

OFFICIAL NOTICE AND AGENDA of a meeting of the Board or 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 Drive, Wausau, WI 54403, Board Room** at **10:30 AM** on **Thursday, September 15th, 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 Debbie Osowski at 715-848-4405 24 hours prior to the start time of the meeting for further instructions.)

AGENDA

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Consent Agenda
 - a. ACTION: Approval of 8/9/16 Quality Committee Meeting Minutes
4. Outcomes Review
 - a. Organizational Outcomes
 - b. Program-Specific Outcomes
5. Occurrence Process Review
6. 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
7. ACTION: Motion to come out of closed session
8. Possible announcements regarding issues discussed in closed session – J. Kelly
9. Quality Measures Discussion
10. Process Improvement Project – Crisis Services – B. Schultz
11. Annual Review of Confidentiality Statements – B. Schultz
12. Discussion of Future Agenda Items
13. Adjourn

- If time permits, beginning discussions may take place on future agenda items.
- 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/Michael Loy
Presiding Officer or His Designee

COPY OF NOTICE DISTRIBUTED TO:

Wausau Daily Herald Antigo Daily Journal
Tomahawk Leader Merrill Foto News
Lincoln & Marathon County Clerk Offices

DATE: 09/09/16 TIME: 4:00 PM
VIA: X FAX X MAIL
BY: D. Osowski

THIS NOTICE POSTED AT:

North Central Health Care
DATE: 09/09/16 TIME: 4:00 PM
By: Debbie Osowski

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at 715-848-4405. For TDD telephone service call 715-845-4928.

**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

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%	4.8%	5.2%	3.9%	6.2%	4.7%	7.0%					5.7%	7.6%
Employee Turnover Rate*	20-23%	17%	↓	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%	30.2%					30.2%	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th	46th	53rd	48th	42nd	40th					45th	51st
Community Partner Satisfaction	75-80%	N/A	↑	\	\	77%	\	\	72%	\	\					75%	76%
CLINICAL																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	13.8%	6.7%	12.0%	10.7%	14.8%	21.1%	12.5%	3.2%					11.3%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	12.8%	11.1%	3.2%	5.0%	7.2%	11.4%	11.7%	21.4%					10.3%	10.8%
AODA Relapse Rate	18-21%	40-60%	↓	30.0%	33.3%	20.7%	25.0%	24.3%	27.3%	36.1%	28.6%					28.2%	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\	\	100.0%	97.9%	100.0%	93.6%					97.7%	N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%	86%	92%	93%	80%						80%	73%
Recidivism Rate for OWI	27-32%	44.7%	↓	22.6%	20.5%	29.2%	28.2%	18.2%	7.7%	28.6%	19.4%					22.7%	26.4%
FINANCE																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%	64%	65%	67%	67%						67%	63%
Days in Account Receivable	60-65	54	↓	70	65	64	64	58	51	61						61	68

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

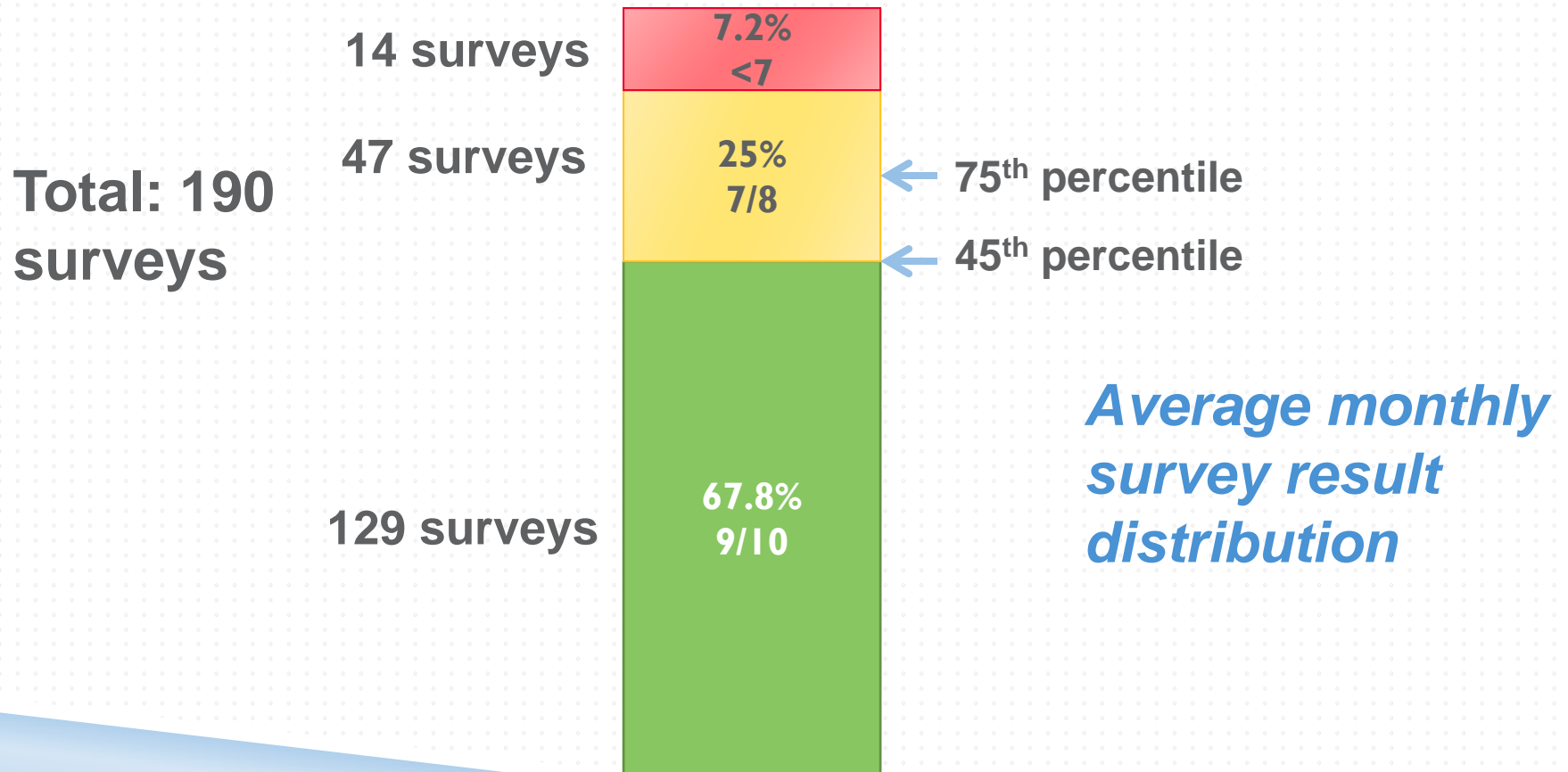
* Monthly Rates are Annualized

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

NCHC OUTCOME DEFINITIONS

PEOPLE	
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. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
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. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
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. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
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. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
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. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
Crisis Treatment: Collaborative Decision Outcome Rate	Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs.
NCHC Access	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services - within 14 days of referral • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
Recidivism Rate for OWI	Percentage of people who receive there OWI services from NCHC and then reoffend. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit</i>
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. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>

MOVING RESULTS



2016 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	6-8%	5.7%	N/A
		Employee Turnover Rate*	↓	20-23%	30.2%	28.9%
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
		Community Partner Satisfaction	↑	75-80%	75.0%	76%
	Clinical	Nursing Home Readmission Rate	↓	11-13%	11.3%	13.7%
		Psychiatric Hospital Readmission Rate	↓	9-11%	10.3%	10.8%
		AODA Relapse Rate	↓	18-21%	28.2%	20.7%
	Community	Crisis Treatment: Collaborative Outcome Rate	↑	90-97%	97.7%	N/A
		Access to Behavioral Health Services	↑	90-95%	80%	73%
		Recidivism Rate for OWI	↓	27-32%	22.7%	26.4%
	Finance	Direct Expense/Gross Patient Revenue	↓	58-62%	67.0%	63%
Days in Account Receivable		↓	60-65	61	68	

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ADULT DAY/ PREVOCATIONAL/RESI DENTIAL SERVICES	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	↑	75-80th Percentile	\	64.5
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
		ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑		85.3% (116/136)	86.3%
	Clinical	Community Living Employee's job competency proficiency Rate	↑	75%-80%	\	N/A
	Community					
	Finance	ADS/Prevocational Direct Expense/Gross Patient Revenue	↓	51-55%	52.38%	66.19%
		Residential Direct Expense/Gross Patient Revenue	↓	74-78%	72.91%	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	45	51st
		Aquatic Services Patient Experience Percent 9/10 Responses	↑		92.6% (138/149)	94.4%
	Clinical					
	Community	Access to Aquatic Services	↑	90-95%	98.7%	92%
	Finance	Direct Expense/Gross Patient Revenue	↓	38-42%	39.47%	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	45	51st
		Birth to 3 Patient Experience Percent 9/10 Responses	↑		91.3% (73/80)	91.6%
	Clinical					
	Community	Access- From time of referral to time of treatment plan development. (45 days)	↑	90-95%	99%	100%
	Finance	Direct Expense/Gross Patient Revenue	↓	116-122%	135.4%	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	45	51st
		Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑		66.3% (59/89)	60.4%
	Clinical	Active Membership Daily Attendance	↑	25-30%	28.6%	N/A
	Community					
Finance	Direct Expense/Gross Patient Revenue	↓	124-130%	79.7%	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	45	51st
		Community Treatment Patient Experience Percent 9/10 Responses	↑		77.7% (133/171)	72.9%
	Clinical					
	Community	Access to Community Treatment Services	↑	90-95%	76%	80%
Finance	Direct Expense/Gross Patient Revenue	↓	88-92%	75.1%	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	45	51st
		Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	↑		77.2% (105/136)	62.1%
	Clinical	At 7 day survey- patient kept their outpatient appointment	↑	75%	66.67%	N/A
	Community					
Finance	CBRF Direct Expense/Gross Patient Revenue	↓	14-18%	18.92%	8.86%	
	Lakeside Recovery Direct Expense/Gross Patient Revenue	↓	287-293%	18.74%	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	45	51st
		Crisis Services Patient Experience Percent 9/10 Responses	↑		78.7% (37/47)	78.9%
	Clinical					
	Community	Community Partner Survey	↑	80-85%	58%	63%
Finance	Direct Expense/Gross Patient Revenue	↓	362-368%	413.01%	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	45	51st
		Inpatient BH Patient Experience Percent 9/10 Responses	↑		42.4% (181/427)	46.6%
	Clinical	Medication Errors / Patient Days	↓	0.15-0.3%	2.15%	N/A
	Community					
Finance	Direct Expense/Gross Patient Revenue	↓	47-51%	56.75%	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	45	51st
		Outpatient Services Patient Experience Percent 9/10 Responses	↑		65.7% (175/266)	64.4%
	Clinical					
	Community	Outpatient Services Access	↑	90-95%	74%	64%
Finance	Direct Expense/Gross Patient Revenue	↓	68-72%	84.13%	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	45	51st
		MVCC Overall Patient Experience Percent 9/10 Responses	↑		67.8% (156/230)	72.3%
	Clinical	Fall Rate	↓	5.5-5.8	4.6	5.80
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	47-51%	62.94%	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	45	51st
		Post-Acute Care Patient Experience Percent 9/10 Responses	↑		65.2% (43/66)	71.2%
	Clinical	Fall Rate	↓	4.2 - 4.5	3.3	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	45	51st
		Long Term Care Patient Experience Percent 9/10 Responses			53.2% (42/79)	55.9%
	Clinical	Fall Data	↓	4.5 - 4.8	2.9	4.8
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	47-51%	59.41%	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	45	51st
		Legacies by the Lake Patient Experience Percent 9/10 Responses	↑		83.5% (71/85)	88.2%
	Clinical	Fall Rate	↓	4.4 - 4.7	5.6	4.7
	Community					
	Finance	Legacies Overall Direct Expense/Gross Patient Revenue	↓	34-38%	57.44%	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	45	51st
		Legacies by the Lake Patient Experience Percent 9/10 Responses	↑		82.1% (32/39)	88.2%
	Community	Fall Rate	↓	7.0 - 7.3	6.8	7.3
	Finance	Legacies Overall Direct Expense/Gross Patient Revenue	↓	34-38%	59.54%	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	45	51st
		Adult Protective Services Patient Experience Percent 9/10 Responses	↑		87.2% (109/125)	89.4%
	Clinical	% Of At Risk Investigations closed within 30 days.	↑	70-80%	73% (279/383)	68%
	Community					
	Finance	Expense Budget	↓	\$432607 - \$458564	\$448,584	\$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	45	51st
	Clinical					
	Community	Facebook Ad Campaign Likes Total	↑	50-75% Increase	164%	N/A
	Finance	Expense Budget	↓	\$177120 - \$187747	\$195,588	\$187,945

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
ESS-HOUSEKEEPING	People	Employee Engagement Housekeeping Percentile Rank	↑	75-80th Percentile	\	78.7
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
		Housekeeping Patient Experience Percent Excellent Responses	↑		60.4% (142/235)	68.4%
		Weekly room checks	↑	70-80%	78%	N/A
	Clinical					
	Finance	Expense Budget	↓	\$1143725 - \$1203922	\$1,055,561	\$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	45	51st
		Laundry Patient Experience Percent Excellent Responses			44.5% (81/182)	39.9%
		Reduce linen shortages (YTD Average calls)	↓	10-12 calls	6	N/A
	Clinical					
	Finance	Expense Budget	↓	\$392803- \$413477	\$152,817	\$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	45	51st
		Maintenance/Grounds Patient Experience Percent Excellent Responses			56.2% (127/226)	56.4%
		Preventative Maintenance Monthly Service	↑	80-90%	100%	NA
	Clinical					
	Finance	Expense Budget	↓	\$1755207 - \$1847587	\$1,476,178	\$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	45	51st
	Clinical					
	Community					
Finance	Expense Budget	↓	\$70818 - \$74546	-\$1,993	\$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	45	51st
		Environmental Services Overall Patient Experience Percent Excellent Responses			54.4% (350/643)	49.0%
		Environmental rounds complete campus monthly	↑	80-90%	93%	N/A
	Clinical					
	Community					
Finance	Expense Budget	↓	\$3497290- \$3707128	\$3,042,489	\$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	45	51st
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	↑	70-75%	89.4%	N/A
	Community					
	Finance	Expense Budget	↓	\$352483 - \$373632	\$333,317	

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%	5.7%	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
	Clinical					
	Community					
Finance	Expense Budget	↓	\$935007- \$991107	\$907,692	\$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	45	51st
		Nutritional Services Patient Experience Percent Excellent Responses	↑		45.2% (100/221)	45.5%
		Nutritional Services External Customer Satisfaction Survey (HealthStream)	↑	90-95%	48.8%	45.5%
	Clinical					
	Community					
Finance	Expense Budget	↓	\$2510068 - \$2660673	\$2,718,183	\$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	45	51st
	Clinical	Pharmacy Medication Error Rate	↓	0.081%-0.090%	0.02%	0.050%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	34-38%	46.61%	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	45	51st
	Clinical	Percent Significant Events	↓	2.25-2.5%	2.4%	N/A
	Community					
Finance	Expense Budget	↓	\$690785 - \$732232	\$737,153	\$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	23	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$89,215- \$94,568	\$56,748	\$89,520

2016 - FINANCIAL DIVISION

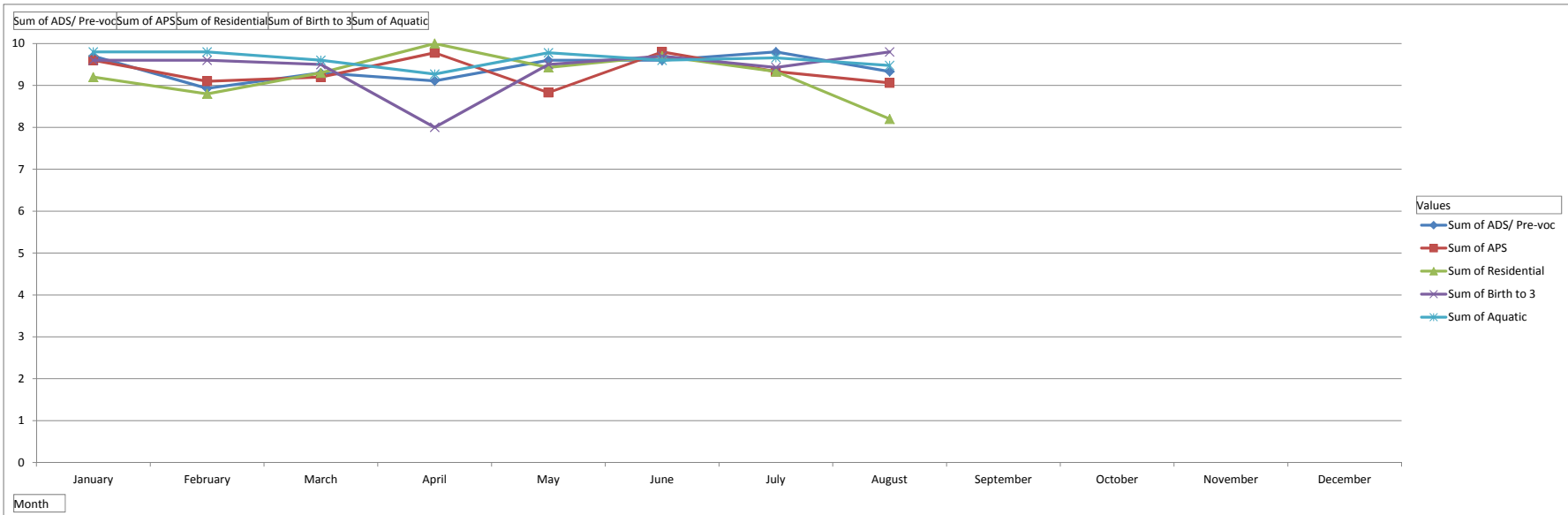
Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
BUSINESS OPERATIONS	People	Employee Engagement Financial & Information Division Percentile Rank	↑	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
	Clinical					
	Community					
	Finance	Expense Budget (Annualized)	↓	\$763782 - \$809609	\$813,629	\$706,943.0
	Days in Accounts Receivable	↓	60-65	61	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	45	51st
	Clinical	Double Occupancy Pick-up (YTD Average)	↑	11-13	8	10/month Average
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	355-361%	243.36%	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	45	51st
	Clinical					
	Community					
	Finance	Expense Budget	↓	\$2232150 - \$2366080	\$2,021,059	\$2,308,637
	Days in Account Receivable	↓	60-65	61	68	

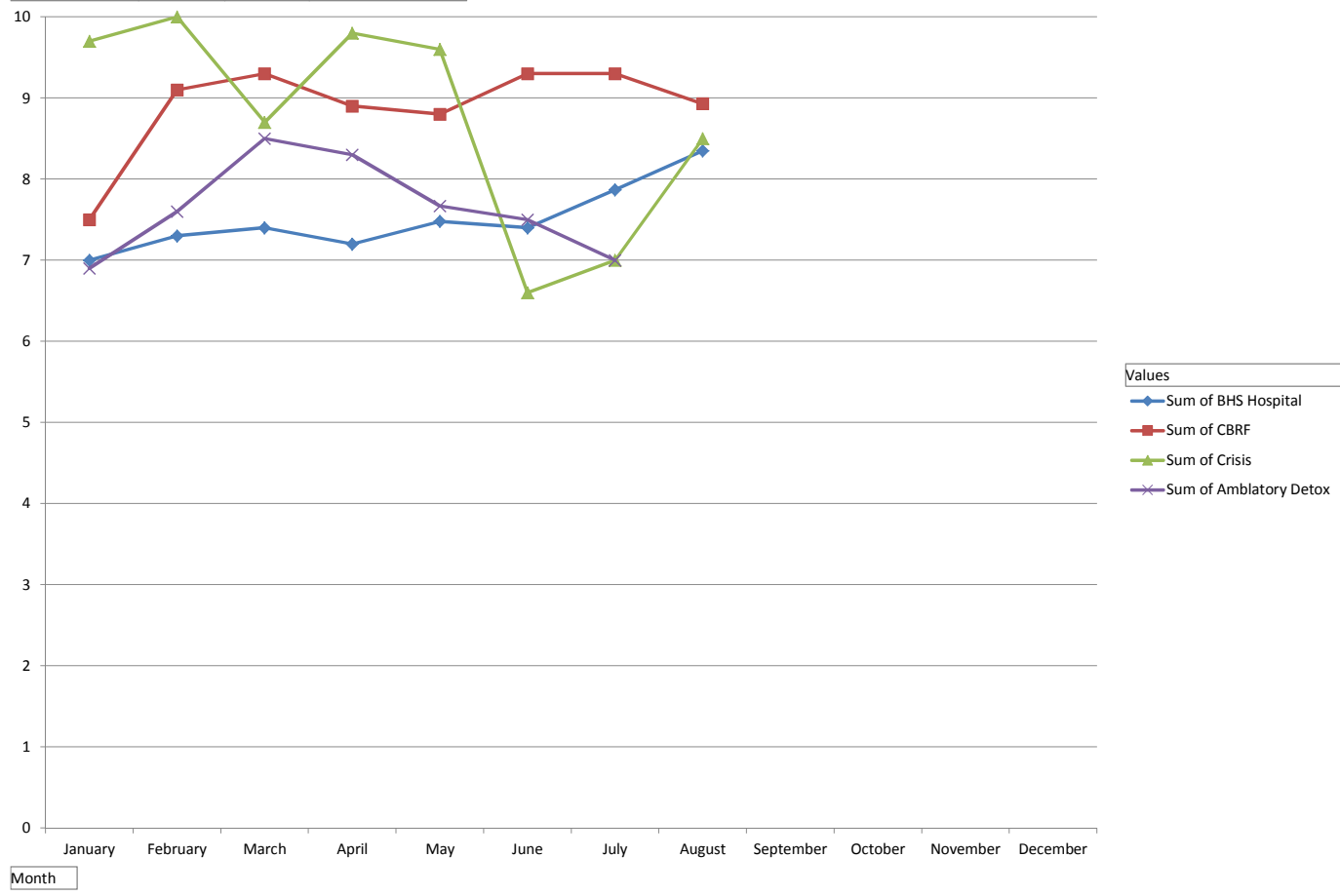
Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Employee Engagement Financial & Information Division Percentile Rank	↑	75-80th Percentile	\	69.8
	Service	Patient Experience: Satisfaction Percentile Ranking	↑	70-84th Percentile	45	51st
	Clinical					
	Community					
	Finance	Expense Budget	↓	\$830109 - \$879916	\$800,050	\$798,791
	Days in Account Receivable	↓	60-65	51	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	45	51st
		All Packages are delivered the same day as they arrive	↑	97-99%	98%	96%
	Clinical					
	Community					
	Finance	Expense Budget	↓	\$212536 - \$225289	\$222,057	\$222,456

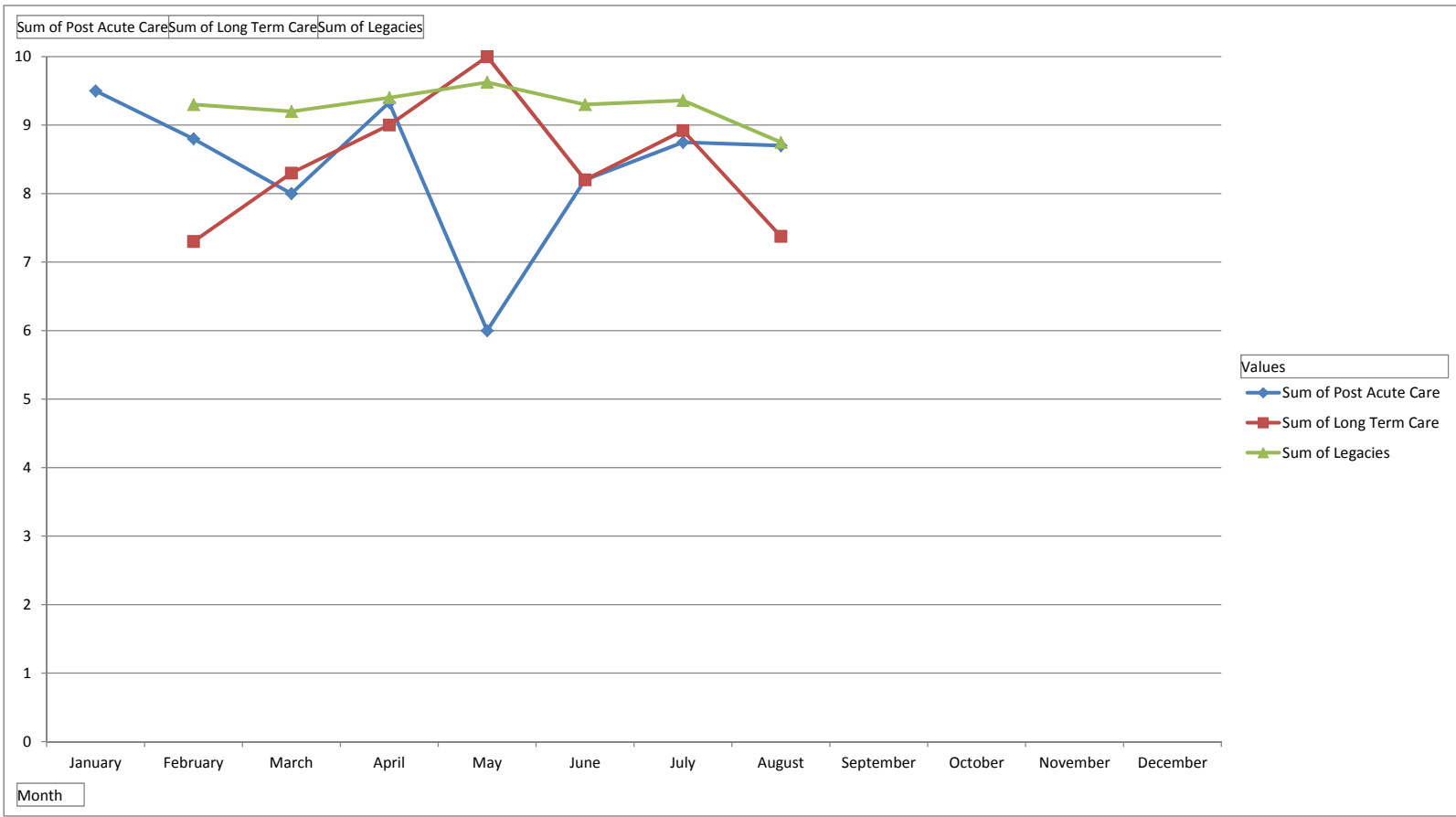


Row Labels	Sum of ADS/ Pre-voc	Sum of APS	Sum of Residential	Sum of Birth to 3	Sum of Aquatic
January	9.7	9.6	9.2	9.6	9.8
February	8.93	9.1	8.8	9.6	9.8
March	9.3	9.2	9.3	9.5	9.6
April	9.11	9.78	10	8	9.27
May	9.6	8.83	9.43	9.5	9.78
June	9.6	9.8	9.7	9.7	9.6
July	9.8	9.33	9.33	9.43	9.66
August	9.33	9.06	8.2	9.8	9.476
September					
October					
November					
December					
Grand Total	75.37	74.7	73.96	75.13	76.986

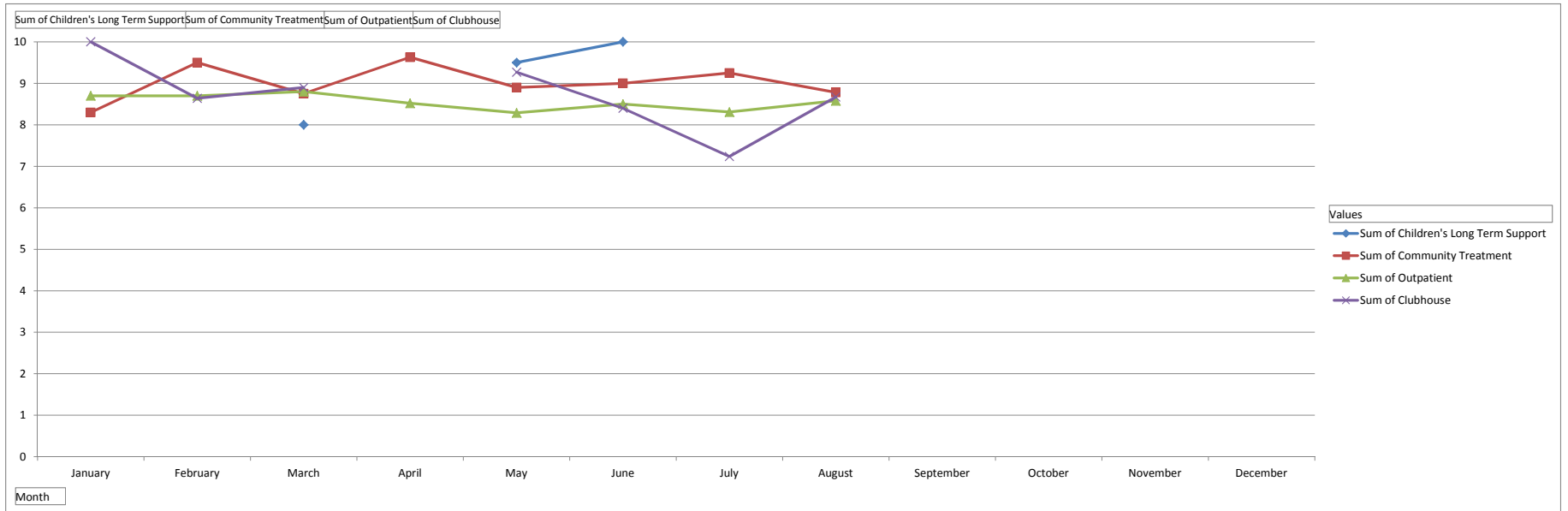
Sum of BHS Hospital Sum of CBRF Sum of Crisis Sum of Ambulatory Detox




Row Labels	Sum of BHS Hospital	Sum of CBRF	Sum of Crisis	Sum of Ambulatory Detox
January	7	7.5	9.7	6.9
February	7.3	9.1	10	7.6
March	7.4	9.3	8.7	8.5
April	7.2	8.9	9.8	8.3
May	7.48	8.8	9.6	7.67
June	7.4	9.3	6.6	7.5
July	7.87	9.3	7	7
August	8.35	8.93	8.5	
September				
October				
November				
December				
Grand Total	60	71.13	69.9	53.47



Row Labels	Sum of Post Acute Care	Sum of Long Term Care	Sum of Legacies
January	9.5		
February	8.8	7.3	9.3
March	8	8.3	9.2
April	9.33	9	9.4
May	6	10	9.625
June	8.2	8.2	9.3
July	8.75	8.92	9.36
August	8.7	7.375	8.75
September			
October			
November			
December			
Grand Total	67.28	59.095	64.935



Row Labels	Sum of Children's Long Term Support	Sum of Community Treatment	Sum of Outpatient	Sum of Clubhouse
January		8.3	8.7	10
February		9.5	8.7	8.64
March	8	8.75	8.8	8.9
April		9.63	8.52	8.9
May	9.5	8.9	8.29	9.27
June	10	9	8.5	8.4
July		9.25	8.31	7.235
August		8.78	8.58	8.67
September				
October				
November				
December				
Grand Total	27.5	72.11	68.4	61.115

Name of Policy: Occurrence Reporting	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: PI-0002	
Primary Approving Body: Safety Officer	Committee Approvals:

I. Policy Statement

North Central Health Care (NCHC) is committed to improving the quality and safety of the services it provides. In order to promote a culture of safety, occurrence reporting at North Central Health Care is based on a foundation of Just Culture principles.

II. Purpose

The purpose of occurrence reporting at North Central Health Care is to provide a method for improving the quality of the services provided. This is achieved through a system designed to facilitate the notification, communication and response to close calls, unsafe conditions, and occurrences. (LD.04.04.05, EP 3,5,6)

III. Definitions

Unsafe condition - An unsafe condition is any hazardous condition that is likely to cause harm. Examples: safety equipment that is not available when needed, trip hazards, conditions which are likely to lead to privacy breaches, use of abbreviations on the official “do not use list” (3) (JC IM.02.02.01, EP 2 and 3)

Occurrence/Near Miss – For the purpose of this policy, any incident that is not consistent with routine operation and that may potentially or actually result in injury, harm or loss to any patient/client/resident, visitor, volunteer or employee of NCHC.

Adverse Event - An occurrence with a high potential for harm, injury or adverse outcome.

Sentinel Event - A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called “sentinel” because they signal the need of immediate investigation and response.

Individual - The term individual refers to any of the following: patient, visitor, volunteer, employee, client, member, resident, or consumer.

IV. General Procedure

1) Who should report an occurrence?

- a) Staff who are involved in, or discover an occurrence, have a responsibility to report it.
- b) In the case that duplicate occurrence reports are received, they will be reviewed for additional information.

2) When to report an occurrence?

- a) Reports must be completed before the end of the working shift, or within 24 hours if approved by a supervisor.

3) How to report an occurrence

- a) All near misses, unsafe conditions, occurrences should be reported through the completion of an occurrence report.
- b) There are certain types of occurrences, including sentinel events, which also require immediate notification of the administrator on call. Immediate notification of the administrator on call should be achieved by calling the Occurrence Reporting Hotline, at 4488, or 715.848.4488 if not located on the main campus.
- c) For a listing of occurrence types requiring immediate notification of the administrator on call, please refer to the attached, "Occurrence Immediate Notification Reference Chart".
- d) Based on the severity of the occurrence, call 911 as needed for assistance.
- e) Occurrence reports are to be completed electronically in the Tier system.

4) What is done with occurrence reports?

- a) When an occurrence report is completed, supervisors are notified for immediate review and response.
 - When appropriate, other individuals such as the Safety and Risk Manager may review the report to determine any immediate corrective actions necessary to ensure the safety of individuals and the quality of care provided by North Central Health Care.
- b) Wisconsin law indicates that occurrence reports "may not be used in any civil or criminal action against a health care provider."(4)
- c) Any investigation conducted as a result of an occurrence report will be done with the intention of improving the quality of services provided.
 - The investigation will be conducted by the Safety Committee or an individual acting on behalf of the Safety Committee. (4).

- d) Once the initial response to an occurrence report is complete, the response is documented, and added to a database of all occurrence reports received.
- This allows for the creation of a summary analysis of occurrence reports to provide leaders with an accounting of the actions taken to improve safety at North Central Health Care.
 - This summary is then provided, at least yearly, to the governing body, through a written report, (LD.04.04.05, EP 12,13).
 - Precautions are taken to de-identify the information, in accordance with provisions of the Health Insurance Portability and Accountability Act (HIPAA).
- e) Opportunities identified for improvement are gathered, analyzed and provided to leaders.
- Leaders will disseminate the lessons learned to the individuals who provide services for the specific situations involved, and
 - Provide a written report to the governing body (LD.04.04.05, EP 11,12)
- f) The following components must be reviewed in the written report:
- All system or process failures;
 - The number and type of sentinel events;
 - Whether the patients and the families were informed of the event;
 - All actions taken to improve safety, both proactively and in response to occurrences;
 - The determined number of distinct improvement projects to be conducted annually; and
 - All results of the analyses related to the adequacy of staffing.

V. Program-Specific Requirements:

References:

OCCURRENCE REPORT	IMMEDIATE NOTIFICATION	
	CLIENTS/PATIENTS/RESIDENTS	EMPLOYEE
<p>SENTINEL/SIGNIFICANT EVENTS – an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof (when under NCHC’s care) Such as:</p> <ul style="list-style-type: none"> – SUICIDE – SUICIDE ATTEMPT – FRACTURE – OTHER MAJOR INJURY – UNEXPECTED DEATHS – DEATH from use of physical restraints, Chemical restraints, seclusions, psychotropic med. – SIGNIFICANT medical outcome as a result of a MEDICATION ERROR – BEHAVIORAL EMERGENCY – Dr. Green 	<p>Wausau Main Campus Call Ext #4599 Dr. Blue Code Announcement if necessary and/or Call 911 for any medical emergencies and Physician and Family/Responsible Party and Call HOTLINE “4488” (Off main campus 715-848-4488) and Coroner (in deaths)</p>	<p>Call 911 significant emergency/ death</p> <p>Call HOTLINE “4488” (Off main campus 715-848-4488)</p>
<p>ELOPEMENT – EXTENDED SEARCH FOR PATIENT/RESIDENT</p> <ul style="list-style-type: none"> – Nursing Home -when not found after 30 minute search of building and grounds. – Behavioral Health, Crisis CBRF - when not found on unit and has guardian or Police Hold) 	<p>Wausau Main Campus Call Ext #4599 for Code “0” Announcement Other Campus/sites Call 911 and Family/Responsible Party and Call HOTLINE “4488” (Off main campus 715-848-4488)</p>	<p>N/A</p>
<p>MEDICAL EMERGENCY</p> <ul style="list-style-type: none"> – Cardiac / Respiratory Arrest – Anaphylactic reaction – Choking 	<p>Wausau Main Campus Call Ext #4599 for Dr. Blue Code Announcement Other Campus/sites Call 911 and Call HOTLINE “4488” (Off main campus 715-848-4488)</p> <p>And Family/Responsible Party</p>	
<p>ENVIRONMENTAL EMERGENCY</p> <ul style="list-style-type: none"> - FIRE – Dr. Red - WEAPON – Dr. Black - BOMB THREAT – Dr. Yellow 	<p>Wausau Main Campus Call Ext #4599 for Dr. Red, Dr. Black, Dr. Yellow Code Announcement Other Campus/sites Call “911” and Call HOTLINE “4488”</p>	
<p>ENVIRONMENTAL OTHER</p> <ul style="list-style-type: none"> - COMPUTERS OUTAGE - UTILITY FAILURE- (electrical, water, natural gas, telephones) - PROPERTY DAMAGE (vandalism, weather) 	<p>Call HOTLINE “4488” (Off main campus 715-848-4488)</p>	
<p>SUSPECTED ABUSE (Verbal/Physical/ Sexual /Mental), NEGLECT, MISAPPROPRIATION OF PROPERTY INJURY OF UNKNOWN SOURCE RESIDENT/CLIENT TO RESIDENT/CLIENT ALTERCATION</p>	<p>Call HOTLINE “4488” (Off main campus 715-848-4488)</p>	
<p>SHARP INJURY, BLOOD/BODY FLUIDS, Tb EXPOSURE</p>	<p>Physician and Family/Responsible Party and Call HOTLINE “4488” (Off main campus 715-848-4488)</p>	<p>Call HOTLINE “4488” (Off main campus 715-848-4488)</p>
<p>CORPORATE COMPLIANCE -reporting actual or potential wrong-doing including actual or potential infringements of law, regulatory, policy, procedure or code of conduct</p>	<p>Call HOTLINE “4488” (Off main campus 715-848-4488)</p>	

HIPAA - reporting actual or potential wrong doing related to protected health information

Call HOTLINE "4488"
(Off main campus 715-848-4488)



North Central Health Care

Person centered. Outcome focused.

Occurrence Report

Date 09/09/2016 Staff completing report

Did you directly observe the occurrence/near miss?

What location/department did the occurrence/near miss occur?

What was the location of the occurrence/near miss?

Type of occurrence

Specify

Further Specify

Additional Information

Does the incident have the potential of Client/Patient/Resident mistreatment?

Was this a near miss occurrence?

Date of occurrence Time of occurrence

Client/Patient/Resident/Staff/Visitor name

What happened? Describe in detail exactly what happened during the occurrence. Include all relevant details prior to, during and after occurrence.

People involved with the occurrence

<u>Date</u>	<u>Person Involved</u>	<u>Incident</u>	<u>Telephone</u>	<u>Statement Obtained</u>
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Witness interviews

www.norcen.org

Wausau Campus
1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4800

Merrill Center
607 N. Sales Street, Ste. 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center
2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694



North Central Health Care

Person centered. Outcome focused.

Occurrence Report

Date 09/09/2016

Staff completing report

Interview Date

Interview Time

Person conducting interview

Title/Position

Name of person being interviewed

Date of occurrence

Reason for interview

How do you know about the incident? Did you do it? Did it happen to you? Did you see it? Did another person tell you of it? If so, who?

When did it happen? When did you first learn about it?

Location of incident: Where did the incident occur? Describe location

Where were you when the incident occurred?

Was anyone else present when the incident happened?

Is or was the affected client/patient/resident able to report or talk about the incident?

Did the affected person say anything to you? If so, what?

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Occurrence Report

Date 09/09/2016

Staff completing report

Describe the affected person's actions or reactions during the incident OR the way the affected person acted when telling you about the incident. (Include statements made, changes in demeanor, or other indication of pain, fear, sadness, anger, humiliation, etc.)

Do you have or are you aware of any evidence or information that may be relevant to the incident?

Additional information

Is there an injury?

Type of injury (check all that apply)

- Abrasion
- Dislocation
- Rash
- Bite
- Fracture
- Scratch
- Bruise/Contusion
- Exposure
- Sharp Injury
- Burn
- Hematoma
- Skin tear
- Broken tooth/teeth
- Laceration
- Other
- Choking
- Puncture

Report Call 4488 HOTLINE

Has 4488 been called?

www.norcen.org

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Occurrence Report

Date **09/09/2016** Staff completing report

Body part(s) affected by injury (check all that apply)

- | | | | | |
|-----------------------------------|---------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ear | <input type="checkbox"/> Groin | <input type="checkbox"/> Mouth | <input type="checkbox"/> Trunk |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Eye | <input type="checkbox"/> Hand | <input type="checkbox"/> Neck | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Elbow | <input type="checkbox"/> Head | <input type="checkbox"/> Nose | <input type="checkbox"/> Other |
| <input type="checkbox"/> Back | <input type="checkbox"/> Face | <input type="checkbox"/> Hip | <input type="checkbox"/> Shoulder | |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Finger | <input type="checkbox"/> Knee | <input type="checkbox"/> Throat | |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Foot | <input type="checkbox"/> Leg | <input type="checkbox"/> Toe | |

Injury site detail (check all that apply)

- | Side affected | Site affected | Digit affected | | |
|--------------------------------|--------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Right | <input type="checkbox"/> Upper | <input type="checkbox"/> 1st | <input type="checkbox"/> 3rd | <input type="checkbox"/> 5th |
| <input type="checkbox"/> Left | <input type="checkbox"/> Lower | <input type="checkbox"/> 2nd | <input type="checkbox"/> 4th | |

Severity of Injury

Report Call 4488 HOTLINE

Has 4488 been called?

Cause of injury (check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Inflicted by self | <input type="checkbox"/> Struck by object | <input type="checkbox"/> Equipment | <input type="checkbox"/> During patient treatment |
| <input type="checkbox"/> Inflicted by staff | <input type="checkbox"/> Struck against object | <input type="checkbox"/> Restraint-related | <input type="checkbox"/> During employee work activity |
| <input type="checkbox"/> Inflicted by peer | <input type="checkbox"/> Caught between object | <input type="checkbox"/> Seizure activity | |
| <input type="checkbox"/> Inflicted by other | <input type="checkbox"/> Transfer/Handling | <input type="checkbox"/> Unknown | |

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Occurrence Report

Date **09/09/2016** Staff completing report

Injury of Unknown Source

Can the client/patient/resident explain what happened?

Reporting of Injury of Unknown Source is not Necessary

Was the injury observed or is there already documentation in the medical?

Is the injury suspicious because of the extent of the injury?

Is the injury in an area not generally vulnerable to trauma?

Are there multiple bruises/injuries or have there been multiple bruises/injuries over time

Report Call 4488 HOTLINE

Has 4488 been called?

Does this injury have the potential of Client/Patient/Resident mistreatment?

Treatment provided by (check all that apply)

- | | | | |
|---------------------------------|---|--------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> RN, LPN | <input type="checkbox"/> PA/NP | <input type="checkbox"/> EMT |
| <input type="checkbox"/> Self | <input type="checkbox"/> MD on site | <input type="checkbox"/> MD's office | <input type="checkbox"/> ER/Crisis team (no admission) |
| <input type="checkbox"/> Family | <input type="checkbox"/> Staff (non-medical licensed) | <input type="checkbox"/> Other | <input type="checkbox"/> Admission to hospital |

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 Person centered. Outcome focused.

Occurrence Report

Date **09/09/2016** Staff completing report

Was primary health care provider notified?

Method of notification In person Telephone Date Time

Was family/guardian notified?

Method of notification In person Telephone Date Time

Was law enforcement notified?

Method of notification In person Telephone Date Time

Was immediate supervisor notified?

Method of notification In person Telephone Date Time

Name of reporter

Credential

Follow-up Notifications

Investigation

Strategies for Prevention

www.norcen.org

Wausau Campus
 1100 Lake View Drive
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Occurrence Report

Date **09/09/2016** Staff completing report

System and process review

- Have policies and procedures been violated?
- Does there need to be changes to existing policies/procedures?
- Do policies/procedures need to be developed?

Name of person completing initial investigation Credential

Verification of initial report information

Initial report information is correct to the best of my knowledge

Updated information

Date and time incident occurred Time

Did staff directly observe the occurrence?

Was primary health care provider notified?

Was family/guardian notified?

Was law enforcement involved?

Additional comments/actions taken

Name of person finalizing report (cannot be initial reporter)

Name Credential

Telephone Date of review Time of review

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Occurrence Report

Date 09/09/2016 Staff completing report

Potential Client/Patient/Resident Mistreatment

Review the definitions of abuse, neglect, misappropriation of property

Abuse The willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.

Neglect Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.

Misappropriation of Property The deliberate misplacement, exploitation or wrongful, temporary or permanent use of an individual's belongings or money without the resident's consent.

Has alleged victim been protected from the situation?

Follow Up Actions

Has alleged individual been removed from the situation?

Follow Up Actions

Report Call 4488 HOTLINE

Has 4488 been called?

www.norcen.org

Wausau Campus
1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center
607 N. Sales Street, Ste. 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center
2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center
1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6894



North Central Health Care

Person centered. Outcome focused.

Occurrence Report

Date 09/09/2016 Staff completing report

Altercation Detail

Does the Individual have the capacity to act willfully?

Willful means (1) the individual intended the action (i.e. it was deliberate) and (2) the individual understands that such actions could result in physical harm, pain or psychological distress.

NOTE:

The individual may not have intended to hurt the other person, but the act is willful if s/he intended the action and knew it could hurt someone.

Did the other Individual(s) suffer pain, physical injury or psychological or emotional distress as a result of the altercation?

If the victim(s) cannot give a response, consider whether a "reasonable" person would have experienced psychological distress.

REPORT - Assess - Care Plan - Intervene Goal: Prevent reoccurrence and keep other residents safe.

www.norcen.org

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Quality Measures and Impact



Types of measures

Structure: the capacity, systems, and processes to promote and/or provide high-quality care.

Process: the effectiveness and capability of process(es). These measures may include output and quality control measures.

Outcome: reflect the impact of the health care service or intervention on the health status of patients. These include population health measures



North Central Health Care

CONFIDENTIALITY ACKNOWLEDGMENT FOR NON-EMPLOYEES

Please be advised of your legal obligation to keep confidential all information about clients, patients, or residents of North Central Health Care both during and after your affiliation with the facility.

This includes, but is not limited to, their identities, medical or psychological condition, progress, treatment plans, and family relationships.

Federal law regulating confidentiality of alcohol and drug abuse patient records, 42 CFR Part 2, provides criminal penalties of \$500 to \$5000 for violations by "any person" of the requirement that all records, **including the identity of a person as a patient**, be kept confidential and disclosed as authorized by law. Section 51.30 of the Wisconsin Statutes provides for civil damages, attorney fees, and exemplary damages of \$100 to \$1000 to be awarded against "any person" that violates the requirement that all treatment records of mental health, developmental disabilities, geriatric, alcoholism, or drug dependence be kept confidential. Nothing in the law limits this obligation.

YOU CONTINUE TO BE RESPONSIBLE FOR PROTECTING THE CONFIDENTIALITY OF NCHC CLIENTS, PATIENTS, OR RESIDENTS AFTER YOUR INVOLVEMENT WITH NCHC HAS ENDED.

I acknowledge that I have read the above and agree to follow this policy.

Signed _____ Date _____

Print Name _____

Reason for Affiliation _____

Facility Representative _____