

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 **8:30AM**, on **Thursday, July 23rd**, 2015.

(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Dianna Schlicher at 715-848-4422 by one hour prior to the meeting start time for further instructions.)

AMENDED AGENDA

1. Call to order
2. Moments of Excellence
3. Action: approve May 21, 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. Medical Equipment Management Plan
9. Utility Systems Management Plan
10. Auditing Report
11. Joint Commission Update
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 7/15/15 TIME 12:07 p.m.

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

THIS NOTICE POSTED AT
NORTH CENTRAL HEALTH CARE
DATE 7/15/15 Time 12:07 p.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**

May 21, 2015, 10:30 a.m.

NCHC – Wausau Campus

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

Excused: Dr. Eric Penniman, Holly Matucheski

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

The meeting was called to order at 10:33 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared.

Minutes

Motion/second by Burgener/Bienvenue to approve the minutes of the March 23, 2015, meeting. Motion carried.

Outcome Data/Safety

The Committee reviewed organization-wide and program-specific outcome data and safety data.

Outbreak of norovirus-like symptoms increased the adverse events rate.

Staff was commended for the community employment rate measure.

Action plans are in place for measures that are not being met.

Motion/second by Burgener/Bienvenue to approve the Outcome Data as presented. Motion carried.

Motion/second by Bienvenue/Burgener to approve the Safety information and Adverse Events graphs as presented. Motion carried.

Closed Session

Motion/second by Bienvenue/Burgener 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 Bienvenue/Burgener to come out of closed session. Motion carried.

The Committee reviewed and approved the Corporate Compliance and Ethics Reports and Sentinel Events.

Emergency Operations Plan

The Emergency Operations Plan, as well as the Emergency Disaster Operations Manual were updated to reflect current practice.

Motion/second by Burgener/Bienvenue to approve the revised Emergency Operations Plan. Motion carried.

Compliance Auditing

Audits have been conducted to ensure documentation is being completed in a timely manner and billing is completed appropriately.

All programs will formally report monitoring and a report will be provided to the Quality Committee.

Joint Commission Education

Reviewed information regarding Joint Commission.

Future Agenda Items

No future agenda items were identified.

Motion/second by Burgener/Bienvenue to adjourn at 11:39 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
CLINICAL																
Nursing Home Readmission Rate	11-13%	↓	24.2%	13.8%	9.1%	11.1%	16.1%	18.5%							16.0%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	↓	11.0%	9.3%	12.7%	7.1%	17.2%	10.7%							11.5%	10.0%
AODA Relapse Rate	18-21%	↓	17.9%	25.0%	26.7%	15.4%	30.0%	20.8%							22.2%	20.8%
NCHC Adverse Event Rate	3.8-4.0	↓	3.5	4.1	4.3	4.0	3.8	3.7							3.9	4.1
PEOPLE																
Injury Claims*	50-60	↓	24	18	24	24	22	20							20	n/a
Employee Turnover Rate*	20-23%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%							22.6%	25.5%
SERVICE																
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	↑	66th	70th	39th	41st	67th								47th	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	68%	\	\	79%	\	\	\	\	\	\	\	73%	71%
COMMUNITY																
Community Employment Rate	15.8-18%	↑	27.2%	25.2%	22.9%	24.7%	24.4%								24.8%	n/a
NCHC Access Measure	90-95%	↑	98%	98%	91%	83%	70%								86%	n/a
Recidivism Rate for OWI	27-32%	↓	31.37%	26.32%	24.40%	36.60%	23.50%	20%							27.60%	31.30%
FINANCE																
Direct Expense/Gross Patient Revenue	55-59%	↓	61%	51%	59%	62%	65%								58%	59.7%
Days in Account Receivable	55-60	↓	80	79	75	72	71								71	79
Write-Off Percent of Gross Revenue	.5-.6%	↓	0.18%	0.27%	0.32%	0.16%	0.59%								0.30%	n/a

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

* Monthly Rates are Annualized

** Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.

NCHC OUTCOME DEFINITIONS

CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
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	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services - within 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
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	% Prevocational Consumers with DVR Referrals that Obtain Community-Based Competitive Employment	↑	65-75%	75%	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%	88.1%	91%
	Community	Percentage of All DVR Referrals Obtaining Community-Based Employment	↑	45-55%	10%	N/A
	Finance	% Direct Expense/Gross Patient Revenue – ADS/Prevocational/Residential Services	↓	69-72%	64.01%	N/A
Aquatic Therapy	Clinical	% of Clients Meeting Treatment Goals of 80-100% in 8-12 Sessions	↑	87-90%	84%	88%
	People	Employee Engagement Partnership Mean	↑	77.7-82.7	N/D	69.7
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	92-94%	95%	94.5%
	Community	Access to Aquatic Services	↑	90-95%	92%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	41-44%	40.38%	N/A
Birth to 3	Clinical	% of B-3 Children Discharged with No School Intervention Needs	↑	28-32%	34%	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%	92.6%	96%
	Community	Access to Birth-3 Services (≤45 Days)	↑	90-95%	100%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	146-151%	132%	N/A
		% TIER Documentation Complete for Billing by the 5 th of Following Month	↑	90-95%	94%	N/A
Community Corner Clubhouse	Clinical	50% of Members are Working on Supportive or Independent Employment at Least 15 hrs/week	↑	84-86%	91%	82%
	People	Employee Engagement Partnership Mean	↑	86.3-89.3	N/D	81.0
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	72-76%	57.1%	62.1%
	Community	Access to Clubhouse Services	↑	90-95%	91.7%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	75-78%	62.04%	N/A
Community Treatment	Clinical	Percent of Consumers Competitively Employed	↑	16.8-18%	18.8%	15.2%
	People	Employee Engagement Partnership Mean	↑	72.5-77.5	N/D	65.7
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	72-76%	70.2%	64.9
	Community	Access to Community Treatment Services	↑ ↓	90-95%	86%	N/A
	Finance	% Direct Expense/Gross Patient Revenue		54-57%	87.72%	N/A

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Crisis CBRF/ Residential Treatment	Clinical	CBRF 30-Day Hospital Admission Rate	↓	10-12%	3.7%	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%	63.3%	43.8%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	0%	82%
	Finance	% Direct Expense/Gross Patient Revenue	↓	28-31%	6.26%	N/A
Crisis Services	Clinical	Crisis Diversion Rate (No Hospitalization Required)	↑	70-75%	73%	95%
	People	Employee Engagement Partnership Mean	↑	77.2-82.2	N/D	72.2
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	92-94%	80%	88.9%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	57%	60%
	Finance	% Direct Expense/Gross Patient Revenue	↓	280-285%	283.23%	N/A
Inpatient Behavioral Health (Hospital)	Clinical	Hospital 30-Day Readmission Rate	↓	9-11%	11.5%	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%	21.4%	52.5%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	58%	46%
	Finance	% Direct Expense/Gross Patient Revenue	↓	45-48%	53.19%	N/A
Outpatient Behavior Health Services	Clinical	OWI Recidivism Rate	↓	27-32%	27.6%	32.5%
	People	Employee Engagement Partnership Mean	↑	74.6-79.6	N/D	67.5
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	72-76%	59.9%	64.9%
	Community	Outpatient Services Access	↑	90-95%	81%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	63-66%	66.04%	N/A
Human Services Operations Overall	Clinical	HSO Overall Hospitalization Rate	↓	1.0-1.5%	1.0%	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%	76.8%	N/A
	Community	HSO Accessibility	↑	90-95%	86%	N/A
	Finance	% Direct Expense/Gross Patient Revenue	↓	55-59%	30%	N/A

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	4.3	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%	83.3%	95%
	Finance	% Direct Expense/Gross Patient Revenue	↓	45-48%	55.35%	51.78%
MV-Long Term Care	Clinical	Fall Rate	↓	3.4-4.1	4.5	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%	43.3%	95%
	Finance	% Direct Expense/Gross Patient Revenue	↓	47-50%	55.35%	55.59%
MV-Post Acute Care	Clinical	Fall Rate	↓	2.7-3.2	4.3	N/A
		New/Worsening Pressure Ulcers Rate	↓	1.5-1.9	0.1	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%	69.3%	72.1%
	Finance	% Direct Expense/Gross Patient Revenue	↓	47-50%	55.35%	63.93%
Mount View Care Center Overall	Clinical	Rehospitalization within 30 days of Admission	↓	11-13%	16.0%	4.0%
	People	Employee Engagement Partnership Mean	↑	70.2-75.2	N/D	68.9
		Employee Turnover (Annualized)	↓	18-20%	33.0%	N/A
	Service	External Customer Satisfaction: Percent 9/10 Responses	↑	82-86%	67.5%	77%
	Finance	% Direct Expense/Gross Patient Revenue	↓	46-49%	55.35%	56.38%

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 on Internal Customer Satisfaction Survey	↑	80-85%	84%	84%
	Finance	Direct Expense Budget	↓	\$754,368-\$802,520	\$766,358*	\$719,555
		Audit Results – Adjusting Journal Entry (AJE)	↓	2-4 AJEs	0	0
		Financial Statements: Done by 3 rd Tuesday Following Month	↑	100%	100%	100%
Demand Transportation	Clinical	Double Occupancy per Trip per Week	↑	11-13	10	11
	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	83%	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%	195.01%	N/A
Information Services	Clinical	Timeliness of Chart Completion (Hospital record within 25 days post discharge)	↑	70-75%	75.6%	N/A
	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	86%	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 on Internal Customer Satisfaction Survey	↑	80-85%	81%	89%
	Finance	Direct Expense Budget	↓	\$761,900-\$810,532	\$760,373*	\$727,153
		Write-Off Percent of Gross Revenue	↓	.5-.6%	0.30%	N/A
Purchasing	People	Employee Engagement Partnership Mean	↑	78.9-83.9	N/D	70.8
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	97%	98%
		% Paperwork Accuracy	↑	95-100%	97%	97.8%
		Deliver All Packages on the Day of Arrival	↑	95-100%	99%	99.9%
	Finance	Direct Expense Budget (\$17,425-\$18,538/month)	↓	\$209,109-\$222,456	\$216,130*	\$209,759

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%	67%	75%
		% of Repeat At-Risk Cases Opened within 1 month of Closure	↓	10-15%	6%	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%	88.2%	91%
		Community Partner Satisfaction Percent Good/Excellent	↑	75-80%	73%	73%
	Finance	Direct Expense Budget	↓	\$430,215-\$457,675	\$429,962*	N/A
Communications & Marketing	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	82.9
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	80%	81%
	Community	Website Growth: Outpatient Services – Mental Health Page Views	↑	>325/month	334	N/A
		Website Growth: Skilled Nursing Page Views	↑	>300/month	309	N/A
	Finance	Direct Expense Budget	↓	\$177,578-\$188,913	\$176,357*	N/A
County/City IT	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	61%	40%
	Finance	IT Utilization – Partnership	↓		42.62%	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%	58.7%	75%
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	91%	N/A
	Finance	Direct Expense Budget	↓	\$1,133,417-\$1,205,763	\$1,020,144*	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%	32.1%	37.5%
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	100%	N/A
	Finance	Direct Expense Budget	↓	\$386,660-\$411,340	\$312,258*	N/A

Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Maintenance/ Grounds	Clinical	Adverse Events (Maintenance Cause)	↓	5-10	5	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%	49.3%	75%
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	100%	N/A
	Finance	Direct Expense Budget	↓	\$1,852,066-\$1,863,900	\$1,482,007*	N/A
Transportation	People	Employee Engagement Partnership Mean	↑	84.1-97.1	N/D	N/A
	Service	ESS Overall External Customer Satisfaction: Percent 9/10 Responses		82-86%	48.0%	N/A
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	73%	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	5	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%	48.0%	56.3%
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	91%	93%
	Finance	Direct Expense Budget	↓	\$3,499,450-\$3,722,819	\$2,983,790*	\$3,105,445
Human Resources	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	82.9
		Employee Turnover Rate	↓	20-23%	20.3%*	22.9%
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	81%	41%
	Finance	Direct Expense Budget	↓	\$941,245-\$1,001,324	\$809,702*	\$720,834
Nutrition Services	Clinical	Diet Order Accuracy	↑	95-99%	93%	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%	39.7%	46.6%
		% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	90%	N/A
	Finance	Direct Expense Budget	↓	\$2,464,544-\$2,621,855	\$2,614,838*	\$2,732,879
Pharmacy	Clinical	Pharmacy Medication Error Rate	↓	0.81%-0.090%	0.024%	0.10%
	People	Employee Engagement Partnership Mean	↑	69.5-74.5	N/D	68.2
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	68%	77%
	Finance	% Direct Expense/Gross Patient Revenue	↓	38-41%	36.45%	N/A

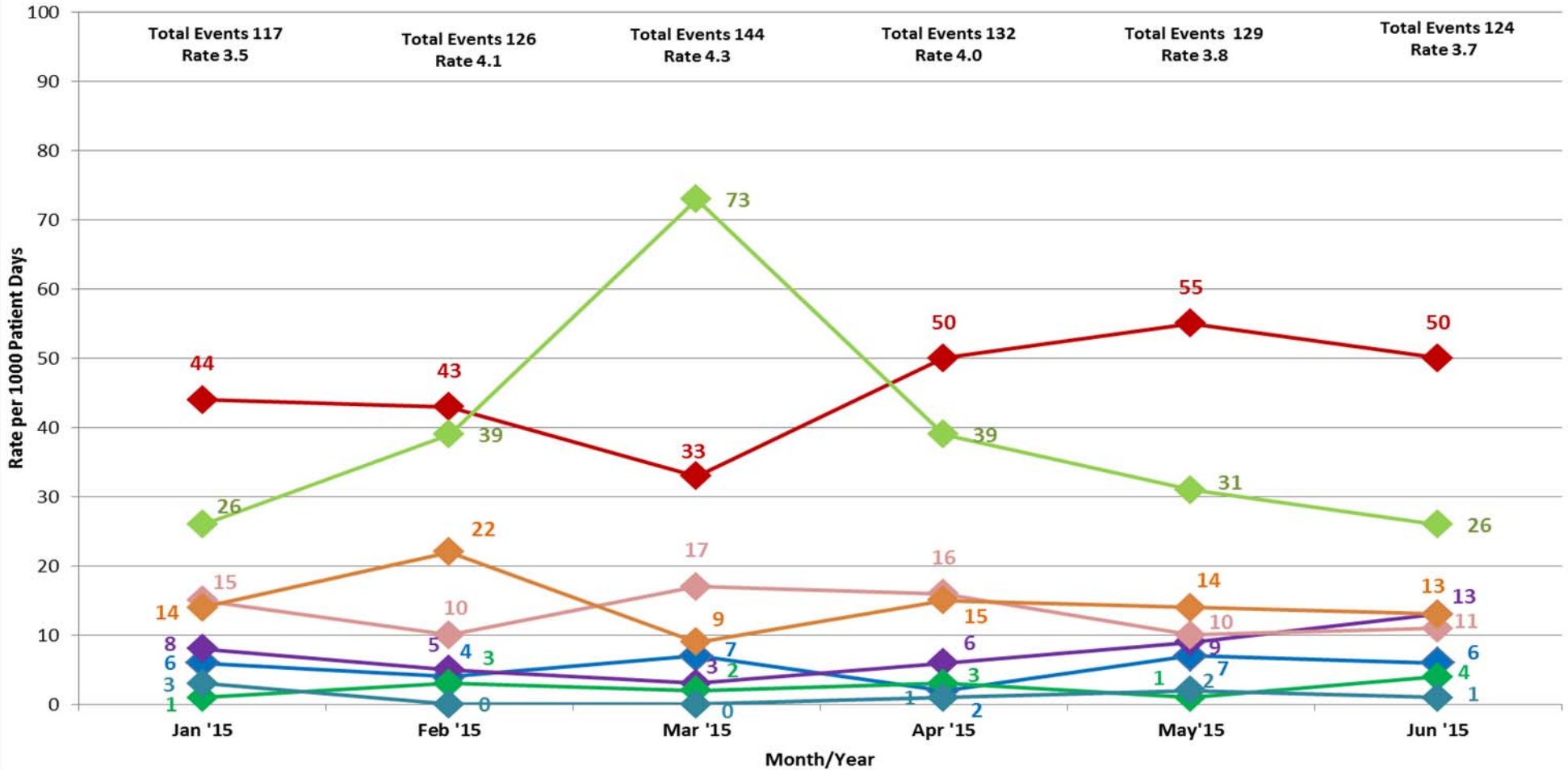
Department	Domain	Outcome Measure	↓ ↑	Target Level	YTD	2014 Year End
Quality	Clinical	NCHC Adverse Events	↓	3.8-4.0	4.0	4.0
	People	Employee Engagement Partnership Mean	↑	84.9-87.9	N/D	69.8
		NCHC Injury Claims	↓	50-60	20*	N/A
	Service	% Excellent on Internal Customer Satisfaction Survey	↑	80-85%	77%	75%
	Finance	Direct Expense Budget	↓	\$553,341-\$588,661	\$450,139*	\$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 on Internal Customer Satisfaction Survey	↑	80-85%	100%	96%
	Community	Increased # Volunteers	↑	10-15%	8.9%*	N/A
	Finance	Direct Expense Budget	↓	\$91,967-\$97,837	\$96,223*	\$93,720

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

2014 Cumulative Rate 4.1
 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

2015 Cumulative Rate 3.9
 Altercation Rate 0.16
 Behavior Rate 0.22
 Fall Rate 1.39
 Infection Rate 1.19
 Injury Rate 0.40
 Medication Errors 0.44
 Medical Emergencies 0.07
 Miscellaneous Other 0.04

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



2014 Cumulative Rates

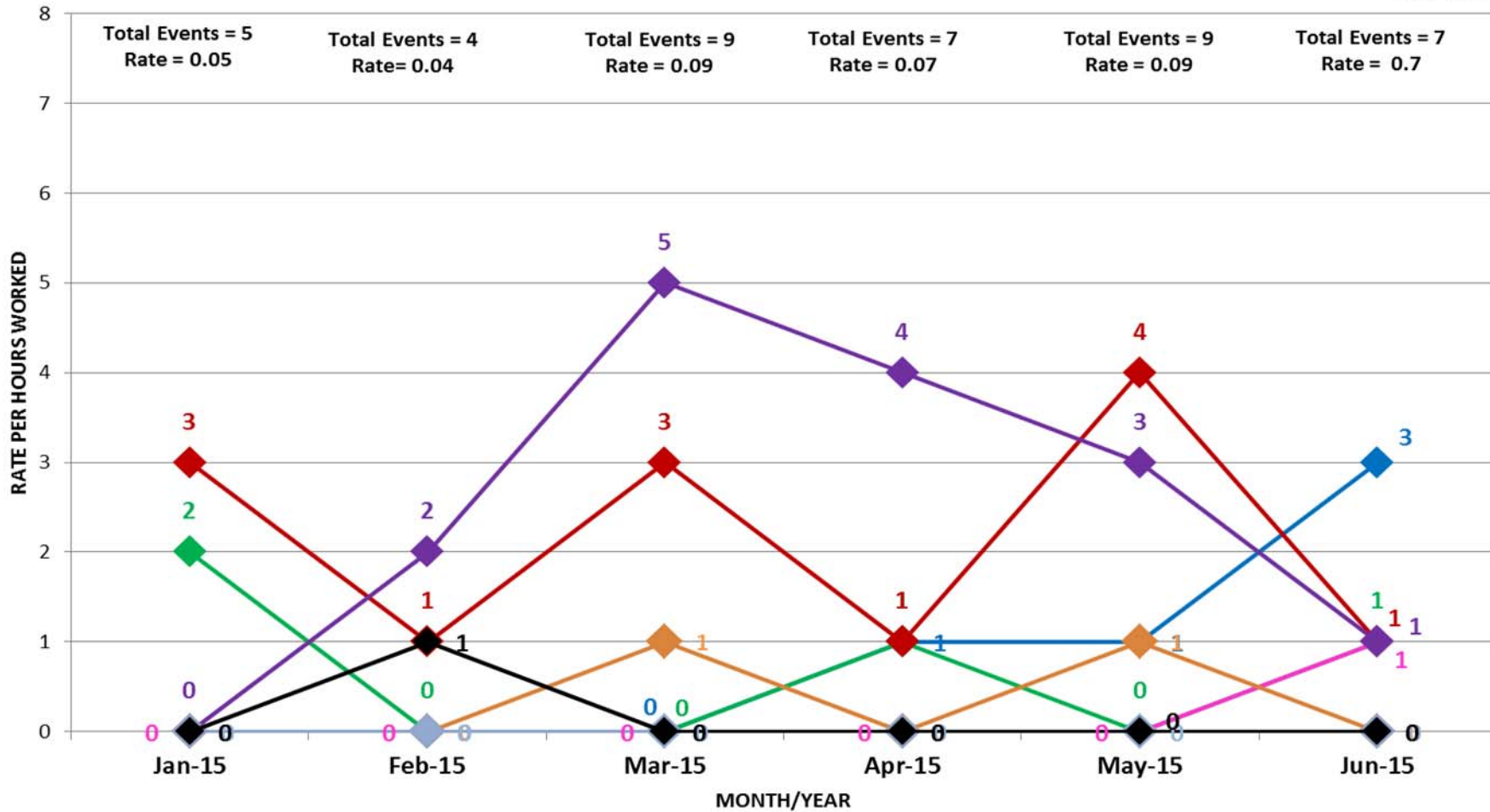
Overall Cumulative Rate= **0.11**
 Altercation Rate=0.009
 Fall Rate= 0.02
 Direct Patient Care Rate= 0.04
 Other Work Activities Injury= 0.02
 Struck by/against/between object= 0.01
 Lost/Theft/Damaged= 0.001
 Motor Vehicle= 0.002
 Other = 0.002

NCHC EMPLOYEE ADVERSE EVENTS

2015 Cumulative Rates

Overall Cumulative Rate **0.07**
 Altercation 0.008
 Fall 0.007
 Direct Patient Care 0.22
 Other Work Activities 0.025
 Struck by/Against/Between 0.002
 Lost/Theft Damage 0.003
 Motor Vehicle 0.00
 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



Name of Policy: MEDICAL EQUIPMENT MANAGEMENT PLAN	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: LS-0010	
Primary Approving Body:	Committee Approvals: Safety Committee and Quality Committee of the Board

I. Policy Statement

North Central Health Care’s (NCHC) medical equipment management plan is designed to define mechanisms for interaction and oversight of the medical equipment used in the diagnosis, treatment, and monitoring of patient.

II. Purpose

To minimize the clinical and physical risks of equipment through inspection, testing and regular maintenance; establish criteria for identifying, evaluating and inventorying equipment which is included in the program; and provide education to personnel on the capabilities, limitations and special applications of equipment; operating, safety and emergency procedures of equipment; the procedures to follow when reporting equipment management problems, failures and user errors; and the skills and/or information to perform maintenance activities

III. Definitions

IV. General Procedure

- 1) The Facilities Director and the Preventative Maintenance Technician are responsible for maintaining the Medical Equipment Management Program.
 - a) Each department manager is responsible for orienting new staff members to the capabilities, limitations, special applications of equipment, basic operating and safety procedures, emergency procedures if failure occurs, maintenance responsibilities, if applicable, and the reporting procedures for equipment problems, failures and user errors.
- 2) All information and data collected is aggregated by the Preventative Maintenance Technician or designee.
 - a) Conclusions, recommendations, actions and evaluations will be reported along with the aggregated data to the Safety Committee and other appropriate committees according to meeting schedule.
- 3) A needs assessment will be completed by each department for replacement or new equipment.
 - a) The needs assessment will be reviewed by the Director of Nursing.
 - b) The Nursing Director and Maintenance Manager will determine if the equipment meets appropriate space requirements, load and phase requirements, Underwriters Laboratory

requirements, minimum safety standards of three (3) wire AC line cord with hospital grade plug, appropriate warranties and manufacturer's reliability prior to purchase.


- c) If the equipment does not meet the above specifications, it may not be ordered and an alternate choice may be submitted for approval.
- 4) When acquiring new equipment, the Preventative Maintenance Department staff shall evaluate the condition and function of the equipment before the equipment is used. All staff who will use the new equipment shall be provided training for the new piece of equipment before use on patients.
- 5) All mechanical and electrical patient care equipment will be evaluated prior to use, based on function including diagnosis, care, treatment; physical risks associated with use to both patients and operators, maintenance requirements including cleaning and disinfection guidelines and history of equipment incidents. All incoming and existing equipment meeting the evaluation criteria are included in the Medical Equipment Management Program.
- 6) All new equipment shall be inventoried and inspected prior to use for patient care or any other use. Equipment that fails electrical safety tests shall not be approved for use until the deficiencies have been corrected.
- 7) Maintenance strategies will be identified for all equipment in the inventory. Different strategies may be utilized as appropriate including predictive maintenance, interval-based inspections, corrective maintenance, metered maintenance, etc.
- 8) The equipment that is included in the inventory that would benefit from scheduled maintenance activities to minimize clinical and physical risk are based on the following criteria:
 - a) Manufacturer's recommendations;
 - b) Risk levels; and
 - c) Current hospital experience.
- 9) Incident history is documented and maintained in the Facilities Department Director's office. Equipment displaying unusual repair history or unusual incidence of injury to patients or staff will be evaluated for necessary changes/replacement.
- 10) A maintenance strategy will be developed for all medical devices in the hospital. Maintenance procedures will be developed and maintained by the Preventative Maintenance Technician, using the manufacturer's maintenance recommendations, NFPA and ANSI standards.
- 11) All equipment failures and user errors will be investigated and reported to the Safety Committee. Included in the report will be the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. In the event the equipment problem was caused by user error, the user(s) will be in serviced on the operation and use of the equipment.
- 12) All product safety alerts, hazard notices and recalls will be directed to the Preventative Maintenance Technician. In the event the notices are not directed to the Preventative Maintenance Technician, the notices will be immediately rerouted to the Safety/Risk Manager.

- a) The Preventative Maintenance Technician will check the clinical equipment inventory to screen for equipment matches and will evaluate the severity of the risk;
 - b) In most cases, the notices may be addressed without removing equipment from service. In the event equipment must be removed from service, the equipment is replaced with a safe effective substitute; and
 - c) Maintenance will impound equipment removed from use due to recall notices until it can be rendered safe.
- 13) The Maintenance Manager will report quarterly to the Safety Committee on any hazard notices and recalls affecting North Central Health Care and all follow up activities undertaken.
- 14) The Safe Medical Devices Act of 1990 requires that device user facilities (including hospitals, outpatient diagnostic and treatment facilities, nursing homes, ambulatory surgical facilities) report incidents to the device manufacturer when the facility determines a device has or may have caused or contributed to the death or serious injury of an individual. The facility must also send a copy of the report to the FDA in the case of a death.
- 15) North Central Health Care has established methods for reporting these events:
- a) The appropriate personnel will be notified immediately;
 - b) All packaging and disposable materials will be returned;
 - c) The device will be inspected and control settings and any damage will be recorded; The equipment will be bagged, tagged and sequestered by Safety/Risk Manager;
 - d) An investigation shall be conducted; and
 - e) The Risk Manager is responsible for managing the Safe Medical Devices Act reporting process.
- 16) Equipment, which meets North Central Health Care's criteria for critical to patient safety, shall have emergency procedures in the event a malfunction or failure occurs.
- 17) Equipment considered critical to patient safety includes life support, life sustaining or other critical equipment whose malfunction or failure may result in an adverse patient outcome.
- 18) Each department will develop and follow specific clinical response procedures in the event of an equipment failure:
- a) Equipment will be removed from service and tagged immediately;
 - b) Institute clinical emergency procedures required ensuring patient care is not compromised (i.e., ventilator failure ensure an ambu bag is available until replacement equipment is brought to the patient care unit);
 - c) If replacement equipment is necessary, the Maintenance Department will be notified to obtain a replacement;
 - d) The Preventative Maintenance Technician, Director of Nursing and Quality Department will be notified of the failure; and
 - e) An incident report will be completed describing the failure.
- 19) Thorough training will be provided to equipment maintainers upon hire and as needed thereafter regarding the maintenance and care of medical equipment.

- 20) All equipment maintainers will be tested for their knowledge and skills necessary to perform equipment repair and maintenance according to their job specifications.
- 21) Staff will be oriented and educated on the reporting process for equipment management problems, failures and user errors.
- 22) Thorough training will be provided regarding the capabilities, limitations, special applications of equipment, basic operating and safety procedures, emergency procedures if failure occurs, maintenance responsibilities, if applicable, and the reporting procedures for equipment problems, failures and user errors included in the program by department managers or designees in involved departments. All users of equipment shall be tested for competency according to the components of their job specifications.
- 23) Performance measures with related outcomes will be established as a means to systematically monitor the identified focus areas in an ongoing manner, and to provide operational linkages between the risk management functions related to patient and staff safety and the performance improvement functions. Performance expectations will be established for any new or revised processes undertaken by the Maintenance Department staff. Performance measures will be specific and measurable. Performance measures will be structured to relate to both the processes and outcomes of patient and staff safety. Performance measures will pertain directly to safety practices and will use objective criteria that reflects current knowledge and expertise.
 - a) The following criteria will be utilized to assure that the performance measure chosen for data collection is the most appropriate for monitoring the performance of patient and staff service processes, systems or functions:
 - 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 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; and
 - Results can be reported in a way that is useful to the organization and other interested stakeholders.
 - b) The Safety Committee and Quality Department on an ongoing basis monitors performance regarding actual or potential risk related to one or more of the following:
 - Staff knowledge and skills;
 - Level of staff participation;
 - Monitoring and inspection activities;
 - Emergency and incident reporting; and
 - Inspection, preventive maintenance and testing of safety equipment.

- 24) Other performance measures and outcomes will be established by the 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 Committee.
- 25) To identify opportunities for improvement, the Safety Committee will follow the organization's improvement methodology, the PDCA model. The basic steps to this model will consistently be followed and include planning, designing, measuring, analyzing/assessing, improving and evaluating effectiveness.
- 26) Should the Safety Committee feel a team approach is necessary for performance and process improvement to occur, the Safety Committee will follow the organization's performance improvement guidelines for improvement team member selection.
 - a) Determination of team necessity will be based on those priority issues listed (high-risk, volume and problem prone situations and sentinel event occurrence);
 - b) The Safety Committee will review the necessity of team development, requesting team 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);
 - c) Should team development be deemed necessary, primarily, team members will be selected on the basis of their knowledge of the subject identified for improvement, and those individuals who are "closest" to the subject identified; and
 - d) The team will be interdisciplinary, as appropriate to the subject to be improved.
- 27) Performance improvement monitoring and outcome activities will be presented to the Safety Committee by the Quality Department at least on a quarterly basis, with a report of performance outcome forwarded to the Governing Body quarterly.
- 28) The following performance measures are recommended:
 - a) Percent of staff able to demonstrate their knowledge and skill of their role and expected participation in the medical equipment management plan;
 - b) Percent of performance assessments/evaluations reflecting competence to provide service;
 - c) Number of equipment incidents reported;
 - d) Number of user error and follow-up training with improved outcome; and
 - e) Percent of employee training in equipment operation and competency verification at the department level.
- 29) The annual evaluation of the medical equipment management plan/program will include a review of the scope according to the current Joint Commission standards to evaluate the degree in which the program meets accreditation standards and the current risk assessment of the hospital. 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.

- 30) The performance and effectiveness of the medical equipment management plan/program shall be reviewed by the Safety Committee, the Quality Department and Administration.

Name of Policy:		 North Central Health Care <small>Person centered. Outcome focused.</small>
UTILITY SYSTEMS MANAGEMENT PLAN		
Policy #: LS-0013		
Primary Approving Body:	Committee Approvals: Safety Committee and Quality Committee of the Board	

I. Policy Statement

North Central Health Care (NCHC) monitors and evaluates the utility systems in use at NCHC according to applicable laws and regulations.

II. Purpose

To provide a safe, controlled and comfortable patient care and treatment environment by ensuring the operational reliability of utility systems, reducing the potential for organization-acquired illness to be transmitted through the utility systems and assessing the reliability and minimizing the potential risks of utility system failures.

III. Definitions

IV. General Procedure

- 1) The goals of North Central Health Care’s Utility Systems Management Plan includes the following:
 - a) To minimize the occurrence of unplanned utility systems failures or interruptions
 - b) To provide preventive maintenance of the utility systems ensuring reliability
 - c) To investigate all utility system problems, failures or user errors
 - d) To reduce the potential for organization-acquired illness to be transmitted through the utility systems
- 2) The Facilities Director is responsible for maintaining the Utility Systems Management Program.
- 3) The Utility Systems Management Program is designed to:
 - a) Assure operational reliability;
 - b) Reduce the potential for organizational-acquired illness;
 - c) Assess risks;
 - d) Respond to failures; and

- e) Train users and operators of the utility systems components, thus promoting a safe, controlled and comfortable environment.
- 4) There is a comprehensive preventive maintenance program, which includes a written testing and maintenance program for all utility components included in the program at established intervals based on the manufactures or regulation requirements.
 - a) It is the responsibility of the Director to keep the preventive maintenance program accurate and ongoing.
 - b) Emergency generator maintenance shall include testing and replacing of generator fuel oil and tracking of generator fuel oil expiration dates.
- 5) The healthcare center shall conduct a gap analysis on emergency power systems that matches critical equipment and systems needed in an emergency against the equipment and systems actually on the emergency power system.
- 6) The Utility Systems Management Program shall include equipment that meets the following criteria:
 - a) Equipment maintains the climatic environment in patient care areas;
 - b) Equipment that constitutes a risk to patient life support upon failure;
 - c) Equipment that is a part of a building system, which is used for infection control;
 - d) Equipment that is part of the communication system, which may affect the patient or the patient care environment; and
 - e) Equipment is an auxiliary or ancillary part of a system control or interface to patient care environment, life support or infection control.
- 7) The following systems are included in the Utility Systems Management Program:
 - a) Electrical Distribution System;
 - b) Emergency Power System
 - The Utility Systems Management Program shall maintain a complete, labeled inventory of all emergency power systems and the loads they serve.
 - c) Vertical and Horizontal Transport (elevators);
 - d) Heating, Ventilation, Air conditioning;
 - e) Plumbing and Water Delivery Systems;
 - f) Boilers and Steam Delivery Systems;
 - g) Medical Gas Distribution;
 - h) Medical and Surgical Vacuum and Air Delivery Systems; and
 - i) Communication Systems.
- 8) There is a scheduled maintenance system used to monitor and document the testing and maintenance of each utility system based on the manufacturer's recommendations, risk levels and current hospital experience.
- 9) Disaster scenario planning shall be utilized to identify critical systems that could potentially be lost (i.e., potable water, elevators).

- 10) The Facilities Director will develop policies and procedures for the inspection, testing and maintenance of the piped medical gas system. The testing will include master signal panels, area alarms, automatic pressure switches, shut-off valves, flexible connectors and outlets.
- 11) NCHC shall utilize a contracted company to test all piped medical gas systems when the systems are installed, modified or repaired. The testing will include cross-connection testing, piping purity testing and pressure testing.
- 12) The Facilities Director, in conjunction with the Infection Control Practitioner, will develop policies and procedures for the inspection, testing and maintenance of the following:
 - a) All water systems, including cooling towers, domestic hot/cold water systems, to minimize pathogenic biological agents; and
 - b) All ventilation systems serving areas specially designed to control airborne contaminants such as biological agents, gases, fumes and dust, including but not limited to, Pharmacy.
- 13) The Building Systems Supervisor will follow American Institute of Architects (AIA) guidelines for filter efficiencies, air pressure relationships, etc.
- 14) A comprehensive preventive maintenance program, which includes written testing and maintenance programs for all utility components shall help to ensure reliability, minimize risks and reduce failures of utility systems.
 - a) It is the responsibility of the Building Systems Supervisor to keep the preventive maintenance program accurate and ongoing at the established intervals.
 - b) Preventive maintenance includes the following maintenance techniques metered, corrective and interval-based.
 - c) Other techniques that may be used are predictive maintenance and reliability-centered maintenance.
- 15) There are drawings mapping the distribution of utility systems, which indicate the controls for partial or complete shutdown of each utility system. All emergency shut-off controls for the utility systems components shall be labeled clearly, visibly and permanently throughout the facility.
- 16) The utility systems incident reporting process is the responsibility of the Building Systems Supervisor Director or his/her designee.
- 17) A Utility Systems Failure Report shall be completed for any problem, failure or user error of a vital or essential system.
- 18) Maintenance will respond to, and correct, all identified problems within the scope of their operations in a timely manner. Evidence of the actions taken to resolve identified problems are located in the Maintenance Work Orders file, the utility systems management failure, user error log and additionally the problem resolution log.

- 19) The analysis of the utility systems incidents provides an opportunity to identify trends and/or patterns to determine if changes in the program may control or prevent future occurrences. The Building Systems Supervisor supplies a summary of all utility systems incidents to the Safety Committee.
- 20) The Facilities Director is responsible for coordinating activities and ensuring procedures are developed that specify the action to be taken during the failure of major utility services. Emergency procedures include:
- a) Procedures to follow when a utility system malfunctions;
 - b) Alternate sources of essential utilities;
 - c) Shut-off procedures and controls of malfunctioning system;
 - d) Procedures for notifying staff in the affected areas;
 - e) How to obtain repair services; and
 - f) Procedures to perform emergency clinical interventions. The written procedures include a call system for summoning essential staff and outside assistance when required.
- 21) All clinical department directors are responsible for developing and maintaining emergency procedures of the utility systems as it relates to their use and application in patient care or treatment areas where a failure, interruption or malfunction could result in a negative patient outcome including serious injury or death. The departmental emergency procedures will provide staff with the essential information needed to perform during an emergency. The emergency procedures will include:
- a) Alternate sources of utilities or back-up protection provided
 - b) When alternate sources are not available procedures to follow until the utility system can be restored to normal function
 - c) Location of emergency shut-off controls
 - d) Conditions in which the utility may be shut off
 - e) Assign authority to use the shut-off controls
 - f) How to report a failure or interruption
 - g) Obtaining emergency repair services
 - h) Specific information on emergency clinical interventions
- 22) The Facilities Director is responsible for maintaining the following documentation:
- a) Current, accurate and separate inventory of utility components identified in the organization's Utility Systems Management Plan.
 - b) Performance and safety testing of each critical component identified in the Utility Systems Management Plan before initial use.
 - c) Maintenance of critical components of life support utility systems/equipment consistent with established maintenance strategies.
 - d) Maintenance of critical components of infection control utility systems/equipment for high-risk patients consistent with established maintenance strategies.
 - e) Maintenance of critical components of non-life support utility systems/equipment in the inventory consistent with established maintenance strategies.

- 23) Department-specific orientation and education to the utility systems safety is the responsibility of the department director.
- a) All employees will be trained during general orientation and annually thereafter on the process for reporting problems, procedures for maintaining essential functions during utility failures, location of emergency shut-off controls and the procedures to follow if they alarm, procedures to follow in the event of an elevator failure and communication equipment protocols.
 - b) The training is documented and kept in the employee's department personnel file.
- 24) Staff will be required to attend an orientation upon hire and regularly scheduled inservices that specifically address utility systems capabilities, limitations, special applications, emergency procedures if failure occurs, maintenance responsibilities, the location and instruction on use of emergency shut-off controls and reporting procedures for utility systems problems, failures and user errors. All users/maintainers of equipment shall be tested for competency according to the components of their job specifications.
- 25) There is a planned, systematic, interdisciplinary approach to process design and performance measurement, analysis and improvement related to organizationwide safety. The organizational Safety/Environment of Care 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:
- 26) The measure can identify the events it was intended to identify:
- a) The measure has a documented numerator and a denominator statement or description of the population to which the measure is applicable
 - b) The measure has defined data elements and allowable values
 - c) The measure can detect changes in performance over time
 - d) The measure allows for comparison over time within the organization or between the organization and other entities
 - e) The data intended for collection are available and Results can be reported in a way that is useful to the organization and other interested stakeholders
- 27) The Safety/Environment of Care Committee on an ongoing basis monitors performance regarding actual or potential risk related to one or more of the following:
- a) Staff knowledge and skills;
 - b) Level of staff participation;
 - c) Monitoring and inspection activities;
 - d) Emergency and incident reporting; and
 - e) Inspection, preventive maintenance, and testing of safety equipment.
- 28) Competency training and testing shall be conducted for all operators and others responsible for system maintenance of the emergency power supply system.

- 29) Other performance measures and outcomes will be established by the Safety/Environment of Care Committee, based on the criterion listed above. Data sources, frequency of data collection, individual(s) responsible for data collection and aggregation, reporting will be determined by the Safety/Environment of Care Committee.
- 30) To identify opportunities for improvement, the Safety Committee will follow the organization's improvement methodology, the PDCA model. The basic steps to this model will consistently be followed and include planning, designing, measuring, analyzing/assessing, improving and evaluating effectiveness.
- 31) Should the Safety Committee feel a team approach (other than the Safety/Environment of Care Committee) is necessary for performance and process improvement to occur, the Safety/Environment of Care Committee will follow the organization's performance improvement guidelines for improvement team member selection. Determination of team necessity will be based on those priority issues listed (high risk, volume and problem prone situations and sentinel event occurrence). The Safety/Environment of Care Committee will review the necessity of team development, requesting team participation only in those instances where it is felt the Safety/ Environment of Care Committee's contributions toward improvement would be limited (due to specialty, limited scope and/or knowledge of the subject matter). Should team development be deemed necessary, primarily, team members will be selected on the basis of their knowledge of the subject identified for improvement, and those individuals who are "closest" to the subject identified. The team will be interdisciplinary, as appropriate to the subject to be improved.
- 32) The following performance measures are recommended:
- a) Percent of staff able to demonstrate their knowledge and skill of their role and expected participation in the Utility Systems Management Program
 - b) Number of utility incident reports
 - c) Number of user errors reported
 - d) Number of utility failures or interrupts
- 33) The annual evaluation of the Utility Systems Management Program will include a review of the scope according to the current Joint Commission standards to evaluate the degree in which the program meets accreditation standards and the current risk assessment of the hospital. 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.