North Central Health Care
Person centered. Outcome focused.

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 **10:30 a.m.**, on **Thursday, March 17,** 2016.

(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 January 21, 2016, meeting minutes
4. Outcomes Review
   a. Organizational Outcomes
   b. Program Specific Outcomes
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. Report of Investigations:
      i. Corporate Compliance and Ethics
      ii. Significant Events
6. Motion to come out of closed session
7. Possible announcements regarding issues discussed in closed session
8. Process Improvement Project – Crisis Services
9. Emergency Operation Plan Review
10. Security Management Plan Review
11. 2016 Work Plan Items:
    a. Service Excellence
    b. Behavioral Health Center Excellence
    c. Electronic Medical Record Operability
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/ M. Loy_____
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO: THIS NOTICE POSTED AT
Wausau Daily Herald   Antigo Daily Journal   NORTH CENTRAL HEALTH CARE
Tomahawk Leader   Merrill Foto News   DATE ___03/11/16_____ Time __4:00 p.m.____
Langlade, Lincoln & Marathon County Clerk Offices   BY ___Katlyn Coles____
DATE ___03/11/16_____ TIME _4:00 p.m._   Any person planning to attend this meeting who needs
                                             some type of special accommodation in order to
                                             Participate   should call the Administrative
VIA: ___X___ FAX ___X___ MAIL   office at 715-848-4422. For TDD telephone service,
BY __/s/ K. Coles_____   call 715-845-4928.

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.
    o Focus on care models for Crisis care to implement improvements.
    o Service Excellence focused on an individual level and as a group for performance-based evaluations.
    o 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.
    o 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.
    o Advance process improvement methodology.
    o Advance data measures across service lines.
    o Continue to develop Leadership group to support objectives and excellence in quality plan.
    o 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.

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

<u>Process Improvement Project- Crisis Services</u>
- Process Improvement Project discussed and recommended to be a standing item on agenda.

<u>Committee Membership</u>
- Committee membership state discussed.

<u>Future Agenda Items</u>
- 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 a.m. Motion carried.

K/C

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QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE **FISCAL YEAR: 2016**

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	⇧⇩	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2015
PEOPLE																	
Vacancy Rate	6-8%	N/A	⇩	8.0%	5.8%											6.9%	7.6%
Employee Turnover Rate*	20-23%	17%	⇩	19.6%	29.2%											29.2%	
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	⇧	53rd	48th											49th	51st
Community Partner Satisfaction	75-80%	N/A	⇧	\	\											\	
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	⇩	13.8%	6.7%											10.2%	
Psychiatric Hospital Readmission Rate	9-11%	16.1%	⇩	12.8%	11.1%											11.9%	
AODA Relapse Rate	18-21%	40-60%	⇩	30.0%	33.3%											31.7%	
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	⇧	\	\												
Criminal Justice Outcome Measure-TBD			⇧	\	\												
Access to Behavioral Health Services	90-95%	NA	⇧	58%	65%											62%	
Recidivism Rate for OWI	27-32%	44.7%	⇩	22.6%	20.5%											21.5%	
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	⇩	71%												71%	
Days in Account Receivable	60-65	54	⇩	70												70	

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

PEOPLE

NCHC OUTCOME DEFINITIONS

PEOPLE	
Vacancy Rate	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. *Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.*

SERVICE	
Patient Experience: Satisfaction Percentile Ranking	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. *Benchmark: HealthStream 2015 Top Box Percentile*
Community Partner Satisfaction Percent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.

CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. *Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative*
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. *Benchmark: Medicare Psychiatric Patients & Readmissions in Impatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company*
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. *Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction*

COMMUNITY	
Crisis Treatment: Collaborative Decision Outcome Rate	Total number of positive responses (agreement with crisis response and plan) on by referring partners on the Crisis Collaboration Summary divided by total cases by referring partners.
Criminal Justice System Service	
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. • 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. *Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit*

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. *Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.*

2016 - Primary Dashboard Measure List

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ADULT DAY/ PREVOCATIONAL/RESIDENTIAL SERVICES	**People**	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	⇧	75-80th Percentile	\	64.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Community Living Employee's job competency proficiency Rate	⇧	75%-80%	\	N/A
	Community					
	Finance	ADS/Prevocational Direct Expense/Gross Patient Revenue	⇩	51-55%	57.10%	66.19%
		Residential Direct Expense/Gross Patient Revenue	⇩	74-78%	82.12%	76.33%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
AQUATIC SERVICES	**People**	Employee Engagement Aquatic Services Percentile Rank	⇧	75-80th Percentile	\	65.2
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Access to Aquatic Services	⇧	90-95%	98.0%	92%
	Finance	Direct Expense/Gross Patient Revenue	⇩	38-42%	38.18%	40.61%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
BIRTH TO 3	**People**	Employee Engagement Birth to 3 Percentile Rank	⇧	75-80th Percentile	\	69.7
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Access- From time of referral to time of treatment plan development. (45 days)	⇧	90-95%	100%	100%
	Finance	Direct Expense/Gross Patient Revenue	⇩	116-122%	160.0%	136.73%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNITY CORNER CLUBHOUSE	**People**	Employee Engagement Community Corner Clubhouse Percentile Rank	⇧	75-80th Percentile	\	0.0
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Active Membership Daily Attendance	⇧	25-30%	26.00%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	124-130%	75.6%	82.89%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
	People	Employee Engagement Community Treatment Percentile Rank	⇧	75-80th Percentile	\	67.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNITY CORNER CLUBHOUSE	People	Employee Engagement Community Corner Clubhouse Percentile Rank	⇧	75-80th Percentile	\	0.0
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Active Membership Daily Attendance	⇧	25-30%	26.00%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	124-130%	75.6%	82.89%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNITY TREATMENT	People	Employee Engagement Community Treatment Percentile Rank	⇧	75-80th Percentile	\	67.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Access to Community Treatment Services	⇧	90-95%	80%	80%
	Finance	Direct Expense/Gross Patient Revenue	⇩	88-92%	72.3%	83.34%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	⇧	75-80th Percentile	\	56.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	At 7 day survey- patient kept their outpatient appointment	⇧	75%	\	N/A
	Community					
	Finance	CBRF Direct Expense/Gross Patient Revenue	⇩	14-18%	11.50%	8.86%
		Lakeside Recovery Direct Expense/Gross Patient Revenue	⇩	287-293%	6.82%	N/A

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
CRISIS SERVICES	People	Employee Engagement Crisis Services Percentile Rank	⇧	75-80th Percentile	\	56.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Community Partner Survey	⇧	80-85%	\	63%
	Finance	Direct Expense/Gross Patient Revenue	⇩	362-368%	331.02%	339.22%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
INPATIENT BEHAVIORAL HEALTH	People	Employee Engagement Inpatient Behavioral Health Percentile Rank	⇧	75-80th Percentile	\	57.3
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Medication Errors / Patient Days	⇩	0.15-0.3%	2.60%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	60.72%	60.66%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
OUTPATIENT SERVICES	People	Employee Engagement Outpatient Services Percentile Rank	⇧	75-80th Percentile	\	64.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Outpatient Services Access	⇧	90-95%	46%	64%
	Finance	Direct Expense/Gross Patient Revenue	⇩	68-72%	70.69%	75.34%

2016 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
MOUNT VIEW CARE CENTER OVERALL	People	Employee Engagement MV Overall Percentile Rank	⇧	75-80th Percentile	\	71.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Fall Rate	⇩	5.5-5.8	4.3	5.80
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	67.23%	57.88%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
POST-ACUTE CARE	People	Employee Engagement Post-Acute Care Percentile Rank	⇧	75-80th Percentile	\	66.2
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Fall Rate	⇩	4.2 - 4.5	2.7	4.5
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	65-69%	81.3%	66.39%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
LONG TERM CARE	People	Employee Engagement Long Term Care Percentile Rank	⇧	75-80th Percentile	\	63.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Fall Data	⇩	4.5 - 4.8	1.9	4.8
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	64.80%	59.27%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
GARDENSIDE - EVERGREEN	People	Employee Engagement Gardenside - Evergreen Care Percentile Rank	⇧	75-80th Percentile	\	72.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Fall Rate	⇩	4.4 - 4.7	6.5	4.7
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	34-38%	59.17%	51.11%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
LAKEVIEW HEIGHTS	People	Employee Engagement Lakeview Heights Percentile Rank	⇧	75-80th Percentile	\	72.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Fall Rate	⇩	7.0 -7.3	8.3	7.3
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	34-38%	59.17%	51.11%

2016 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ADULT PROTECTIVE SERVICES	People	Employee Engagement Adult Protective Services Percentile Rank	⇧	75-80th Percentile	\	85.1
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	% Of At Risk Investigations closed within 30 days.	⇧	70-80%	62.0%	68%
	Community					
	Finance	Expense Budget	⇩	$432607 - $458564	$394,992	$442,711

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
COMMUNICATION & MARKETING	People	Employee Engagement Administrative Support/HR/Communication Percentile Rank	⇧	75-80th Percentile	\	78.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community	Facebook Ad Campaign Likes Total	⇧	50-75% Increase	23%	N/A
	Finance	Expense Budget	⇩	$177120 - $187747	$140,736	$187,945

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS-HOUSEKEEPING	People	Employee Engagement ESS-Housekeeping Percentile Rank	⇧	75-80th Percentile	\	78.7
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
		Weekly room checks	⇧	70-80%	74%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1143725 - $1203922	$1,025,700	$130,342

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - LAUNDRY	People	Employee Engagement ESS -Laundry Percentile Rank	⇧	75-80th Percentile	\	68.3
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
		Reduce linen shortages (YTD Average calls)	⇩	10-12 calls	7	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$392803- $413477	$400,980	$358,188

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - MAINTENANCE - GROUNDS	People	Employee Engagement ESS-Maintenance Percentile Rank	⇧	75-80th Percentile	\	83.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
		Preventative Maintenance Monthly Service	⇧	80-90%	100%	NA
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1755207 - $1847587	$1,441,716	$1,530,078

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS - TRANSPORTATION	People	Employee Engagement ESS- Transportation Percentile Rank	⇧	75-80th Percentile	\	72.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$70818 - $74546	-$57,432	$41,125

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ENVIRONMENTAL SERVICES OVERALL	People	Employee Engagement ESS Overall Percentile Rank	⇧	75-80th Percentile	\	77.9
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
		Environmental rounds complete campus monthly	⇧	80-90%	90%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$3497290- $3707128	$2,974,128	$3,001,938

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
HEALTH INFORMATION	People	Employee Engagement Health Information Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	⇧	70-75%	88.2%	N/A
	Community					
	Finance	Expense Budget	⇩	$352483 - $373632	$321,708	

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
HUMAN RESOURCES	People	Employee Engagement Administrative Support/HR/Quality Percentile Rank	⇧	75-80th Percentile	\	78.4
		Employee Vacancy Rate	⇩	6-8%	6.9%	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$935007- $991107	$1,415,280	$980,778

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
NUTRITIONAL SERVICES	**People**	Employee Engagement Nutritional Services Percentile Rank	⇧	75-80th Percentile	\	58.5
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**49**	51st
		Nutritional Services External Customer Satisfaction Survey (HealthStream)	⇧	90-95%	**48.8%**	45.5%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2510068 - $2660673	**$2,947,524**	$2,673,728

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PHARMACY	**People**	Employee Engagement Pharmacy Percentile Rank	⇧	75-80th Percentile	\	68.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**49**	51st
	Clinical	Pharmacy Medication Error Rate	⇩	0.081%-0.090%	**0.01%**	0.050%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	34-38%	**106.52%**	41.58%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
QUALITY	**People**	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	⇧	75-80th Percentile	\	78.4
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**49**	51st
	Clinical	Percent Significant Events	⇩	2.25-2.5%	**3.0%**	N/A
	Community					
	Finance	Expense Budget	⇩	$690785 - $732232	**$716,952**	$569,842

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
Volunteer Services	**People**	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	⇧	75-80th Percentile	\	78.4
		Net New Volunteers	⇧	24-37	**0**	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**49**	51st
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$89,215-$94.568	**$89,376**	$89,520

2016 - FINACIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
BUSINESS OPERATIONS	**People**	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community					
	Finance	Expense Budget (Annualized)	⇩	$763782 - $809609	**$758,184**	$706,943.0
		Days in Accounts Receivable	⇩	60-65	70	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
DEMAND TRANSPORTATION	**People**	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical	Double Occupancy Pick-up (YTD Average)	⇧	11-13	**10**	10/month Average
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	355-361%	**239.80%**	205.83%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
INFORMATION SERVICES	**People**	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2232150 - $2366080	**$2,218,176**	$2,308,637
		Days in Account Receivable	⇩	60-65	70	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PATIENT ACCOUNTS and ENROLLMENT SERVICES	**People**	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$830109 - $879916	**$780,228**	$798,791
		Days in Account Receivable	⇩	60-65	70	68

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PURCHASING	**People**	Employee Engagement Financial & Information Division Percentile Rank	⇧	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	49	51st
		All Packages are delivered the same day as they arrive	⇧	97-99%	97%	96%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$212536 - $225289	$175,908	$222,456

Name of Policy: EMERGENCY OPERATIONS PLAN	North Central Health Care Person centered. Outcome focused.
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.

2015Objectives

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)

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

I. Policy Statement

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

II. Purpose

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

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

III. Definitions

Credible External Sources - External sources which include, but are not limited to, manufacturer recalls, Federal Drug Administration (FDA) notices, Environmental Protection Agency (EPA), The Joint Commission Sentinel Event Alerts, Stayalert notifications from MCN Healthcare, State of Wisconsin Department of Health notices, security alerts from Aspirus Wausau Hospital, Saint Clare Hospital-Weston, City of Wausau Police Department, Marathon, Lincoln, and Langlade County Sheriff's departments, Wausau Chamber of Commerce, COAD and the Wisconsin Hospital Emergency Preparedness Program's WI Trac. These sources are monitored for applicable risks to the North Central Health Care organization. News articles and literature reviews are completed by the Inpatient and Outpatient Service

Line leaders for their assigned programs. Concerns identified are addressed through informational sessions, as well as organizational policies and procedures.

IV.   General Procedure

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

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

- The Senior Executive of Quality and Compliance has been appointed Safety Officer for the organization. The Safety and Risk Manager may intervene in the absence of the Safety Officer.

- The Senior Executive of Quality and Compliance, Safety and Risk Manager, and the Safety Committee oversee the management of the safety and security program.

- The Safety Committee consists of representatives from administration, clinical services, and support services. Safety issues are reviewed and analyzed at the Safety Committee meetings. Report findings and actions are reported to the Quality Sub-Committee of the Board and forwarded to the Board of Directors as appropriate. Key safety and security indicator(s) are selected for performance improvement annually. Oversight of the performance improvement indicators is a function of the Safety Committee.

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

- **Ongoing Monitoring (Rounding) of the Environment:**
  Safety and security concerns are proactively identified through safety rounds conducted at least annually in all areas and semi-annually in all patient, resident, or client care areas. Executive rounding, front-line leadership rounding, and environmental tours by the Facilities Operations Director are also completed. Employees and contractors are coached to recognize and report any safety or security concerns directly to Administration, during Inpatient and Outpatient Service Line meetings, and through the availability of the 24 hour, 7 day per week occurrence reporting line (#4488).

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

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

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

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

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

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

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

- Identifying unsafe conditions or acts by employees, contractors, clinicians, medical staff, volunteers, or visitors which are brought to the attention of the Inpatient and Outpatient Service Line executives, directors, managers, and

supervisors are monitored as appropriate until the issue is resolved. When appropriate, the unsafe condition is reported directly to Executive Team members or through the "4488" occurrence reporting line, which is continually monitored by Executive Team members.

- Establishing and implementing safety and security policies and procedures that are distributed, practiced and reviewed as frequently as necessary, but at least every three years.

- Providing security oversight of patient information by the HIPAA Officer and Corporate Compliance Committee. Administrative policies have been established to address the various security issues concerning patients, residents, clients, visitors, clinicians, medical staff, Electronic Protected Health Information (ePHI) and property identified through the risk assessment process and the review of security occurrences.

- Facility Operations Director, Infection Prevention Specialist, Safety and Risk Manager, maintenance and housekeeping, routinely monitor the building, grounds, construction areas and the parking lot for hazardous conditions. When hazardous conditions are noted, the condition is either rectified immediately or a maintenance work order request is issued. Evaluation of risk and plans of correction relating to significant occurrences are forwarded to the Safety Committee for evaluation of trending, analysis, and action. The Executive Team, in conjunction with assistance from the Performance Improvement Specialist and Safety Committee has developed performance measures (indicators) for each of the functions which are maintained on the organization dashboards. The effectiveness of performance measures is assessed as part of the annual evaluation of the Environment of Care and reported to the Board of Directors as such.

- The Senior Executive of Quality and Compliance has been appointed Safety Officer for the facility. The Safety and Risk Manager may intervene in the absence of the Safety Officer to take actions to minimize or eliminate identified safety and security risks in the physical environment.

- Occurrence analysis is intended to provide an opportunity to identify trends or patterns that can then be used to identify changes to the Safety and Security Management Plan to control or prevent future occurrences. A failure modes and effects analysis (FMEA) is conducted annually by the Safety Officer on a high hazard or high-risk process. The Safety Committee or other process committee, as appropriate, may assist in conducting this review assessment. Sentinel event alerts, near miss opportunities and literature reviews may be evaluated to provide process improvement strategies. A root cause analysis (cause-effect analysis) will be conducted on sentinel events and those deemed significant to provide an action plan to improve the process and prevent recurrence. Information and actions related to occurrences and analysis of such events is reported to the Safety Committee and the Quality Committee of the Board.

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

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

E. **North Central Health Care identifies individuals entering its facilities by (EP 7 EC02.01.01):**
- Human Resources provides new employee photo identification badges, as well as replacement badges as necessary. All employees are required to wear issued identification badge above the waist while on duty, with the name and photograph plainly visible.

- Vendors - All vendors are to report to the front entrance Welcome Center to check in and out of the North Central Health Care property. After checking in, the venders will report to Human Resources where the staff will verify their appointment and provide them with a visitor identification badge.

- Construction workers - All construction workers working inside North Central Health Care will report to the Facility Operations Director or designee, where they will be briefed in safety, infection prevention and control, emergency procedures, and confidentiality. The Facility Operations Director or designee will confirm that the construction worker has appropriate photo identification to be worn whenever inside the facility.

- Residents/Patients – Identification of residents/patients is provided by a photo ID or an identification band provided by a registering party upon their admission. The photo ID or identification band will include the residents/patient's name, birth date and unique medical record number. The photo ID or identification band is checked by all clinical personnel prior to administration of medications or blood, collection of blood or other samples for clinical testing, or prior to other tests and treatments.

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

F. *North Central Health Care controls access to and from areas identified as security sensitive (EP 8 EC02.01.01)*:
- Sensitive areas involving all North Central Health Care locations include but are not limited to: Administration, Pharmacy, Plant Operations, Crisis Emergency Services, Behavioral Health Services, Laboratory Storage, Medical Record Storage, Biohazardous Waste Storage, Information Systems, Electrical and Maintenance rooms, and Hazardous Chemical Waste Storage. Program leaders, with the assistance of the Safety and Risk Manager, are responsible for educating and updating staff on any associated security issues in these areas.

- Environmental Services will lock down the facility at specified hours at night until a specified hour in the morning. The Safety Officer or Chief Executive Officer or designee will also lock down the facility during emergencies that require the protection of the facility as outlined in the Emergency Plan (Incident Command Activation) and the Emergency Operations Plan (EM.01.01.01)

- All requests for facility keys are processed through the Facility Operations Director.

G. **North Central Health Care implements these following written procedures in the event of a security incident. (EP 9 EC02.01.01):**
- An occurrence report is completed for any security incident that is not consistent with the routine operations of the facility or the routine care of a particular consumer. An occurrence may be any situation or condition which could adversely affect the patient, resident, client, visitor, employee, physician, volunteer, student, or the facility. Events involving property damage are reviewed and investigated by Inpatient and Outpatient Service line leaders, the Safety Officer, Safety and Risk Manager, Facility Operations Director, and Safety Committee as necessary. Occupational illness and employee occurrence reports are reviewed and investigated by Inpatient and Outpatient Service Line leaders, Human Resources, the Safety Officer, Quality and Performance Excellence including the Performance Improvement Specialist, Safety and Risk Manager, Employee Health Specialist, Infection Prevention Specialist, and Facility Operations Director as necessary.

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

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

   Security Occurrences:
   - North Central Health Care employees will call the immediate notification line (#4488), which is continually monitored and responded to by the Executive team, and complete an occurrence report for any environmental emergency, including but not limited to fire, weapon presence, bomb threat, computer outage, utility failure, or property damage which could result in a related security event. Such occurrences will be forwarded to the Facilities Operations Director or designee, Safety Officer, Safety and Risk Manager, and Safety Committee as appropriate.

   - Security occurrences requiring action plans will be reported to the Safety Committee via the Facilities Operations Director, Safety Officer, Safety and Risk Manager, or designated representative.

   - In the event that any person becomes aware of any suspicious individuals or activities in the facility, the person shall immediately notify the Human Resources Director, Safety Officer, Safety and Risk Manager or any Executive leader, giving the location of the individual and/or activity warranting further investigation.

   - The provision of additional staff to control human and vehicle traffic in and around the environment during disasters is outlined in the Emergency Management Plan (EM 01.01.01) and the Internal/External Emergency Plan (Incident Command Activation).

I. **NCHC controls access to health information**
   The Information Services Director is designated as the Health Insurance Portability and Accountability Act (HIPAA) security officer. The HIPAA security officer will be responsible for developing, implementing and overseeing security policies and procedures to ensure information management compliance for North Central Health Care. The ePHI (electronic protected health information) systems are managed to ensure effective, safe and reliable operation essential to the proper operation of the environment of care. These systems will significantly contribute to effective, safe and reliable provisions of care to patients by:

- Ensuring operational reliability of computer systems that contain ePHI.

- Reducing the potential of system outages.

- Providing a process for the continuation of care in the event any of the computer systems are unavailable.

These objectives are met by:
- The design and implementation of computer systems which will meet all HIPAA requirements to provide privacy, confidentiality, and security of patient information.

- Establishing backup, recovery, and emergency modes of operation in the event that computer systems are not available to system users.

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

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

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

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

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

K. **For the health and safety of the patients, residents, clients, visitors, staff, and physicians, smoking is prohibited in any of the hospital's buildings or on hospital grounds. (EP 1 EC02.01.03)**
North Central Health Care promotes a smoke free campus. The Employee Health Specialist in conjunction with the Wellness Committee provides educational literature and guidance regarding the availability of smoking cessation programs. All staff are responsible for the enforcement of the smoking policy. Employees are encouraged to report violations to their immediate supervisor.

ADDITIONAL FOCUS

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

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

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

V. Program-Specific Requirements:

References:

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Activity	What has been Accomplished	Outcomes	Timeline	Progress
OVERACHING OPERATIONAL OBJECTIVE #1: ALIGN ALL EMPLOYEES AND SUPPORTING HUMAN RESOURCE SYSTEMS TO OVERALL PATIENT SERVICE EXCELLENCE RESULTS WITH SPECIFIC LEADERSHIP FOCUS ON THE EVALUATION AND DEVELOPMENT OF FRONT-LINE STAFF SERVICE EXCELLENCE.				
1) Strengthen role clarity and job design.	Hired Organizational Development Manager Reviewing 2016 Core Competency training plan Training for Technology backbone for performance and competency centers complete	1) Finish job description updates to establish job specific competencies. 2) Rollout new Performance Management System. 3) Organization Wide customer services training deployed.	1) Q3 2) Q1 3) Q2	OD Mgr. is currently finalizing the system backbone infrastructure. A team has been formed to develop patient experience model for organizational wide customer services training.
2) Improve employee sourcing and development.	Recruiting HR Generalist – Talent Acquisition	1) Develop Workforce planning strategy with key actions and deliverables	1) Q2	Interviewing candidates for both the HR Generalist and Interim HR Executive role.
3) Enhance recognition programs.		1) Review Employee of the Month program 2) Revitalize Witnessing Excellence program 3) Develop local (program level) recognition support structure 4) Deploy Service and Operational Excellence Award		On hold
4) Provide the tools and resources for serving		1.) Establish Patient Experience Team to	1.) Q1 2.) Q2	

patients directly.		define and purpose model 2.) Roll out model/branding at Leadership meeting. 3) All Staff education on new patient experience Model.	3.) Q2	

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Activity	What has been Accomplished	Outcomes	Timeline	Progress
OVERACHING OPERATIONAL OBJECTIVE #2: CONTINUE TO DEVELOP THE AVAILABILITY AND DIVERSE EXPERTISE OF BEHAVIROAL HEALTH SERVICES.				
1) Provide leadership in the delivery of the Psychiatry Residency program with the Medical College of Wisconsin.	The application for accreditation an all partner sites have been committed along with securing a training director.	Successful residency matching progress and residency program launch in summer of 2017.	Ongoing	The site visit was completed the last week of February. The accreditation decision will be made at the end of April. If received, the matching process will begin.
2) Source appropriate mental health and substance abuse professionals to meet community needs.	Connecting with Wisconsin Schools for Bachelor's and Master's trained professionals. Connections made with UWSP for Bachelor's Level professionals Evaluating staffing models in Crisis and Outpatient Services Vacancy report created	1) Evaluating staffing model in Behavioral Health Services 2) Develop detailed sourcing strategy plan 3) Achieve <10% vacancy rate in mental health staffing	1) Q1 2) Q1 3) Q2	Hired an additional therapist in Wausau and Clinical Coordinator for Outpatient. Crisis services staffing has been increased to provide adequate 24/7 mobile crisis.
3) Strengthen NCHC's comprehensive crisis services care delivery model.	Developed Crisis PI Team in October 2015- Action Plan includes: 1) Expanded Crisis Care Model 2) Establishment of Transportation service for Crisis Clients 3) Advancement of Crisis Staff competency 4) Advancement of Medical Clearance	1) Defining expanded care model 2) Initiation of transportation services plan 3) Staff training on collaborative Crisis decision-making 4) Evaluation of laboratory needs for medical clearance	1) Q1-Q3 2) Q1 3) Q1 and Q2 4) Q2	1) Action plan has been completed and revised by Crisis P&I workgroup. Becky, Laura and other members have been meeting with key partners to present and discuss work of the group. 2) Van has been secured

Activity	What has been Accomplished	Outcomes	Timeline	Progress
	capabilities at NCHC			from Marathon County. Implementation of crisis transportation is being operationalized with NCHC staff and Sherriff's dept. 3) Initial competencies have been identified for crisis staff and staff meetings are being held, and in-service in March. 4) Lab functioning for internal medical clearance has been fully researched. Need to hire additional staff and implement.
4) Effectively partnering with the criminal justice system to reduce recidivism associated with mental health and substance abuse.	Collaborated on the CIP training for area law enforcement and crisis staff (helped C. Billeb secure funding for the courses with NCHC Foundation and the Community Foundation) Laura taking 8-week Citizens Law Enforcement Academy to learn about criminal justice system and the job of law enforcement, build relationships Continued collaboration on	1) CIP classes offered to area law enforcement and crisis staff 2) Laura learns law enforcement and builds relationships with key law enforcement stakeholders 3) In accordance with Crisis P&I, NCHC provides transportation to patients, freeing up law	1) Q1 and Q2 2) Q1 3) Q2	1) CIP classes starting in March 2) Laura's Citizen Academy begins in March 3) Transportation services slated to begin in March, evaluation of pilot phase in Q2

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2016 WORK PLAN

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
	transportation crisis issue	enforcement. Van secured through Marathon County.		
5) Advancing practitioner development and competency.	Organizational Development Manager hired, her work plan includes reviewing job description competency listings.	1) Build electronic competency based checklist for all advanced practitioners 2) Training plan developed and validation outcomes met	1) Q3 2) Q3	
6) Continued development of innovative services to address community mental health and substance abuse needs.	Developed Crisis PI Team in October 2015- Action Plan includes: 1) Expanded Crisis Care Model 2) Establishment of Transportation service for Crisis Clients 3) Advancement of Crisis Staff competency Advancement of Medical Clearance capabilities at NCHC	1) Defining expanded care model 2) Initiation of transportation services plan 3) Staff training on collaborative Crisis decision-making 4) Evaluation of laboratory needs for medical clearance	1) Q1-Q3 2) Q1 3) Q1 and Q2 Q2	1) Action plan has been completed and revised by Crisis P&I workgroup. Becky, Laura and other members have been meeting with key partners to present and discuss work of the group. 2) Van has been secured from Marathon County. Implementation of crisis transportation is being operationalized with NCHC staff and Sherriff's dept. 3) Initial competencies have been identified for crisis staff and staff meetings are being held, and in-service in March. 4) Lab functioning for

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2016 WORK PLAN

02/15/2016

Activity	What has been Accomplished	Outcomes	Timeline	Progress
				internal medical clearance has been fully researched. Need to hire additional staff and implement.
7) Deploy an internal Accountable Care Organization (ACO) model within the mental health and substance abuse services continuum of care by: a. Enhancing clinical coordination between programs to ensure effective transitions of care. b. Creating individual patient cost and outcome tracking mechanisms.				

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OVERACHING OPERATIONAL OBJECTIVE #3: HEIGHTENED FOCUS ON ELECTRONIC MEDICAL RECORD (EMR) SYSTEMS FUNCTIONING WITH THE FOLLOWING OUTCOMES:				
1) High clinical satisfaction with the interaction and functioning within EMR applications	A consultant was contracted with in December to review specific areas within the IT area. This work has been completed and a 2 part report has been released. The consultant has met with the Executive Team to review both reports. Recommendations on changes will be presented to the Executive Team by February 19. An Action Plan is being worked on. The action plan will be completed for presentation once the recommendations are reviewed. A draft charter for an IT Governance Committee is completed and has been distributed to the Executive Team for review and comment.			
2) Staff proficiency is further developed and validated.				02/16: No action yet, the will be part of the action plan.

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3) Systems communicate effectively to inform clinical decision making and patient care coordination.	1) Initiate process improvement (PI) team to establish a consistent and shared treatment plan in the EMR. 2) Establish appropriate and consistent use of EMR to perform medication reconciliation in all programs. 3) Evaluate new version of Tier to determine clinical application. 4) Evaluate changes to ECS needed	1) PI Team- 1st meeting on 2/24/16 2) Process established. Programs to begin implementing 3) Awaiting Governance Committee initiation (see activity item 1. Above) 4) Nursing home staff visit to alternate ECS facility to evaluate opportunities to upgrade the current utilization at NCHC	1) Q2 2) Q1 3) Q2 4) Q2	
4) Data is interfaced, processes, managed and easily accessed for evaluation and outcome reporting.				02/16: This will be part of the upcoming action plan
5) Ability to exchange data with patient and other healthcare partners.				