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 **10:00a.m.**, on **Monday, November 16,** 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 Katlyn Coles at 715-848-4422 by one hour prior to the meeting start time for further instructions.)

AGENDA

1. Call to order
2. Moments of Excellence
3. Action: Approve Organizational Dashboard Action Plans.

*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 11/13/15 TIME 4:00 p.m.

VIA: X FAX X MAIL
BY /s/ K. Coles

THIS NOTICE POSTED AT
NORTH CENTRAL HEALTH CARE
DATE 11/13/15 Time 4:00p.m.
By Katlyn Coles
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 Health Care
People Domain Action Plan
October, 2015

Dashboard Measure: Annualized Employee Turnover Rate
Target: 20-23%
Benchmark: 17%
Actual: 24.5%
Negative Variance: 1.5%

Action Item/Contributing Factors	Action-What we are doing about it	Target Completion Date	Completion Date-Status Update
Improve employee satisfaction and engagement to reduce annualized turnover to less than 23%. Total YTD termination: 186 1. 53.8% of terminations are nursing home staff (13.2% of dashboard measure) driven by mandatory overtime and pay issues; 2. 14% of turnover is Dietary Services driven by turnover in our PM shift where high school students provide staffing source; 3. 32.2% of terminations are in other programs (7.9% of dashboard measure) driven mostly by residential services.	1. Focus has been on nursing home turnover, especially in Certified Nursing Assistant Staff. Turnover peaked in this group when 8% of staff exited. Actively working with CNA group to address concerns and market wage competiveness. 2. All programs have received and reviewed their 2014 Employee Partnership reports. Action plans have been developed for every program. 3. HR staff continues to evaluate turnover data weekly to reduce preventable turnover and address retention issues. 4. Other issues include opportunities for staff development and education improvements.	Ongoing – December 31, 2015 for target attainment.	1. New schedule has been implemented on October 11th. We continue to aggressively fill remaining open slots in the schedule. New policies have reduced the unpredictability of filling scheduling gaps and call-ins have been reduced. Staff morale has improved. Schedule and wages are now a competitive advantage with applicant flow starting to pick up. Multiple ancillary strategies are in place to support staff stabilization efforts.

North Central Health Care
Human Service Operations Action Plan
September, 2015

Dashboard Measure: Psychiatric Hospital Readmission Rate
Target: 9-11%
Benchmark: 16.1%
Actual: 12% (11.1%)
Negative Variance: 1% (.1%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Identify factors leading to initial hospital admission of Community Treatment consumers and develop actions to address these factors to prevent readmission.	1. Community Treatment, BHS and Crisis CBRF staff meet on a monthly basis to review all hospitalizations and develop strategies to prevent future hospitalization.	Ongoing – 2nd Wednesday of each month.	Continues ongoing: BHS and Community Treatment teams meeting monthly to review all previous months' admission and develop individualized plans to prevent readmission.
Psychiatric hospital readmission rate composed of mental health readmission rate (7.5% YTD) and AODA readmission rate (23.5% YTD). MH component meeting target. AODA readmission rate due in part to limited availability of treatment options appropriate to patient needs (e.g. needs at a level higher than outpatient or day treatment). Of note, both are well below benchmarks (16.1% psych readmission rate and 40-60% AODA relapse rate).	1. Work with Community Treatment will continue to maintain or further lower the MH readmission rate. The AODA readmission rate is being addressed through two actions: 1. Opening of Medically Monitored Treatment to provide 21 days of intense treatment in a safe, sober setting conducive to Recovery. This level of treatment will meet the needs of those patients identified as needs above outpatient or day treatment). 2. Increased motivational work during assessment and service linkage phase for those individuals who qualify for other levels of treatment service.	Ongoing 1. MMT opened at the end of July 2015. Will be gathering data on an ongoing basis. 2. Motivational component added to inpatient detox August 2015	Readmission rate = 3.8% in September bringing overall rate down to 11.1%

North Central Health Care
Human Service Operations Action Plan
September, 2015

Dashboard Measure: AODA Relapse Rate
Target: 18-21%
Benchmark: 40-60%
Actual: 23.2% (21.3%)
Negative Variance: 2.2% (.3%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
AODA Relapse rate captured in Psych hospital readmission rate above. This is the same population reported out separately.	The AODA Relapse rate is being addressed through two actions: 1. Opening of Medically Monitored Treatment to provide 21 days of intense treatment in a safe, sober setting conducive to Recovery. This level of treatment will meet the needs of those patients identified as needs above outpatient or day treatment). 2. Increased motivational work during assessment and service linkage phase for those individuals who qualify for other levels of treatment service.	Ongoing 1. MMT opened at the end of July 2015. Will be gathering data on an ongoing basis. 2. Motivational component added to inpatient detox August 2015	AODA Relapse rate was 3.8% in September, bringing overall rate down to 21.3%

North Central Health Care
Human Service Operations Action Plan
September, 2015

Dashboard Measure: Client/Patient/Resident Satisfaction Percentile
Target: 58-66th Percentile - Overall Organization
Benchmark: 58-66th Percentile – Overall Organization
Actual: 55th Percentile (52nd)
Negative Variance: 3 Percentile (5 Percentile)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Outpatient Services: HealthStream Survey Tool	Outpatient “Service” Process Improvement Team: 1. Obtain feedback from Outpatient employees on how to improve the questions on the survey tool (per suggestion from HealthStream) 2. Develop and provide a script to the Outpatient Service representations to use at distribution of surveys. 3. Randomization-Continue with distribution survey to all clients to ensure a randomized distribution of the survey and prevent survey bias. 4. Organization Process Improvement Team-Participate in an organization wide process improvement team (if NCHC decides to create such a team). 5. Participate in the State of WI’s STAR-QI project to improve the customer experience.	10/1/2015 07/28/2015 Ongoing Ongoing TBD pending 09/16/2015 Leadership Development Day. TBD pending develop-ment of NCHC Process Improvement Team.	Ongoing 9/1/2016

Birth-3: Healthstream Survey	1. Discussed the best way to distribute the survey to increase response rate and positive response. 2. The team adapted tools that were created by the Community Treatment Customer Satisfaction PI team. The tools were adapted to be relevant to B-3. One tool contains talking points for staff and another is a handout for clients.	Ongoing	Surveys are being distributed to clients at 6-month increments during IFSP reviews. The family is given a visual handout to explain the importance of the survey. Staff have a handout of talking points. We now have a high enough return rate to gather data.
Inpatient, Crisis, Crisis CBRF,MMT: Healthstream Survey Tool	1. Review questions for applicability to each service. 2. Focus on increasing rate of return of surveys. 3. Develop action plans based on lowest scoring areas in current results. 4. 4. Assess response to above steps.	9/30/2015 October 2015 department meetings October 2015 department meetings December 2015 and ongoing	Ongoing
Community Treatment Client Satisfaction	1) Client Satisfaction PI team was established and continues to work on strategies. 2) Staff educated on survey tool and process. 3) Information and education for consumers developed and utilized on an ongoing basis. 4) All teams to complete survey exercise. 5) Consumer newsletter to be distributed to all consumers for the purpose of facilitating connection, communicating clearly, educating consumers, providing information about resources and services.	1) Ongoing 2) Ongoing with new staff. 3) Ongoing at survey time. 4) By 10/15/15. 5) By 11/30/15	1) Ongoing – team continues to meet. 2) Complete 3) Complete and ongoing – standard communication/information presented to consumers at survey time. 4) Complete 5) In process – on target for distribution in November.

Community Corner Clubhouse	1. Reviewed survey with staff- we observed the process our consumers take while completing the survey. 2. Created talking points for administering the survey. 3. We reviewed our opportunity areas from previous surveys. 4. We address low scoring areas in our conversations with our consumers. 5. We are developing an internal survey to assess members needs based on low scoring areas from our survey	September 2015 October 2015 October 2015 October 22 2015	September 28,2015 Ongoing Ongoing November 1, 2015
Aquatic Services Health Satisfaction Survey	Randomly the Aquatic Manger will call 5 clients a month, after a few Physical Therapy sessions have been completed, to check on the customer experience. Questions asked are: 1. What is going well? 2. What can we do better? 3. Is there anyone I can recognize for outstanding service? The client is informed a survey will be sent in the mail after completion of the program, given the reasons why we do a survey, and what we do with that information. The goal is for a better return rate for the survey.	October 21, 2015	Ongoing

North Central Health Care
Human Service Operations Action Plan
September, 2015

Dashboard Measure: NCHC Access Measure
Target: 90-95%
Benchmark: N/A
Actual: 79% (74%)
Negative Variance: 11% (16%)

Action Item/Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Community Treatment access: volume of youth referrals exceeded existing caseload capacity in Lincoln and Langlade Counties.	1. Hired new Service Facilitator to take additional referrals in Lincoln and Langlade (.5 in each county).	To be at full caseload by December 31, 2015.	Partially complete - New Service Facilitator started and is at full caseload in Lincoln County and at 75% caseload in Langlade County.
Community Treatment access: volume of youth referrals in all three counties exceeded ability to handle referrals in a timely manner.	1. Designated full-time Youth Referral Coordinator to manage referrals in all three counties. Not additional FTE – used and changed vacated position.	To be handling all youth referrals by 9/30/15.	Complete - Designated Youth Referral Coordinator began handling 3 county youth referrals in September.
Community Treatment access: Full caseloads in Marathon County creating access barrier – unable to meet needs of referral quickly due to high caseloads (at capacity).	1. Recruiting a full-time Case Manager on the CCS adult team to handle new referrals. Not additional FTE – used and changed vacated position. 2. Hired a full-time Case Manager on ACT team to be able to better manage new referrals. Not additional FTE – used and changed vacated position.	Case Manager on CCS adult team to be hired, oriented and taking new referrals by 10/31/15. Case Manager on ACT team able to begin taking new referrals on 9/21/15.	Complete - Case Manager has been hired and has started taking cases. Complete - Case Manager on ACT team has started and has started taking cases.

North Central Health Care
Human Service Operations Action Plan
September, 2015

Community Treatment access: Referral Process is lengthy and requires many steps to determine eligibility and admit.	1. Referral Process Improvement team reviewed and improved entire process. Are now in the "Check" phase and will be implementing additional actions, revise and improve initial strategies and adopt successful strategies into permanent practice.	Next meeting 10/8/15. Referral process to be evaluated for effectiveness and written into policy and procedure by 12/31/15.	Partially complete – Referral PI team began "check" phase on 10/8 and will meet again 10/29 to continue evaluation.
Outpatient Services access: 5 vacant fulltime therapist/counselor positions	1. Recruiting for 5 full-time therapists/counselors 2. Evaluating potential to hire a therapist in-training needing 3,000 supervised hours to obtain licensure. 3. Improve provider availability for client care: review all providers' availability per FTE. 4. Utilize therapist(s) from the Merrill/Tomahawk locations to help cover vacant positions. 5. Increase group therapy as a treatment modality-a process improvement team was developed to help educate the importance of group therapy, hoping to improve provider referrals.	In collaboration with Human Resources. In collaboration with Human Resources. Completed & reviewed on-going. On-going as needed. Currently being used for OWI assessments. Completed & reviewed on-going.	1) Interviews scheduled for Merrill Center Therapist positions. 2) Initial discussions to utilize new psychologist to provide needed supervision hours. 3) Completed & reviewed on-going. 4) On-going as needed and available pending Merrill/Tomahawk caseloads and referrals. 5) Completed & reviewed on-going.

	6. Frequently audit providers' schedules: At the Wausau Campus, the referral coordinator will audit providers' schedules at that location to ensure all initial assessments and hospital discharge pre-blocks are entered into the providers' schedules correctly, also if a therapy pre-blocked slot is unfilled two business days prior to the scheduled time, the referral coordinator will turn the unfilled therapy slot into and initial assessment slot (not exceeding two assessments per day)	Completed & reviewed on-going.	6) Completed & reviewed on-going.
	7. Developed defined guidelines for referral coordinators on enrolling new clients with a substance abuse counselor or a dual certified AODA/MH therapist.	Completed & reviewed on-going.	7) Completed & reviewed on-going.
	8. Implement 48 hours (business) fill open therapy appointment slots with initial appointments.	Completed & reviewed on-going.	8) Completed & reviewed on-going.
	9. Implement 6 business days fill open hospital discharge appointment slots with therapy/initial	Completed & reviewed on-going.	9) Completed & reviewed on-going.

Community Corner Clubhouse Access:	1. Community Corner Clubhouse is hosting a series of Focus Group sessions. In these sessions we are asking community stakeholders: • How does Community Corner Clubhouse mission, vision and services align with Marathon County resident's needs? • What barriers exist for access to Community Corner Clubhouse? • What items should be addressed and or included in Community Corner Clubhouse referral process?	By Mid-November We will compile all stakeholder feedback and develop action goals from top three recommendations.	
Aquatic Services Access:	1. Evaluated all rules and regulations for physical therapist and physical therapy assistants. It was determined that another physical therapist was needed. We are recruiting for one .6 - .75 therapist.	By November 1, 2015 in collaboration with Human Resources.	
Residential Services Access: Due to the recent closings of several residential sites located in the Wausau area, there is a high demand for residential care services for the developmental disabilities population.	1. Exploring the potential to relocate a current CBRF site (6 beds) to a site that is able to serve 8 individuals. Marathon County Health & Human Services will be discussing this at the September meeting. If this strategy is supported by Marathon County, transition work will ensue.	October, 2015	Expansion/move of the Bellewood 6 bed CBRF was approved at the Marathon County Health and Human Services committee. Quotes have been obtained for CBRF required renovations for sprinkler and fire alarm systems.

			Other small renovations to be completed by the builder are in progress and close to completion. Licensing applications are being completed to submit now that required blue prints have been obtained. Holding on license approval.
	2. Ongoing review and transition of clients to increasingly independent living arrangements when appropriate as evidenced by functional ability.	ongoing	Supportive apartments have been filled to capacity at current sites with recent resident moves to absorb high medical residents in the CBRF due to the recent home closing. To expand capacity by one bed within the forest Street location, the staff office is moving from a double bedroom apartment to a single bedroom apartment. This bed is already filled with an individual from the wait list. Three apartment moves were required to allow this and moves are taking place starting 10-22-2015 and will be completed by 11-5-2015. Forest Street will be at full capacity with the additional bed.

North Central Health Care
Outcome Action Plan
October, 2015

Dashboard Measure: Adverse Event Rate
Target: 3.8-4.0
Benchmark: 4.1
Actual: 4.3

Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
1. Improve reporting of events as a result of education provided has led to an increase in the number of adverse events recorded. 2. Analysis of data indicates Falls in the Nursing Home are highest occurring event. 3. Fall circumstance reviews are now being completed by the At Risk committee in the Nursing Home. Analysis indicates that slips off of the edge of beds are a reoccurring contributor. This has been determined to be a common factor.	1. The Safety and Risk Manager and Facilities Director are evaluating the Nursing Home beds involved to determine appropriate corrective action to take. 2. Proactive rounding on residents through Circle of Care Rounds will be re-initiated to address residents' needs that can contribute to falls such as: • Elimination • Pain/discomfort • Reaching for items	1. November 15th 2. December 2015	

North Central Health Care
Outcome Action Plan
October, 2015

Dashboard Measure: Client/Patient/Resident Satisfaction Percentile Rank
Target: 58 – 66th percentile
Benchmark: 58 – 66th percentile
Actual: 52nd percentile

Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
1. Analysis indicates a decline in survey volumes which can negatively impact results. 2. Program-specific results allow for specific action planning. Coaching programs to utilize this information in action planning is needed. 3. Overall focus on the patient experience is needed.	1. Leadership Development was provided on interpreting survey results and identifying key drivers to improve satisfaction. 2. Ensuring active action planning and process improvement strategies are occurring in all departments through our standardized Leader meeting agenda. 3. Targeted organization-wide communication focusing on Service Excellence and reconnecting to our Core Purpose- providing the very best care and experience for our patients/residents/clients including: recognizing departments making progress in satisfaction results, a. highlighting employees who	1. Complete 2. Ongoing 3. Ongoing 4. In progress 5. a. complete b. ongoing c. ongoing	1. Complete 2. Ongoing 3. Ongoing 4. In progress 5. a. complete b. ongoing c. ongoing

	have been recognized by patients/residents/clients, b. sharing positive comments from patients/residents/client 4. Initiate formalized Leader rounding with patients/ clients/residents in all care departments. 5. Implementation of key employee engagement strategies including: a. redesign of C.N.A. scheduling process, b. employee recognition who excel in Service Excellence, and c. focusing on Satisfaction in routine Rounding on employees		

North Central Health Care
Outcome Action Plan
October, 2015

Dashboard Measure: Nursing Home Readmission Rate
Target: 11 – 13%
Benchmark: 18.2%
Actual: 13.6 %

Contributing Factors	Action/What we are doing about it	Target Completion Date	Completion Date/Status Update
Initiation of a case review on all readmissions identified the following contributing factors: 1. Advance Directives were not completed/present on several of the residents readmitted to the hospital. 2. Communication with the physician when a change of condition occurs needs to include a clearer description of the overall condition of the resident, advance directives present, and capabilities of MVCC to meet the needs of the resident when possible.	1. The Social Workers are the process of updating/initiating Advance Directive planning for all residents. 2. The SBAR (Situation, Background, Analysis, and Recommendation) evaluation and communication tool has been integrated to improve the nurses' complete evaluation and discussion with the physician when there is a change of condition for a resident. All nurses have been trained on the use of this tool and practice.	1. November 2015 2. Complete	