



**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 **10:30AM**, on **Thursday, May 21<sup>st</sup>**, 2015.

**AGENDA**

1. Call to order
2. Moments of Excellence
3. Action: approve March 23, 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
  - b. Sentinel Events
6. Motion to come out of closed session
7. Possible announcements regarding issues discussed in closed session
8. Review and approve revised Emergency Operations Plan
9. Compliance Auditing
10. Joint Commission Education
11. Future agendas
12. 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 5/14/15      TIME 9:50 a.m.

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

THIS NOTICE POSTED AT  
NORTH CENTRAL HEALTH CARE  
DATE 5/14/15      Time 9:50 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

March 23, 2015, 8:00 a.m.

NCHC – Wausau Campus

Present: Darren Bienvenue, Dr. Eric Penniman, Bill Miller, Laura Scudiere

Excused: Jean Burgener, Holly Matucheski

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

The meeting was called to order at 8:01 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared.

### Minutes

- **Motion**/second by Penniman/Miller to approve the minutes of the January 15, 2015, meeting. Motion carried.

### Outcome Data/Safety

- The Committee reviewed organization-wide and program-specific outcome data and safety data.
- Discussion was held on the nursing home readmission rate. Hospitals and national benchmarks are transitioning to calculating readmissions within 30 days to hospital over total admissions.
- **Motion**/second by Penniman/Bienvenue to change the calculation method for nursing home readmission rate to readmissions within 30 days to hospital over total admissions, recalculate the previous two (2) months and revise the target to 11-13 (Level 2). Motion carried.
- **Motion**/second by Penniman/Bienvenue to approve the Outcome Data and Safety information as presented. Motion carried.
- Discussion about mental health services provided for the jail population. Staff is working with the jail administrator to develop a workflow and will continue to report back on the progress.

### Closed Session

- **Motion**/second by Penniman/Bienvenue to adjourn into Closed Session, pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency and to allow staff to remain. Motion carried and moved into closed session at a.m. Roll Call taken, Yes=4, No=0.
- **Motion**/second by Penniman/Bienvenue to approve the closed session minutes of January 15, 2015.
- The Committee reviewed the Corporate Compliance and Ethics Reports.
- **Motion**/second by Penniman/Bienvenue to come out of closed session. Motion carried.
- No announcements from closed session.

### Compliance Auditing

- A Corporate Compliance Committee Workgroup was developed to more specifically define proactive auditing to be completed, including the timeliness on histories/physicals, progress notes and treatment plans and questionable billing issues.
- Reports will be provided to the Corporate Compliance Committee and also the Quality Committee of the Board.

### Staff Competency Validation

- At the Quality Committee's request, Michael Loy provided an overview of processes utilized to ensure and validate staff competency.

### Annual Review of Safety Plans

- Plans were previously reviewed, no changes have been made to either.
- **Motion**/second by Penniman/Bienvenue to approve the Safety Plans; motion carried.

### Joint Commission Education

- Reviewed common questions of Joint Commission that enables the Quality Committee's oversight of Quality and Safety.
- Protecting the rights of patients/clients/residents is critical component of NCHC's staff training.
- Three (3) key process improvement teams are in place for the year. As outcome measures are not being met, staff also uses an action plan to investigate and focus on improvement.

### Future Agenda Items

None proposed.

- **Motion**/second by Penniman/Miller to adjourn at 9:21 a.m. Motion carried.

*dls*

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
<b>CLINICAL</b>																
Nursing Home Readmission Rate	11-13%	↓	24.2%	13.8%	9.1%	11.1%									15.3%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	↓	11.0%	9.3%	12.7%	7.1%									10.0%	10.0%
AODA Relapse Rate	18-21%	↓	17.9%	25.0%	26.7%	15.4%									19.8%	10.8%
NCHC Adverse Event Rate	3.8-4.0	↓	3.5	4.1	4.3	4.0									4.0	4.1
<b>PEOPLE</b>																
Injury Claims*	50-60	↓	24	18	24	24									24	n/a
Employee Turnover Rate*	20-23%	↓	21.0%	20.2%	18.4%	19.4%									19.4%	25.5%
<b>SERVICE</b>																
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	↑	66th	70th	39th	41st									51st	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	68%	\	\		\	\		\	\		\	68%	71%
<b>COMMUNITY</b>																
Community Employment Rate	15.8-18%	↑	27.2%	25.2%	22.9%	24.7%									25.0%	n/a
NCHC Access Measure	90-95%	↑	98%	98%	91%										96%	n/a
Recidivism Rate for OWI	27-32%	↓	31.37%	26.32%	24.40%	36.60%									30.50%	31.30%
<b>FINANCE</b>																
Direct Expense/Gross Patient Revenue	55-59%	↓	61%	51%	59%										57%	59.7%
Days in Account Receivable	55-60	↓	80	79	75										75	79
Write-Off Percent of Gross Revenue	.5-.6%	↓	0.18%	0.27%	0.32%										0.26%	n/a

KEY: ↑ Higher rates are positive  
↓ Lower rates are positive

\* Monthly Rates are Annualized

## NCHC OUTCOME DEFINITIONS

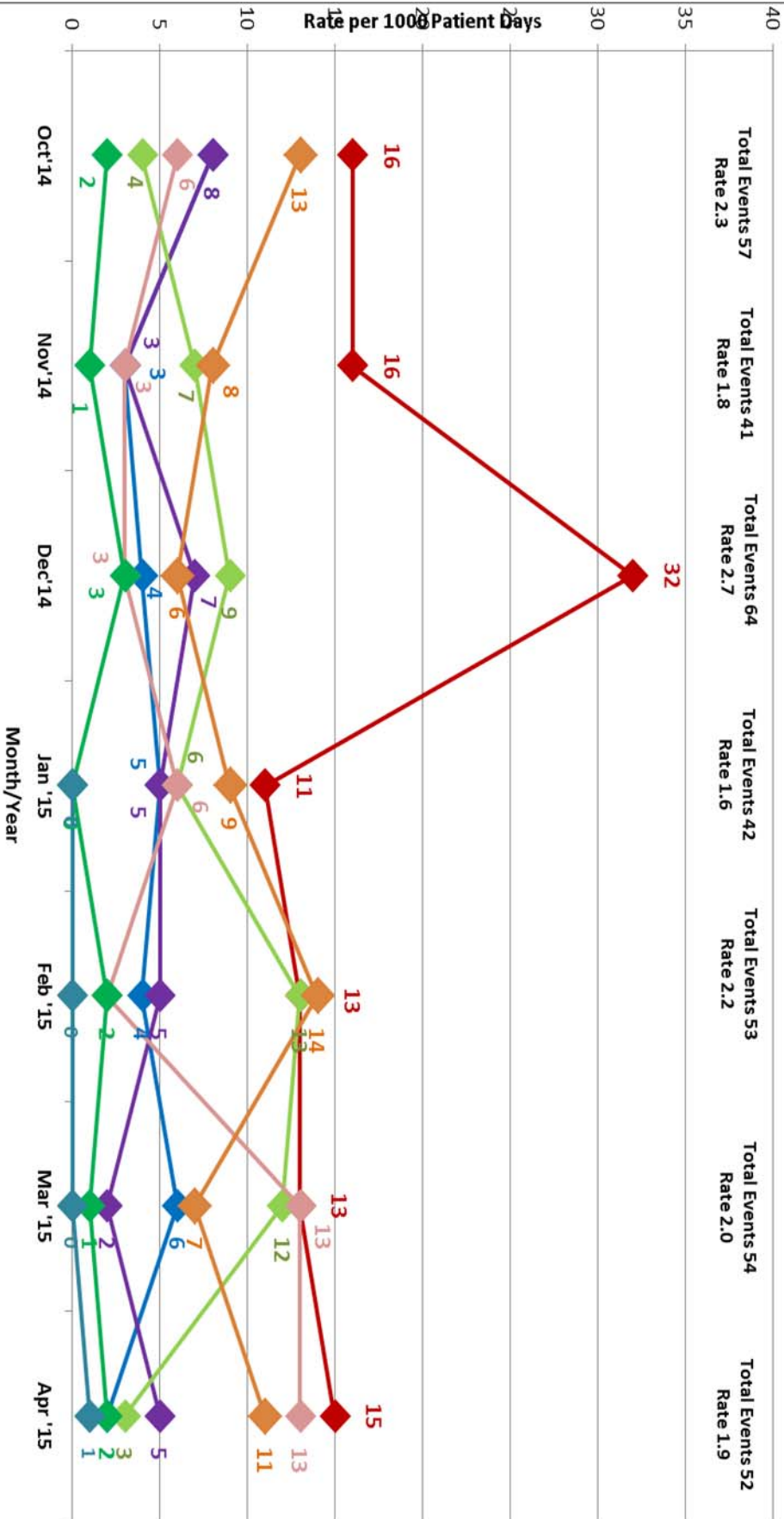
CLINICAL	
<b>Nursing Home Readmission Rate</b>	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
<b>Psychiatric Hospital Readmission Rate</b>	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital.
<b>AODA Relapse Rate</b>	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification.
<b>NCHC Adverse Event Rate</b>	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	
<b>Injury Claims</b>	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate.
<b>Employee Turnover Rate</b>	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate.
SERVICE	
<b>Client/Patient/Resident Satisfaction Percentile Rank</b>	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.
<b>Community Partner Satisfaction Percent Good/Excellent</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
<b>Community Employment Rate</b>	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed.
<b>NCHC Access Measure</b>	% of clients obtaining services within the Best Practice timeframes in NCHC programs.
<b>Recidivism Rate for OWI</b>	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions.
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Days in Account Receivable</b>	Average number of days for collection of accounts.
<b>Write-Off percent</b>	Write-offs as a percent of gross revenue

## HUMAN SERVICES OPERATIONS CLIENT/PATIENT/RESIDENT ADVERSE EVENT DATA

**2014 Cumulative Rate 2.7**  
 Altercation Rate 0.21  
 Behavior Rate 0.38  
 Fall Rate 1.04  
 Infection Rate 0.36  
 Injury (Unknown) Rate 0.18  
 Medication Error Rate 0.39  
 Other Safety/Medical Rate 0.14

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

**2015 Cumulative Rate 1.9**  
 Altercation Rate 0.16  
 Behavior Rate 0.16  
 Fall Rate 0.50  
 Infection Rate 0.32  
 Injury Rate 0.32  
 Medication Errors 0.39  
 Medical Emergencies 0.05  
 Miscellaneous Other 0.01



**2014 Cumulative Rates**  
Overall Cumulative Rate=**0.11**

**NCHC EMPLOYEE ADVERSE EVENTS**

**2015 Cumulative Rates**  
Overall Cumulative Rate **0.06**

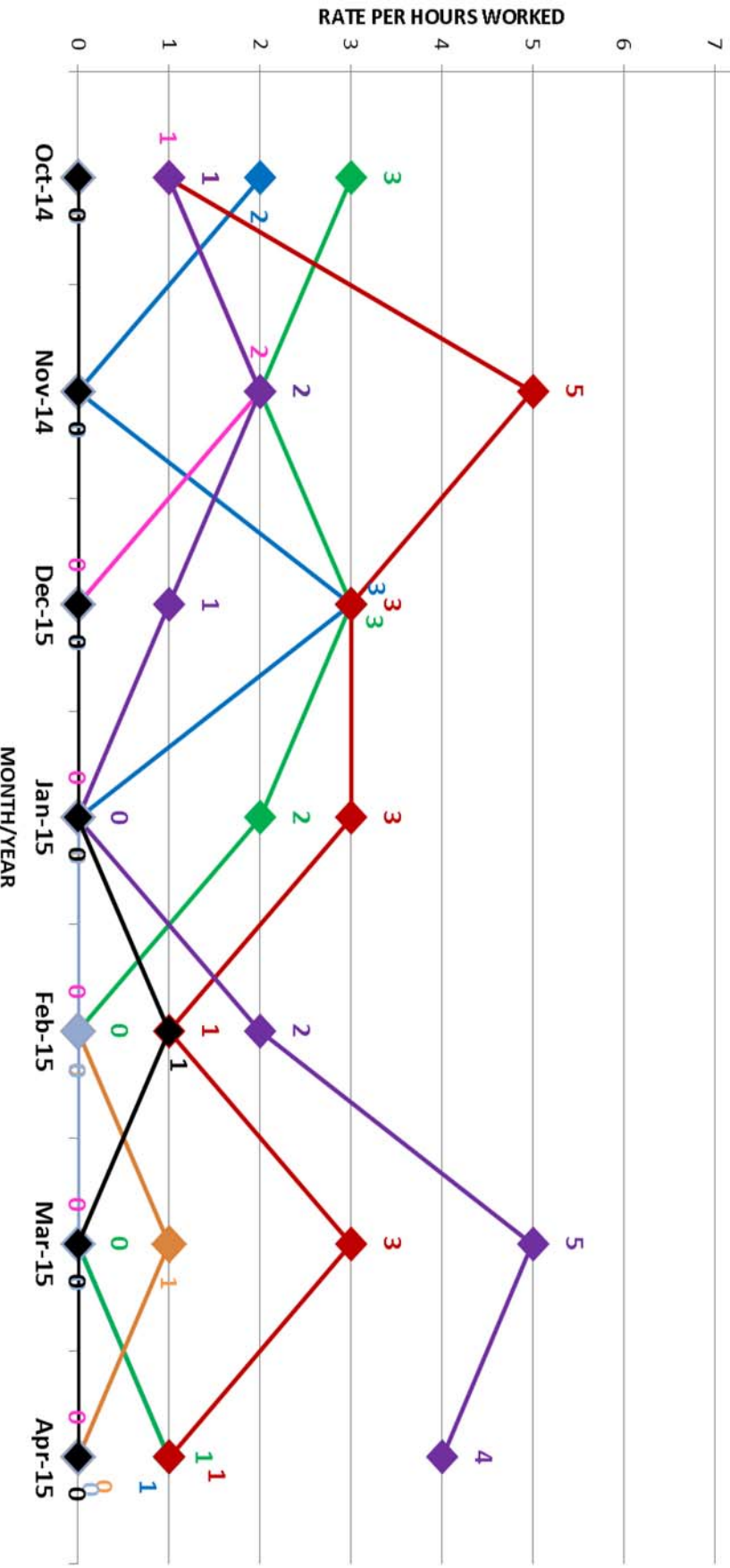
- Altercation Rate=0.009
- Fall Rate= 0.02
- Direct Patient Care Rate=0.04
- Other Work Activities Injury= 0.02
- Struck by/against/between object= 0.01
- Lost/Theft/Damaged= 0.001
- Motor Vehicle= 0.002
- Other = 0.002

- Altercation
- Direct Patient Care Injury
- Other Work Activity Injuries
- Motor Vehicle

- Falls
- Struck by/Against/Caught between Object
- Lost/Theft/Damaged Items
- OTHER

- Altercation 0.003
- Fall 0.008
- Direct Patient Care 0.02
- Other Work Activities 0.028
- Struck by/Against/Between 0.00
- Lost/Theft Damage 0.003
- Motor Vehicle 0.00
- Other 0.003

Total Events = 8	Total Events = 11	Total Events = 10	Total Events = 5	Total Events = 4	Total Events = 9	Total Events = 7
Rate = 0.07	Rate = 0.11	Rate = 0.10	Rate = 0.05	Rate = 0.04	Rate = 0.09	Rate = 0.07



**Name of Policy:**

**EMERGENCY OPERATIONS PLAN**



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 Operations Plan is to provide an organized process to initiate, manage, and recover from a variety of emergencies, both external and internal, which confront our Organization.

The Emergency Operations Plan addresses 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 Operations is to provide for 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.

**Goals**

The goals of North Central Health Care’s Emergency Operations Plan include the following:

- a. Identifying mitigation activities
- b. Identifying procedures to prepare and respond to potential internal and external disasters or emergencies including:
  - 1. internal
  - 2. external



3. patient surge
  4. facility surge
- c. Providing education to employees on the elements of the Emergency Operations Plan
  - d. Establishing and implementing procedures in response to internal and external disasters and emergencies
  - e. 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
  - f. Identifying recovery strategies and actions to be activated in the event of a disaster or emergency

### III. Definitions

**Emergency:** An unexpected or sudden event that 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 include, but are not limited to:

- Medical Emergencies (Dr. Blue)
- Bomb Threat (Dr. Yellow)
- Fire (Dr. Red)
- Behavioral Emergency (Dr. Green)
- Dangerous Person with a Weapon (Dr. Black)
- Severe Weather

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 operations:*

**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.

**Internal Emergency/Disaster:** an internal event involving an incident within the organization that disrupts normal operations. These may include, but are not limited to, bomb threats, utility failures, hostage situations, and situations involving weapons (e.g.: active shooter).

**External Emergency/Disaster:** an external event involving an incident beyond the immediate boundaries of the organization. Such an incident can result in the arrival of a large number of individuals needing services that are within the scope of services at NCHC. Other types of external emergencies include, but are not limited to, such incidents as severe snowstorms, utility outages, and tornados.

**Facility Surge:** An incident that creates an overload situation on the organization that may necessitate the use of the emergency procedures. These include events such as an approaching severe weather situation in which travel to and from the facility is restricted.

**Patient Surge:** An incident that results in the arrival of a large number of individuals needing services that are within the scope of services at NCHC.

#### **IV. General Procedure**

##### **A. Preparation and Mitigation**

###### **1. Leadership and Safety Committee 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 Operations 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 will:

- a. have a working knowledge of emergency operations, daily and emergency organizational operations, as well as Incident Command Center operations,
- b. stay abreast of changes in regulations and standards as they pertain to emergency operations, and
- c. be knowledgeable of local, state and federal emergency operations agencies and their principle staff.

Senior Executives, leaders, and medical staff, shall actively participate in the development and review of the organization's Emergency Operations Plan.

## 2. Inventory of Assets and Resources:

The organization will strive to maintain an adequate supply of resources to respond effectively to an emergency and/or disaster. The inventory of assets and resources shall be evaluated, at a minimum, on an annual basis and methods shall be in place for the monitoring of the inventory of assets and resources during an emergency/disaster.

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

- Personal Protective Equipment
- Water
- Fuel
- Staffing
- First Aid Resources
- Pharmaceutical resources

## 3. Community Involvement:

- a. The Emergency Operations 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, documentation will be maintain to support attempts to involve these partners in NCHC planning process.
- b. The Incident Planning Guides and Incident Response Guides (HICS) shall be used as a resource when reviewing North Central Health Care's Emergency Operations Plan or when the development of new annexes occurs.
- c. North Central Health Care shall regularly participate in community preparedness meetings, training and activities to ensure:
  - Mutual understanding of roles and responsibilities
  - Incident management principles
  - Resource allocations
  - Effective communication, the use of common language, information sharing practices
- d. The Safety and Risk Manager or designee shall meet with specific organizations in the community on a regular basis to define roles and

responsibilities, discuss response needs, and to develop plans and procedures to keep North Central Health Care operating in the event of an emergency and/or disaster. The following organizations serve the immediate area with which cooperative planning has been established:

- Aspirus Wausau Hospital
- Ministry Health Care
- Pine Crest Nursing Home
- Norwood Health Center
- Marathon County Public Health
- Marathon County Emergency Management Department

Meetings with said organizations will include discussions on:

- 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
- Sharing of resources
- Credentialing
- Patient/Client/Resident transfer logistics
- Mechanisms 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.

e. A Memorandum of Understanding shall be developed and maintained with facilities that will be utilized in evacuation situations and/or to support internal needs during emergency/disaster event addressing:

f. 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.

#### 4. Hazard Vulnerability Analysis (HVA):

NCHC 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. This analysis will be completed on an annual basis at a minimum. The organization will develop and/or revise specific policies and procedures in response to potential emergencies and/or disasters identified by the Hazard Vulnerability Analysis.

North Central Health Care will 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 will take place at the time of North Central Health Care's annual evaluation of the Emergency Operations Plan and 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.

5. Communication:

North Central Health Care shall maintain a system to ensure communication during and emergency or disaster. 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.

6. Employee Training:

Employees will be provided with following emergency and disaster education:

- at the time of hire (orientation),
- annual NCHC Core Competency training and validation,
- department-specific trainings and meetings reviewing their specific roles and responsibilities,
- as needed with changes to Emergency Operation Plan and/or related policies and procedures, and
- when opportunities for improvement are identified.

## B. Response

1. **Activation:** North Central Health Care's Emergency Operations Plan and procedures defined in the Emergency and Disaster Operations Manual and related Emergency Procedures will be activated when it has been determined that an emergency has occurred or has the potential for occurring.
2. **Employee Responsibility:** When North Central Health Care is notified of an emergency and/or disaster, all employees will follow the responsibilities outlined in the Emergency and Disaster Operations Manual and related Emergency Procedures. In the event of a disaster:
  - a. all employees, regardless of position, are expected to report to North Central Health Care for duty as soon as it is feasible to travel. In an emergency and/or disaster,
  - b. 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
  - c. 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,
  - d. employees on duty during activation of the Emergency operations Plan will be identified by an employee photo identification badge, which is to be worn at all times by all employees while on duty.

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

Specific positions within organization have been identified a critical in a disaster response given they perform essential functions. These include: Administration, Patient/Resident care staff, Facilities staff, Food Service staff, and Central Supply staff. Critical employee contact information will be maintained in the NCHC Crisis Center for immediate deployment as needed.

3. **Communication:** In the event of an emergency or disaster, all employees will utilize the communication procedures defined in the Emergency and Disaster Operations Manual and related Emergency Procedures. The NCHC Crisis Center has been designated as the primary communication center in these events.
4. **Response Procedures:** NCHC will develop and maintain an Emergency and Disaster Operations Manual and related Emergency Procedures that will define the response procedures for the following:
  - Specific Emergency Response Procedures
  - Care Triage
  - Incident Command Center
  - Evacuation
  - Facility Management
  - Food Services
  - Medications and Pharmacy Services
  - Transportation Assistance
  - Information Systems
  - Telephone Services
  - Payroll

### **C. Recovery**

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 health care to the community and provide a safe environment for patients, clients, residents, employees, and visitors. The Incident Command Officer will declare an "All Clear" at this time. The Emergency and Disaster Manual will define the procedures to be followed to complete this phase.

#### **D. Evaluation of the Emergency Operations Plan**

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

1. 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 Operations Plan and identify opportunities to improve.
  - At North Central Health Care locations providing 24 hour services, the Emergency Operations Plan will be activated twice a year.
  - At North Central Health Care locations providing non-24 hour services, the Emergency operations Plan will be activated once a year.
  - If the Emergency Operations 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.
2. The Safety Officer and Safety and Risk Manager, with support from the Safety Committee, shall modify North Central Health Care's Emergency operations 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.
3. The Emergency Operations 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.
4. Performance Measures to evaluate the effectiveness of the Plan will be established. This will be a planned, systematic, interdisciplinary approach to process design and performance measurement, analysis and improvement related to organization-wide safety. The following will be included:



- 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 operations Plan
- Percentage of employees able to demonstrate knowledge of their responsibilities during an exercise
- Number of emergency operations exercises conducted within a specified time span

#### **ANNUAL EVALUATION OF THE EMERGENCY OPERATIONS PLAN'S OBJECTIVES, SCOPE, PERFORMANCE, AND EFFECTIVENESS:**

The annual evaluation of North Central Health Care's Emergency operations Plan will include a review of:

- the scope and objectives according to any current accrediting body standards,
- the hazard vulnerability analysis (HVA), and
- the National Incident Management System (NIMS) guidelines, to evaluate the degree in which the Plan meets accreditation standards and assesses any current emergency operations 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 and objectives for the following year will be determined.

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

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

#### 2015 Objectives

Goal
To introduce the Safety Committee and Senior Executive Team to NIMS by learning the following modules: HICS 100 & 200 by quarter 3 2015.
To introduce all of NCHC to NIMS by learning the following modules: 100 by quarter 4 2015.
To develop an Emergency Operations plan and perform table top exercises on 5 of the 11 potential disasters that NCHC may face in a given year.

#### **Program-Specific Requirements:**

N/A

#### **References:**

The Joint Commission  
National Incident Management System (NIMS)