

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

January 21, 2016, 10:30 a.m.

NCHC – Wausau Campus

Present: Darren Bienvenue, Holly Matucheski, Dr. Eric Penninman

Excused: Dr. Gabriel Ticho

Also present: Becky Schultz, Michael Loy, Katlyn Coles, Laura Scudiere

The meeting was called to order at 10:37 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared.

Minutes

- **Motion**/second by Bienvenue /Matucheski to approve the minutes of the September 17, 2015, meeting. Motion carried.

Outcome Data/Safety

- The Committee reviewed organization-wide and program-specific outcome data and safety data. Data measures and opportunities for improvement discussed.
 - Employee turnover rate showing decrease. Areas most affected by high turnover continue to be in the Nursing Home programs with regard to front line staff.
 - Trend noted of not hitting external patient satisfaction rating. A high emphasis will be focused on with regard to patient satisfaction for 2016.
 - Continue to see difficulty with regard to hiring of counselors with AODA certification.
 - Efforts are being made to elevate confidence in Crisis and Community Treatment staff and support educational efforts to grow employees skill set within NCHC.
 - Working on training, developing and organizing clinical supervision team.
 - Continue to focus on decrease of re-hospitalization rate.
 - Analysis conducted, discovered that nurses were not consistently using SBAR (Situation Background Analysis Recommendation) communication with physicians, directly impacting necessity of re-hospitalization rate.
 - All nurses have been re-educated on SBAR usage and its importance.
 - Safety information discussed. No trends noted.
- **Motion**/second by Bienvenue /Matucheski to approve the Outcome Data as presented. Motion carried.
- **Motion**/second by Bienvenue /Matucheski to approve the Safety Information Motion carried.

Closed Session

- **Motion**/second by Bienvenue /Matucheski 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 11:10 a.m. Roll Call taken, Yes=3, No=0.

- **Motion**/second by Bienvenue /Matucheski to come out of closed session. Motion carried.
- The Committee reviewed and approved the Corporate Compliance and Ethics and Significant Events Investigations.

2016 Quality Plan and Policy

- 2016 Quality Plan and Policy discussed.
- Updates discussed.
- Process Improvement Team initiatives discussed.
- 2016 Action Plan discussed. Recommended to Board the three following key operational priorities for 2016; Service Excellence, Behavioral Health Center Excellence, and Electronic Medical Record Operability.
 - Focus on care models for Crisis care to implement improvements.
 - Service Excellence focused on an individual level and as a group for performance-based evaluations.
 - Most critical issue for EMR is in Tier system causing barrier to quality, resulting in approach to fix barrier issues as a primary objective for 2016. Examples of barrier; system kicking providers out when composing progress notes.
 - ECS Infrastructure has been compromised by over customization of system.
 - Goal to eventually convert all patient charts to chartless system.
 - Accountability measure of 75% reduction in paper documents for 2016.
 - Advance process improvement methodology.
 - Advance data measures across service lines.
 - Continue to develop Leadership group to support objectives and excellence in quality plan.
 - Recommended measures for 2016:
 - Employee vacancy 6%-8% initially.
 - Employee turnover rate 20%-23%.
 - Patient experience and satisfaction. 70th-84th percentile.
 - Community partner experience satisfaction. 75%-80%.
 - Nursing Home re-admission rate 11%-13%.
 - Psychiatric Hospital re-admission rate. 9%-11%.
 - AODA Relapse rate. 18%-21%.
 - Crisis services collaborative outcome rate. 90%-97% target.
 - Criminal Justice outcome.
 - Sorting through specific criminal justice measures. Exact measure to be determined. Based off Marathon County recommendation.
 - Access to Behavioral Health services. 90% - 95%.
 - Recidivism rate for OWI. 27%-32%.
 - Direct expense/gross patient revenue. 58%-62%
 - Days in Accounts Receivable. 60-65 Days.
- **Motion** / second by Matucheski/Bienvenue to submit Crisis Services to measure to Board. Motion carried.

Corporate Compliance Plan

- Corporate Compliance Plan approved.
- **Motion**/second by Matucheski/Bienvenue to submit Corporate Compliance Plan to Board.
Motion carried.

Process Improvement Project- Crisis Services

- Process Improvement Project discussed and recommended to be a standing item on agenda.

Committee Membership

- Committee membership state discussed.

Future Agenda Items

- 2016 Action Plan items (Service Excellence, Behavioral Health Center Excellence, and Electronic Medical Record Operability) to be standing items on future agenda for 2016.
- **Motion**/second by Matucheski/Bienvenue to adjourn at 12:10 p.m. Motion carried.

K/C