**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*

# North Central Health Care
*Person centered. Outcome focused.*

## 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 |

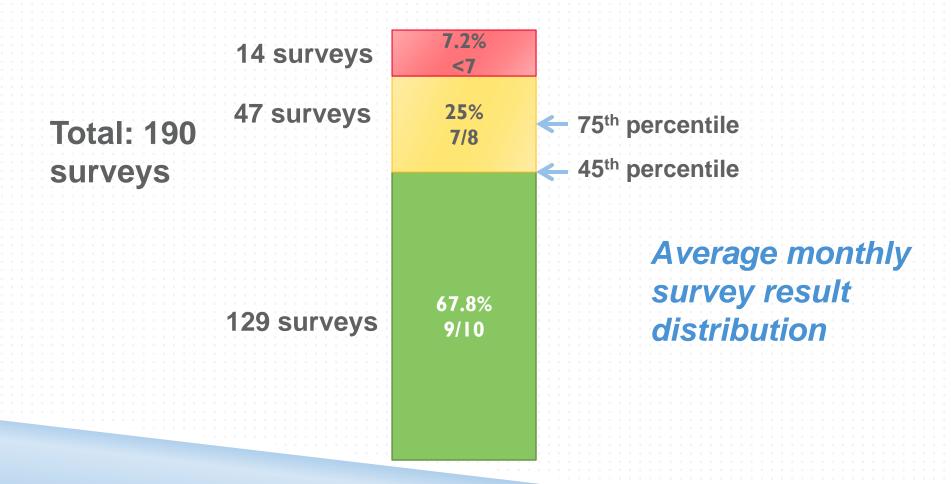KEY: ⇧ Higher rates are positive
⇩ Lower rates are positive

\* 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. *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(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. <br>• Adult Day Services - within 2 weeks of receiving required enrollment documents <br>• Aquatic Services - within 2 weeks of referral or client phone requests <br>• Birth to 3 - within 45 days of referral <br>• Community Corner Clubhouse - within 2 weeks <br>• Community Treatment - within 60 days of referral <br>• Outpatient Services - within 14 days of referral <br>• Prevocational Services - within 2 weeks of receiving required enrollment documents <br>• Residential Services - within 1 month of referral |
| **Recidivism Rate for OWI** | Percentage of people who receive there OWI services from NCHC and then reoffend. *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.* |

# MOVING RESULTS

**Total: 190 surveys**

14 surveys

47 surveys

129 surveys

7.2%
<7

25%
7/8

67.8%
9/10

← 75ᵗʰ percentile

← 45ᵗʰ percentile

*Average monthly survey result distribution*

North Central Health Care

## 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/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 | 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 |
| | Clinical | 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 ESS- 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 | | | | | |
| | Community | | | | | |
| | 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 | | | | | |
| | Community | | | | | |
| | 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 | | | | | |
| | Community | | | | | |
| | 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 |
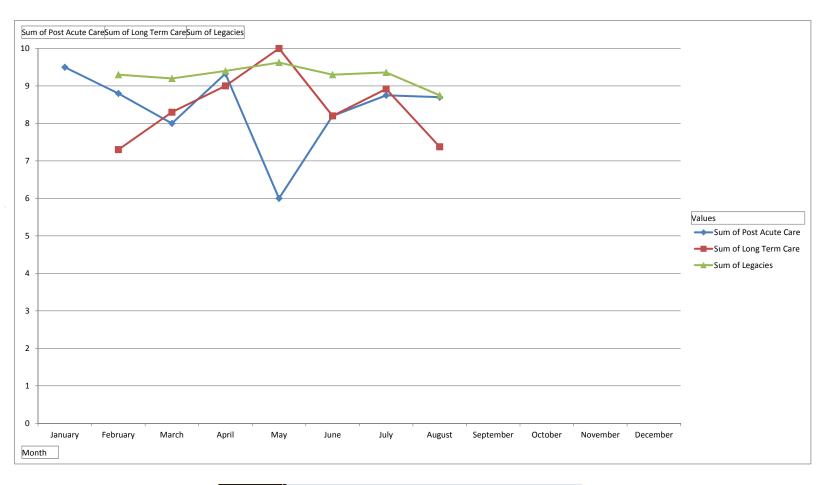
**2016 - FINANCIAL DIVISION**

| 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 |

| Sum of ADS/ Pre-voc | Sum of APS | Sum of Residential | Sum of Birth to 3 | Sum of Aquatic |
|---|---|---|---|---|

Values
- Sum of ADS/ Pre-voc
- Sum of APS
- Sum of Residential
- Sum of Birth to 3
- Sum of Aquatic

Month
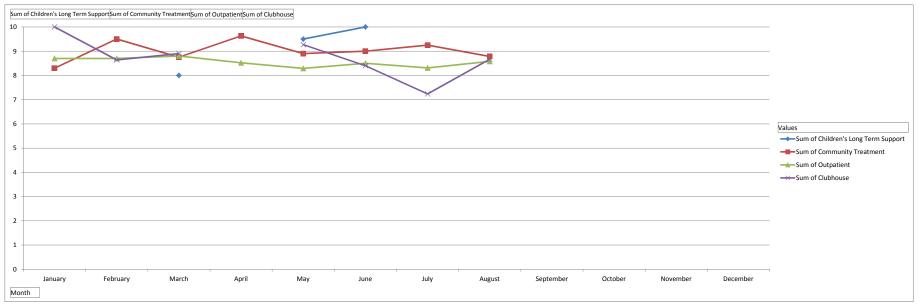
| Row Labels | Sum of ADS/ Pre-voc | Sum of APS | Sum of Residential | Sum of Birth to 3 | Sum of Aquatic |
|---|---|---|---|---|---|
| January | 9.7 | 9.6 | 9.2 | 9.6 | 9.8 |
| February | 8.93 | 9.1 | 8.8 | 9.6 | 9.8 |
| March | 9.3 | 9.2 | 9.3 | 9.5 | 9.6 |
| April | 9.11 | 9.78 | 10 | 8 | 9.27 |
| 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 Amblatory Detox |

Values
- Sum of BHS Hospital
- Sum of CBRF
- Sum of Crisis
- Sum of Amblatory Detox

Month

| Row Labels | Sum of BHS Hospital | Sum of CBRF | Sum of Crisis | Sum of Amblatory 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 | |
| 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 |

Program Mean Scores

| Month | BHS Hospital | CBRF | Amblatory Detox | Crisis | Outpatient | Clubhouse | Community Treatment | Children's Long Term Support | ADS/ Pre-voc | APS | Aquatic | Birth to 3 | Residential | Post Acute Care | Long Term Care | Legacies |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| January | 7.0 | 7.5 | 6.9 | 9.7 | 8.7 | 10.0 | 8.3 | ■■■ | 9.7 | 9.6 | 9.8 | 9.6 | 9.2 | 9.5 | ■■■ | ■■■ |
| February | 7.3 | 9.1 | 7.6 | 10 | 8.7 | 8.64 | 9.5 | ■■■ | 8.93 | 9.1 | 9.8 | 9.6 | 8.8 | 8.8 | 7.3 | 9.3 |
| March | 7.4 | 9.3 | 8.5 | 8.7 | 8.8 | 8.9 | 8.75 | 8 | 9.3 | 9.2 | 9.6 | 9.5 | 9.3 | 8 | 8.3 | 9.2 |
| April | 7.2 | 8.9 | 8.3 | 9.8 | 8.52 | ■■■ | 9.63 | ■■■ | 9.11 | 9.78 | 9.27 | 8 | 10 | 9.33 | 9 | 9.4 |
| May | 7.5 | 8.8 | 7.67 | 9.6 | 8.29 | 9.27 | 8.9 | 9.5 | 9.6 | 8.83 | 9.78 | 9.5 | 9.43 | 6 | 10 | 9.625 |
| June | 7.4 | 9.3 | 7.5 | 6.6 | 8.5 | 8.4 | 9 | 10 | 9.6 | 9.8 | 9.6 | 9.7 | 9.7 | 8.2 | 8.2 | 9.3 |
| July | 7.9 | 9.3 | 7 | 7 | 8.31 | 7.235 | 9.25 | ■■■ | 9.8 | 9.33 | 9.66 | 9.43 | 9.33 | 8.75 | 8.92 | 9.36 |
| August | 8.4 | 8.93 | ■■■ | 8.5 | 8.58 | 8.67 | 8.78 | ■■■ | 9.33 | 9.06 | 9.476 | 9.8 | 8.2 | 8.7 | 7.375 | 8.75 |
| September | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | |

| Name of Policy:  Occurrence Reporting | North Central Health Care  Person centered. Outcome focused. |
|---|---|
| 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** |
| **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:<br>– SUICIDE<br>– SUICIDE ATTEMPT<br>– FRACTURE<br>– OTHER MAJOR INJURY<br>– UNEXPECTED DEATHS<br>– DEATH from use of physical restraints, Chemical restraints, seclusions, psychotropic med.<br>– SIGNIFICANT medical outcome as a result of a MEDICATION ERROR<br>– BEHAVIORAL EMERGENCY – Dr. Green | Wausau Main Campus **Call Ext #4599**<br>Dr. Blue Code Announcement if necessary and/or **Call 911** for any medical emergencies<br>**and**<br>Physician<br>**and**<br>Family/Responsible Party<br>**and**<br>**Call HOTLINE "4488"**<br>(Off main campus 715-848-4488)<br>**and**<br>Coroner (in deaths) | **Call 911** significant emergency/ death<br><br>**Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) |
| **ELOPEMENT** – **EXTENDED SEARCH** FOR PATIENT/RESIDENT<br>– Nursing Home -when not found after 30 minute search of building and grounds.<br>– Behavioral Health, Crisis CBRF - when not found on unit and has guardian or Police Hold) | Wausau Main Campus **Call Ext #4599** for Code "0" Announcement<br>Other Campus/sites **Call 911**<br>**and**<br>Family/Responsible Party<br>**and**<br>**Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) | N/A |
| **MEDICAL EMERGENCY**<br>– Cardiac / Respiratory Arrest<br>– Anaphylactic reaction<br>– Choking | Wausau Main Campus **Call Ext #4599** for Dr. Blue Code Announcement<br>Other Campus/sites **Call 911**<br>**and**<br>**Call HOTLINE "4488"**<br>(Off main campus 715-848-4488)<br>**And** Family/Responsible Party | |
| **ENVIRONMENTAL EMERGENCY**<br>- FIRE – Dr. Red<br>- WEAPON – Dr. Black<br>- BOMB THREAT – Dr. Yellow | Wausau Main Campus **Call Ext #4599** for Dr. Red, Dr. Black, Dr. Yellow Code Announcement<br>Other Campus/sites **Call "911"**<br>**and**<br>**Call HOTLINE "4488"** | |
| **ENVIRONMENTAL OTHER**<br>- COMPUTERS OUTAGE<br>- UTILITY FAILURE- (electrical, water, natural gas, telephones)<br>- PROPERT Y DAMAGE (vandalism, weather) | **Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) | |
| **SUSPECTED ABUSE (Verbal/Physical/ Sexual /Mental), NEGLECT, MISAPPROPRIATION OF PROPERTY**<br>**INJURY OF UNKNOWN SOURCE**<br>**RESIDENT/CLIENT TO RESIDENT/CLIENT ALTERCATION** | **Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) | |
| **SHARP INJURY, BLOOD/BODY FLUIDS, Tb EXPOSURE** | Physician **and** Family/Responsible Party<br>**and**<br>**Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) | **Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) |
| **CORPORATE COMPLIANCE** -reporting actual or potential wrong-doing including actual or potential infringements of law, regulatory, policy, procedure or code of conduct | **Call HOTLINE "4488"**<br>(Off main campus 715-848-4488) | |

| **HIPAA** - reporting actual or potential wrong doing related to protected health information | **Call HOTLINE "4488"** (Off main campus 715-848-4488) |
|---|---|

## 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**

| Date | Person Involved | Incident | Telephone | Statement Obtained |
|------|-----------------|----------|-----------|--------------------|
|      |                 |          |           |                    |

**Witness interviews**

www.norcen.org

| Wausau Campus | Merrill Center | Mount View Care Center | Antigo Center |
| 1100 Lake View Drive | 607 N. Sales Street, Ste. 309 | 2400 Marshall Street | 1225 Langlade Road |
| Wausau, Wisconsin 54403 | Merrill, Wisconsin 54452 | Wausau, Wisconsin 54403 | Antigo, Wisconsin 54409 |
| 715.848.4600 | 715.536.9482 | 715.848.4300 | 715.627.6694 |

Page 1 of 9                                                                                     9/9/2016

# 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?

---

| Wausau Campus | Merrill Center | Mount View Care Center | Antigo Center |
|---|---|---|---|
| 1100 Lake View Drive | 607 N. Sales Street, Ste. 309 | 2400 Marshall Street | 1225 Langlade Road |
| Wausau, Wisconsin 54403 | Merrill, Wisconsin 54452 | Wausau, Wisconsin 54403 | Antigo, Wisconsin 54409 |
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# North Central Health Care

Person centered. Outcome focused.

## Occurrence Report

Date              09/09/2016           Staff completing report

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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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# North Central Health Care

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

| | | | | |
|---|---|---|---|---|
| ☐ Abdomen | ☐ Ear | ☐ Groin | ☐ Mouth | ☐ Trunk |
| ☐ Ankle | ☐ Eye | ☐ Hand | ☐ Neck | ☐ Wrist |
| ☐ Arm | ☐ Elbow | ☐ Head | ☐ Nose | ☐ Other |
| ☐ Back | ☐ Face | ☐ Hip | ☐ Shoulder | |
| ☐ Buttocks | ☐ Finger | ☐ Knee | ☐ Throat | |
| ☐ Chest | ☐ Foot | ☐ Leg | ☐ Toe | |

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**Injury site detail (check all that apply)**

| Side affected | Site affected | Digit affected | | |
|---|---|---|---|---|
| ☐ Right | ☐ Upper | ☐ 1st | ☐ 3rd | ☐ 5th |
| ☐ Left | ☐ Lower | ☐ 2nd | ☐ 4th | |

---

Severity of Injury

**Report  Call 4488 HOTLINE**
Has 4488 been called?

**Cause of injury (check all that apply)**

| | | | |
|---|---|---|---|
| ☐ Inflicted by self | ☐ Struck by object | ☐ Equipment | ☐ During patient treatment |
| ☐ Inflicted by staff | ☐ Struck against object | ☐ Restraint-related | ☐ During employee work activity |
| ☐ Inflicted by peer | ☐ Caught between object | ☐ Seizure activity | |
| ☐ Inflicted by other | ☐ Transfer/Handling | ☐ Unknown | |

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Person centered. Outcome focused.

## 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)**

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

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## 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

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# North Central Health Care
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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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# North Central Health Care

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## Occurrence Report

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**Potential Client/Patient/Resident Mistreatment**

Review the definitions of abuse, neglect , misappropriation of property

**Abuse**                The willful infliction of inury, unreasonable confinement, intimation 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?

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# North Central Health Care

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## 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.
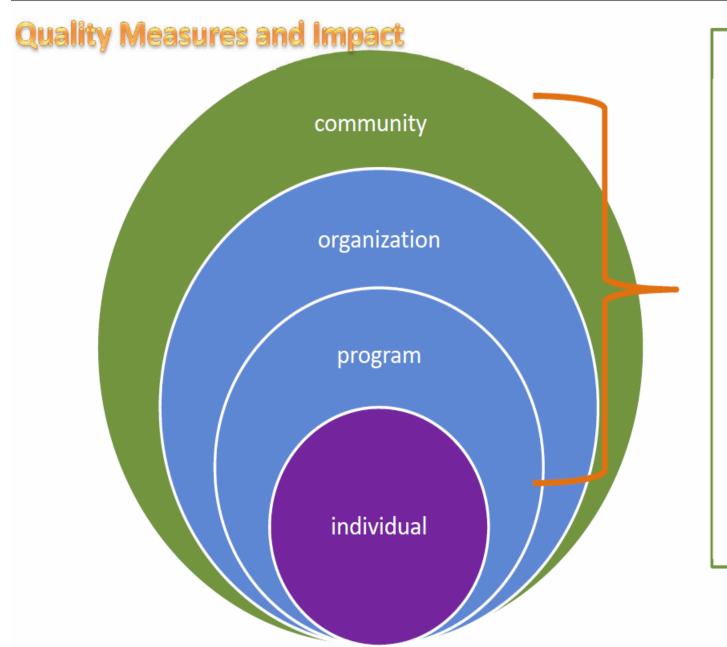NOTE:
The individual may not have intended to hurt the other person, but the act is willfull if s/he interested the action and lane it could hurt someone.


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.

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# Quality Measures and Impact



community

organization

program

individual

## 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_____


IMS-44 (Rev 12/00) jp