



North Central Health Care
 Person centered. Outcome focused.

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

January 19, 2017

10:30 a.m.

NCHC – Wausau Campus

Present : X	Steve Benson	X	Darren Bienvenue	X	Ben Bliven
	X Kue Her	EXC	Heidi Keleske	EXC	Holly Matucheski
	X Corrie Norrbom	X	via Jeannine Nosko		
			phone		

Others Present: Tammy Buchberger, Janelle Hintz, Michael Loy, Becky Schultz, Sue Matis, Laura Scudiere, Kim Gochanour

The meeting was called to order at 10:35 a.m.; roll call noted; a quorum declared. Introductions made.

Public Comment for Matters Appearing on the Agenda

- No public comments were made.

Consent Agenda

- **Motion**/second, Norrbom/Benson, to approve the consent agenda which includes the 12/16/16 Quality Committee Meeting Minutes. Motion carried.

Outcomes Review

- Organizational Outcomes
 - Turnover rates did not meet target. Recruitment in the nursing home continues to be a challenge; shortages in health care are state-wide not just with us. Recruitment will continue to be a focus this. Have seen an improvement in the quality of applicants since the increase in pay was put in place. A recruitment/retention team is working on strategies. We have also seen improvement in our screening process, orientation and training, on-floor training, and acclimating new staff prior to going on the floor.
 - One element in the 2017 Quality Plan is an emphasis on person centered care. Our goal is for a positive impact on retention. Implement of this program began in the third and fourth quarters of 2016 and was introduced to the Board in December. We anticipate gathering results in 6-12 months. Committee felt it would be beneficial for the CNA retention data to be tracked separately.
 - Vacancy rate made a slight improvement however, in the fourth quarter there was a higher vacancy rate primarily related to end of year which is a typical cycle in an employment year.
 - Patient Experience results remained flat, however, improvement is noted in our surveying process in that 1,225 more surveys were received in 2016. We worked with key programs with high traffic/volumes to change how surveys were distributed (handing surveys directly rather than mailing); nursing home surveys were sent monthly vs quarterly, talked with patient before handing the survey to them and shared why it is important and what the surveys are trying to accomplish and that their input is important.

- Community Partner Satisfaction process is being reviewed to improve the return rate. Received positive comments from partners in crisis services. Suggestion was to include an in-person interview once per year as a way to receive better feedback and build relationships.
- Clinical measures on readmissions hit targets.
- AOD relapse rate did not hit target, however improvement has been noted and is credited to a change in the process. Individuals are first asked whether they are motivated for the detox program which also verifies that we are using the facility and resources the best we can and not for a 'sobering bed'.
- Access in Behavioral Health has had some improvements but has seen challenges in outpatient and community treatment mainly due to open positions that have been difficult to fill. Working to make further improvements and use resources better.
- Financial measure is impacted by high health insurance claims, legal costs, issues with census and payer mix in the nursing home, and diversions in Behavioral Health.
- Improvement in adverse event rates is contributed to a very strong safety program.
- Program-specific highlights are provided in the summary. No questions.
- Patient experience – slight decline in Clubhouse, Community Treatment, and Post-acute care.
- **Motion**/second, Bienvenue/Nosko, to accept the Organizational and Program-Specific Outcomes including the Organizational Dashboard and the Executive Summary. Motion carried.

Process Improvement Team Reports

Point of Access – Tammy Buchberger and Janelle Hintz

- An overview of the process and outcomes was provided. The team validated the issue and worked through the steps to obtain data, discuss options, identify costs, and recommend solutions.
- One area of concern was learning of the large number of 'hang up' calls i.e. those who did not use the automated system or stay on the line to talk with someone. Another area of great concern was with the number of 'after-hour' calls which currently are routed to the Crisis staff.
- It is not financially feasible for additional 24/7 staffing so other possibilities are being explored including a 24/7 live call center. Would need significant scripting so it would be as if talking with someone from NCHC. New process would not replace the crisis hotline.
- Initial scope in project brought great insights and opportunities. Hope to implement new system at end of first quarter.
- Committee commented that this was a great project in how to provide better service. A follow-up question on how many of the hang up calls would have impacted the measure for Access to Service was offered. Dr. Benson shared his personal experience with using a call center and areas of concern to look for.

Crisis Process Improvement Team - Laura Scudiere

- External group of individuals with participation from NCHC began about a year ago and is in addition to an internal Crisis Process Improvement Team.
- Team consisted of participants from all three counties, medical personnel, law enforcement, as well as representatives from schools, community providers, Social Services, etc.
- Action Plans/Teams resulted in improved collaboration with community partners, crisis training for all partners, consistent process established for medical clearance, improved communication between physicians, and a transportation process.

- Workgroups currently in progress are: youth and continuum of care, expanding immediate crisis model of care, immediate crisis flow between services, and school-based mental health services. Lee Shipway is leading the discussion about school-based counseling and working to be more preventive.
- Information has been provided to Marathon County, however, it has not been placed on their agendas or provided in the Marathon County packets.
- Ben Bliven added that there has been tremendous progress in 13 months with great results in the community.
- Data is being gathered and will be provided.
- Another team was created to address crisis needs for youth i.e. being proactive in schools due to an increase in youth crisis assessments. Will be collaborating first with DC Everest; working with students with more frequent crisis needs, continuing discussion on key problem areas such as information sharing and HIPAA.
- Team has been working with community providers on medical clearance and will be visiting Winnebago to see how we can work together better on medical clearance.
- Dr. Benson recommended involving the Medical College if possible moving forward.

2017 Quality Plan / Person-Centered Service – B. Schultz

- All programs and committees are required to monitor and evaluate quality data for opportunities for improvement.
- One new addition in 2017 is the Person Centered Service Team which supports great care, great place to work, and strong relationships.
- Recommending 2017 priority focus areas:
 - Patient Experience Improvement
 - Clinical Effectiveness
 - Data Management
 - Process Improvement Integration
- **Motion/second, Benson/Bienvenue, to approve and forward to the board. Motion carried.**

CLOSED SESSION – Committee did not move into Closed Session and agreed to review the Report of Investigations at the next Quality Committee meeting.

Future agenda items

- No new items noted.

Motion/second, Bienvenue/Norrbom, to adjourn the meeting at 11:56 a.m. Motion carried.

dka