

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

August 9, 2016

11:00 a.m.

NCHC – Wausau Campus

Present: EXC Dr. Steve Benson X Darren Bienvenue X Ben Bliven
X Joanne Kelly EXC Holly Matucheski X Jeannine Nosko

Others Present: Becky Schultz, Laura Scudiere, Kim Gochanour

The meeting was called to order at 11:10 a.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda

Consent Agenda

- **Motion**/second, Bliven/Bienvenue, to approve the 3/17/16 and 7/21/16 Quality Committee Meeting minutes. Motion carried.

Outcomes Review

- Organizational Quality Dashboard is tracking well on all measures.
 - Turnover is not at target but anticipate improved results related to recent strategies deployed.
 - Access to behavioral health scores directly relates to vacancies and the challenges in recruiting in Outpatient services. Some vacancies have been filled which reflects positively in the access to services target.
 - Recidivism timeframe is indefinite. Staff will be meeting with Laura Yarie of Marathon County to discuss this measure. Looking into combining data with other providers to determine community impact. Currently, the denominator is the total number of individuals receiving treatment in a month at NCHC and the numerator is the number of people who have had OWI treatment previously (reoffenders). Staff was asked to verify that the statistical calculation matches with the benchmark and evidence-based time frame.
- Nursing Home Readmission rate correlates to low census.
 - Patient Experience: percentile rank is the overall rank combining data from all areas. An area that struggles is Crisis. In June, the number of surveys returned dropped. We are working on how we can increase surveys returned. The behavioral health hospital result for July is improving. The areas of Post-Acute Care, Long Term Care, and Legacies have centralized the survey process to help get a better return rate. Working on strategies to improve resident experience. Some of our largest programs of community treatment and outpatient services have low survey volumes. Staff have been working together to improve the input from those programs. The committee requested data for the number of surveys distributed and returned with a percent of return added to the data. Paper survey currently used as it is best method for our clients and patients, elderly, indigent. Surveys are sent to those discharged, families of deceased, and on regular intervals in the outpatient and community-based program areas.
- **Motion**/Second, Bienvenue/Nosko, to accept the Outcomes Review. Motion carried.

CLOSED SESSION

- **Motion**/second, Bienvenue/Bliven, to move 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. Roll call taken: Yes=4, No=0 Motion carried and moved into closed session at 10:40 a.m.
- **Motion**/second, Bienvenue/Nosko to come out of closed session. Motion carried unanimously.

Possible Announcements Regarding Issues Discussed in Closed Session

- No announcements.

2016 Work Plan Update

- The three overarching operational objectives were reviewed.
 - Crisis Process Improvement Team has its own work plan that includes many community partners. Primary focus is on an 'ideal state'. Have begun implementing a transportation program i.e. in patient's best interest it was felt patient is to be transported primarily by NCHC as law enforcement must restrain individuals regardless of situation. Transportation will be during high volume times initially from 12-8 p.m.; team is also working on a way for partners to be able to give each other feedback about a crisis situation in a non-judgmental way possibly via website portal.
 - Focus for the remainder of the year is to expand the ability to keep and help people within the crisis center. Currently we have a standard model which is to assess and refer for treatment. Due to capacity and complexity of crisis cases we would like to explore an expanded care model. One hurdle to overcome is the limited availability of advanced care professionals. Our goal is to stabilize individuals right in the crisis area. With the addition of the Psychiatry Residency Program one of their rotations would be in the crisis center.
- Psychiatry Residency Program is at risk due to the possibility of Marathon County withdrawing from the tri-county agreement. The program requires a psychiatrist on staff on the Inpatient Unit. NCHC is currently recruiting as Dr. Tico has moved to outpatient services

Motion/second, Bliven/Nosko, to adjourn the meeting at 12:35 p.m. Motion carried.

dko