North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

of a meeting of the **Quality Committee** to be held at **North Central Health Care**
1100 Lake View Drive, Wausau, WI 54403, Board Room at **10:30 am** on **Thursday, January 19th, 2017**

In addition to attendance in person at the location described above, Board 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. 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.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. Consent Agenda
   a. ACTION: Approval of 12/16/17 Quality Committee Meeting Minutes
4. Outcomes Review
   a. Organizational Outcomes
   b. Program-Specific Outcomes
   c. Adverse Event Data
5. Process Improvement Team Reports
   a. Point of Access Team – J. Hintz/T. Buchberger
   b. Crisis Team – L. Scudiere/B. Schultz
      • Next Priorities and Updates
6. Person Centered Service – B. Schultz
7. 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
8. ACTION: Motion to Come Out of Closed Session
9. Possible Announcements Regarding Issues Discussed in Closed Session – B. Bliven
10. 2017 Quality and Compliance Plan – B. Schultz
11. Discussion and Future Agenda Items
12. Adjourn

_____
Presiding Officer or Designee

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

December 16, 2016   12:00 p.m.   NCHC – Wausau Campus

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

Others Present: Becky Schultz, Kim Gochanour, Sue Matis

The meeting was called to order at 12:11 p.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda
- No public comments were made.

Consent Agenda
- **Motion**/second, Keleske/Bliven, to approve the 9/15/16 Quality Committee Meeting Minutes. Motion carried.

   Outcomes Review
- The 2017 Organizational Dashboard will see some changes:
  - Moving from a comparison of percentile rank (a comparison to the data base) to a 9/10 response rate (on a scale of 1 to 10) on the 'Overall Satisfaction' question. The reason for the change is so that employees can better see progress and the data base is so tight that a 1% move on our own score can have a significant change in the percentile ranking. Mr. Bliven requested the percentile rank continue to be provided also.
- Not quite reaching access measure in Behavioral Health Services; currently have two counselor position openings in Antigo which is a difficult recruitment.
- Aquatic Services had a decline in access due to the Physical Therapist being out on a leave of absence.
- Continue to work to improve patient satisfaction including reaching out to families. Many times a family member completes the survey in the nursing home and developmental disabilities program areas. The patients/clients typically complete the survey in outpatient services and community treatment. However, there is a desire to gather input from family members also as teams feel family input is important since they often times are involved in and supporting treatment of the patient/client and there tends to be better success in the treatment. We are in the process of developing this data and will report in January on the progress.
- Medication error score is a year-to-date score which has improved significantly in the last few months. Nurses have received additional training particularly on the unit dispensing system on the inpatient unit. Pharmacy has been auditing also.
- Suggestion made to explore the utilization of medical assistants in addition to CNA's and nurses. Will look at regulatory compliance to be certain of how we can use this position. We have a number of CNA's going into the nursing profession and looking to support them in their next roles.
- **Motion**/second, Keleske/Nosko, to approve the Organizational and Program-Specific Outcomes as well as the Adverse Event Data and actions taken. Motion carried.

Process Improvement Team Reports – Laura Scudiere and Becky Schultz
- The Crisis Process Improvement Team has been in place about one year. It was initiated due to community feedback from partners expressing concerns about crisis services at NCHC.
- Team is reviewing their progress and goals; and where they want to go from here.
- Elements specific to NCHC include consistency of crisis process, training of staff in crisis, inconsistent application when medical clearance was needed, and communication between crisis staff and physicians.
- Heidi Keleske, involved in this team, indicated there were high expectations and there has been great progress from the start, great interaction, and is impressed with the work from the committee. Many individuals and groups have participated. Transparency and communication has improved.
- Team is a great example of what can be accomplished when meeting i.e. where we started a year ago, many people have changed and the team has gotten to a new level.
- The PI team will determine the direction moving forward at its next meeting and currently seems to be looking at it from a broad community perspective i.e. youth crisis, capacity, and access in general. This is not NCHC alone but a community-wide challenge and concern. Will continue to report on what the team decides as next priorities.

Safety Plans – Becky Schultz
- Safety Committee has vetted all of the safety plans which also adhere to Joint Commission requirements. No changes from last year but must be reviewed annually.
- Plans were reviewed; section on hazardous waste has a sentence that was incomplete and will be corrected.
- **Motion**/second, Matucheski/Nosko, to approve the safety plans as reviewed. Motion carried.

CLOSED SESSION
- **Motion**/second, Keleske/Her, 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=5, No=0 Motion carried and moved into closed session at 12:41 p.m.
- **Motion**/second, Keleske/Her, to come out of closed session. Motion carried unanimously.

Possible Announcements Regarding Issues Discussed in Closed Session – Ben Bliven
- No announcements necessary.

<u>Quality Moving Forward</u> – Becky Schultz
- Because there are a number of new members on the committee, it was felt a discussion on Quality Moving Forward was appropriate and important at this time
- Becky provided a brief presentation.
  - Is our current system working well to bring items forward to improve and get better in the organization? Suggestions on additional detailed reported could include: a more detailed 'dashboard' report in addition to the broader organizational dashboard at the Board level. Committee agreed.
  - The Collaborative Care Committee was created in 2016 as an Ad Hoc Committee under Quality to discuss any significant issues with other community partners in a confidential manner.
- Committee was asked to:
  - Think about and provide input for 2017 in the following areas:
  - What is working well?
  - What can we do better? More in-depth orientation for newer committee members; additional detail and understanding of measures of dashboard;
  - What initiatives will come out of the Person Center Service training that staff received? Additional 'Moments of Excellence' and 'Witnessing Excellence' reporting.

<u>Future agenda items</u>
- Person Center Service Presentation

Motion/second, Keleske/Nosko, to adjourn the meeting at 1:26 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%	8.1%	9.2%	11.6%	11.0%	**7.1%**	7.6%
Employee Turnover Rate*	20-23%	17%	⇓	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%	30.2%	31.0%	30.2%	30.0%	31.5%	**31.5%**	28.9%
SERVICE																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	⇑	53rd	48th	45th	46th	53rd	48th	42nd	40th	37th	64th	42nd	39th	**45th**	51st
Community Partner Satisfaction	75-80%	N/A	⇑	\	\	77%	\	\	72%	\	\	70%	\	\	90%	**78%**	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%	8.7%	15.0%	7.7%	17.6%	**11.5%**	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%	11.5%	10.2%	10.0%	15.8%	**10.9%**	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%	31.8%	0.0%	0.0%	0.0%	**26.0%**	20.7%
COMMUNITY																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	⇑	\	\	\	\	100.0%	97.9%	100.0%	93.6%	83.3%	96.2%	96.4%	95.0%	**94.1%**	N/A
Access to Behavioral Health Services	90-95%	NA	⇑	58%	65%	87%	86%	92%	93%	80%	84%	75%	79%	81%	70%	**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%	20.0%	48.3%	25.8%	26.3%	**24.8%**	26.4%
FINANCE																	
***Direct Expense/Gross Patient Revenue**	58-62%	N/A	⇓	71%	65%	66%	64%	65%	67%	67%	60%	60%	62%	64%		**65%**	63%
Days in Account Receivable	60-65	54	⇓	70	65	64	64	58	53	64	54	53	49	49		**49**	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. • 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. *Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol & Drug Review Unit*

FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts. *Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.*

2016 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	⇩	6-8%	7.1%	N/A
		Employee Turnover Rate*	⇩	20-23%	31.5%	28.9%
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
		Community Partner Satisfaction	⇧	75-80%	78.0%	76%
	Clinical	Nursing Home Readmission Rate	⇩	11-13%	11.5%	13.7%
		Psychiatric Hospital Readmission Rate	⇩	9-11%	10.9%	10.8%
		AODA Relapse Rate	⇩	18-21%	26.0%	20.7%
	Community	Crisis Treatment: Collaborative Outcome Rate	⇧	90-97%	94.2%	N/A
		Access to Behavioral Health Services	⇧	90-95%	80%	73%
		Recidivism Rate for OWI	⇩	27-32%	24.8%	26.4%
	Finance	Direct Expense/Gross Patient Revenue	⇩	58-62%	65.0%	63%
		Days in Account Receivable	⇩	60-65	49	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	45th	51st
		ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	⇧		87.3% (193/221)	86.3%
	Clinical	Community Living Employee's job competency proficiency Rate	⇧	75%-80%	69.0%	N/A
	Community					
	Finance	ADS/Prevocational Direct Expense/Gross Patient Revenue	⇩	51-55%	51.52%	66.19%
		Residential Direct Expense/Gross Patient Revenue	⇩	74-78%	69.03%	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	45th	51st
		Aquatic Services Patient Experience Percent 9/10 Responses	⇧		94.2% (194/206)	94.4%
	Clinical					
	Community	Access to Aquatic Services	⇧	90-95%	98.6%	92%
	Finance	Direct Expense/Gross Patient Revenue	⇩	38-42%	41.70%	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	45th	51st
		Birth to 3 Patient Experience Percent 9/10 Responses	⇧		91.0% (102/112)	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%	132.4%	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	45th	51st
		Community Corner Clubhouse Patient Experience Percent 9/10 Responses	⇧		1	60.4%
	Clinical	Active Membership Daily Attendance	⇧	25-30%	29.2%	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	124-130%	78.5%	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	**45th**	51st
		Community Treatment Patient Experience Percent 9/10 Responses	⇧		**81.1% (215/265)**	72.9%
	Clinical					
	Community	Access to Community Treatment Services	⇧	90-95%	**53%**	80%
	Finance	Direct Expense/Gross Patient Revenue	⇩	88-92%	**75.3%**	83.34%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	⇧	75-80th Percentile	\	56.6
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	⇧		**77.7% (129/166)**	62.1%
	Clinical	At 7 day survey- patient kept their outpatient appointment	⇧	75%	**62.70%**	N/A
	Community					
	Finance	CBRF Direct Expense/Gross Patient Revenue	⇩	14-18%	**15.93%**	8.86%
		Lakeside Recovery Direct Expense/Gross Patient Revenue	⇩	287-293%	**18.67%**	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	**45th**	51st
		Crisis Services Patient Experience Percent 9/10 Responses	⇧		**73.8% (62/84)**	78.9%
	Clinical					
	Community	Community Partner Survey	⇧	80-85%	**59%**	63%
	Finance	Direct Expense/Gross Patient Revenue	⇩	362-368%	**252.55%**	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	**45th**	51st
		Inpatient BH Patient Experience Percent 9/10 Responses	⇧		**44.9% (284/632)**	46.6%
	Clinical	Medication Errors / Patient Days	⇩	0.15-0.3%	**1.58%**	N/A
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	**53.27%**	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	**45th**	51st
		Outpatient Services Patient Experience Percent 9/10 Responses	⇧		**63% (459/729)**	64.4%
	Clinical					
	Community	Outpatient Services Access	⇧	90-95%	**73%**	64%
	Finance	Direct Expense/Gross Patient Revenue	⇩	68-72%	**88.84%**	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	**45th**	51st
		MVCC Overall Patient Experience Percent 9/10 Responses	⇧		**68.2% (208/305)**	72.3%
	Clinical	Fall Rate	⇩	5.5-5.8	**5.0**	5.80
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	**61.27%**	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	**45th**	51st
		Post-Acute Care Patient Experience Percent 9/10 Responses	⇧		**66.3% (59/89)**	71.2%
	Clinical	Fall Rate	⇩	4.2 - 4.5	**4.6**	4.5
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	65-69%	**71.1%**	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	**45th**	51st
		Long Term Care Patient Experience Percent 9/10 Responses			**54% (54/100)**	55.9%
	Clinical	Fall Data	⇩	4.5 - 4.8	**2.7**	4.8
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	47-51%	**58.71%**	59.27%

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
LEGACIES BY THE LAKE	People	Employee Engagement Gardenside - Evergreen Care Percentile Rank	⇧	75-80th Percentile	\	72.8
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
		Legacies by the Lake Patient Experience Percent 9/10 Responses	⇧		**81.9% (95/116)**	88.2%
	Clinical	Fall Rate	⇩	4.4 - 4.7	**6.5**	4.7
	Community					
	Finance	Legacies Overall Direct Expense/Gross Patient Revenue	⇩	34-38%	**51.69%**	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	45th	51st
		Adult Protective Services Patient Experience Percent 9/10 Responses	⇧		88.% (173/197)	89.4%
	Clinical	% Of At Risk Investigations closed within 30 days.	⇧	70-80%	70% (372/531)	68%
	Community					
	Finance	Expense Budget	⇩	$432607 - $458564	$478,082	$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	45th	51st
	Clinical					
	Community	Facebook Ad Campaign Likes Total	⇧	50-75% Increase	199%	N/A
	Finance	Expense Budget	⇩	$177120 - $187747	$190,336	$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	45th	51st
		Housekeeping Patient Experience Percent Excellent Responses	⇧		60.8% (189/311)	68.4%
		Weekly room checks	⇧	70-80%	87%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1143725 - $1203922	$1,052,070	$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	45th	51st
		Laundry Patient Experience Percent Excellent Responses			43.6% (103/236)	39.9%
		Reduce linen shortages (YTD Average calls)	⇩	10-12 calls	5	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$392803- $413477	$232,711	$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	45th	51st
		Maintenance/Grounds Patient Experience Percent Excellent Responses			57% (171/300)	56.4%
		Preventative Maintenance Monthly Service	⇧	80-90%	100%	NA
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$1755207 - $1847587	$1,521,865	$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	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$70818 - $74546	$0	$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	45th	51st
		Environmental Services Overall Patient Experience Percent Excellent Responses			53.4% (416/779)	49.0%
		Environmental rounds complete campus monthly	⇧	80-90%	93%	N/A
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$3497290- $3707128	$3,040,615	$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	45th	51st
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	⇧	70-75%	91.6%	N/A
	Community					
	Finance	Expense Budget	⇩	$352483 - $373632	$332,844	

Department	Domain	Outcome Measure		Target Level	2016 YTD	2015 Year End
HUMAN RESOURCES	People	Employee Engagement Administrative Support/HR/Quality Percentile Rank	⇧	75-80th Percentile	\	78.4
		Employee Vacancy Rate	⇩	6-8%	6.3%	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	45th	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$935007- $991107	$935,578	$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	45th	51st
		Nutritional Services Patient Experience Percent Excellent Responses	⇧		46.6% (136/292)	45.5%
		Nutritional Services External Customer Satisfaction Survey (HealthStream)	⇧	90-95%	48.8%	45.5%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2510068 - $2660673	$2,658,775	$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	**45th**	51st
	Clinical	Pharmacy Medication Error Rate	⇩	0.081%-0.090%	**0.02%**	0.050%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	34-38%	**42.02%**	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	**45th**	51st
	Clinical	Percent Significant Events	⇩	2.25-2.5%	**2.5%**	N/A
	Community					
	Finance	Expense Budget	⇩	$690785 - $732232	**$740,928**	$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	**31**	N/A
	Service	Patient Experience: Satisfaction Percentile Ranking	⇧	70-84th Percentile	**45th**	51st
	Clinical					
	Community					
	Finance	Direct Expense Budget	⇩	$89,215-$94,568	**$96,340**	$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	**45th**	51st
	Clinical					
	Community					
	Finance	Expense Budget (Annualized)	⇩	$763782 - $809609	**$784,255**	$706,943.0
		Days in Accounts Receivable	⇩	60-65	**49**	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	**45th**	51st
	Clinical	Double Occupancy Pick-up (YTD Average)	⇧	11-13	**8**	10/month Average
	Community					
	Finance	Direct Expense/Gross Patient Revenue	⇩	355-361%	**221.65%**	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	**45th**	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$2232150 - $2366080	**$2,434,255**	$2,308,637
		Days in Account Receivable	⇩	60-65	**49**	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	**45th**	51st
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$830109 - $879916	**$824,126**	$798,791
		Days in Account Receivable	⇩	60-65	**49**	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	**45th**	51st
		All Packages are delivered the same day as they arrive	⇧	97-99%	**98%**	96%
	Clinical					
	Community					
	Finance	Expense Budget	⇩	$212536 - $225289	**$226,971**	$222,456

NORTH CENTRAL HEALTH CARE
CLIENT/PATIENT/RESIDENTS ADVERSE EVENT DATA

2014 Cummulative Rate 4.1
Altercation Rate 0.23
Behavior Rate 0.18
Fall Rate 1.49
Infection Rate 1.13
Injury (Unknown) Rate 0.51
Medication Errors 0.45
Other Safety/Medical 0.13

2016 Cummulative Rate 4.2
Altercation Rate 0.2
Behavior Rate 0.5
Fall Rate 1.3
Infection Rate 0.8
Injury Rate 0.4
Medication Errors 0.8
Medical Emergencies 0.1
Miscellaneous Other 0.1

Legend:
- Altercations
- Behavior Incidents
- Falls
- Infections
- Injury not related to Other Occurrence
- Medication Error
- Other Medical Emergencies
- Miscellaneous Other

Y-axis: Rate per 1000 Patient Days
X-axis: Month/Year

Total Events 31 Rate 3.7
Total Events 148 Rate 4.4
Total Events 180 Rate 4.9
Total Events 181 Rate 5.0
Total Events 158 Rate 4.2
Total Events 160 Rate 4.4
Total Events 130 Rate 3.6
Total Events 149 Rate 4.0
Total Events 149 Rate 4.1
Total Events 136 Rate 3.6
Total Events 115 Rate 3.4
Total Events Rate

NCHC EMPLOYEE ADVERSE EVENTS
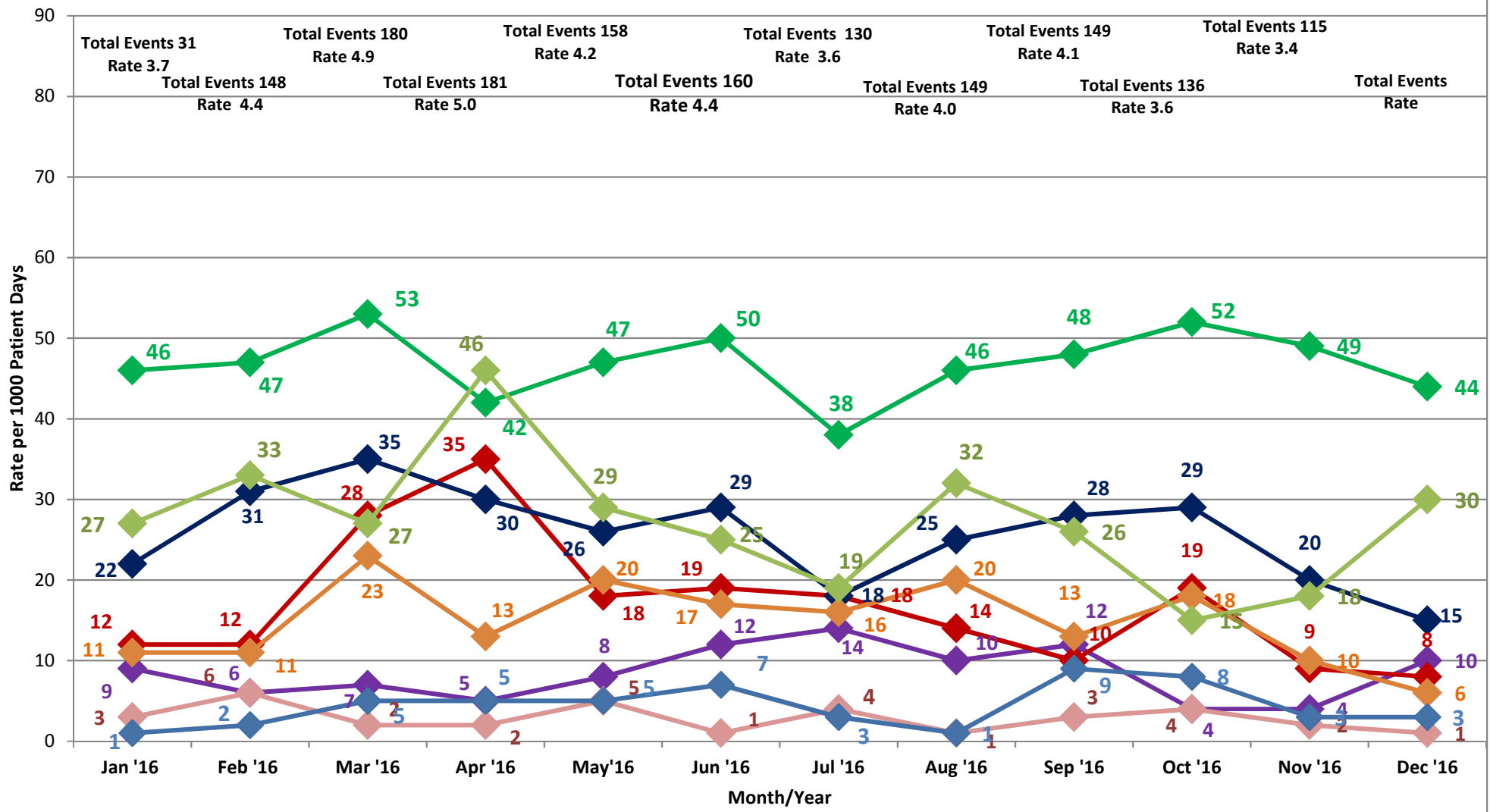
2015 Cummulative Rates
Overall Cummulative Rate **0.08**
Altercation 0.012
Fall 0.009
Direct Patient Care 0.25
Other Work Activities 0.025
Struck by/Against/Between 0.004
Lost/Theft Damage 0.002
Motor Vehicle 0.00
Other 0.001

2016 Cummulative Rates
Overall Cummulative Rate **0.11**
Altercation 0.025
Fall 0.020
Direct Patient Care 0.035
Other Work Activities 0.023
Struck by/Against/Between 0.004
Lost/Theft Damage 0.00
Motor Vehicle 0.00

Legend:
— Altercation
— Direct Patient Care Injury
— Other Work Activity Injuries
— Motor Vehicle
— Falls
— Struck by/Against/Caught between Object
— Lost/Theft/Damaged Items
— OTHER

Total Events 8 Rate 0.07
Total Events 14 Rate 0.12
Total Events 15 Rate 0.14
Total Events 9 Rate 0.09
Total Events 12 Rate 0.12
Total Events 12 Rate 0.12

Total Events 12 Rate 0.11
Total Events 11 Rate 0.10
Total Events 14 Rate 0.12
Total Events 9 Rate 0.8
Total Events 13 Rate 0.12
Total Events 9 Rate 0.09

Y-axis: RATE PER HOURS WORKED (0–10)
X-axis: MONTH/YEAR — Jan-16, Feb-16, Mar-16, Apr-16, May-16, Jun-16, Jul-16, Aug-16, Sep-16, Oct-16, Nov-16, Dec-16