

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, March 16th, 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 01/19/17 Quality Committee Meeting Minutes
4. Outcomes Review
 - a. Executive Summary
 - b. Organizational Outcomes
 - c. Patient Experience by Program
 - d. Program-Specific Outcomes
 - e. Adverse Event Data
5. Process Improvement Team Reports
 - a. Person-Centered Service Team – J. Meadows
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 – B. Bliven
9. Education:
 - a. Joint Commission Accreditation – B. Schultz
10. Discussion and Future Agenda Items
11. Adjourn



Presiding Officer or Designee

NOTICE POSTED AT: North Central Health Care

COPY OF NOTICE DISTRIBUTED TO: Wausau Daily Herald, Antigo Daily Journal, Tomahawk Leader, Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices

DATE: 03/10/17 TIME: 4:15 p.m. BY: D. Osowski



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 phone Jeannine Nosko		

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 12/16/17 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

Quality Executive Summary
March 2017

Organizational Outcomes

People

❖ **Employee Retention Rate**

The YTD employee retention rate exceeded target for January and February at 95.3. Turn-over in the first 90 days in the Nursing Home improved 38% as a result in improvements made in the C.N.A. onboarding. Employee Engagement survey results are being analyzed and actions to address opportunities identified will be deployed beginning this month.

❖ **Vacancy Rate**

The vacancy rates remained flat at 13.1%. Human Resources is preparing for aggressive recruitment of graduates from a variety of programs this Spring.

Service

❖ **Patient Experience**

Improvement was made in the percent of patients ranking their overall experience at a 9 or 10 (10 point scale) at 70.6 % in February. Individual Programs achieving the target of 77- 88% in January and February included: Adult Protective Service, Lakeside Recovery (MMT), Aquatic Services, Birth-3, and Community Treatment. The target was achieved in February in Residential Services and Outpatient Services as well. Programs continue to integrate specific actions based on the priority analysis data specific to the Program.

Clinical

❖ **Nursing Home Readmissions**

The rate of readmissions to the hospital within 30 days has been outside of target but remains below the industry benchmark for January and February. Analysis indicates all readmissions to the hospital within 30 days were from the post-acute care units. Review of all cases did not reveal any specific opportunities for improvement. Participation in the SNF coalition with Aspirus allows for ongoing review and action to control readmissions.

❖ **Hospital Readmissions**

The rate of readmissions within 30 days is slightly outside of target YTD, however, a significant increase in the rate was experienced in February. Analysis YTD indicates that 56% of readmissions occur within the first 10 days of discharge. Priority access to Outpatient and Community Treatment services to ensure successful transition of care has been established and specific actions for this are being developed (see Access Rate comments).

❖ **AOD Relapse Rate**

The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 15.4 significantly better than industry benchmark 36-40%.

Community

❖ Access Rate for Behavioral Health Services

Access rates remain below target for January and February. Analysis indicates Outpatient and Community Treatment programs did not meet target. Both programs have initiated process improvement teams to identify specific strategies for improvement. Improvement is anticipated in Outpatient with the filling of one counseling position in the Antigo center. An additional 1.0 full time position to meet growing Community Treatment needs has been posted.

Finance

❖ Direct Expense/Gross Patient Revenue

January expense to revenue ratio was slightly out of target range. Contributing factors included hospital diversions to other facilities, payroll variance related to holiday pay, and contracted psychiatry services.

Safety Outcomes

Patient/Resident Adverse Events

Rates remain consistent with 2016 at 4.2 adverse events/1000 patient days/visits. An increase in falls in the Legacy Program in the Nursing Home was noted in January and February. A completion of a root cause analysis revealed opportunities for improvement in monitoring of residents at shift change, removal of environmental trip hazards, and monitoring for condition changes. An increase in medication errors caught prior to administration was noted and attributed to temporary process issues with the conversion to the new packaging system. These issues have resolved.

Employee Adverse Events

Rates are slightly above 2016 at .15 adverse events/1000 employee hours. Several falls on ice in January and February were noted. Employees continued to be encouraged to use the product provided to reduce ice. No serious injuries have occurred.

Program-Specific Outcomes-items not addressed in analyses above

The following elements reported are highlights of focus elements at the program-specific level. They do not represent all data elements monitored by a given department/program.

Human Service Operations

Outpatient Services: *Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement in the rate of post-hospital visits within 4 days was made in February. Year-to-date a 61% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.*

Inpatient Behavioral Health: *Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement in the rate of post-hospital visits within 4 days was made in February. Year-to-date a 61% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.*

Community Treatment: *Access within best practice timeframes continues to be significantly below target. A process improvement team has been established to address this. An additional 1.0 full time position has been posted to address immediate needs. Process evaluation to identify efficiency opportunities is in progress.*

Lakeside Recovery (MMT): *The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 15.4 significantly better than industry benchmark 36-40%.*

Aquatic: *The presence of patients who meet pain control goals is meeting the target range of 90% or better.*

Birth-3: *A system to measure availability for early intervention visits is being established to ensure access and positive financial productivity. To begin reporting in March.*

Residential and Pre-Vocational Services: *Identified employee vacancy rate in residential services as a critical opportunity. The year-to-date is at 20% with a target of 6-9% or below. Actions being taken include improvements in recruiting strategies, onboarding and retention. Human Resources staff have met with all employees to identify specific barriers to employee engagement with action plans being developed. Leadership is temporarily controlling admissions of new residents and relocating residents to reduce the total number of facilities in response to current staffing shortages. All residents are being assessed for care requirements and staffing needs.*

Nursing Home

Quality Indicators reported to the CMS met the highest ranking (5 stars). These measures include falls, pain control, urinary tract infections, pressure ulcers, use of anti-psychotic medications, discharge preparation, and resident functional levels.

Support Departments

Communication and Marketing: *Year-to-date, a 16.50% increase in the number of "hits" on the NCHC employment page has been achieved.*

Health Information: *Achieved 94.8% completion of health records within 25 days post-discharge exceeding target.*

Nutritional Services: *Achieved a 100% patient/resident satisfaction rating with food temperatures year-to-date.*

Pharmacy: *Dispensing error rates remain stable and within target at .13%*

Volunteers: *Progressing toward target to recruit 35 or more new volunteers in 2017.*

Adult Protective Services: *The percent of at-risk investigations completed and closed within 30 days is currently at 65%. Process improvements to improve this are underway.*

Demand Transportation: *Double occupancy per trip did not meet target of 44-50. Continued process improvements are underway.*



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QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%											13.1%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%											95.3%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%											69.8%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%											15.0%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%											12.7%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%											15.4%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%											71%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%												66%	65%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

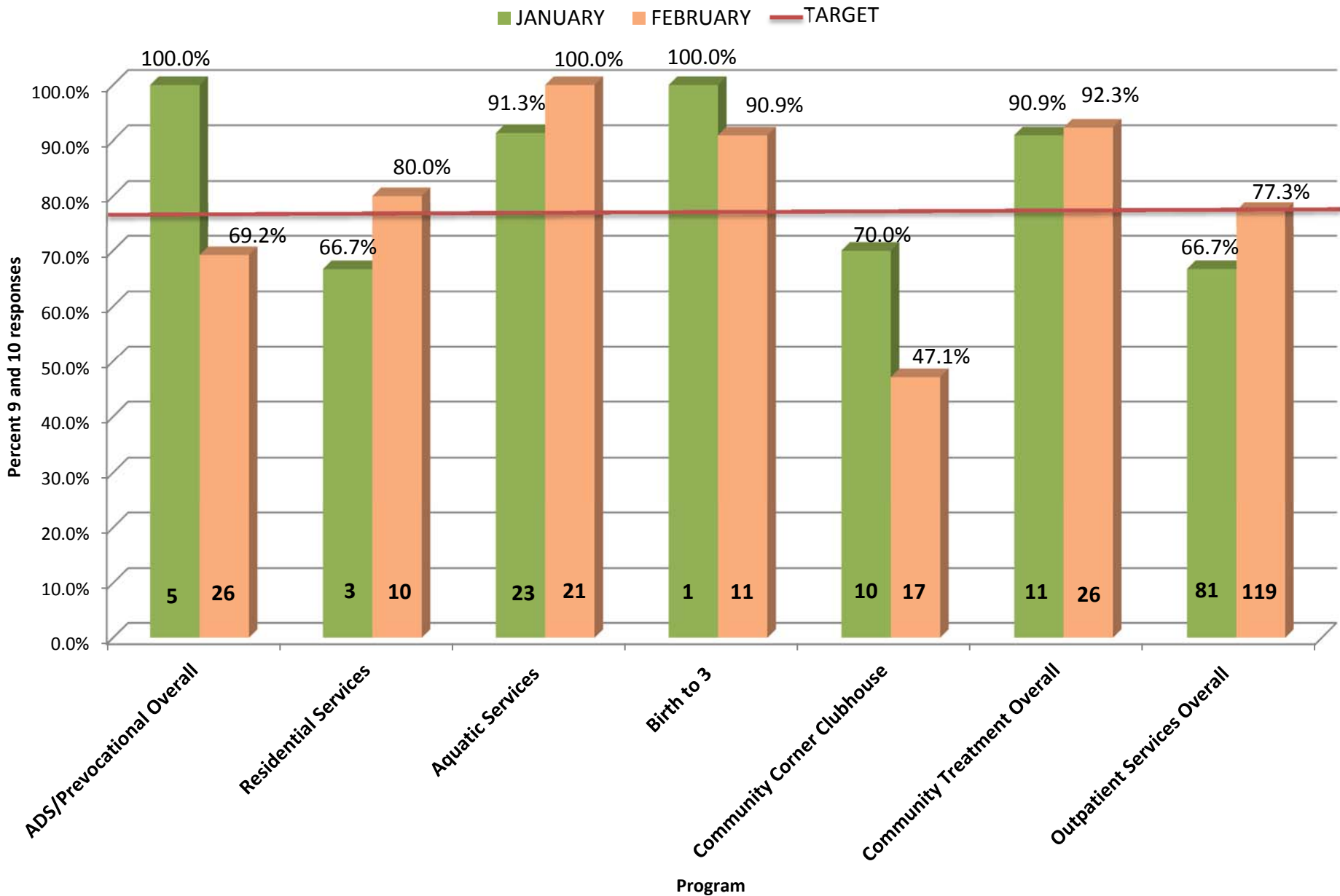
* Monthly Rates are Annualized

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.
Retention Rate	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
Patient Experience: % Top Box Rate	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
CLINICAL	
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis. <i>Benchmark: Medicare Psychiatric Patients & Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
AODA Relapse Rate	Percent for patients graduated from Lakeside Recovery MMT program and/or Day Treatment program that remain in sobriety 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
NCHC Access	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <ul style="list-style-type: none"> • Adult Day Services - within 2 weeks of receiving required enrollment documents • Aquatic Services - within 2 weeks of referral or client phone requests • Birth to 3 - within 45 days of referral • Community Corner Clubhouse - within 2 weeks • Community Treatment - within 60 days of referral • Outpatient Services <ul style="list-style-type: none"> * within 4 days following screen by referral coordinator for counseling or non-hospitalized patients, * within 4 days following discharge for counseling/post-discharge check, and * 14 days from hospital discharge to psychiatry visit • Prevocational Services - within 2 weeks of receiving required enrollment documents • Residential Services - within 1 month of referral
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.

HSO OUTPATIENT SERVICES % 9-10 Responses

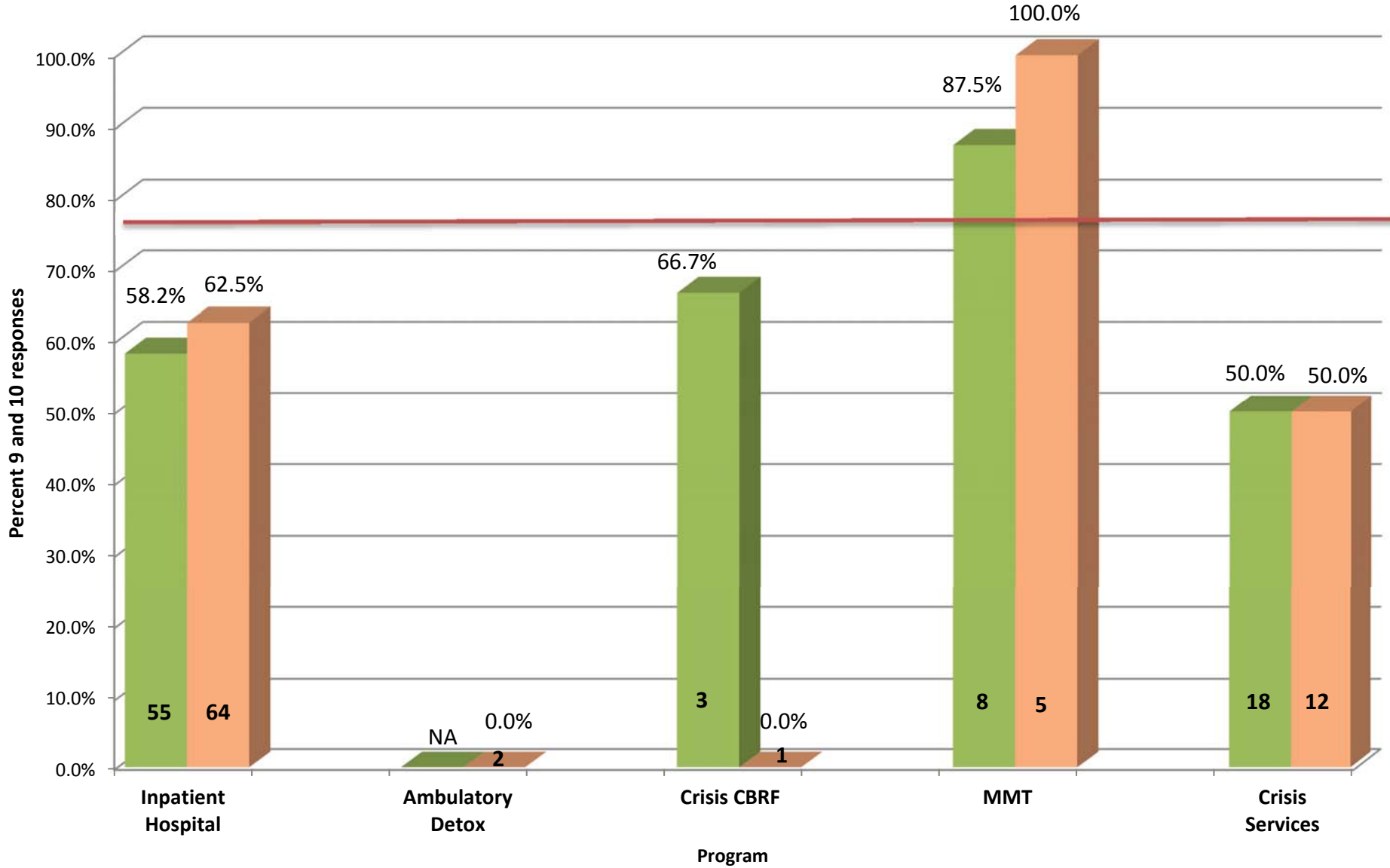


Note: Number located on bar represents total returned suveys

HSO INPATIENT SERVICES

% 9-10 Responses

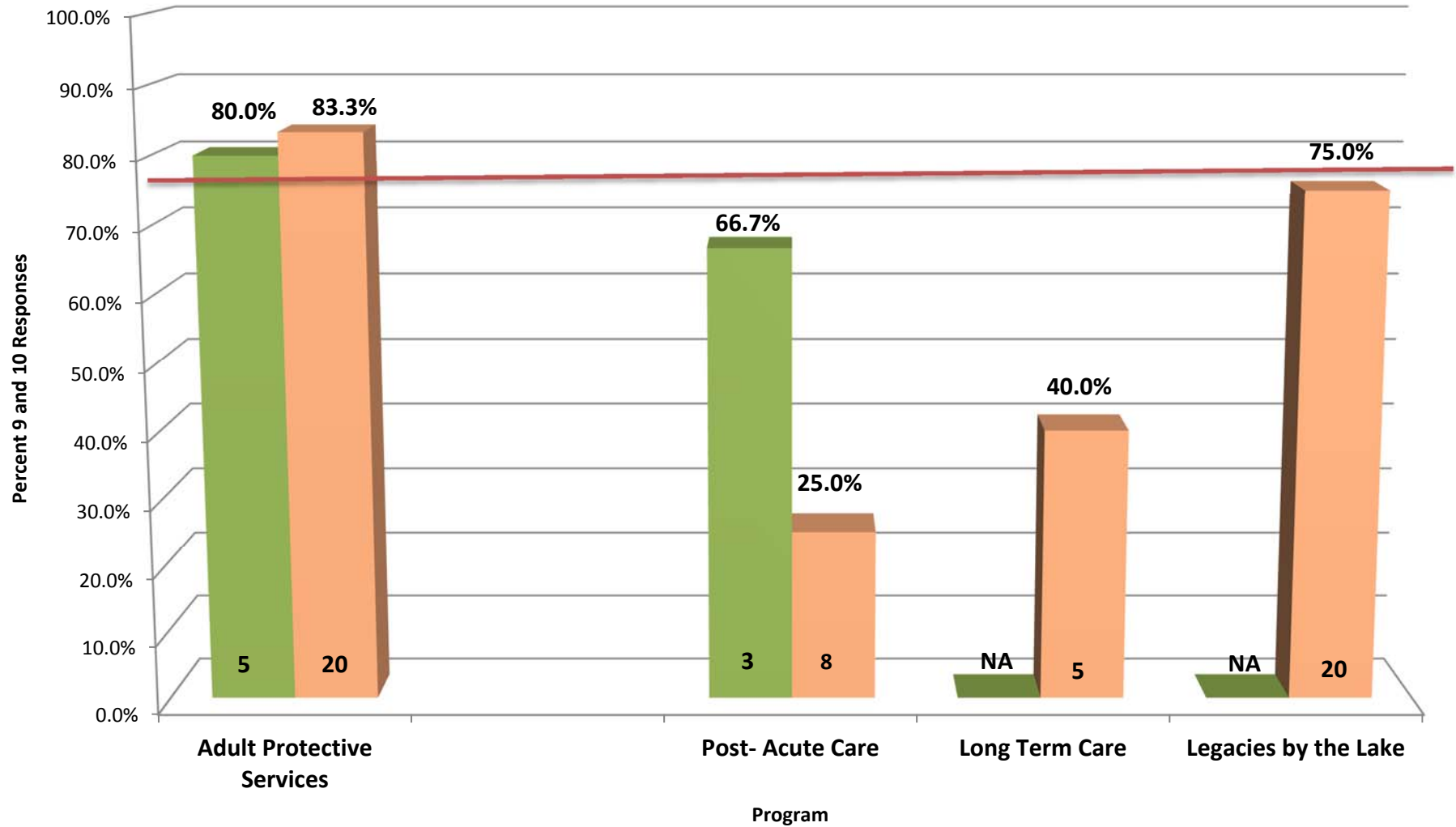
JANUARY FEBRUARY TARGET



Note: Number located on bar represents total returned suveys

Adult Protective Services and Nursing Home % 9 -10 Responses

JANUARY FEBRUARY TARGET



Note: Number located on bar represents total returned suveys

2017 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	5-7%	13.1%	7.1%
		Retention Rate	↓	75-80%	95.3%	\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	Nursing Home Readmission Rate	↓	11-13%	15.0%	11.5%
		Psychiatric Hospital Readmission Rate	↓	9-11%	12.7%	10.9%
		AODA Relapse Rate	↓	36-40%	15.4%	\
	Community	Access to Behavioral Health Services	↑	90-95%	71%	80%
Finance	Direct Expense/Gross Patient Revenue	↓	58-62%	66.0%	65.0%	

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT DAY/ PREVOCACTIONAL/ RESIDENTIAL SERVICES	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	↑			\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑	77-88%	75.0%	87.3% (193/221)
		Community Living Program Employee Vacancy Rate	↓	6-9%	0.0%	\
		Community Living Employee's job competency proficiency Rate	↑	75%-80%	0.0%	69.0%
	Community					
	Finance	% Expense/Gross Patient Revenue	↓	53-58%	60.1%	68.71%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
AQUATIC SERVICES	People	Employee Engagement Aquatic Services Percentile Rank	↑			\
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	↑	77-88%	96%	94.2% (194/206)
	Clinical	% of clients who met pain goal, who were referred for pain management.	↑	90-95%	91.70%	\
	Community		↑			98.6%
	Finance	% Expense/Gross Patient Revenue	↓	40-45%	59.25%	41.82%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
BIRTH TO 3	People	Employee Engagement Birth to 3 Percentile Rank	↑			\
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	↑	77-88%	92%	91.0% (102/112)
	Clinical					
	Community	Total Number of Early Intervention Visits/Month	↑	481-491/mth		
	Finance	% Direct Expense/Gross Patient Revenue	↓	111-116%	95.5%	132.2%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNITY CORNER CLUBHOUSE	People	Employee Engagement Community Corner Clubhouse Percentile Rank	↑			\
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑	77-88%	55.6%	100.0%
	Clinical	Improve membership retention and onboarding experience	↑	55-60%	93.6%	\
	Community	Enhance Community Engagement through outreach		4-8/month	5	\
	Finance	% Direct Expense/Gross Patient Revenue	↓	82-87%	89.8%	77.7%

COMMUNITY TREATMENT	People	Employee Engagement Community Treatment Percentile Rank	↑			\
	Service	Community Treatment Patient Experience Percent 9/10 Responses	↑	77-88%	90.9%	81.1% (215/265)
	Clinical	Timeliness of Treatment Plans	↑	90-95%	85.0%	\
	Community	Access to Community Treatment Services	↑	90-95%	22.0%	53%
	Finance	% Direct Expense/Gross Patient Revenue	↓	77-82%	70.9%	77.0%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS CBRF/ LAKESIDE RECOVERY (MMT)	People	Employee Engagement Adult Day/Prevocational/ Residential Percentile Rank	↑			\
	Service	Crisis CBRF/Lakeside Recovery Patient Experience Percent 9/10 Responses	↑	77-88%	82.4%	77.7% (129/166)
	Clinical	7 Day Relapse Rate from Successful Completion of MMT	↓	36-40%	15.4%	
	Community					
	Finance	CBRF % Direct Expense/Gross Patient Revenue	↓	9-14%	11.64%	15.78%
Lakeside Recovery % Direct Expense/Gross Patient Revenue		↓	24-29%	17.91%	20.34%	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
CRISIS SERVICES	People	Employee Engagement Crisis Services Percentile Rank	↑			\
	Service	Crisis Services Patient Experience Percent 9/10 Responses	↑	77-88%	50.0%	73.8% (62/84)
	Clinical	% of Crisis Assessments with documented Linkage and Follow-up (Random chart sample of 25/month)	↑	75-85%	100.0%	
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	625-630%	804.99%	269.78%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
INPATIENT BEHAVIORAL HEALTH	People	Employee Engagement Inpatient Behavioral Health Percentile Rank	↑			\
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	↑	77-88%	59.5%	44.9% (284/632)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	↓	90-95%	61.0%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	44-49%	43.96%	53.88%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
OUTPATIENT SERVICES	People	Employee Engagement Outpatient Services Percentile Rank	↑			\
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	↑	77-88%	73.0%	63% (459/729)
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge.	↑	90-95%	52.4%	\
	Community	Outpatient Services Access	↑	90-95%	65%	73%
	Finance	%Direct Expense/Gross Patient Revenue	↓	60-65%	201.65%	90.29%

2016 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Employee Engagement MV Overall Percentile Rank	↑			\
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	↑	77-88%	58.3%	68.2% (208/305)
	Clinical	Occupancy Rate (Based on 220 Licensed Beds)	↓	89.5 - 95%	85.4%	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	56-61%	62.32%	60.79%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
POST-ACUTE CARE	People	Employee Engagement Post-Acute Care Percentile Rank	↑			\
	Service	Post-Acute Care Patient Experience Percent 9/10 Responses	↑	77-88%	36.4%	66.3% (59/89)
	Clinical	Avoidable Re-hospitalizations	↓	15%-18%	8.3%	\
	Community					
	Finance	%Direct Expense/Gross Patient Revenue	↓	72-77%	59.4%	68.8%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LONG TERM CARE	People	Employee Engagement Long Term Care Percentile Rank	↑			\
	Service	Long Term Care Patient Experience Percent 9/10 Responses		77-88%	40.0%	54% (54/100)
	Clinical	Reduction in Overall UTI diagnosis	↓	1.35 - 1.40 per 1000 Patient Days	1.1	\
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	46-51%	66.23%	59.03%

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
LEGACIES BY THE LAKE	People	Legacies By The Lake Employee Engagement Percentile Rank	↑			\
	Service	Legacies by the Lake Patient Experience Percent 9/10 Responses	↑	77-88%	75.0%	81.9% (95/116)
	Clinical	Fall Rate	↓	5.5-5.8 /1000 Pt Days	9.2	6.6
	Community					
	Finance	% Direct Expense/Gross Patient Revenue	↓	51-56%	63.00%	51.69%

2016 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ADULT PROTECTIVE SERVICES	People	Employee Engagement Adult Protective Services Percentile Rank	↑			\
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	↑	77-88%	81.6%	88.%(173/197)
	Clinical	% Of At Risk Investigations closed within 30 days.	↑	70-80%	65%	70%(372/531)
	Community					
	Finance	Direct Expense Budget	↓	\$461285 - \$488963	\$488,963	\$485,684

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Employee Engagement Administrative Support/HR/Communication Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
		Percent Growth of Traffic to NCHC Employment Page	↑	12 -15%	16.5%	\
	Clinical					
	Community	# of Multi-Channel Reviews Per Month	↑	3 - 4	5	\
	Finance	Direct Expense Budget	↓	\$166733 - \$176738	\$176,738	\$186,806

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ESS-HOUSEKEEPING	People	Employee Engagement ESS-Housekeeping Percentile Rank	↑			\
	Service	Housekeeping Patient Experience Percent Excellent Responses	↑	77-88%	55.6%	60.8%(189/311)
	Clinical	Weekly room checks pass/fail		88-90%	86.0%	87%
	Community					
	Finance	Direct Expense Budget	↓	\$1117796 - \$1184864	\$1,184,864	\$1,049,669

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
ESS - LAUNDRY	People	Employee Engagement ESS -Laundry Percentile Rank	↑			\
	Service	Laundry Patient Experience Percent Excellent Responses		77-88%	51.7%	43.6%(103/236)
	Clinical	Personal items missing per month	↓	50-75/yr	19	\
	Community					
	Finance	Direct Expense Budget	↓	\$355175 - \$376486	\$376,486	\$346,777

Department	Domain	Outcome Measure		Target Level	2016 YTD	2016 YTD
HEALTH INFORMATION	People	Employee Engagement Health Information Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	Timeliness of chart completion (BHS/NH records within 25 days post discharge)	↑	70-75%	94.8%	92.1%
	Community					
	Finance	Direct Expense Budget	↓	\$375201 - \$397714	\$397,714	\$331,496

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
HUMAN RESOURCES	People	Employee Engagement Administrative Support/HR/Quality Percentile Rank	↑			\
		Employee Retention	↓	75-80%	98.0%	
		Vacancy Rate	↓	5-7%	13.1%	7.1%
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$866541 - \$918534	\$918,534	\$959,805

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
NUTRITIONAL SERVICES	People	Employee Engagement Nutritional Services Percentile Rank	↑			\
	Service	Nutritional Services Patient Experience Percent Excellent Responses	↑	77-88%	48.5%	46.6% (136/292)
		Food Temperature Satisfaction Survey	↑	90-95%	100.0%	48.8%
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$2420457 - \$2565685	\$2,565,685	\$2,653,604

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
PHARMACY	People	Employee Engagement Pharmacy Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	Pharmacy Medication Error Rate	↓	0.081%-0.090%	0.13%	0.02%
	Community					
	Finance	Direct Expense/Gross Patient Revenue	↓	40-45%	43.06%	42.25%

Department	Domain	Outcome Measure		Target Level		2016 YTD
QUALITY	People	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	30-Day Rehospitalization Rate	↓	10-12%	9.3%	2.5%
	Community					
	Finance	Direct Expense Budget	↓	\$729184 - \$772936	\$772,936	\$752,938

Department	Domain	Outcome Measure		Target Level		2016 YTD
INFECTION PREVENTION	People	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	Multiple sticks for a single lab	↓	5-7%	0.0%	\
	Community					
	Finance	Direct Expense Budget	↓			

Department	Domain	Outcome Measure		Target Level		2016 YTD
VOLUNTEER SERVICES	People	Employee Engagement Administrative Support/HR/Quality/ Volunteer Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical					
	Community	Net New Volunteers	↑	35-45	7	32
	Finance	Direct Expense Budget	↓	\$101812 - \$107921	\$107,921	\$94,995

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
BUSINESS OPERATIONS	People	Employee Engagement Financial & Information Division Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$763367 - \$809170	\$836,916	\$773,846
Financial Statement Deadlines		↓	Per Schedule	0	\	

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
DEMAND TRANSPORTATION	People	Employee Engagement Financial & Information Division Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical	Double Occupancy Pick-up	↑	44-50 per month	0	8
	Community					
	Finance	Direct Expense Budget	↓	\$362575 - \$384330	\$384,330	223.63%

Department	Domain	Outcome Measure		Target Level		2016 YTD
INFORMATION SERVICES	People	Employee Engagement Financial & Information Division Percentile Rank	↑			\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$2158595 - \$2288111	\$2,288,111	\$2,511,658

Department	Domain	Outcome Measure		Target Level		2016 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Employee Engagement Financial & Information Division Percentile Rank	↑	75-80th Percentile		\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
	Clinical					
	Community					
	Finance	Direct Expense Budget	↓	\$844461 - \$895129	\$895,129	\$825,997
Percent over 90 days		↓	23-28%	0.0%		

Department	Domain	Outcome Measure		Target Level		2016 YTD
PURCHASING	People	Employee Engagement Financial & Information Division Percentile Rank	↑	75-80th Percentile		\
	Service	Patient Experience: % Top Box Rate	↑	77-88%	69.8%	\
		Internal Customer Service %	↑	85-95%	84.78	99%
	Clinical					
	Community					
Finance	Direct Expense Budget	↓	\$212536 - \$225289	\$227,368	\$226,191	

NORTH CENTRAL HEALTH CARE

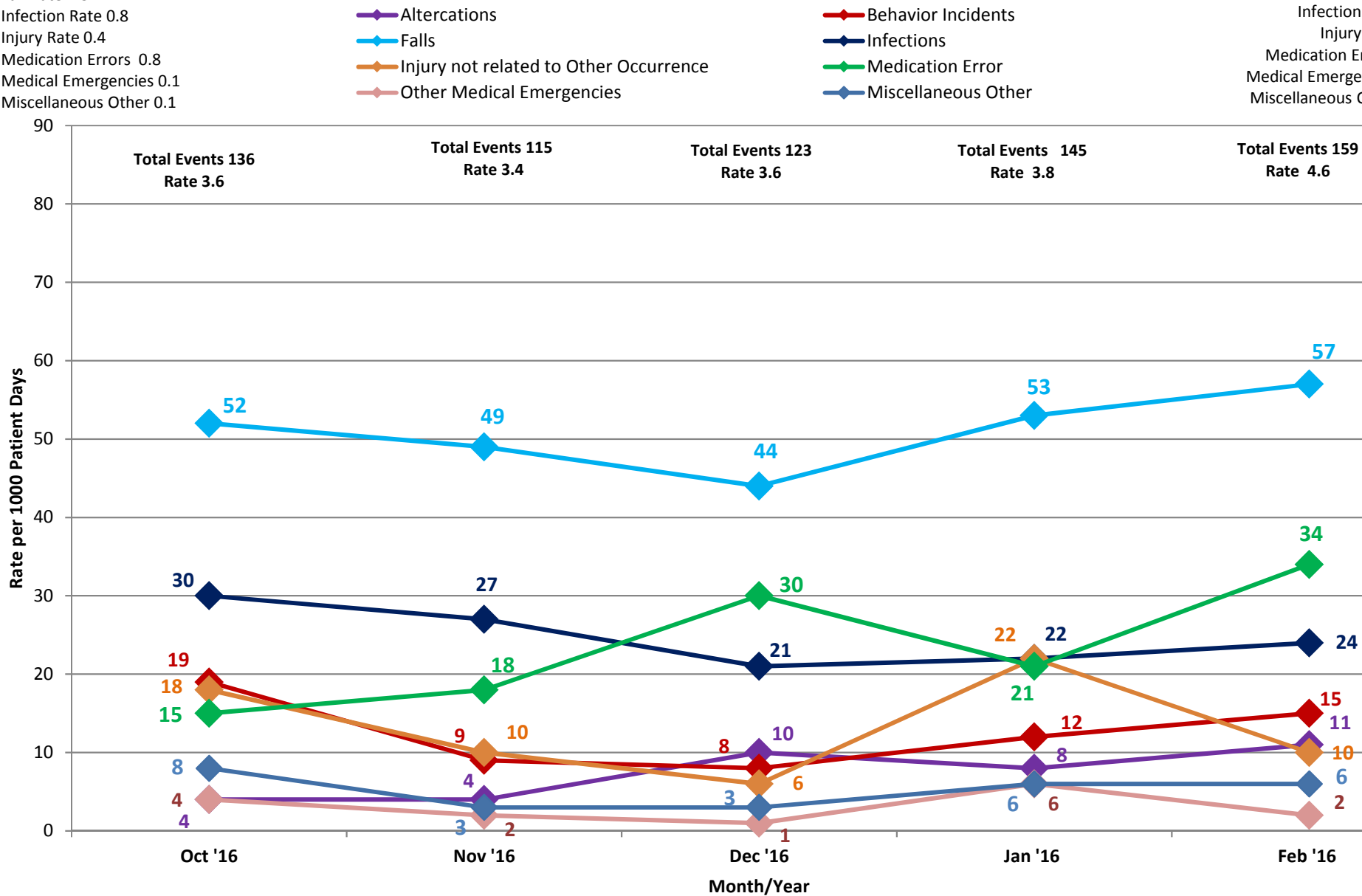
CLIENT/PATIENT/RESIDENTS ADVERSE EVENT DATA

2016 Cumulative 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

2017 Cumulative Rate 4.2

Altercation Rate 0.3
 Behavior Rate 0.4
 Fall Rate 1.5
 Infection Rate 0.6
 Injury Rate 0.4
 Medication Errors 0.8
 Medical Emergencies 0.1
 Miscellaneous Other 0.2



2016 Cumulative Rates

Overall Cumulative 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
 Other 0.001

NCHC EMPLOYEE ADVERSE EVENTS

2017 Cumulative Rates

Overall Cumulative Rate 0.15
 Altercation 0.04
 Fall 0.06
 Direct Patient Care 0.01
 Other Work Activities 0.02
 Struck by/Against/Between 0.01
 Lost/Theft Damage 0.01
 Motor Vehicle 0.00

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

