedures as outlined. The results of each alert, notice, or hazard or any notices that require action are forwarded to the Safety Officer and/or Safety Committee for review.

- **Medications**

Product safety alerts, product recall notices, hazard notices are received from a variety of external resources. All such notices are referred to the Pharmacy Director. The Pharmacy Director investigates the pertinence at North Central Health Care and if applicable, for action following procedures outlined.

- **Product Recalls**

Product safety recall information and follow-up are the responsibility of the Safety Officer, Purchasing Manager, Pharmacy Director, Facility Operations Director, Safety and Risk Manager, as well as designees in the involved departments. A monthly report is provided to the Safety Committee on any hazard notices or recalls and associated follow-up activities affecting the facility.

K. For the health and safety of the patients, residents, clients, visitors, staff, and physicians, smoking is prohibited in any of the hospital's buildings or on hospital grounds. (EP 1 EC02.01.03)

North Central Health Care promotes a smoke free campus. The Employee Health Specialist in conjunction with the Wellness Committee provides educational literature and guidance regarding the availability of smoking cessation programs. All staff are responsible for the enforcement of the smoking policy. Employees are encouraged to report violations to their immediate supervisor.

ADDITIONAL FOCUS


North Central Health Care Program Directors are responsible for implementation of the safety program within their respective departments. The directors conduct frequent rounding and address safety and security concerns at the time of identification. The Safety Committee will oversee the department implementation and monitoring of the Safety and Security Management Plan.

The Safety Officer, Safety and Risk Manager, Facilities Operations Director and designees are responsible for daily security activities and functions, as well as over-all implementation of the Safety and Security Management Plan. Safety and security evaluation occurs daily, with security staff accessibility available as necessary through an external security resource.

Evaluation of the Environment of Care-Safety and Security Management Plan will be formally evaluated by the Safety Officer, Safety and Risk Manager, Operational Facility Director and designees, and Safety Committee annually and findings to the Board of Directors provided through a performance improvement structure.

V. Program-Specific Requirements:

References:

Name of Policy: EMERGENCY MANAGEMENT PLAN	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: EM-0001	
Primary Approving Body: Safety Officer/Safety Committee	Committee Approvals: Quality Committee of the Board

I. Policy Statement

The objective of the Emergency Management Plan is to effectively prepare for and manage an emergency/disaster and restore the organization to the same operational capabilities as pre-emergency levels.

Six (6) critical areas of emergency response shall be managed in order to assess the organization's needs and prepare employees to respond to incidents. The six critical areas are:

- Communication
- Resources and assets
- Security and safety
- Management of employees
- Utilities management
- Management of patients/clients/residents

II. Purpose

The purpose of North Central Health Care's Emergency Management is to provide for a program that ensures effective mitigation, preparation, response and recovery to disasters or emergencies affecting the environment of care. The organization has developed an "all hazards" approach that supports a level of preparedness sufficient to address a wide range of emergencies and/or disasters regardless of the cause.

A. Goals

The goals of North Central Health Care's Emergency Management Plan include the following:

- Identifying mitigation activities
- Identifying procedures to prepare and respond to potential disasters or emergencies
- Providing education to employees on the elements of the Emergency Management Plan

- Establishing and implementing procedures in response to an assortment of disasters and emergencies
- Identifying alternate sources for supplies and services in the event of a disaster or emergency through establishing mutual-aid agreements which may include, but are not limited to neighboring hospitals and/or healthcare systems; public health departments; hazardous materials response teams; local fire departments; local police departments; area pharmacies; medical supply vendors
- Identifying recovery strategies and actions to be activated in the event of a disaster or emergency

B. Responsibility

The Safety Officer, Facilities Director, and Safety and Risk Manager, in conjunction with the Safety Committee, are responsible for developing, implementing and monitoring all aspects of the Emergency Management Plan at North Central Health Care, including mitigation, preparedness, response, and recovery. The Safety Officer is responsible for completion of a Hazard Vulnerability Analysis (HVA).

It is understood that the Safety Officer, Facilities Director, and Safety and Risk Manager have a working knowledge of emergency management, daily and emergency organizational operations, as well as Incident Command Center operations.

The Safety Officer, Facilities Director, Safety and Risk Manager, and Safety Committee shall stay abreast of changes in regulations and standards as they pertain to emergency management.

The Safety Officer, Facilities Director, Safety and Risk Manager, and Safety Committee shall be knowledgeable of local, state and federal emergency management agencies and their principle staff.

Senior Executives, leaders, and medical staff, shall actively participate in the organization's Emergency Management Plan.

The Emergency Management Plan shall be developed in coordination with community partners. Community partners may include, but are not limited to law enforcement, fire departments, public transportation system, public health department, utilities, public safety and security agencies, hazardous materials response, telecommunications, mental health providers, other healthcare facilities, and other government agencies as appropriate.

In instances when the community partners are unable or unwilling to participate in the emergency planning efforts, the following shall be documented:

Evidence of communication with the community, including meeting(s) with city officials where administrators explain the importance of partnership between North Central Health Care and the community during emergencies, should be acquired.

Evidence of responses(s) from the community in the form of letters, community meeting minutes, e-mail correspondence.

State and local regulations shall be addressed in the organization's Emergency Operations Plan (EOP).

The Incident Planning Guides and Incident Response Guides (HICS) shall be used as a resource when reviewing North Central Health Care's Emergency Management Plan or when the development of new annexes occurs.

Hazard Vulnerability Analysis (HVA):

North Central Health Care has developed specific procedures in response to potential disasters and emergencies that may occur. Orchestrated by the Safety Officer, the organization will perform a Hazard Vulnerability Analysis to identify areas of vulnerability and undertake provisions to lessen the severity and/or impact of a disaster or emergency that could affect the services provided by North Central Health Care. The organization shall develop and/or revise specific policies and procedures in response to potential emergencies and/or disasters identified by the Hazard Vulnerability Analysis.

The Hazard Vulnerability Analysis is evaluated on an annual basis and as needed.

In coordination with community Emergency Management Planning, North Central Health Care will prioritize potential emergencies and/or disasters identified in the Hazard Vulnerability Analysis which will then need to have mitigation, preparation, response, and recovery activities undertaken and procedures developed and implemented.

North Central Health Care shall communicate its needs and vulnerabilities to community emergency response agencies, and identify the capabilities of the community in meeting the needs of the organization.

This communication shall take place at the time of North Central Health Care's annual evaluation of the Emergency Management Plan and also when the needs or vulnerabilities of the organization change.

For each emergency and/or disaster identified in the organization's Hazard Vulnerability Analysis, the following shall be defined:

- Mitigation activities that are designed to reduce the risk of and potential damage due to an emergency and/or disaster.

- Preparedness activities that organize and mobilize essential resources.
- Response strategies and actions to be activated during the emergency and/or disaster.
- Recovery strategies and/or actions that will help to restore the systems critical to resuming normal operations of the organization.
- List the potential disasters and emergencies that are specific to your location.

III. Definitions

Emergency - An unexpected or sudden event that significantly disrupts North Central Health Care's ability to provide care, or the environment of care itself, or results in a sudden, significantly changed or increased demand for the organization's services.

Emergencies can be either human-made or natural, or a combination of both, and they exist on a continuum of severity.

Disaster - A type of emergency that, due to its complexity, scope or duration, threatens North Central Health Care's service capabilities and requires outside assistance to sustain patient/client/resident care, safety or security functions.

Four (4) Phases of Emergency Management:

Mitigation Activities - Activities that are developed to reduce the risk of and potential damage from an emergency/disaster. Activity occurs before an emergency and/or disaster.

Preparedness - Activities that occur before an emergency and/or disaster.

Response - Activities that occur during and after an emergency/disaster.

Recovery - Activities that occur during and after an emergency/disaster.

Equipment -

Inventory of Assets and Resources:

A documented inventory of assets and resources on-site that are needed during the emergency/disaster, at a minimum should include:

- Personal Protective Equipment
- Water
- Fuel

- Staffing
- Medical and surgical resources
- Pharmaceutical resources
- The inventory of assets and resources shall be evaluated on an annual basis and as needed.

Methods shall be in place for the monitoring of the inventory of assets and resources during an emergency/disaster.

Cooperative Planning:

North Central Health Care shall regularly participate in community preparedness meetings, training and activities. The following shall be discussed:

- Mutual understanding of roles and responsibilities
- Incident management principles
- Resource allocations
- Effective communication, the use of common language, information sharing practices

North Central Health Care participates in cooperative planning for emergencies and/or disasters with organizations in the geographic area.

The Safety and Risk Manager or designee shall meet with additional healthcare and other organizations in the community every quarter or as necessary.

The following organizations serve the immediate area with which cooperative planning has been established:

American Red Cross
 Aspirus Wausau Hospital
 Catholic Charities
 Goodwill Industries
 Humane Society
 Marathon County
 Marathon County Public Health
 Marathon County Red Cross
 Marathon County Social Services
 Ministry Health Care
 Salvation Army
 United Way of Marathon County

During the cooperative planning sessions with these organizations, the following issues are discussed and identified:

- Elements of each organization's incident command structures
- List of names, responsibilities and phone numbers of individuals in each organization's command structure
- List of resources that can be pooled and/or shared for response to emergency and/or disaster situations
- Mutual Aid Agreement or Memorandum of Understanding shall be developed and maintained addressing

How assistance shall be requested:

- Sharing of resources
- Credentialing
- Patient/Client/Resident transfers
- Mechanism to send information on patients/clients/residents and deceased individuals to cooperating organizations to help facilitate identification and location of victims of the emergency and/or disaster.
- The Safety and Risk Manager or designee shall meet with said organizations to define roles and responsibilities, discuss response needs, and develop plans and procedures to keep North Central Health Care operating in the event of an emergency and/or disaster.
- The Public Health Department may provide oversight of the Medical Reserve Corp (MRC) which encompasses volunteer healthcare providers who can give medical assistance during an emergency/disaster.
- These volunteers may be used in shelters, alternative care sites, medication distribution sites, hospitals, other healthcare organizations.

IV. General Procedure

Emergency Management Plan Activation:

North Central Health Care's Emergency Management Plan and Incident Command Center will be activated when it has been determined that a disaster or emergency has occurred or has the potential for occurring.

When North Central Health Care is notified of an emergency and/or disaster, the individual receiving notification will immediately notify the Chief Executive Officer, or his/her designee, of the situation whether it be an internal or external emergency and/or disaster.

The Safety Officer will respond to the site of an internal emergency and report back to the Chief Executive Officer or his/her designee, the status of the situation. The Chief Executive Officer or

his/her designee will evaluate the emergency to determine whether the Emergency Management Plan shall be activated.

If the plan is to be activated, the Chief Executive Officer or his/her designee will notify the Crisis Center to overhead page “(Internal or External) Emergency Management Plan Activation”.

Incident Command System:

The command structure utilized by North Central Health Care in coordination with the community-wide command structure is the Incident Command System as described in the Incident Command System Guidebook (NIMS).

The organization's Emergency Management Plan identifies the Incident Command System, who is in charge of specific activities, and when they are to assume oversight responsibilities.

North Central Health Care shall be integrated into the community response, including the overall incident command structure, as appropriate.

North Central Health Care's Incident Commander (Administrator On-Call) will assume responsibility of the Incident Command Center and activate the appropriate positions noted on the Incident Management Team Chart.

Until the Incident Command System is established, the Chief Executive Officer or his/her designee will determine if the Labor Pool will be opened depending on the size of the emergency and/or disaster. If the Labor Pool is not opened, the Administrator On-Call may assign additional help as necessary. Additional employees will be called in as needed via an established call-in system.

The Administrator On-Call will notify Crisis Services of additional outside agencies that may need notification to assist the organization in the event of an internal emergency, i.e., fire department with a flood or gas leak, etc.

The recovery phase will be initiated after the Facilities Director and Maintenance and Grounds Manager have evaluated the facility once the emergency and/or disaster is over. The recovery phase of the plan will be initiated by the Incident Commander or his/her designee.

Communication:

Notification of External Authorities:

North Central Health Care shall have two-way radio equipment and operators who are familiar with the equipment. In the event the organization does not have a two-way radio unit, arrangements shall be made with the community Emergency Management Director for the assignment of a two-way radio unit to the organization.

The organization will provide for alternate communication methods in the event of a failure. Two-way radio equipment and cell phones shall be available in the event of an emergency and/or disaster. In the event that cell phones are not working, satellite phones, ham radios or portable 800 MHz radios should be available and may be used.

The Safety Officer will approve media access to the facility, with only the appointed Communications and Marketing Coordinator interacting with the media.

A medical record system must be chosen or designed to meet the minimum requirements of emergency management operations.

Employee Responsibilities:

Notification of Employees When Emergency Management Plan is activated:

In an emergency and/or disaster, all employees, regardless of position, are expected to report to North Central Health Care for duty as soon as it is feasible to travel. Human Resources, as well as each program manager/supervisor maintain a current call list of all employees. Once the Emergency Management Plan has been activated, the department manager/supervisor will assign employees to initiate the call list.

In the event there are excess employees, the Incident Command Center will communicate with department managers/supervisors regarding rescheduling employees for future needs. Medical staff will report to the Safety Officer, or assigned designee, for assignments.

Alternate Roles and Responsibilities of Employees during Emergencies:

In an emergency and/or disaster, employees may not be assigned to their regular duties and potentially will be asked to perform various jobs, which will be considered vital to the effective operation of North Central Health Care. Employees will be assigned duties based on organizational needs. If employees are not needed in their usual program areas, they will be sent to the Labor Pool for assignment.

Identification of Employees in Emergencies:

Employees on duty during activation of the Emergency Management Plan will be identified by an employee photo identification badge, which is to be worn at all times by all employees while on duty. To further illicit clear identification of employees in the event of an emergency and/or disaster, all employees will be given a color-coded "employee identification" tag by their department manager/supervisor.

Identification of employees reporting to North Central Health Care in the event of an emergency and/or disaster will be given color-coded "employee identification" tags at the time of "signing-in" at the Labor Pool.

Employee Activities and Support:

North Central Health Care will provide for employee support activities in the event of an emergency and/or disaster, which may include, but are not limited to:

- Housing/lodging needs
- Transportation needs

- Family support needs, as necessary
- Incident stress debriefing and counseling

Orientation and Meetings:

Employees will attend orientation upon hire and meetings annually thereafter with their direct supervisor/manager, reviewing their specific roles and responsibilities during an emergency/disaster.

Employee education and competencies regarding North Central Health Care's Emergency Management Plan, including backup communication system and obtaining supplies/equipment in the event of an emergency/disaster will be documented.

The Staff Development Specialist, in conjunction with department managers and/or supervisors, is responsible for employee competencies relating to program specific responsibilities during an emergency/disaster.

Resources and Assets:

North Central Health Care will develop a documented inventory of on-site assets that would be needed in the event of an emergency and/or disaster. At a minimum the inventory should include:

- Personal protective equipment
- Water
- Food
- Fuel
- Staffing
- Medical resources and assets
- Pharmaceutical resources and assets
- Transportation

Methods are established to monitor quantities of assets and resources during an emergency and/or disaster.

Emergency/disaster supporting services to be performed by local businesses, utility companies, government agencies and individuals are arranged.

Emergency and/or disaster supporting services would include:

- Transportation

- Communications
- Traffic control
- Food supplies
- Utility maintenance
- Medical supplies

These arrangements must be coordinated with the assistance of the Emergency Services Director and the local Emergency Management Director, whenever possible. North Central Health Care shall estimate its emergency needs for each kind of support and, when feasible, arrange to have supporting supplies, equipment and manpower pre-designated for facility use.

Essential supplies, pharmaceuticals, medical supplies, equipment, food, water, linen and utilities shall be provided to meet shelter requirements for up to 96 hours when North Central Health Care cannot be supported by the community. Procedures are in place for the procurement of additional supplies in an emergency and/or disaster.

In the event that North Central Health Care cannot be supported by the local community for at least 96 hours, the Incident Commander, Incident Command personnel, and Chief Executive Officer in consultation with other community leaders, will evaluate the following options and implement those options that best serve North Central Health Care and the community:

- Conservation of resources
- Curtailment of services
- Supplementation of resources from outside of the local community
- Staged evacuation
- Total evacuation

Security and Safety:

Signs must be posted throughout North Central Health Care showing shelter locations, including instructions for taking shelter.

Efficient traffic flow must be established:

- Prepare floor plans which designate areas for specific patient/client/resident care functions and ensure that staff is familiar with these plans
- Prepare and have available traffic control signs to show external and internal routing of casualties and other traffic

- Assign and train volunteers to perform traffic control and security functions

In the event of an emergency and/or disaster, the Safety Officer, Safety and Risk Manager, and Facilities Director, with the assistance of the Security Officer and law enforcement as available, shall maintain control of entry and egress from the facility, as well as maintain crowd and traffic control.

Radioactive or Chemical Isolation and Decontamination:

There is a designated decontamination room with a separate ventilation system or ventilation shut-off available for radioactive or chemical isolation and decontamination. Employees are trained in the response to radiation or hazardous material contamination.

At the time the Emergency Management Plan is activated, the Facilities Director, with assistance from designees and the Security Officer as available will be responsible for locking all exits and entrances with the exception of the Crisis Services entrance. North Central Health Care employees are required to wear employee photo identification badges. Only persons with proper identification shall be admitted to the facility during an emergency and/or disaster.

Utilities Management:

North Central Health Care will provide for alternative sources of essential utilities, including:

- An emergency source of electrical power capable of operating all essential electrical equipment and a plan for failure of back-up generators
- An alternate source of safe water
- An alternate source for safe medical gas and vacuum delivery
- An alternate means of waste disposal in the event of sewage system failure
- Sufficient fuel to last for at least two (2) weeks of expanded operation

Management of Patients/Clients/Residents:

Management of patients/clients/residents during emergencies includes:

- Scheduling
- Modification or discontinuation of services
- Control of patient/client/resident information
- Patient/Client/Resident transportation

Upon activation of the Emergency Management Plan, normal admission requirements will be suspended. Initially, admissions to North Central Health Care will be limited to those whose survival depends upon services obtainable only through admission services.

Outpatient Services will be restricted to those whose lives may ultimately depend upon the present expenditure of medical supplies and health manpower time.

Additions or changes in the North Central Health Care's bylaws may be required to give official sanction to certain provisions of the Emergency Management Plan, such as:

The provisions for special handling of patients/clients/residents:

Modification of the language of the release statement signed at the time of admission, adding words to the effect that the patient/client/resident agrees that, in case of an emergency and/or disaster, his/her physician may surrender the authority for control and treatment of the patient/client/resident to others, in accordance with the facility's emergency operating procedure.

Evacuation of the Facility:

When a situation requiring evacuation of patients/clients/residents from threatened or affected areas occurs, safety of lives is North Central Health Care's primary concern. Authority to order an evacuation is vested only in the Chief Executive Officer and/or designated Incident Commander. Patients/Clients/Residents shall be evacuated to an area of safety by whatever means are available. Formal agreements are in place with ambulance services and neighboring facilities to transfer patients/clients/residents as necessary. All employees have been trained in evacuation procedures. Evacuation routes are posted throughout the hospital.

Relocation to an alternate health facility or place of safety (churches, schools, etc.) is in place with the following:

- Preparation of maps outlining routes to the relocation site
- Confirmation periodically regarding the availability of the relocation site
- Established lists of supplies and equipment, by priority, to be relocated
- Arrangements regarding adequate transportation for evacuation and relocation

Establishing an Alternate Care Site When the Environment Cannot Support Adequate Patient/Client/Resident Care:

Formal agreements are in place so that patients/clients/residents may be transferred to a facility that can provide adequate patient/client/resident care.

The Safety Officer will provide oversight, with the director/manager/supervisor from each program area being responsible for internal facility communication between North Central Health Care and the designated alternative care site, and for retaining records of which patients/clients/residents were transferred to and/or from an alternative care site.

The clinical staff designated to handle transfer of the patient/client/resident(s) is responsible for obtaining copies of the patient's medical records, gathering personal belongings and ensuring the patient's medications are continued throughout the transfer.

If any medical equipment is transferred with the patient/client/resident, the clinical staff designated to handle patient/client/resident transfer is responsible for documenting what equipment was transferred with the patient/client/resident so that the equipment may be retrieved during the recovery phase post emergency. A description of the equipment with associated identification number should be documented.

The following agreements are in place:

- Ambulance contract agreements for transfer of patients/clients/residents between facilities, other alternate care sites
- Transfer agreements between neighboring facilities
- Vendor contracts for emergency acquisitions of medical supplies, pharmaceuticals, food, equipment, water, linen, emergency repair services, etc.

Alternate care sites must be able to provide the necessary resources to care for patients/clients/residents, i.e., emergency power, site access and security, access to or the ability to obtain utility resources, communications, employees, etc.

Alternate care sites may include hotels, high school gyms, libraries, places of worship, or other structures.

Mass Fatalities:

During an emergency and/or disaster involving deaths, a local and/or state Mass Fatality Plan shall be followed.

The Mass Fatality Plan is developed by the county medical examiner/coroner, public safety and health officials, and North Central Health Care representatives as designated.

The Mass Fatality Plan shall address:

- Family notification
- Family support center
- Mortuary services
- Security of decedents and decedents' belongings
- Chain of custody
- Documentation

- Integration with medical examiner/coroner/law enforcement

Continuing and/or Re-establishing Operations Following an Emergency:

North Central Health Care has mechanisms in place to restore the operational capabilities of the organization to pre-emergency levels. Once the emergency/disaster is over, Senior Executives, Facilities Director, Maintenance and Grounds Manager, Safety and Risk Manager, and other designees as necessary will begin assessing the damage to the organization and the environmental concerns to determine whether the organization can safely provide medical and mental health care to the community and provide a safe environment for patients, clients, residents, employees, and visitors.

Photos and/or videos will be taken of all damages to North Central Health Care buildings, grounds, equipment, etc., including all off-site structures.

Architects, building inspectors and structural engineers may be called in to determine if the buildings are safe for occupancy.

All potential environmental concerns will be evaluated for proper function, (i.e., hazardous waste, fuel tanks, etc.) to ensure there is no leakage into the local sewer or water system or any other environmental concerns.

Support programs will be instituted such as crisis counseling, flexible work hours, cash advances, day care, etc., particularly if employees and North Central Health Care have been directly impacted by the emergency/disaster.

Debris will be cleared and unsafe buildings or equipment will be secured as necessary.

Internal and external communication devices will be restored.

Equipment will be inventoried and supplies for damage response and recovery will be obtained from suppliers as necessary. For insurance purposes, photos/videos will be obtained of all damaged supplies and equipment. Damaged supplies and equipment will be retained until approval is received from the insurance carrier or insurance broker for disposal.

The community will be notified by the Communications and Marketing Coordinator via local media what services North Central Health Care will be providing and where they will be provided in the event services are moved.

The Safety and Risk Manager will notify North Central Health Care's insurance carrier and insurance broker, overseeing contact of a third-party expert as necessary to prepare any claims.

The Information Management Director, with assistance from City/County Information Technology, will ensure records and data have been protected and restore information as necessary from backup tapes.

The Safety Officer will confirm that detailed records regarding the above-noted actions are maintained.

EVALUATION OF THE EMERGENCY MANAGEMENT PLAN:

The Emergency Management Plan defines and integrates North Central Health Care's role with the community-wide emergency management efforts to promote collaborative operations between the organization and the community.

Exercises shall be developed based on North Central Health Care's hazard vulnerability analysis (HVA), testing the most threatening hazard(s) and shall evaluate the organization's ability to handle communications, resources and assets, security, employees, utilities, and patients/residents/clients. Exercises should validate the effectiveness of the Emergency Management Plan and identify opportunities to improve.

At North Central Health Care locations providing 24 hour services, the Emergency Management Plan will be activated twice a year.

At North Central Health Care locations providing non-24 hour services, the Emergency Management Plan will be activated once a year.

If the Emergency Management Plan is activated in response to an actual emergency, this can serve in place of the emergency response exercise.

Emergency response exercises will incorporate likely disaster scenarios.

North Central Health Care shall designate individual(s) to monitor the performance of the emergency response exercises and document opportunities for improvement.

The Safety Officer and Safety and Risk Manager, with support from the Safety Committee, shall modify North Central Health Care's Emergency Management Plan based on the evaluations of the emergency response exercises and responses to actual emergencies/disasters. These improvements shall be communicated to employees as appropriate.

PERFORMANCE STANDARDS:

The Emergency Management Plan shall be evaluated based on information gathered from priorities set from the Hazard Vulnerability Analysis, emergency response exercises, actual emergency/disaster, changes in the mission or capability of North Central Health Care, changes within the community, and/or the Plan's objectives, goals, and performance.

There is a planned, systematic, interdisciplinary approach to process design and performance measurement, analysis and improvement related to organization-wide safety.

The Safety Committee will develop and establish performance measures and related outcomes, in a collaborative fashion, based on those priority issues known to be associated with the healthcare environment.

Performance measures and outcomes will be prioritized based upon high risk; high volume, problem prone situations and potential or actual sentinel event related occurrences.

Criteria for performance improvement measurement and outcome indicator selection will be based on the following:

- The measure can identify the events it was intended to identify
- The measure has a documented numerator and a denominator statement or description of the population to which the measure is applicable
- The measure has defined data elements and allowable values
- The measure can detect changes in performance over time
- The measure allows for comparison over time within the organization or between the organization and other entities
- The data intended for collection are available
- Results can be reported in a way that is useful to the organization and other interested stakeholders

The Safety Committee, on an ongoing basis, shall monitor performance regarding actual or potential risks related to one or more of the following:

- Staff knowledge and skills
- Level of staff participation
- Monitoring and inspection activities
- Emergency and incident reporting
- Inspection, preventive maintenance and testing of safety equipment

Other performance measures and outcomes will be established by the Safety Officer, Safety and Risk Manager, and Safety Committee based on the criterion listed above. Data sources, frequency of data collection, individual(s) responsible for data collection, aggregation and reporting will be determined by the Safety Officer.

To identify opportunities for improvement/corrective action, the Safety Committee will follow the organization's process improvement methodology. The basic steps to this model will consistently be followed, and include planning, designing, measuring, analyzing/assessing, improving and evaluating effectiveness.

Should the Safety Committee feel an alternate team approach (other than the Safety Committee) is necessary for performance and process improvement to occur, the Committee will follow the organization's performance improvement guidelines for selection. Determination of necessity will be based on those priority issues listed (high risk, volume, challenging situations, and sentinel event occurrence).

The Safety Committee will review the necessity of development, requesting additional internal or external party participation only in those instances where it is felt the Safety Committee's contributions toward improvement would be limited (due to specialty, limited scope and/or knowledge of the subject matter).

Should said development be deemed necessary, internal and/or external parties will be selected on the basis of their knowledge of the subject identified. The team will be interdisciplinary, as appropriate to the subject to be improved.

Performance improvement monitoring and outcome activities will be presented to the Safety Committee by the Safety Officer and/or Safety and Risk Manager with assistance from the Performance Excellence Specialist at least on a quarterly basis, with a report of performance outcomes forwarded to the Inpatient Quality Improvement Committee, Outpatient Quality Improvement Committee, and Quality Committee of North Central Health Care's Board of Directors.

The following performance measures are recommended:

- Percentage of employees able to demonstrate knowledge and skill of their role and expected participation in the Emergency Management Plan
- Percentage of employees able to demonstrate knowledge of their responsibilities during an exercise
- Number of emergency management exercises conducted within a specified time span

ANNUAL EVALUATION OF THE EMERGENCY MANAGEMENT PLAN'S OBJECTIVES, SCOPE, PERFORMANCE, AND EFFECTIVENESS:

The annual evaluation of North Central Health Care's Emergency Management Plan will include a review of the scope and objectives according to any current accrediting body standards, as well as the Hospital Incident Command System (HICS) guidelines, to evaluate the degree in which the Plan meets accreditation standards and assesses any current emergency management risks at North Central Health Care.

A comparison of the expectations and actual results of the program will be evaluated to determine if the goals and objectives of the program were met.

The overall performance of the program will be reviewed by evaluating the results of performance improvement outcomes. The overall effectiveness of the program will be evaluated by determining the degree that expectations were met.

North Central Health Care's Emergency Management Plan shall be revised and updated based on the annual evaluation of the Emergency Management Plan, including the Hazard Vulnerability Analysis.

The performance and effectiveness of the Emergency Management Plan shall be reviewed by the Safety Committee, Senior Executive Team, and Quality Committee of North Central Health Care's Board of Directors.

V. Program-Specific Requirements:

N/A

References:

The Joint Commission

National Institute Management System (NIMS)

www.hicscenter.org (HICS)



North Central Health Care

Person centered. Outcome focused.

MEMO

DATE: March 23, 2015
TO: Quality Committee
FROM: Michael Loy, Senior Executive Human Resources
RE: Staff Competency Validation Overview

Purpose

To provide the Quality Committee an overview of North Central Health Care's Staff Competency Validation system and activities in preparation for Joint Commission.

Background

The competence of staff impacts the quality of care, services and treatment provided and, therefore, must be assessed and validated on an ongoing basis. Most organizations evaluate job competency at some level but in healthcare the threshold is elevated, especially in a Joint Commission environment. The Human Resources chapters in the Joint Commission accreditation standards almost exclusively surround hiring, orienting, training and evaluating staff competency. North Central Health Care has made a number of strides in staff competency validation in preparation for Joint Commission.

Competency Definitions

Competency: refers to a cluster of highly interrelated employee attributes, including knowledge, skills, abilities and other characteristics (KSAO) that are needed for effective job performance.

Knowledge: Education and experience around a subject matter

Skills: Performed acts

Abilities: Capacity to engage in specific behaviors

Other Characteristics: Personality and other experience

Assessment: Evaluation of the ability to perform a competency.

Validation: Expert acknowledgement that an individual performs a competency correctly and effectively.

To be considered a competency the skill(s) must be validated utilizing one of the following validation methods:

- 1) Return Demonstration
- 2) Direct Observation
- 3) Written Test (following presentation, video, self-study, or computer module)
- 4) Oral Test (following presentation, video, self-study, or computer module)
- 5) Clinical Supervision

Competency Validation Systems

- 1) New Employee General Orientation (2-day)
- 2) New Employee Program Orientation
- 3) Employee Core Competencies
 - a. 14 Core Competencies that are validated annually
- 4) Employee Job Family Common Position Core Competency Validation (P.R.I.D.E. Day)
- 5) Employee Job Specific Competency Validation
- 6) Leadership Competencies

Skilled Nursing Progress Report Second Quarter 2014

The AHCA/NCAL Quality Initiative



AHCA Quality Initiative Goal: Safely reduce the number of hospital readmissions within 30 days during a skilled nursing stay by 15% by March 2015.

Measurement: AHCA uses national MDS 3.0 data from CMS, calculating the 30-day, risk-adjusted readmission rate for all nursing centers using the PointRight OnPoint 30™ rehospitalization measure. The baseline for measurement is Fourth Quarter 2011.¹

National Progress

- 15.6% of patients were sent back to the hospital within 30 days of their SNF stay in 2014Q2
- This is a 14.3% decrease from 2011Q4, which saw an 18.2% rehospitalization rate
- About 57,871 readmissions were prevented, saving the health care system roughly \$599 million

14.3%

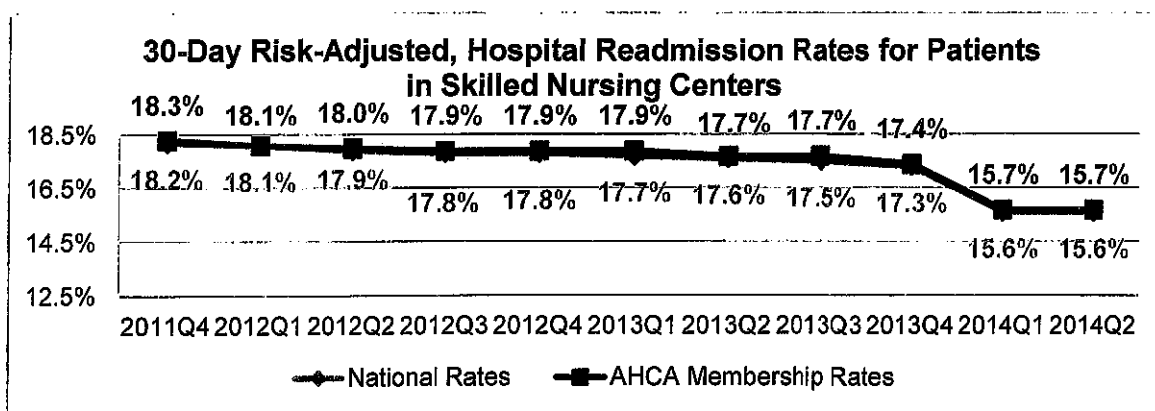
Nationally

14.2%

AHCA

AHCA Membership Progress

- 15.7% of patients in AHCA member centers were sent back to the hospital within 30 days of their SNF stay in 2014Q2
- This is a 14.2% decrease from 2011Q4, which saw an 18.3% rehospitalization rate among AHCA members
- 50.5% of AHCA members, or 3,811 member centers achieved a 15% reduction in their hospital readmission rates since the launch of the AHCA Quality Initiative²
- About 38,011 readmissions in AHCA member centers were prevented, saving the health care system roughly \$393 million



AHCA members may access their hospital readmission rates through LTC Trend TrackerSM, www.ltc trend tracker.com.
For a state-by-state analysis, AHCA members may email qualityinitiative@ahca.org.

DISCLAIMER: The AHCA/NCAL quality programs' contents, including their goals and standards, represent some preferred practices, but do not represent minimum standards or expected norms for skilled nursing and/or assisted living providers. As always, the provider is responsible for making clinical decisions and providing care that is best for each individual person.

¹ For more information, please view AHCA's [measurement summary](#) on the hospital readmission goal.

² The calculation of AHCA members reflects centers which had data for the baseline and the most current quarter.



For more information, visit
qualityinitiative.ahcanal.org

