



OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Thursday, December 17, 2020 at 3:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Meeting number (access code): 1-408-418-9388 Access Code: 146 454 0901 Passcode: 1234

Our Mission

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and long-term care needs.

AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
4. PATIENT IN THE BOARD ROOM (5 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the October 29, 2020 NCCSP Board Minutes*
 - ii. FOR INFORMATION: Minutes of the November 19, 2020 Executive Committee Meeting
 - iii. FOR INFORMATION: Draft Minutes of the November 24, 2020 Nursing Home Operations Committee Meeting

- B. Policy Governance Monitoring Reports
 - i. ACTION: *Motion to Accept the Dashboards and Executive Summary*
 - ii. Executive Reports
 - C. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to reappointment of George Manatt, M.D. and amend privileges for Robert Gouthro, MD*
6. BOARD EDUCATION
- A. Objectives and Key Results: Managing for Execution (20 Minutes) – M. Loy
7. BOARD DISCUSSION AND ACTION
- A. CEO Report and Board Work Plan (5 Minutes) – M. Loy
 - B. ACTION: *Motion to Accept the October and November Financials* (15 Minutes) – J. Meschke
 - C. 2021 Dashboards and Performance Expectations (10 Minutes) – M. Loy
 - D. Board Calendar for 2021 – M. Loy
 - E. ACTION: *Approve Quality and Safety Plan* (10 Minutes) - J. Peaslee
 - F. ACTION: *Approve Code of Conduct* (5 Minutes) – J. Peaslee
 - G. ACTION: *Approve Complaint and Grievance Policy* (5 Minutes) – J. Peaslee
 - H. ACTION: *Approve Utilization Review Plan* (5 Minutes) – R. Gouthro
 - I. ACTION: *Employee Grievance Policy* (5 Minutes) – J. Nickel
 - J. Board Competency Self-Evaluation Results (5 Minutes) – M. Loy
 - K. Executive Limitation Monitoring Structure (10 Minutes) – M. Loy
 - L. COVID-19 Vaccination Plan Overview (10 Minutes) – J. Bracken
8. MOTION TO MOVE INTO CLOSED SESSION
- A. 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, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee
9. RECONVENE TO OPEN SESSION AND REPORT OUT ON POSSIBLE ACTION ON CLOSED SESSION ITEM(S)
10. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

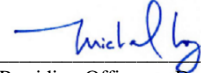
11. BOARD EXPERIENCE OPTIMIZER

12. ADJOURN

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

A handwritten signature in blue ink, appearing to read "Michael By", is written over a horizontal line.

Presiding Officer or Designee

DATE: 12/11/2020 TIME: 4:00 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

October 29, 2020

3:00 p.m.

Wausau Board Room

Present via conference phone (due to Covid19) unless otherwise noted

X	Eric Anderson	X	Randy Balk	X	Nancy Bergstrom
X	Ben Bliven	X	John Breske	X	Kurt Gibbs
X	Lance Leonhard	X (on site)	Robin Stowe	X (on site)	Gabe Ticho
X	Pat Voermans	X	Bob Weaver	EXC	Theresa Wetzsteon
X	Jeff Zriny				

Staff Present: Michael Loy, Dr. Rob Gouthro, Jill Meschke, Tom Boutain, Jaime Bracken, Jennifer Peaslee, Dejan Adzic

Call to Order

- Meeting was called to order at 3:04 p.m.

Chairman's Announcements

- Welcome Nancy Bergstrom. Nancy is replacing Jason Hake who left Lincoln County and is now Deputy Administrator for Marathon County. Nancy has a lot of history with NCHC and we are glad to have her join the Board.

Public Comment for Matters Appearing on the Agenda

- None

Patient in the Board Room

- A member of our Community Living Program was going to join us today, however, the individual was diagnosed with Covid and cannot be here. This is a good example of what we are dealing with on a day to day basis. Like many others in our community every day we are faced with operational challenges and decisions. Currently we have about 5-7% of our employees out with either confirmed positive tests, waiting testing, or quarantined due to exposure. If the virus is among family members, employees could be out 28 days which has a huge impact on life for them and for our organization. Our staff are resilient and doing great work but are taxed. We ask each of us to support the medical community and do the right thing while out in the community. We should be included in the first wave of the vaccine when it becomes available.
- We implemented a program not required by legislation, of an 80-hour Covid leave benefit for staff required to be off.
- Our staff have done an outstanding job in taking the right precautions and caring for our residents.

Consent Agenda and Monitoring Reports

- **Motion**/second, Bergstrom/Gibbs, to approve the Consent Agenda and Monitoring Reports. Motion carried.

Board Education

- Annual Report from the Medical Staff - Dr. Gouthro
 - An update was provided on the Psychiatry Residency program and Medical Staff Initiatives.
 - We are moving in the right direction, providing care regardless of our situation during a pandemic, and doing a good job managing and moving to a future state.
 - Success can be attributed to the decisions made over the last five years, being competitive with the new hospital, renovations, new EMR, spectrum of services, working with the Medical College of Wisconsin, and allowing residents and medical students to play a role in the organization. To continue the growth and align with the needs of our communities, it will be important to maintain communication, articulate realistic expectations of the organization, and focus on caring for patients within our communities.
- Update on the Progress of the Quality, Compliance, and Safety Plan - J. Peaslee
 - A review was given on why we have this plan, its role in the organization, roles and responsibilities of different levels of management, and progress made on the plan since approval in December 2019. An updated plan will be presented in December 2020 for review and approval.

Board Discussion and Action

- Update on the Status of the Temporarily Suspended Medically Monitored Treatment Program – M. Loy
 - Executive Committee, which performs Retained County Authority functions, supported a temporary suspension of the program.
 - MMT started in 2015 with a small program of 6 beds. We were the first county to run a residential treatment program in the State, were successful, and soon added more beds for a total of 15. In early 2020 the State pulled back funding and began to rewrite the rules, therefore we had to temporarily close the MMT program without any funding to support the program. Soon thereafter we transitioned the MMT space as a Covid positive unit in anticipation of needing to house Covid positive patients due to a surge in our hospital system and to hedge if State Institutes closed admissions due to Covid.
 - Medicaid plans to resume payment for services in February 2021 so we're preparing to re-open the MMT program in the first or second quarter of 2021 as renovation phasing allows.
 - L. Leonhard noted that Marathon County would be willing to work with NCHC to possibly redesign MMT and apply resources to the program. G. Ticho commented that MMT is our most intensive program to treat addiction in our community. While understanding why MMT is currently suspended, we need to be recommitted soon at a time when addiction and overdosing is increasing.

- Leonhard noted that he did not recall the Board approving the initial temporary suspension of the MMT program following the approval of the Executive Committee and according to the Joint County Agreement the Board must approve the suspension.
- **Motion**/second, Leonhard/Gibbs, to approve the suspension of MMT program. Motion carried.
- CEO Report and Board Work Plan - M. Loy
 - Our two nursing homes are number 6 and 7 in the State and recognized as part of a national group of America's Best Nursing Homes. We are very proud of our teams in both buildings!
 - The Youth Behavioral Health Hospital opened last week; census is at 4 today; as we get more comfortable our goal is to have an average census of 6 by the beginning of the year and potentially expand beyond our counties to maintain a census of 6.
 - Crisis CBRF is slated to open 2nd week in November (pending regulatory approvals) which will allow us to expand to 16 beds from 12. Then, 2-4 weeks later we will open the Youth Crisis Stabilization Facility.
 - Highlights of the 2020 RCA/CEO Work Plan
 - Continue to make good progress on the Facility Use Agreement with Marathon County
 - Work with Northern Valley Industries continues to progress, albeit slowly
 - Portage County remains interested in exploring a consortium type regional model; data from CLA study is being reviewed; anticipate providing an update in first quarter 2021
 - Updating the market study with CLA on master facility planning in Lincoln County for the nursing home
 - We've shared a small Tomahawk Outpatient Office space with Lincoln County including a clerical position; Lincoln County has decided to close that location for cost savings measures; NCHC will absorb the full cost of the clerical position
 - Three major items, Covid, campus renovations, and implementing Cerner (the new EMR), will have impact on our balance sheets and accounts receivables over the next 12-18 months
 - Last month we had a diversity and inclusion presentation; we've had an opportunity to circle back with the employees and team for a better understanding of cultural differences, communication, etc. and it has been a good learning opportunity with how we can be more inclusive
 - 2020 has been a challenging year financially, and we delayed wage increases for staff this year. A recommendation will be brought forward to the Executive Committee to recognize our staff with a 1-time payment for employees who started this year with us and stuck with us. Federal dollars have come in to help offset expenses and losses in revenue, but we have done nothing to recognize employees. Our goal was to keep employees from furloughs and we have been able to do that.

September Financial Statements - J. Meschke

- Current budget is not particularly representative of the type of operations we are experiencing right now; but a good yardstick to see directionally how our revenues and expenses are flowing; to maintain operations during the pandemic a lot of expenses can be attributed to overtime and agency staff; our revenues have been most affected due to program closures and census challenges.
- No additional Cares Act funding was received in September. However, a third round of distribution is likely, with different methodology; but applications for NCHC and Pine Crest have been submitted.
- **Motion**/second, Leonhard/Bliven, to accept the September Financial Statement. Motion carried.

Chief Nursing Officer's Executive Report – J. Bracken

- A review of the CNO's report was provided; the nursing team is working very hard during these times and doing a tremendous job under very trying circumstances.

Cerner Presentation – T. Boutain

- An overview of the status of implementing the new electronic medical record (EMR) was provided; our goal is to implement the new EMR around 2/1/2021

Governance Effectiveness Survey Results – M Loy

- NCCSP Board Self-Evaluation – Summary of Results was reviewed

Policy Governance Manual – M. Loy

- Proposed modifications were noted in the document with tracked changes.
- Grammatical change noted: We are a regionally 'unequalled' rather than 'unequally'
- **Motion**/second, Leonhard/Anderson, to approve the Policy Governance Manual with the proposed modifications and the grammatical correction. Motion carried.

Board Calendar and Future Agenda Items - M. Loy

- No meeting in November; next meeting is December 17.

Adjourn

- **Motion**/second, Anderson/Leonhard, to adjourn at 5:00 p.m. Motion carried.

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

November 19, 2020

3:00 PM

NCHC – Wausau Board Room

(Present via conference phone unless otherwise noted.)

Present:	X _(on site) Jeff Zriny	X	Nancy Bergstrom
	X Lance Leonhard	X	Robin Stowe
	X Eric Anderson		

Others Present: Todd Penske and Marc Harding, PeopleFirst

Call to Order

- Meeting was called to order at 3:02 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of October 13, 2020 Executive Committee Meeting Minutes

- **Motion**/second, Leonhard/Stowe, to approve the October 13, 2020 Executive Committee meeting minutes. Motion carried.

Motion to Move Into Closed Session:

- A. **Motion**/second, Leonhard/Stowe, Pursuant to §19.85(1)(c) Wis. Stats. to consider Performance Evaluation of a Public Employee Over Which the Governmental Body has Jurisdiction or Exercises Responsibility, namely the Chief Executive Officer of North Central Health Care.
- B. Roll call taken, all ayes. Motion carried. Meeting convened in closed session at 3:04 p.m.

Reconvene to Open Session and Report Out on Possible Action on Closed Session Item(s)

- A. **Motion**/second, Leonhard/Stowe, to return to open session. Motion carried.
- B. No report out or action.

Future Agenda Items for Executive Committee or Board Consideration

- A. No discussion.

Adjourn

- A. **Motion**/second, Leonhard/Stowe, to adjourn. Motion carried. Meeting adjourned at 3:59 p.m.

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

November 24, 2020

3:00 PM

Conference Call

Present: X Jeff Zriny X Kurt Gibbs X Paul Gilk
X Cindy Rider X Pat Voermans X Bob Weaver

Staff: Michael Loy, Jarret Nickel, Jill Meschke, Zach Ziesemer, Ryan Hanson, Kristin Woller, Dejan Adzic

Call to Order

- Meeting was called to order at 3:02

Public Comment for Matters Appearing on the Agenda

- None

ACTION: Approval of September 22, 2020 Nursing Home Operations Committee Minutes

- **Motion**/second, Gilk/Weaver, to approve the September 22, 2020 Nursing Home Operations Committee meeting minutes. Motion carried.

Financial Report – J. Meschke

- Financial highlights for October for Mount View Care Center and Pine Crest were reviewed. We did apply for additional federal funding that we're waiting to hear about, and Gov. Evers has announced targeted nursing home specific funding that we're waiting to hear about also.

Nursing Home Operations Reports

- Mount View Care Center Operations Report – K. Woller
 - Even with the number of staff who left the nursing department, we have not had as much of a challenge staffing due to a lower census and when shifts need to be covered we ask staff to pick up additional shifts rather than having mandatory overtime.
 - When units are on enhanced precautions, patient experience scores are being negatively affected with residents having limited activities and socialization, no family visits, and needing to stay in their room; however, year to date scores remain above target.
 - Readmission rate for October is related to one resident who returned to the hospital 3 times during their first week who was very ill with cardiac issues; only 1 resident went to the hospital with issues related to Covid in October.
 - The State is in the building today on an infection prevention focused visit; they should be exiting today.

- When residents are taken off enhanced precautions, we will be moving some of them from Lake View Heights to Southern Reflections to reduce the number of beds on that unit from 40 to 20. This is in relation to the nursing home renovation.
- We are admitting residents to the dementia program and needing to manage placement of residents carefully due to uncertainties with Covid and during the phases of renovation.
 - C. Rider noted that from the hospital perspective, there is a shortage of dementia beds and they are struggling to get them into the community from the hospital.
- Pine Crest Nursing Home Operations Report – Z. Ziesemer
 - State is also at Pine Crest today for an infection control focused survey. No concerns or citations issued.
 - Uptick in falls was mainly attributed to staff call-ins due to Covid and unfamiliar staff of residents.
 - Averaging 20-25 contracted staff at a time due to open positions and Covid-related absences but we are working to reduce use of contracted staff.
 - Established 400 Unit as Covid unit which we move residents who test positive to the unit for the 14-day infectious period.

COVID Response – M. Loy

- Emphasized an appreciation for our teams in the nursing home. Demands of leadership in skilled nursing is incredible. Our teams have been working long hours every day and troubleshooting continually for months taking care of our residents and keeping them safe. They have done this without supports they normally have with volunteers and activity staff and we appreciate everything they are doing.
- Without Cares Act Funding Mount View would have lost about a half million dollars and Pine Crest a quarter million operationally. Our census has taken a huge hit and it's difficult for nursing homes in general to be able to adjust expenses quickly, but our teams have done a great job to mitigate expenses relative to these changes.
- There is positive news on a vaccine and anticipate it arriving about mid-December. Nursing homes will be top priority along with health care workers in general. We will be able to administer the vaccine to our residents and staff in direct care who have not had Covid first. Vaccines will be required of our staff or they will need to wear PPE moving forward.
- In short term, once the vaccine is available, we can more readily open for admissions and possibly accommodate a potential surge at the hospitals.
- Long term, we will see impact of people's perceptions toward nursing homes in our census and we'll be relooking at the size and scope of our nursing homes as we move forward. We have seen impacts predominantly in our Medicare and self-pay numbers with people electing to care for family members at home. Feel there will be demand eventually for care in the nursing home. Given Cares Act money and vaccine we should be able to weather this operationally and financially.

- In the State budget there is a huge request for funding for nursing homes. Several closures have been delayed due to Cares Act funding but without additional funding they will eventually be at risk again. Long term implications to the long-term care industry will be one of access and regulatory whiplash will be substantial due to increased scrutiny in infection prevention practices i.e. multi-resident rooms will likely be prohibited in the future unless in case of emergency.
- Current push from both federal and state is to keep individuals out of the nursing homes however, there isn't a local community-based provider adequate to capture those individuals. Since August, those going into home care rather than a skilled nursing home has risen tremendously which also means a higher acuity level for those in the home.
- Wisconsin had been one of the worst in the nation for reimbursement, but work is being done in addressing this to get reimbursement more in line with actual cost of care.

Future Agenda Items and Meeting Schedule

- Meetings will occur every other month in 2021 starting in January
- Covid will remain on agenda including an update on the vaccine
- Strategy moving forward and decisions to be made based on industry
- Portage County discussions

Adjourn

- **Motion**/second, Gilk/Rider, to adjourn the meeting at 3:45 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DEPARTMENT: NORTH CENTRAL HEALTH CARE								FISCAL YEAR: 2020								
PRIMARY OUTCOME GOAL	↕	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%	6.8%	6.8%	7.5%	8.1%	8.3%		7.9%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%	85.1%	83.1%	79.9%	77.8%		75.8%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%	89.8%	84.5%	83.5%	93.4%	88.1%		87.6%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%	4.9%	10.9%	18.4%	15.5%	6.1%		10.3%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%	15.8%	28.0%	14.8%	16.7%	23.5%		13.9%	11.4%
Nursing Home Star Rating - MVCC	↗	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★		★★★★	★★★
Nursing Home Star Rating - Pine Crest	↗	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★		★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02	0.66	0.49	0.69	0.88		0.75	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16	2.07	6.25	3.07	4.70	4.72		3.15	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226	243	203	242		269	320
Hospital Length of Stay (Avg Days) - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22	5.10	4.45	4.71	4.60		5.35	5.86 Days
Hospital Length of Stay (Avg Days) - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96	10.08	11.19	10.33	14.79		11.44	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%	18.8%	18.3%	17.4%	19.2%	19.1%		18.7%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%	1.37%	1.31%	1.14%	1.17%	0.96%		1.22%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%	75.4%	70.3%	78.9%	72.5%	73.5%		72.5%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%	38.8%	39.5%	37.2%	42.1%	39.0%		39.3%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220	\$97,104	\$79,838	\$107,002	\$88,660	\$98,417		\$86,706	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%	12.2%	-12.6%	-9.7%	-13.0%		-1.6%	-4.5%

↗ Higher rates are positive

↘ Lower rates are positive

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD Agg
North Central Health Care	People (Current Filled FTE / Open FTE) (777/65)	Vacancy Rate	↘	9.6%	/	7-9%	7.9%
		Retention Rate	↗	85.1%	/	82-84%	75.8%
	Service	Patient Experience	↗	81.0	/	81-83%	87.6%
	Quality	Hospital Readmission Rate	↘	11.9%	/	10-12%	10.3%
		Nursing Home Readmission Rate	↘	11.4%	/	10-12%	13.9%
		Nursing Home Star Rating - MVCC	↗	★★	/	★★★★	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★	/	★★★★	★★★
		Zero Harm - Patients	↘	0.64	/	Monitoring	0.75
		Zero Harm - Employees	↘	3.60	/	Monitoring	3.15
		Out of County Placements	↘	320	/	220 per month	269
		Hospital Length of Stay (Avg Days) - NCHC	↘	5.86 Days	/	Monitoring	5.35
		Hospital Length of Stay (Avg Days) - Diversions	↘	7.45 Days	/	Monitoring	11.44
	Community	No Show Rate	↘	12.9%	/	8-10%	18.7%
		Hospitalization Rate	↘	/	/	Monitoring	1.22%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	72.5%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.3%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$86,706
		Net Income	↗	-4.5%	/	2-3%	-1.6%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Clubhouse	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	72.7%
	Service	Patient Experience	↗	81-83%	93.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$652 - \$978 per month	(\$2,569)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Community Treatment	People (88/4)	Vacancy Rate	↘	7-9%	2.4%
		Retention Rate	↗	82-84%	81.2%
	Service	Patient Experience	↗	81-83%	90.6%
	Quality	Zero Harm - Patients	↘	Patients	0.11
		Zero Harm - Employees	↘	Employees	3.15
	Community	Hospitalization Rate	↘	Monitoring	1.34%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$93,387

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Crisis & CBRF	People (34/3)	Vacancy Rate	↘	7-9%	8.2%
		Retention Rate	↗	82-84%	65.7%
	Service	Patient Experience	↗	81-83%	83.6%
	Quality	Zero Harm - Patients	↘	Patients	16.54
		Zero Harm - Employees	↘	Employees	3.15
	Community	Hospitalization Rate	↘	Monitoring	2.49%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	(\$19,029)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Hospital	People (48/2)	Vacancy Rate	↘	7-9%	17.3%
		Retention Rate	↗	82-84%	64.5%
	Service	Patient Experience	↗	81-83%	82.6%
	Quality	Hospital Readmission Rate	↘	10-12%	10.3%
		Zero Harm - Patients	↘	Monitoring	5.00
		Zero Harm - Employees	↘	Monitoring	3.15
		Out of County Placements	↘	220 per month	269
		Hospital Length of Stay - NCHC	↘	Monitoring	5.35
		Hospital Length of Stay - Diversions	↘	Monitoring	11.44
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$191,135)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MMT	People (0/0)	Vacancy Rate	↘	5-7%	6.1%
		Retention Rate	↗	82-84%	81.8%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.15
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$22,618)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Outpatient	People (21/4)	Vacancy Rate	↘	7-9%	11.9%
		Retention Rate	↗	82-84%	68.8%
	Service	Patient Experience	↗	81-83%	90.1%
	Quality	Zero Harm - Patients	↘	Monitoring	0.23
		Zero Harm - Employees	↘	Monitoring	3.15
	Community	No Show Rate	↘	8-10%	20.5%
		Hospitalization Rate	↘	Monitoring	0.83%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$20,796)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Psychiatry	People (20/0)	Vacancy Rate	↘	5-7%	2.1%
		Retention Rate	↗	82-84%	92.7%
	Service	Patient Experience	↗	81-83%	77.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.15
	Community	No Show Rate	↘	8-10%	16.4%
		Hospitalization Rate	↘	Monitoring	1.09%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$50,072)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Day Services	People (30/0)	Vacancy Rate	↘	7-9%	0.4%
		Retention Rate	↗	82-84%	85.1%
	Service	Patient Experience	↗	81-83%	98.4%
	Quality	Zero Harm - Patients	↘	Monitoring	1.06
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$38,275)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Group Homes	People (26/4)	Vacancy Rate	↘	7-9%	9.6%
		Retention Rate	↗	82-84%	87.5%
	Service	Patient Experience	↗	81-83%	95.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.15
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$29,935

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Services	People (29/3)	Vacancy Rate	↘	7-9%	12.1%
		Retention Rate	↗	82-84%	97.2%
	Service	Patient Experience	↗	81-83%	92.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.98
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	\$967

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Aquatic	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	90.1%
	Service	Patient Experience	↗	81-83%	98.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.14
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$6,975)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MVCC	People (147/17)	Vacancy Rate	↘	7-9%	11.4%
		Retention Rate	↗	82-84%	69.2%
	Service	Patient Experience	↗	81-83%	87.0%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	13.5%
		Nursing Home Star Rating - MVCC	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.78
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$51,676

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pine Crest	People (133/20)	Vacancy Rate	↘	7-9%	9.3%
		Retention Rate	↗	82-84%	74.7%
	Service	Patient Experience	↗	81-83%	81.5%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	11.6%
		Nursing Home Star Rating - Pine Crest	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	1.88
		Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$52,492

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Housekeeping and Laundry	People (39/4)	Vacancy Rate	↘	7-9%	8.0%
		Retention Rate	↗	82-84%	68.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$347,918

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Nutrition Services	People (45/3)	Vacancy Rate	↘	7-9%	9.1%
		Retention Rate	↗	82-84%	58.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$264,597

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Business Operations	People (10/1)	Vacancy Rate	↘	5-7%	1.8%
		Retention Rate	↗	82-84%	87.9%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$71,568

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Human Resources	People (6/0)	Vacancy Rate	↘	5-7%	1.5%
		Retention Rate	↗	82-84%	78.2%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$55,660

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Informatics	People (15/0)	Vacancy Rate	↘	5-7%	2.9%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$224,576

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Marketing & Communication	People (4/0)	Vacancy Rate	↘	5-7%	1.9%
		Retention Rate	↗	82-84%	81.8%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$29,109

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Organizational Development	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$33,460

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Access Services	People (19/1)	Vacancy Rate	↘	5-7%	1.0%
		Retention Rate	↗	82-84%	79.6%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$52,921

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Financial Services	People (13/0)	Vacancy Rate	↘	5-7%	0.7%
		Retention Rate	↗	82-84%	91.6%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$65,214

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pharmacy	People (11/0)	Vacancy Rate	↘	5-7%	0.9%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$18,114

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Transportation	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.15
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$8,399

Dashboard Executive Summary

December 2020

Organizational Dashboard Outcomes

People

❖ Vacancy Rate

The Vacancy Rate target range for is 7.0-9.0%. We were within our vacancy target for the month of November at 8.3% as well as YTD projection of 7.9%. We continue to have strong recruitment numbers, averaging 32 hires per month.

❖ Employee Retention Rate

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We were tracking towards a 75.8% YTD rate which remains below target. We continue our work on initiatives to increase retention. With a diminished ability to have our normal engagement with new employees, we are seeing higher than normal first year turnover rate increases. A full employee engagement survey was completed in November. Reports from the survey are projected to arrive in mid-December.

Service

❖ Patient Experience

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. For both October and November, we exceeded our target resulting in a YTD of 87.6%. October was our highest month YTD at 93.4%. In 2021, we will be evaluating our current survey distribution processes and will work with programs to identify actions to improve our response rate which remains an area of improvement.

Quality

❖ Hospital Readmission Rate

The Readmission Rate is a percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. November brought an improved readmission rate of 6.1%, down from 18.4% in September and 15.5% in October. While it is within the target range for the month, at 10.3%, we continue to see increased use of Crisis services during the pandemic for our existing clients as well as many new cases that are unique to NCHC. To meet this need, we are working with our front-line staff, social work teams, and partnering with our community treatment and outpatient programs to ensure that communication and collaboration are at the forefront of our care.

❖ Nursing Home Readmission Rate

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for November between the two facilities was a readmission rate of 23.5% and year to date we are slightly over target with a 13.9% readmission rate. Readmission rate performance continues to be driven by COVID outbreaks and low admissions.

❖ **Nursing Home Star Rating - MVCC**

We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS standards. The current MV overall rating is a 3 star as of November. The quality metric domain resides at a 4-star rating. Due to new Covid-19 guidelines, CMS and the State of Wisconsin have suspended many sections of the 5-star report which affects our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window. Currently, there is no plan for annual certifications per DHS.

❖ **Nursing Home Star Rating – Pine Crest**

No change since prior reporting. Pine Crest remains to be rated as an overall 3-star facility. The quality metric domain resides at a 4-star rating. We continue in not anticipating an increase to the overall star rating for the remainder of the year.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target and instead watch for trending. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x 1,000. For the month of October and November, our rates increased slightly at 0.69 and 0.88 leading to a YTD rate of 0.75 which is above the 2019 YTD rate of 0.64. We are monitoring falls, medication errors and continuing with suicide prevention efforts as these remain the primary driver of this rate.

❖ **Zero Harm – Employees**

Year to date we are averaging a rate of 3.15 as our harm rate which is an improvement when compared to 2019 where we averaged a 3.60 harm rate. We have developed a new employee injury and illness reporting tool in our occurrence reporting software that will continue to aide in early identification and intervention opportunities.

❖ **Out of County Placements**

We continue to move closer to the target of 220 diversion days per month. October saw 203 days, November saw 242, placing our YTD average at 269—down from a 2019 monthly average of 320 days per month. Geriatric psychiatry needs continue to contribute to this number. Since the opening of our Youth Hospital, youth out of county placements have dipped to 1 to 2 youths placed on average. As the Youth Hospital expands to accept full capacity, out of county youth placements should become rare. Finally, we are working to increase our capacity to accept patients who are more severe in their presenting aggression/dangerousness, as this patient population is a small, but persistent, contributor to diversion costs.

❖ **Hospital Length of Stay – NCHC**

Hospital length of stay remains appropriate at an average of 5.35 days YTD. The average length of stay for October was 4.71, and for November was 4.60.

❖ **Hospital Length of Stay – Diversions**

Diverted patients have an average of 11.44 days YTD. October averaged 10.33 and November averaged 14.79 for length of stay in diversions. Negatively affecting the November rate (and likely December), is one patient who is currently requiring a longer-term mental health stabilization stay following a period of repeated readmissions, due to the patient's condition failing to stabilize despite these repeated hospitalizations.

Community

❖ **No-Show Rate (OP/Psychiatry)**

The No-Show Rate is reflective of the average daily same day cancellation and no-show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10% with October being 19.2%, November being 19.1% for a YTD rate of 18.7%. A policy and procedure was implemented in July to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows. These process improvement changes have been implemented and should positively impact this measure.

❖ **Hospitalization Rate**

Hospitalization Rate is a new monitoring measure for 2020 which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. For October, the rate remained steady at 1.17% as compared to the previous month and for November our rate decreased to 0.96% for a YTD rate of 1.22%.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue which is essentially a productivity/efficiency measure. The 2020 target is 60-62%. This measure for November is 73.5%. This outcome is not within target range. The primary driver for the unfavorable result gross revenue being well under budget due to Covid related volume changes.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for November is 39.0%, which is favorable to the target. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**

The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions do not follow to the same degree. The target is \$67,000-\$70,000 per day. For November, the average cost per day outcome is \$98,417 which highlights an operational inefficiency. This measure is unfavorable year-to-date as billed revenue has not kept pace with expenses.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at -1.6%. For November, the measure is -13.0%.

Program-Specific Dashboard Outcomes - items not addressed in analysis above

The following outcomes reported are measures that were not met target (red) at the program-specific level for the month. The 2020 YTD indicator may be red but if there is no narrative included in this report, that means the most recent month was back at target while the YTD is not. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Human Service Operations

❖ Clubhouse:

- Retention Rate: Target is 82-84%. YTD we are at 72.7%. Clubhouse will continue to have a vacancy for the remainder of the year which is contributing to this rate. We will continue to hold this position vacant as we move into 2021.
- Net Income: For the year Clubhouse revenue is below target. Target is \$652 to \$978. YTD is \$2,569 deficit. We continue to face difficulty with revenue given our membership is not largely enrolled in a Medicaid reimbursable program such as Comprehensive Community Services. Clubhouse received 6 referrals, had 4 tours, and 7 returning members for the month of November. Active membership is down slightly to 108 from 110 the previous month and we continue collaboration efforts with Community Treatment and other NCHC programs to advocate for clients who need our services to increase revenues.

❖ Community Treatment

- Retention Rate: The 81.2% YTD outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. The monthly outcomes have exceeded or been within the target throughout 2020. At this time, we have not received notice of any resignations in December and we do not anticipate any terminations. Based on this information it is expected that the target will again be met for December.
- Patient Experience: For the month of October we exceeded the target at 95.3% however we did not meet the target for November with a rate of 75.0%. YTD, we are continuing to exceed the target at 90.6%. The return rate was low for November and is believed to be related to consumers being asked to complete the state Comprehensive Community Services (CCS) consumer satisfaction surveys during this time. It is difficult to have consumers complete both the agency and state surveys.

❖ Crisis & CBRF

- Retention Rate: This continues to be an area of opportunity as the Retention Rate for Crisis and CBRF is currently at 65.7% YTD which is not meeting the target of 82-84%. For both October and November, we did not meet the target at 74.3% and 68.6%. One employee moved out of the area and another was re-assigned to another program internally with one staff member leaving for a better suited opportunity.
- Net Income: Both October and November saw a loss leading to a YTD loss of \$19,029. Staff overtime spiked in both areas largely due to COVID related issues.

❖ Hospital

- Retention Rate: The hospital retention rate has remained under target, at 64.5% YTD. Both October and November were under target at 65.8% and 67.5%. The increase in nursing leadership support is an effort to improve this measure, and increased efforts for recruitment for the Nurse Manager position have yielded positive results with two strong candidates currently in the interview process.

- **Vacancy Rate:** There has been a positive shift in the hospital vacancy rate, with a November rate of 3.4%, down from 11.3% in October. Several RNs are currently orienting on the unit and the leadership team is striving to ensure a positive experience.
- **Out of County Placements:** This is referenced above in NCHC's organizational dashboard results overview.
- **Net Income:** The hospital net income has continued to take hits from inconsistent patient volume during the pandemic. A positive area to note is that the Utilization Review social worker who entered the position several months ago has improved the hospitals paid patient days significantly, so that regardless of census our reimbursement for stays has maintained near 100% month to month.

❖ **Medically Monitored Treatment (MMT)**

The Medically Monitored Treatment program has been suspended due to Covid.

❖ **Outpatient**

- **Vacancy Rate:** The vacancy rate for both October and November were 19.8% leading to a YTD rate of 11.9% which is not meeting the target of 7-9%. We have had a couple of key recruitment positions filled with start dates in November and December. We also have an accepted offer for another therapist position beginning in January.
- **Retention Rate:** The 68.8% YTD outcome is a calculated rate that is forecasting based on what the final year to date would be if terminations remained constant. For both October and November, our rate was at 71.4%. We are awaiting the results of the organization employee engagement survey to identify areas of opportunity to positively impact this measure. At this time, we have not received notice of any resignations in December and we do not anticipate any terminations.
- **No Show Rate:** The target is 8-10%, with October being 20.7%, November being 20.5%, resulting in a YTD rate of 20.5%. A no-show policy and procedure were implemented in July. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows. These process improvement changes have been implemented. Since late September, 20 therapy clients have been referred to Open Access due to recurrent no shows.
- **Net Income:** The target is \$5,774-\$8,661, with October being \$15,524, which is a substantial improvement from the previous months, however we saw a loss for November at \$98,716 resulting in a YTD loss of \$20,796, below target. Expenses are being managed, but revenue remains below target. A high expense has been discontinued. New employees continue to build their caseload which supports increased revenue.

❖ **Psychiatry**

- **Patient Experience:** The target is 81-83%, with October being 100%, November being 89.3% resulting in a YTD rate of 77.6%. Efforts to increase the return rate of surveys specific to psychiatry services have been successful. Low return rates factor in the high fluctuation of results.
- **No-Show Rate:** The target is 8-10%, with October being 17.3%, November being 17.4%, resulting in a YTD rate of 16.4%. A review of the process identified opportunities for process improvement related to tracking and monitoring no shows and have been implemented. Since late July, 13 psychiatry clients have been referred to Open Access due to recurrent no shows.

- Net Income: The target is \$10,386-\$15,578, with October being (\$139,528) and November showing a loss of (\$30,691) resulting in a YTD loss of (\$52,072). The efforts to maximize scheduling grid utilization are continuing with the goal of increasing revenue. Recruitment costs and sign on bonuses are a factor in the negative variance for expenses. In addition, the opening of the youth hospital has increased costs for provider services.
- ❖ **Day Services**
- Net Income: For November we were off target with a negative net income of \$41,011 which is directly an effect of the pandemic. All three location Merrill, Antigo and Wausau sustained program closers and we have begun the re-opening of services however full membership has yet to return. In addition to the closer both the prevocational program and Wausau ADS were impacted by COVID outbreaks.
- ❖ **Residential Group Home**
- Vacancy rate: Vacancy rate continues off target with a rate of 15.8% in November. Year to date we are off target by 0.6%. The main cause for the high vacancy rate is difficulty in recruiting new employees. The overall residential applicant pool is small and applicants applying have limited health care background. As a result of these small applicant pools, we have been working within workforce and management to direct recruitment of potential employees.
- ❖ **Residential Services**
- Vacancy Rate: Vacancy rate was off target by 1.1% for November which has been the best month for entire year. Residential services experience the same challenges as Residential Group Homes with smaller applicant pools and limited healthcare experience. Efforts for direct recruitment have been a large factor for the reduction in vacancy rate month over month.
 - Net Income: November net income was -\$26,579 which brought the entire year financials into the red. The largest factor for the negative income is directly related to shortfalls within Forest Street Services. Primarily payor mix has changed over time resulting in a decline in revenue. Payor mix changed due to demand and need within placement for individuals with mental health and AODA/substance abuse issues and with the service's ability to bill within acuity. The plan to resolve is to work with current members that have obtained maximum independence and benefit from the program to move towards finding community based housing and utilize in home services to allow admissions for higher needs individuals.

Nursing Home Operations

- ❖ **Aquatic Services**
- The Net Income target for Aquatic Services is \$2,275 - \$3,413 per month. November's net income was below target at (\$18,642). Net income YTD remains negative at (\$6,975) below target. Due to an increase in COVID cases in the community, the Aquatics program has seen a reduction in encounters.
- ❖ **MVCC Overall**
- Vacancy Rate: The month of October showed a 10.4% vacancy rate and November showed a 11.6% vacancy rate with a target range of 7-9%. Year to date we have reduced our rate to 11.4% which is above target but showing continual reduction. Focus remains on ongoing recruitment to fill openings. We are seeing increased resignations due to COVID-related concerns. Currently, we are no longer able to participate in the emergency CNA course training due to current state survey results which is anticipated to negatively impact our efforts in this area.

- **Retention Rate:** For the month of October and November, our retention rates fell below target at 75.0% for October and 71.8% for November with the YTD being at 69.2%. We had 11 resignations for the month of October and 8 resignations for the month of November. These were mostly related to employees not meeting occasional requirements by not picking up hours, employees moving out of the area and employees getting out of health care all together. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.
- **Readmission Rate:** The month of October showed a 23.8% readmission rate and November showed a 23.1% readmission rate with the YTD being at 13.5% which is above target. The rate was high the last several months because our units including our rehab unit have been on and off enhanced precautions related to COVID. This has prevented us from being able to accept admissions unless they are COVID recovered. We have had less admissions but are still needing to send residents out to the hospital for medical reasons that are unavoidable. Internally residents were reviewed by the in-house Nurse Practitioner or Physician prior to sending the resident to the hospital to ensure all medical concerns were addressed. No trends or patterns were noted related to these acute care transfers. Rates continue to be reviewed monthly.
- **Nursing Home Star Rating:** Nursing Home Star Rating for Mount View remains a 3 Star. Annual surveys have been limited due to the COVID pandemic and to date, there has been no update to when the State will resume annual certifications.
- **Average Net Income:** The goal is \$38,717 to \$58,075 per month. For October, we showed a loss of (\$276,774) and November the loss was (\$264,016) which was driven by payer mix and census not being at budgeted occupancy. Both the vent unit and rehab units were on enhanced precautions related to COVID and were not taking admissions. In preparation for our upcoming renovation, we have limited the size of our dementia unit and are currently reviewing referrals to this program on an individual basis.

❖ **Pine Crest Overall**

- **Retention Rate:** Current YTD rate is at 76.1%, below the target of 82-84%. Five employees left during the month of October with one leaving due to retirement. During the month of November four employees left with two leaving due to the drive, one due to a relocation, and last finding that healthcare wasn't a right fit for them. We have identified an opportunity to improve upon our program level new hire orientation process. The intent of the added focus on this area will be to improve our one-year retention rates. We have been incorporating additional monthly employee recognitions programs such as the 'Pine Crest Star Award' to assist with improving retention metrics. Following negotiation with CMS we did receive notification that we approved once again to conduct C.N.A. clinicals in-house. This will serve as a great recruitment tool to meet the current vacancies that exist for this position.
- **Patient Experience:** Scores for the month of October had seen a favorable increase with an experience score of 100%. However, we had seen a downward trend for the month of November with a score of 70%, leading to a YTD rate of 81.5%. Areas of opportunity based on feedback learned from the November survey include decreased damage of clothing from internal laundering; improved call light response time; improved dining experience; and enhanced activity offerings. Each of the areas of concern are being addressed despite the added burdens being placed on the program from the ongoing pandemic.

- **Hospital Readmission Rate:** The program experienced an increased amount of hospitalizations for the month of November with a 30-day rehospitalization rate of 25% for a YTD rate of 11.6% which is within target. This includes 11 transfers out to the hospital with three associated to COVID symptoms. Preliminary analysis suggests each hospitalization was warranted as it best met the need of the resident in their presented condition.
- **Nursing Home Star Rating:** This report out remains unchanged from the month prior. Pine Crest continues to be rated as an overall 3-star facility. As an ongoing review we are not anticipating an increase to the overall star rating for the remainder of the year based on a citation received in 2019.
- **Average Net Income:** The program experienced a positive net income for the month of October with an experienced profit of \$29,163; \$645,588 YTD. Agency costs continues to be the highest area of opportunity for improvement as it relates to controllable expenses. As we head into the 2021, we will have a continued focus on reducing agency with the year-end goal of eliminating our reliance on its use.

Support Programs

❖ Housekeeping & Laundry

- **Retention Rate:** Housekeeping has had similar experiences to that of Nutrition Services with several employees seeking employment outside of the healthcare industry. Housekeeping & Laundry has a retention rate of 68% year to date, prior to June retention was at an all time high showing the direct impact of COVID on this program.

❖ Nutrition Services

- **Retention Rate:** Nutrition Services retention rate remains off target with a 58% retention rate year to date. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. COVID has been a major factor in retention with several employees seeking employment in the food service industry outside of healthcare.

❖ Human Resources

- **Retention Rate:** Due to an employee resignation in March retention rate for Human Resources will remain off target for 2020. No further employee resignations have occurred since March.

❖ Marketing & Communication

- **Retention Rate:** There has been no fluctuation in the program's retention since July and due to the size of the team, the two earlier employee departures will continue to impact the overall annual retention rate for the remainder of the year. The October direct/indirect expenses were slightly over target by \$1,000 due to some planned purchases, commencement of Youth Behavioral health advertising plan, as well as planned employee vacations which required coverage.

❖ Patient Access

- **Retention Rate:** Patient access retention rate is now off target for the year at 79.6%. This is due to an occasional employee leaving the organization. The rate is only anticipated to drop further due to another employee leaving in December due to the closing of the Tomahawk Annex by Lincoln County. The employee was offered a position with NCHC but did not want to travel to the Merrill location because of the drive. Overall, the staff are much more engaged and interacting with our weekly WebEx huddle. We are going through training and cross covering of positions again due to staff changes and this has been working well.

Department	Domain	Outcome Measure	2019 YTD	↑↓	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Community Treatment	QUALITY	% of treatment plans completed within required timelines	93.2%	↗	95.9% (116/121)	98.9% (95/96)	94.0% (94/100)	94.0% (80/85)	96.1% (99/103)	98.8% (79/80)	98.4% (122/124)	96.3% (52/54)
Community Treatment	COMMUNITY	Average days from referral to initial appointment	65.7 days	↘	69.8 days (1953/28)	79.5 days (1589/20)	92.2 days (1291/14)	68.8 days (1582/23)	53.4 days (962/18)	51.1 days (3680/72)	142.4 days (3132/22)	61.3 days (1165/19)
Community Treatment	COMMUNITY	Hospitalization rate of active patients	/	↘	1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%	0.82%
Community Treatment	QUALITY	Employment rate of Individual Placement and Support (IPS) Clients	53.2%	↗	49.0%	44.0%	42.0%	37.0%	39.0%	42.0%	42.0%	45.0%
Community Treatment	COMMUNITY	% of eligible CCS and CSP clients admitted within 60 days of referral	42.2%	↗	15.5% (9/58)	25.0% (10/40)	35.1% (13/37)	36.7% (11/30)	63.2% (12/19)	45.5% (15/33)	32.3% (10/31)	39.0% (16/41)
Crisis & CBRF	QUALITY	Youth Crisis: Number and average length of stay for out of county placements of adolescents (13-17 years old)	12.8 diversions (7.2 days)	↗	12 diversions (10.0 days)	7 diversions (8.4 days)	5 diversions (6.5 days)	11 diversions (8.1 days)	6 diversions (5.6 days)	5 diversions (5.8 days)	16 diversions (7.3 days)	9 diversions (10.8 days)
Crisis & CBRF	QUALITY	Youth Crisis: Avoid youth diversions with a length of stay of less than 72 hours	10.2%	↗	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Crisis & CBRF	COMMUNITY	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of discharge	52.4%	↗	57.8%	55.9%	52.2%	56.8%	64.0%	64.1%	62.0%	57.8%
Crisis & CBRF	COMMUNITY	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of discharge	56.5%	↗	61.8%	74.7%	62.9%	66.7%	74.4%	88.2%	71.2%	67.4%
Crisis & CBRF	QUALITY	Court Liaison: % of settlement agreements and commitments extended	78.8%	↗	75.0%	90.0%	69.0%	81.8%	88.9%	82.8%	83.3%	86.7%
Crisis & CBRF	COMMUNITY	Court Liaison: Compliance rate with court liaison policy	96.2%	↗	81.7%	97.3%	98.7%	96.9%	98.8%	93.6%	100.0%	95.0%
Crisis & CBRF	COMMUNITY	Court Liaison: % of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral	73.0%	↗	33.3% (3/9)	50.0% (3/6)	40.0% (2/5)	75.0% (3/4)	0.0% (0/1)	100.0% (3/3)	100.0% (4/4)	85.7% (6/7)
Crisis & CBRF	QUALITY	CBRF: % of patients who kept their follow-up outpatient appointment, if applicable	93.9%	↘	80.0% (12/15)	76.9% (10/13)	61.1% (11/18)	87.5% (21/24)	87.0% (20/23)	97.5% (33/34)	93.3% (28/30)	96.5% (28/29)
Crisis & CBRF	QUALITY	CBRF: % of patients connected to a Primary Care Provider within 7 days of admission	100.0%	↘	100.0% (15/15)	100.0% (15/15)	95.5% (20/21)	100.0% (24/24)	100.0% (20/20)	97.5% (33/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMUNITY	CBRF: % of patients admitted within 24 hours of referral	95.9%	↗	100.0% (15/15)	100.0% (16/16)	100.0% (24/24)	100.0% (24/24)	100.0% (20/20)	100.0% (34/34)	100.0% (30/30)	100.0% (29/29)
Crisis & CBRF	COMMUNITY	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.67 to 1	↗	1.72 to 1	2.00 to 1	2.16 to 1	2.22 to 1	2.26 to 1	1.55 to 1	1.76 to 1	2.80 to 1
Hospital	QUALITY	Average days for initial counseling appointment post-hospital discharge <i>(Shared with OP)</i>	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Hospital	QUALITY	Average days for initial psychiatry appointment post-hospital discharge <i>(Shared with OP)</i>	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Hospital	QUALITY	Detox: Average length since previous admission	266.4 days	↗	325.4 days	268.7 days	390.6 days	277.9 days	506.7 days	307.3 days	372.1 days	386.4 days
Hospital	QUALITY	Detox: % of Detox patients admitted to substance abuse programming after discharge	65.3%	↘	50.0% (5/10)	27.3% (3/11)	0.0% (0/7)	11.1% (1/9)	0.0% (0/5)	25.0% (3/12)	0.0% (0/5)	0.0% (0/5)
Hospital	COMMUNITY	Ratio of adult patient days at NCHC vs Out of County Placements	1.17 to 1	↗	1.18 to 1	1.08 to 1	1.67 to 1	1.33 to 1	1.04 to 1	1.74 to 1	1.28 to 1	1.54 to 1
MMT	QUALITY	MMT: Successful program completion rate	69.9%	↗	87.5% (14/16)	76.2% (16/21)	75.0% (12/16)	75.0% (3/4)	N/A	N/A	N/A	N/A
MMT	QUALITY	MMT: Compliance rate with discharge plan 60 days post-discharge	58.1%	↗	11.1% (1/9)	42.9% (9/21)	42.9% (9/21)	0.0% (0/0)	N/A	N/A	N/A	N/A
Outpatient	QUALITY	Average days for initial counseling appointment post-hospital discharge <i>(Shared with IP)</i>	65.7%	↘	4.3 days	9.5 days	6.9 days	11.0 days	16.9 days	14.3 days	14.0 days	13.9 days
Outpatient	QUALITY	Average days for initial psychiatry appointment post-hospital discharge <i>(Shared with IP)</i>	86.9%	↘	1.2 days	5.8 days	10.1 days	8.4 days	11.7 days	19.7 days	19.7 days	14.0 days
Outpatient	COMMUNITY	% of patients offered an appointment within 4 days of screening by a referral coordinator	66.5%	↗	8.0%	6.0%	3.5%	17.0%	5.7%	9.8%	3.1%	23.0%
Outpatient	COMMUNITY	Criminal Justice Post-Jail Release Access Rate (within 4 days of release)	73.4%	↗	0.0%	4.5%	0.1%	44.0%	28.0%	7.1%	21.7%	20.0%
Outpatient	QUALITY	Day Treatment: Successful Program completion rate	62.8%	↗	33.3% (2/6)	0.0% (0/3)	33.3% (1/3)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Day Treatment: Average number of days from referral to start of day treatment	8.9 days	↘	55 days (331/6)	8 days (38/5)	11 days (/)	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMUNITY	Hospitalization rate of active patients	1.90%	↘	0.93%	0.56%	0.57%	0.52%	1.16%	1.07%	0.77%	0.90%
Outpatient	COMMUNITY	Same day cancellation and no-show rate	12.5%	↘	20.1%	18.1%	18.1%	24.0%	21.4%	22.5%	21.5%	19.8%
Outpatient	QUALITY	OWI - 5 Year Recidivism Rate	18.6%	↘	23.5%	9.7%	6.5%	9.5%	18.8%	25.0%	12.5%	12.0%

MEMORANDUM

DATE: December 17, 2020
TO: North Central Community Services Program Board
FROM: Dr. Robert Gouthro, Chief Medical Officer
RE: CMO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

1) **Residency & Education:**

- Residency recruitment season is underway with two interview days completed. Over the next two months, we expect to interview and rank ~30 applicants from the pool of nearly 700 which applied for our 3 residency positions.
- Dr. Ania Fida's research review "The therapeutic role of Cannabidiol in mental health: a systematic review" which was published earlier this year has been cited by 7 news articles/blogs and 4 research articles as of last week.
- Dr. Yasin, writer, and others have also had an article accepted for publication on the prevalence of MH concerns in China during early parts of the Pandemic. Dr. Yasin will rotate at NCHC in April and May prior to beginning employment here in July.
- MCW-CW's Advocates in Medicine Pathway (AMP) has accepted its 1st ten students, and two will begin shadowing here in March of 2021. This MCW-CW pipeline program will give undergraduate students from backgrounds underrepresented in medicine the tools needed to develop a competitive medical school application.

2) **Patient Care and Provider Quality (Behavioral Health):**

- Dialectical Behavioral Training for NCHC staff with direct behavioral health patient contact has started as of the first week in December. This training will provide education and skills practice to assist interactions with difficult, often high risk patients with Borderline Personality Disorder or other prominent cluster B personality traits.
- AODA group therapy, an important aspect of care missing from NCHC and the region for much of the pandemic, will begin again (virtually) during the second week of Jan 2021.
- Dr. Pelo, a licensed psychologist, has joined NCHC in a new position as Outpatient Clinical Director. He comes to us with inpatient and outpatient experience serving both youth and adults. Dr. Pelo will play a key role in enhancing the quality of clinical care provided in Outpatient Services. His role will include education for Therapists as well as Psychiatry Residents, clinical supervision, and direct client care.
- The Behavioral Health Emergency Response Policy has been overhauled to better utilize the previously mentioned Crisis Prevention Institute (CPI) for use during times of disruptive or assaultive behavior emergencies to further our aim towards zero harm.

MEMORANDUM

DATE: December 10, 2020
TO: North Central Community Services Program Board
FROM: Jaime Bracken, Chief Nursing officer
RE: Monthly Nursing Services Report

The following items are general updates and communications to support the Board on key activities and/or updates of Nursing Services since our last meeting:

Nursing Services

- The Nurse Practice Council had their first meeting and are looking forward to steering nursing practice together to better support the entire organization.

Infection Prevention and Control (ICP)

- The ICP team continues to work diligently to keep up with all the COVID-19 activity and has done a great job in responding to the changing guidelines and recommendations. Facility testing requirements remain the same, however, the county numbers are dropping which is a good sign.
- Focusing efforts on COVID-19 vaccine planning and implementation - A lot of great work is occurring regarding our response and I will provide a detailed overview as an additional agenda topic.

Education Program

- We filled our open Nurse Educator position - Andrea will join our team on December 21st.
- We are in the final stages to implement a permanent Nurse Aide Training Program through Division of Quality Assurance/Office of Caregiver Quality. This year we took advantage of the emergency waiver which allowed Mount View Care Center to create a nursing assistant training program. The goal of this program is to attract internal and external candidates with no previous nursing experience to learn the nursing assistance role and grow within our organization. Once the program is approved, we will have a marketing campaign and plan to have our first class by February 2021.
- The education team is working with organizational development team to better identify the learning and education gaps for each program. Once Andrea, our RN educator joins the team, I am confident we will be able to accelerate this process.

Long Term Care Programs

- Both Pine Crest and Mount View had successful infection control surveys in November!
- The Teams continue to work through COVID related challenges in efforts to keep our patients and residents safe. Many programs such as residential and community treatment have had to make significant changes to their workflows and staff to meet the needs of our patients. Great job by all!

Behavioral Health Services

- Last month, Barbara Klinner joined our team as the Director of Nursing for Behavioral Health Services. Lyndsay Leach also joined our team as the Outpatient Nurse Manager for Behavioral Health. Both have had a great start and continue with on-boarding.

Pharmacy Services

- Scott is working with IT and Cerner to implement the pharmacy EHR platform. The goal is to create workflow efficiencies, reduction of medication errors, and improved user satisfaction.
- Team is working on Joint Commission audits related to medication management.

Clinical Excellence and Quality

- Focusing efforts to standardize and create an organizational Falls Prevention Program.
- Working on standardizing our survey preparedness process which would provide mock tracers and audits for all clinical areas of the organization.

MEMORANDUM

DATE: December 10th, 2020
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
RE: Monthly Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of NCHC Operations since our last meeting:

- Campus Renovation & Improvement:** Significant progress has been made since the last update. Our Youth Hospital has now been operational for almost two months and has had a census as high as four which shows the immediate community need. Next to the Youth Hospital is our new Crisis CBRF. This building was always slated to open after the Youth Hospital, and we have now received our certificate of occupancy. With all the necessary paperwork and milestones achieved we are now able to submit for licensure and plan for operations in Q1 of 2021. Our nursing tower has also made significant progress with all floors poured, covered and framing beginning. The nursing tower remains on track for completion in early Q3 and operations to quickly follow. Moving from physical progress into planning progress we have entered the final step in approving the remodeling plans for our current D-Wing which houses our inpatient hospital, crisis program and long-term care skilled nursing. Once the plans are approved construction is set to begin in the middle of Q2 2021.
- Skilled Nursing Operations:** Operations have been challenging with new regulatory requirements mandating twice weekly testing of all staff and patients if they are on an enhanced precautions unit. We are also unable to admit new residents if a unit has a positive resident, employee or an outbreak is deemed which has caused declines in our census at both facilities. Our skilled nursing teams have remained resilient during these tough times and have plans in place to increase our census and convert more of the referrals we are receiving.
- Youth Hospital:** As noted in the campus renovations and improvement section above our Youth Hospital has been operational for two months and has averaged a daily census of three which was our target for 2020. We will continue to focus on growing our census and capabilities into 2021 with strong program leadership guiding the way.
- Community Living:** We continue to maintain full census given the restrictions of our workspace to maintain social distancing and plan to continue in this model for the foreseeable future. Our residential sites have been impacted greatly over the past two months by Covid-19 and we have begun our road to recovery. As I write this report only one of our locations remains on enhanced precautions and is set to open in the next week which will allow our census to recover providing a positive outlook for the remainder of 2020 and into 2021.

5. **Covid-19 Screening & Support:** In October we began implementing our plan to reduce our cost for screening and the resources being used. I'm pleased to say that as of December 15th we will no longer have any staffed screeners and all operations will either be virtual with screening kiosks or utilizing staff in their hired roles. This may sound like a small task but at one point in time we had over 10 staff per day with the sole task of screening our employees and visitors. We continue to leave our incident command open with daily meetings and work groups as we enter a new period of Covid-19 with a vaccination on the horizon.
6. **Workforce Status Update:** 2020 has been one of the most challenging years for our workforce and the healthcare industry in its entirety. News outlets have covered the shift out of healthcare for many people as fear of Covid-19 and difficult work conditions with mandatory PPE and testing has been taxing on them. We continue to do well with our vacancy rates which is in large part due to increased recruitment efforts and outreach but focus will shift to turnover for 2021 and ensuring we keep the workforce we have engaged and motivated to care for those we serve.



MEMORANDUM

DATE: December 10, 2020
TO: North Central Community Services Program Board
FROM: Thomas Boutain, Information Services Executive
RE: Monthly IS Report

The following items are general updates and communications to support the Board on key activities and/or updates of Information Services since our last meeting:

1. **Cerner Millennium Behavioral Health Electronic Medical Record (EMR) Implementation Update:** Through its foundational EMR, Cerner's work with NCHC will help facilitate integrated care across its mental and behavioral health services including psychiatric, emergency, rehabilitation, community treatment, and more.

The high-level timeline was drafted to assist leaders and staff with planning/preparation for the targeted Millennium Go Live in January 2021. Based on checkpoint evaluations between Cerner and NCHC at numerous key project stages, and as the COVID-19 pandemic landscape evolves, orders/guidelines at various local and national levels may also influence this timeline and Go Live date.

Much has transpired since the last Cerner Millennium timeline update shared in October. The outcome of our Future State Workflow Review event proved to be extremely valuable in uncovering workflow gaps and complexities, which translate into a need for more dialog/solution-seeking than originally anticipated. The event also served as a critical juncture in identifying risks/challenges with the initially proposed pharmacy integration solution. After carefully considering the impact of these and other factors could have on the overall success of the implementation, Cerner and NCHC felt an adjustment to the timeline necessary.

NCHC concluded that making an additional investment now and implementing PharmNet as part of the original implementation, clinical safety risks could be addressed. PharmNet improves medication ordering, verification, and administration safety measures (e.g. implementing barcode scanning for both patients and medications to reduce errors). Implementing PharmNet will extend our timeline, which is currently under review.

2. **Information Management System (IMS) Update:** We completed the future state workflow review, an on-site two-and-a-half-day event with Cerner. The team continues to work through data collection needs and defining workflows for our clinical, registration, health information management, and patient accounts teams. We enhanced our SafetyZone occurrence reporting software with additional fields related to COVID-19 reporting. Finally, we made sure that the QuickCharge application was ready to go for the re-opening of the cafeteria and the grab and go functionality with badge scanning.
3. **Health Information Management (HIM) Update:** We had an amazing month in HIM working on projects that have needed some time and attention. We finished our first phase of the Wausau campus retention and nursing home chart gleaning project for scanning charts for accessibility. With the Youth Hospital opening up in late October, our team was able to design a chart completion workflow and found ways to improve the process after the initial go-live.

PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee George S. Manatt, M.D. Appoint/Reappoint 02-01-2021 to 01-31-2023
Time Period

Requested Privileges ☐ Medical ☐ Mid-Level Practitioner
 ☒ Psychiatry ☐ Medical Director


Medical Staff Category ☒ Courtesy ☐ Active
 ☐ Provisional ☐ Consulting

Staff Type ☐ Employee
 ☒ Locum Locum Agency: Jackson + Coker
 ☐ Contract Contract Name: _____

CMO PRIVILEGE RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

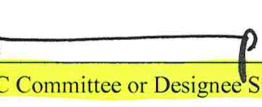
Comments: _____

 11-25-20
(Chief Medical Officer or Designee Signature) (Signature Date)

MEC ACTION

MEC recommends that:

- ☒ He/she be appointed/reappointed to the Medical Staff as requested
☐ Action be deferred on the application
☐ The application be denied

B. R.  Dilip Borra MD 12/11/20
(MEC Committee or Designee Signature) (Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
 ☐ Recommend further reconsideration

(Governing Board Signature) (Signature Date)

(Chief Executive Officer Signature) (Signature Date)

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Robert V. Gouthro, M.D. Appointment Period 12-12-2019 to 03-31-2021
Time Period

Current Privileges ☐ Medical (Includes Family Practice, Internal Medicine)
 ☒ Psychiatry ☐ Medical Director
 ☐ Mid-Level Practitioner

Medical Staff Category ☐ Courtesy ☒ Active
 ☐ Provisional ☐ Consulting

Provider Type ☒ Employee Locum Agency: _____
 ☐ Locum Contract Name: _____
 ☐ Contract

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

☒ Category Reason: Change from provisional to active

_____ Type Reason: _____



North Central Health Care
Person centered. Outcome focused.

PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

CMO RECOMMENDATION

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

B. A. P. Dileep Borra MD.
(Chief Medical Officer or Designee Signature)

11/24/20.
(Signature Date)

MEC ACTION

MEC recommends that:

- ☒ The amendment(s) be approved
☐ Action be deferred on the amendment(s)
☐ The amendment(s) be denied

B. A. P. Dileep Borra MD
(MEC Committee or Designee Signature)

12/11/20.
(Signature Date)

GOVERNING BOARD ACTION

Reviewed by Governing Board: _____
(Date)

Response: ☐ Concur
☐ Recommend further reconsideration

(Governing Board Signature)

(Signature Date)

(Chief Executive Officer Signature)

(Signature Date)



OBJECTIVES AND KEY RESULTS – MANAGING FOR EXECUTION

NCCSP BOARD OF DIRECTORS
December 17, 2020

Building Our Compelling Future – NCHC Market Landscape

Key Insights Related to the World We Live In

- 1) Labor demographics are going to make the world a lot less convenient and expensive in the short-term; technology will be needed to fill the gaps; in 10-15 years technology will displace a significant number of workers who will need to be retrained.
- 2) Our region will continue to get older and have slow relative population growth.
- 3) Consumers will be presented with more options that offer lower costs solutions for health care that will require us to win on relationships and quality.
- 4) Downward cost pressures and rising labor costs will require healthcare organizations to restructure care models through a deep understanding of patient care pathways.
- 5) County partners will continue to face mounting service demands while also experiencing negative trending in funding the cost to continue operations which will increase program oversight and threaten funding.

Building Our Compelling Future – NCHC Strategic Plan

50 to 5 Vision (2016) - *To identify and operationalize all the elements necessary to organizational excellence and viability over the next 5 years, to get NCHC to our 50th Anniversary and to set ourselves up for the next 50 years.* At North Central Health Care, excellence means simultaneously achieving high employee engagement, high patient satisfaction, unequalled quality care, a strong community reputation and positive net income.

Build a culture that - *Redefines Human Connection*

- 1) Improve the quality and reliability of our services.
- 2) Serve over 15,000 unique individuals annually in our mental health and recovery programs across an expanding and comprehensive continuum of care.
- 3) Invest in and bring new capital assets online.
- 4) Manage the downsizing and evolving long-term care industry by focusing on higher acuity care and integration of behavioral health programming.

Objectives and Key Results (OKRs)

What are OKRs and what is the goal in implementation of the system?

OKRs are a short-term planning system that:
Communicates, measures and achieves game changing results

It is crucial that we make conscious, careful and informed choices about allocation of our time and resources

Objectives and Key Results (OKRs)

What are OKRs and what is the goal in implementation of the system?

OKRs define the most important goals for the next 3, 6, or 12 months

Every OKR has a single owner, with other individuals and teams linking up as needed

Objectives and Key Results (OKRs)

What are OKRs and what is the goal in implementation of the system?

OKRs are above business as usual and connected to the overall goals of NCHC

The organization determines where we're going, OKRs are how you tell us how you're going to get there

Objectives Defined

An Objective is ...

A simple statement as to what is to be achieved, no more and no less

It is the direction we are taking

A well-formed Objective is then turned into
3-5 Key Results to be achieved

Key Results Defined

A Key Result is ...

A benchmark and monitor on how we get to the objective.

- Time-bound and specific
- Aggressive, yet verifiable
- Measurable and verifiable

It's not a result unless it is a number (date) and there is no judgment as to its completion, it is a yes or no proposition

OKR Key Philosophies

OKRs are big, not incremental

OKRs are very visible and transparent to the entire organization

Approximately 70% of OKRs will fail, or the OKRs are not aggressive enough – Reward good fails

OKR Key Philosophies

OKRs can be modified or eliminated mid-cycle by mutual agreement

These work better for knowledge workers as opposed to direct care staff and providers

OKRs are divorced from compensation decisions

OKR Key Philosophies

It will take us 4-5 cycles to get good at setting OKRs, we will start at the Executive and Senior Management Teams initially

Setting Effective OKRs

Well done OKRs are a management system that makes it clear to teams what's important, what to optimize, and what tradeoffs to make during our day-to-day work.

Completion of all key results must result in achievement of the objective.

Setting Effective OKRs

Pair Key Results to measure both effect and counter-effect (Ex: Quantity and Quality)
manage tensions to avoid unintended consequences

Individuals and teams should be asked and effectively produce 50% of their goals

Setting Effective OKRs

There can only be 3-5 Organizational OKRs per cycle

NCHC OKR Cycle

Strategy drives the development of organizational OKRs

NCHC OKR Cycle

4-6 weeks
before quarter

Annual and Quarterly OKRs for NCHC

CEO determines top-line company OKRs in consultation with the Board and Executive Management Team.

NCHC OKR Cycle

4 weeks
before quarter

Communicate NCHC-wide OKRs for Upcoming Quarter

CEO finalizes NCHC's OKRs and communicate them to Executives to begin developing their own specific OKRs.

NCHC OKR Cycle

2 week
before quarter

Determine Executive OKRs

Executives present their proposed OKRs to the CEO for input/approval at the Executive Team Meeting.

Executives communicate their OKRs to Senior Management.

NCHC OKR Cycle

Start of quarter

Share OKRs

Based on the organizational and Executive OKRs, Senior Management develops their own OKRs with their Executive and shares them during the 2nd week of the quarter at the Senior Management Team meeting.

NCHC OKR Cycle

Throughout
quarter

Track Progress and Check-In

Throughout the quarter, Senior Managers measure and share their progress, checking in regularly with their Executive. Periodically through the quarter, Senior Managers assess how likely they are to fully achieve their OKRs. If attainment appears unlikely, they may need to recalibrate.

NCHC OKR Cycle

Near end of
quarter

Reflect and Score Q1 OKRs

Toward the end of the quarter, Senior Managers score their OKRs through self-assessment, and reflect on what they have accomplished.

OKR Evaluation - Two OKR Buckets

Committed Objectives – are to be achieved in full (100 percent) within a set time frame

Aspirational Objectives – reflect bigger picture, higher risk, more future tilting. By definition, they are challenging to achieve and the expectation is that 60 to 70 percent attainment occurs

Both are evaluated using the same assessment

Scoring OKRs

Scale of 0.0 to 1.0

0.7 to 1.0 = green (we delivered)

0.4 to 0.6 = yellow (we made progress, but fell short of completion)

0.0 to 0.3 = red (we failed to make real progress)

OKRs are Adaptable

- As we track and audit our OKRs mid-cycle, we have four options at any point in the cycle:

Designation	Meaning
<i>Continue</i>	If a green zone (“on track”) goal isn’t broken, don’t fix it.
<i>Update</i>	Modify a yellow zone (“needs attention”) key result or objective to respond to changes in the workflow or external environment.
<i>Start</i>	Launch a new OKR mid-cycle, whenever the need arises
<i>Stop</i>	When a red zone (“at risk”) goal has outlived its usefulness, the best option may be to drop it.

OKRs Monitoring and Accountability

- Senior Managers are responsible for updating a real-time OKR Dashboard that anyone on the team can see at any time
- In the last week of the quarter, Senior Managers will score and self-assess their OKRs and send to their Executive

OKRs Monitoring and Accountability

OKR	Progress	Score	Self-Assessment
Bring in ten new ventilator residents.	70%	0.9	Due to a slump in the market, the OKR was significantly tougher to achieve than I'd thought. Our seven new residents represented an exceptionally good effort and outcome relative to payer mix.

Objective data (progress) is enhanced by the goal setter's thoughtful, subjective (score) judgment subject to feedback from the Senior Management Team

NCHC Organizational Objectives

1. Improve the quality and reliability of our services
2. Expand our mental health and recovery continuum of care
3. Bring new capital assets online
4. Manage our declining and evolving long-term care operations

NCHC's Annual OKRs for 2021

OBJECTIVE

Improve the quality and reliability of our services, as measured by:

KEY RESULTS

R₁: Establish 6 Q/A processes in each program by November 1

R₂: Establish organizational and departmental competency checklists for each clinical position by June 15

R₃: Reduce adverse events each quarter

R₄: Establish functional improvement quality indicators for each program by the end of Q2

R₅: Increase Patient Experience survey volumes AND Net Promoter Scores each quarter

NCHC's Annual OKRs for 2021

OBJECTIVE

Expand our mental health and recovery continuum of care, as measured by:

KEY RESULTS

R₁: Open Sober Living facility in Langlade County by March 15

R₂: Transition Crisis and Emergency Services to a Psychiatric Emergency Department model, capable of onsite Medical Clearance by October 1

R₃: Reopen the Medically Monitored Treatment program by the end of Q1

R₄: Increase Outpatient encounters each quarter

R₅: Increase Psychiatry encounters each quarter

NCHC's Annual OKRs for 2021

OBJECTIVE

Bring our new capital assets online as measured by -

KEY RESULTS

R₁: Sunsetting TIER by December 31

R₂: Begin operations in the Nursing Home Tower by August 15

R₃: Complete the “D” Wing Renovations for the Hospital, Detox, Emergency Psychiatric Services, and MMT by December 15

R₄: Complete the final design of the Mount View Building by June 30

NCHC's Annual OKRs for 2021

OBJECTIVE

Manage our declining and evolving long-term care operations, as measured by:

KEY RESULTS

R₁: Implement CLA Operational Assessment and Strategic Plan Recommendations by December 15

R₂: Identify solution to safely meet the geriatric psychiatric population's needs in a long-term care setting by May 15

R₃: Increase CMI and PDPM average reimbursement rates each quarter

R₄: Increase rehabilitation referral conversion rates and average days per quarter

Rinse and Repeat

In Closing...

- OKRs
 - Surface our primary goals
 - Channel efforts and coordination
 - Link diverse operations, lending purpose and unity to the entire organization



2020 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report completion and community engagement will continue to be on hold into 2021.	Open												
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending												
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report has been delayed as communication resources have been reprioritized to the COVID-19 response.	Open												
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	Slated for December Board meeting.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	Open												
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Slated for December Board meeting.	Open												
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Slated for December Board meeting.	Open												
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	Postponed until the Board can meet in-person.	Pending												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in December.	Open												
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Slated for December Board meeting.	Open												
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Slated for December Board meeting.	Open												
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Ongoing.	Ongoing												
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing, Policies have been dispersed equally and timely throughout the year. The Board will be given an updated policy index and copies of all Board policies at the September meeting.	Ongoing												
Accept the Annual Audit	Board	Jan-20	Acceptance of the annual audit by the NCCSP Board in April	Accepted at May NCCSP Board meeting.	Complete												
County Fund Balance Reconciliation	Board	Apr-20	Fund Balance Presentation and Adoption by NCCSP Board	Fund Balance Policy has been reviewed and Fund Balance Statements have been sent to the counties.	Complete												

2020 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Reserve Policy Review	Board	Apr-20	The Board will review and approve the Reserve Policy after the CFO has met with the County Finance Directors to receive input following the annual audit	Approved.	Complete												
Determine Budget Guidelines and Priorities	Executive Committee	Apr-20	Budget Guidelines and Priorities of the member Counties are communicated to the Board by June 1st	Budget Guidelines and Priorities were provided at the May Board meeting.	Complete												
Nomination and Election of Board Officers	Governance Committee	Apr-20	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	The slate of Officers was voted on and seat at the May Board Meeting	Complete												
Annual Review of Board End Statements	Board	May-20	Adoption of End Statements with any modifications by June 1st	Reviewed at May Board Meeting. May need to be reviewed again as the Performance Standards are reviewed.	Complete												
Selection of Independent Certified Public Accounting Firm	Executive Committee	Jun-20	5 year contract established with an accounting firm	Staff is recommending that the RFP be delayed until next year given the risk related to the Cerner implementation.	Complete												
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The Proposed Budget was adopted by the NCCSP Board and forwarded to the Counties.	Complete												
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	Review completed with Chair and Marathon County Administrator in December.	Complete												
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	Approved at the Board's October meeting.	Closed												
Develop a Board Development and Recruitment Plan	Governance Committee	Jun-20	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	The Board reviewed this at their October meeting.	Completed												

MEMORANDUM

DATE: December 10, 2020
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly CFO Report

The following items are general updates and communication to support the Board on key activities and/or updates of financial activity since our last meeting.

1) Financial Results:

The financials show a loss for November of (\$852,068), compared to the targeted loss of (\$97,361) resulting in a negative variance of (\$754,707).

2) Revenue Key Points:

- Overall revenue for November was below budgeted target by (\$758,753). Net patient revenue was unfavorable to plan by (\$813,521). No significant CARES Act funding was received in November.
- Mount View Care Center census averaged 136 compared to the target of 183. Pine Crest census averaged 109 compared to the target of 155.
- Volume is the primary driver of the net patient revenue shortfall in the nursing homes accounting for (\$335,742) in Mount View Care Center and (\$260,155) in Pine Crest Nursing Home for the month. This shortfall represents 73 percent of the month's net patient revenue unfavorable variance. This is partially offset with a favorable rate variance.
- The Adult Behavioral Health Hospital census averaged 9 compared to a budget of 15 for the month resulting in a shortfall from net patient revenue plan of (\$168,874). This shortfall represents 21 percent of the month's net patient revenue unfavorable variance.
- The Youth Behavioral Health Hospital census averaged 3 for the month of November resulting in a negative net patient revenue variance of (\$35,474).
- Net patient revenue for the outpatient areas combined is short from plan by (\$15,844) in November.
- Administrative and bad debt write offs totaled (\$34,631) in November.

3) Expense Key Points:

- Overall expenses for November were favorable to plan \$43,645.
- Salaries are \$349,748 favorable to budget in direct care programs and \$57,188 favorable to budget in indirect programs. This is partially due to suspension of merit increases and utilization of contract staff and providers.
- Benefits expenses are favorable to plan by \$161,386 driven by health insurance favorability of \$102,535.
- Contracted services of providers and staff represent the greatest unfavorable variance from plan of (\$378,288), which offsets most of the favorable salaries results.
- Drugs expense was unfavorable to budget (\$302,458) in November, which is partially offset with additional pharmacy revenues above plan.

North Central Health Care
Income Statement
For the Period Ending October 31, 2020

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,249,868	8,744,432	(1,494,564)	-17.1%	72,216,597	85,074,960	(12,858,363)	-15.1%
Patient Contractual Adjustments	(2,534,639)	(3,225,774)	691,135	-21.4%	(25,484,528)	(31,267,527)	5,782,999	-18.5%
Net Patient Revenue	4,715,228	5,518,658	(803,429)	-14.6%	46,732,069	53,807,433	(7,075,364)	-13.1%
County Revenue	417,915	418,151	(236)	-0.1%	4,179,146	4,181,505	(2,359)	-0.1%
Contracted Service Revenue	100,597	71,167	29,430	41.4%	622,503	711,667	(89,164)	-12.5%
Grant Revenues and Contractuals	249,913	183,767	66,146	36.0%	2,562,381	1,837,667	724,715	39.4%
Appropriations	430,555	457,755	(27,200)	-5.9%	4,550,352	4,577,552	(27,200)	-0.6%
Other Revenue	669,384	690,708	(21,324)	-3.1%	11,335,204	6,907,083	4,428,121	64.1%
Total Net Revenue	6,583,592	7,340,205	(756,613)	-10.3%	69,981,655	72,022,906	(2,041,251)	-2.8%
Direct Expenses								
Personnel Expenses	3,665,726	3,957,244	291,518	7.4%	33,053,191	38,475,217	5,422,026	14.1%
Contracted Services Expenses	694,586	547,343	(147,243)	-26.9%	9,353,994	5,466,762	(3,887,232)	-71.1%
Supplies Expenses	99,697	84,765	(14,932)	-17.6%	658,751	841,983	183,232	21.8%
Drugs Expenses	354,089	367,152	13,064	3.6%	4,441,145	3,670,359	(770,786)	-21.0%
Program Expenses	100,570	117,812	17,243	14.6%	982,097	1,168,127	186,030	15.9%
Land & Facility Expenses	19,282	26,727	7,445	27.9%	197,501	267,267	69,766	26.1%
Equipment & Vehicle Expenses	52,726	41,916	(10,810)	-25.8%	411,748	413,760	2,012	0.5%
Diversions Expenses	102,383	75,000	(27,383)	-36.5%	1,576,819	750,000	(826,819)	-110.2%
Other Operating Expenses	164,538	151,435	(13,103)	-8.7%	1,602,005	1,509,413	(92,592)	-6.1%
Total Direct Expenses	5,253,596	5,369,394	115,797	2.2%	52,277,251	52,562,888	285,637	0.5%
Indirect Revenues								
County Revenue	171,635	171,635	-	0.0%	1,716,352	1,716,352	-	0.0%
Contracted Service Revenue	2,500	2,500	-	0.0%	29,642	25,000	4,642	18.6%
Other Revenue	38,466	56,250	(17,784)	-31.6%	453,018	562,500	(109,482)	-19.5%
Total Net Revenue	205,232	230,385	(25,153)	-10.9%	2,214,465	2,303,852	(89,387)	-3.9%
Indirect Expenses								
Personnel Expenses	1,223,844	1,269,361	45,517	3.6%	11,279,559	12,451,378	1,171,819	9.4%
Contracted Services Expenses	10,790	5,000	(5,790)	-115.8%	70,927	50,000	(20,927)	-41.9%
Supplies Expenses	73,327	123,616	50,290	40.7%	770,341	1,236,162	465,821	37.7%
Drugs Expenses	13,551	4,167	(9,385)	-225.2%	16,266	41,667	25,401	61.0%
Program Expenses	17,841	20,671	2,830	13.7%	298,006	206,708	(91,298)	-44.2%
Land & Facility Expenses	299,670	309,619	9,949	3.2%	2,931,683	3,096,186	164,503	5.3%
Equipment & Vehicle Expenses	119,787	124,554	4,767	3.8%	1,226,247	1,245,542	19,294	1.5%
Other Operating Expenses	451,278	404,706	(46,572)	-11.5%	3,954,974	4,112,057	157,082	3.8%
Total Indirect Expenses	2,210,087	2,261,693	51,606	2.3%	20,548,003	22,439,699	1,891,696	8.4%
Total Operating Expenses	7,463,684	7,631,087	167,403	2.2%	72,825,254	75,002,587	2,177,333	2.9%
Metrics								
Indirect Expenses/Direct Expenses	42.1%	42.1%			39.3%	42.7%		
Direct Expense/Gross Patient Revenue	72.5%	61.4%			72.4%	61.8%		
Average Cost per Day	88,660	70,414			85,551	77,355		
Non-Operating Income/Expense								
Interest Income/Expense	(16,982)	(30,833)	13,851	-44.9%	(235,361)	(308,333)	72,972	-23.7%
Donations Income	(1,279)	-	(1,279)	0.0%	(38,971)	-	(38,971)	0.0%
Other Non-Operating	-	(2,500)	2,500	-100.0%	34,101	(25,000)	59,101	-236.4%
Total Non-Operating	(18,261)	(33,333)	15,072	-45.2%	(240,232)	(333,333)	93,102	-27.9%
Net Income (Loss)	(656,598)	(27,163)	(629,435)	2317.2%	(388,902)	(342,495)	(46,407)	13.5%
Net Income	-9.7%	-0.4%			-0.5%	-0.5%		

North Central Health Care
Balance Sheet
For the Period Ending October 31, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	3,838,996	1,541,617
Accounts Receivable		
Net Patient Receivable	4,064,208	4,863,681
Outpatient WIMCR & CCS	4,657,500	3,948,333
Nursing Home Supplemental Payment	532,650	497,849
County Appropriations Receivable	79,998	450,864
Net State Receivable	510,861	365,575
Other Accounts Receivable	936,633	365,438
Inventory	446,283	427,687
Prepaid Expenses	634,411	502,425
Total Current Assets	<u>15,701,540</u>	<u>12,963,470</u>
Noncurrent Assets		
Investments	12,093,552	13,646,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	93,139	38,770
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	23,221,446	977,131
Net Depreciable Capital Assets	<u>20,052,169</u>	<u>9,966,079</u>
Total Noncurrent Assets	58,192,896	34,401,040
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>96,047,021</u></u>	<u><u>57,635,190</u></u>

	Current YTD	Prior YTD
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	285,862	244,144
Accrued Liabilities		
Salaries and Retirement	2,625,262	1,741,809
Compensated Absences	2,818,267	1,868,587
Health and Dental Insurance	670,000	847,000
Bonds	360,000	-
Interest Payable	231,751	-
Other Payables and Accruals	1,884,653	805,547
Payable to Reimbursement Programs	220,000	254,981
Unearned Revenue	(63,427)	(1,040,828)
Total Current Liabilities	9,061,617	4,750,489
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	51,253	78,595
Long-Term Projects in Progress	20,662,942	343,429
Long-Term Debt and Bond Premiums	9,145,603	-
Patient Trust Funds	63,421	38,770
Total Noncurrent Liabilities	39,368,670	1,405,335
Deferred Inflows of Resources (Pensions)	11,508,078	10,993,103
TOTAL LIABILITIES	59,938,365	17,148,927
NET POSITION		
Net Investment in Capital Assets	43,273,616	10,943,210
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,121,708	327,831
Undesignated	(10,630,356)	27,804,121
Net Income / (Loss)	(388,902)	(2,802,161)
TOTAL NET POSITION	36,108,656	40,486,263
TOTAL LIABILITIES AND NET POSITION	96,047,021	57,635,190

North Central Health Care
Statement of Cash Flows
For Month Ending October 31, 2020

Cash, Beginning of Period (September 30, 2020)		2,081,270
Operating Activities		
Net Income (Loss)	(656,598)	
Adjustments to Reconcile Net Income		
Depreciation	(224,017)	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	1,321,540	
Prepaid Expenses	225,712	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	(121,258)	
Accrued Current Liabilities	538,978	
Net Change in Patient Trust Funds	1,382	
Unearned Revenue	<u>127,345</u>	
Net Cash from Operating Activities		1,213,085
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	1,552,983	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>(988,148)</u>	
Net Cash from Investing Activities		564,834
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	(20,194)	
Net Change in Purchase/Sale of Investments	<u>-</u>	
Net Cash from Financing Activities		<u>(20,194)</u>
Net Increase (Decrease) in Cash During Period		<u>1,757,726</u>
Cash, End of Period (October 31, 2020)		3,838,996

North Central Health Care
Review of 2020 Programs by Service Line
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
BEHAVIORAL HEALTH SERVICES							
Adult Behavioral Health Hospital	2,831,418	3,605,353	(773,935)	3,858,631	3,633,425	(225,206)	(999,141)
Adult Hospital Psychiatry	294,448	356,628	(62,181)	1,410,129	1,396,786	(13,343)	(75,524)
Psychiatry Residency	261,409	262,500	(1,091)	361,410	377,183	15,773	14,682
Contract Services	-	-	-	1,691,349	781,663	(909,687)	(909,687)
Crisis Services	541,361	496,248	45,112	2,281,502	2,032,421	(249,081)	(203,968)
Lakeside Recovery MMT	148,876	802,651	(653,775)	931,676	1,297,215	365,539	(288,236)
Crisis CBRF	813,299	1,012,958	(199,660)	766,058	1,012,958	246,900	47,240
Youth Behavioral Health Hospital	25,393	755,080	(729,687)	302,141	1,674,192	1,372,051	642,364
Subtotal-Behavioral Health	4,916,203	7,291,419	(2,375,216)	11,602,896	12,205,842	602,946	(1,772,270)
COMMUNITY SERVICES							
Outpatient Services-Marathon	971,487	1,306,515	(335,028)	1,577,208	1,663,535	86,327	(248,701)
Outpatient Services-Lincoln	247,148	349,333	(102,185)	292,240	542,312	250,072	147,887
Outpatient Services-Langlade	242,084	573,583	(331,499)	378,998	681,269	302,271	(29,228)
Outpatient Psychiatry	878,934	983,726	(104,791)	3,462,596	3,418,822	(43,774)	(148,565)
Community Treatment Adult- Marathon	3,845,500	3,739,910	105,590	3,577,879	3,739,910	162,031	267,621
Community Treatment Adult- Lincoln	782,354	640,333	142,021	556,529	640,333	83,805	225,826
Community Treatment Adult- Langlade	518,048	582,167	(64,119)	427,342	582,167	154,825	90,706
Community Treatment Youth-Marathon	4,503,842	3,259,235	1,244,607	4,212,837	3,259,235	(953,602)	291,005
Community Treatment Youth-Lincoln	1,557,981	1,512,000	45,981	1,514,632	1,512,000	(2,632)	43,349
Community Treatment Youth-Langlade	1,201,839	1,167,500	34,339	1,144,780	1,167,500	22,720	57,058
Clubhouse	159,066	249,181	(90,115)	260,674	325,848	65,174	(24,941)
Sober Living	-	106,667	(106,667)	169	106,667	106,498	(169)
Subtotal-Community Services	14,908,283	14,470,150	438,133	17,405,883	17,639,597	233,714	671,847
COMMUNITY LIVING							
Adult Day Services-Marathon	502,392	691,988	(189,595)	489,723	606,263	116,539	(73,056)
Prevocational Services-Marathon	450,835	647,500	(196,665)	549,581	733,225	183,644	(13,021)
Prevocational/Day Services-Langlade	227,663	315,000	(87,337)	248,384	315,000	66,616	(20,721)
Lincoln Industries-Lincoln	790,641	1,585,833	(795,192)	1,063,854	1,585,833	521,979	(273,213)
Andrea St Group Home	428,364	436,667	(8,302)	374,290	418,585	44,295	35,993
Chadwick Group Home	469,453	443,333	26,119	345,666	432,296	86,630	112,749
Bissell Street Group Home	492,234	473,333	18,900	339,592	454,178	114,585	133,486
Heather Street Group Home	375,132	378,333	(3,201)	372,047	426,609	54,562	51,361
Jelinek Apartments	687,731	669,167	18,564	577,347	613,393	36,047	54,611
River View Apartments	622,233	522,500	99,733	489,716	517,763	28,047	127,780
Forest Street Apartments	327,181	515,000	(187,819)	441,074	488,981	47,907	(139,913)
Fulton Street Apartments	225,369	215,833	9,536	317,154	302,363	(14,791)	(5,256)
Youth Crisis Stabilization Facility	-	-	-	126,587	-	(126,587)	(126,587)
Subtotal-Community Living	5,599,227	6,894,488	(1,295,260)	5,735,015	6,894,488	1,159,473	(135,787)
NURSING HOMES							
MVCC Daily Services	15,989,787	16,349,461	(359,674)	17,073,723	18,230,030	1,156,307	796,633
MVCC Ancillary Services	1,675,768	1,758,946	(83,178)	1,009,378	1,128,377	118,999	35,821
Aquatic	545,430	852,243	(306,813)	888,797	1,137,530	248,733	(58,080)
Pine Crest-Daily Services	10,924,758	10,957,917	(33,159)	10,861,879	11,325,263	463,383	430,224
Pine Crest-Ancillary Services	1,248,569	1,092,500	156,069	1,006,005	1,092,500	86,495	242,564
Subtotal-Nursing Home	30,384,311	31,011,066	(626,755)	30,839,783	32,913,699	2,073,917	1,447,161
Pharmacy	6,082,169	5,401,995	680,174	5,753,209	5,401,995	(351,214)	328,960
OTHER PROGRAMS							
Birth To Three	564,436	-	564,436	564,436	-	(564,436)	0
Protective Services	692,887	-	692,887	684,546	-	(684,546)	8,341
Demand Transportation	324,477	359,920	(35,443)	239,486	359,920	120,434	84,991
Subtotal-Other Programs	1,581,800	359,920	1,221,880	1,488,468	359,920	(1,128,548)	93,332
Total NCHC Service Programs	63,471,993	65,429,037	(1,957,044)	72,825,254	75,415,541	2,590,288	633,244
Base County Allocation	4,179,146	4,181,505	(2,359)				(2,359)
Nonoperating Revenue	234,861	308,333	(73,472)				(73,472)
County Appropriation	4,550,352	4,577,554	(27,202)				(27,202)
Grand Total NCHC	72,436,352	74,496,430	(2,223,740)	72,825,254	75,415,541	2,177,333	(46,407)

North Central Health Care
Fund Balance Review
For the Year-to-Date Period Ending October 31, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	50,920,403	4,143,248	17,761,602	72,825,254
General Fund Balance Targets				
Minimum (20% Operating Expenses)	10,184,081	828,650	3,552,320	14,565,051
Maximum (35% Operating Expenses)	17,822,141	1,450,137	6,216,561	25,488,839
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	10,434,081	1,078,650	3,802,320	15,315,051
Maximum Target	18,072,141	1,700,137	6,466,561	26,238,839
Total Net Position at Period End	50,408,420	3,936,498	18,091,434	72,436,352
Fund Balance Above/(Below)				
Minimum Target	39,974,339	2,857,848	14,289,114	57,121,301
Maximum Target	32,336,279	2,236,361	11,624,873	46,197,513
<i>County Percent of Total Net Position</i>	<i>69.6%</i>	<i>5.4%</i>	<i>25.0%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	8,409,249	656,696	3,018,055	12,084,000
<i>Days Invested Cash on Hand</i>	<i>50</i>	<i>48</i>	<i>52</i>	<i>51</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	15,025,693	1,222,598	5,241,129	21,489,419
Invested Cash Reserves Above/(Below) Target	(6,616,443)	(565,902)	(2,223,074)	(9,405,419)

North Central Health Care
Review of Services in Langlade County
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	242,084	573,583	(331,499)	378,998	681,269	302,271	(29,228)
Community Treatment-Adult	518,048	582,167	(64,119)	427,342	582,167	154,825	90,706
Community Treatment-Youth	1,201,839	1,167,500	34,339	1,144,780	1,167,500	22,720	57,058
Sober Living	-	106,667	(106,667)	169	106,667	106,498	(169)
Day Services	227,663	315,000	(87,337)	248,384	315,000	66,616	(20,721)
	2,189,633	2,744,917	(555,284)	2,199,673	2,852,603	652,930	97,646
Shared Services							
Adult Behavioral Health Hospital	311,456	396,588	(85,132)	424,449	399,677	(24,773)	(109,904)
Adult Hospital Psychiatry	32,389	39,229	(6,840)	155,114	153,647	(1,468)	(8,307)
Residency Program	28,755	28,875	(120)	39,755	41,490	1,735	1,615
Youth Behavioral Health Hospital	-	83,059	(83,059)	33,236	128,913	95,677	12,619
Crisis CBRF	89,463	111,426	(21,963)	84,266	111,426	27,159	5,196
Crisis Services	59,550	54,588	4,962	250,965	223,567	(27,399)	(22,436)
Youth Crisis Stabilization Facility	-	-	-	13,925	-	(13,925)	(13,925)
Lakeside Recovery MMT	16,376	88,292	(71,915)	102,484	142,693	40,209	(31,706)
Outpatient Psychiatry	96,683	108,210	(11,527)	380,886	376,070	(4,816)	(16,343)
Protective Services	76,218	-	76,218	75,300	-	(75,300)	918
Birth To Three	57,789	-	57,789	57,789	-	(57,789)	0
Group Homes	171,831	168,568	3,262	139,358	168,568	29,211	32,473
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	186,048	85,983	(100,066)	(100,066)
	940,509	1,078,834	(138,324)	1,943,576	1,832,033	(111,543)	(249,867)
Total NCHC Programming	3,130,143	3,823,750	(693,608)	4,143,248	4,684,635	541,387	(152,221)
Base County Allocation	665,443	665,443	-				-
Nonoperating Revenue	15,183	23,858	(8,676)				(8,676)
County Appropriation	125,730	125,730	-				-
Excess Revenue/(Expense)	3,936,498	4,638,781	(702,284)	4,143,248	4,684,635	541,387	(160,897)

North Central Health Care
Review of Services in Lincoln County
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	247,148	349,333	(102,185)	292,240	542,312	250,072	147,887
Community Treatment-Adult	782,354	640,333	142,021	556,529	640,333	83,805	225,826
Community Treatment-Youth	1,557,981	1,512,000	45,981	1,514,632	1,512,000	(2,632)	43,349
Lincoln Industries	790,641	1,585,833	(795,192)	1,063,854	1,585,833	521,979	(273,213)
	3,378,125	4,087,500	(709,375)	3,427,255	4,280,478	853,223	143,848
Shared Services							
Adult Behavioral Health Hospital	424,713	540,803	(116,090)	578,795	545,013	(33,781)	(149,871)
Adult Hospital Psychiatry	44,167	53,494	(9,327)	211,519	209,518	(2,002)	(11,329)
Residency Program	39,211	39,375	(164)	54,211	56,578	2,366	2,202
Youth Behavioral Health Hospital	-	113,262	(113,262)	45,321	175,790	130,469	17,207
Crisis CBRF	121,995	151,944	(29,949)	114,909	151,944	37,035	7,086
Crisis Services	81,204	74,438	6,767	342,225	304,863	(37,362)	(30,595)
Youth Crisis Stabilization Facility	-	-	-	18,988	-	(18,988)	(18,988)
Outpatient Psychiatry	131,840	147,559	(15,719)	519,389	512,823	(6,566)	(22,285)
Lakeside Recovery MMT	22,331	120,398	(98,066)	139,751	194,583	54,831	(43,235)
Protective Services	103,933	-	103,933	102,682	-	(102,682)	1,251
Birth To Three	84,969	-	84,969	84,969	-	(84,969)	0
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	253,702	117,249	(136,453)	(136,453)
	1,054,364	1,241,272	(186,908)	2,466,463	2,268,361	(198,102)	(385,010)
Total NCHC Programming	4,432,488	5,328,772	(896,284)	5,893,718	6,548,839	655,122	(241,162)
Base County Allocation	691,648	691,648	-				-
Nonoperating Revenue	21,191	33,257	(12,066)				(12,066)
County Appropriation	432,635	432,635	-				-
Excess Revenue/(Expense)	5,577,962	6,486,311	(908,349)	5,893,718	6,548,839	655,122	(253,228)

North Central Health Care
Review of Services in Marathon County
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	971,487	1,306,516	(335,029)	1,577,208	1,663,535	86,327	(248,702)
Community Treatment-Adult	3,845,500	3,739,910	105,590	3,577,879	3,739,910	162,031	267,621
Community Treatment-Youth	4,503,842	3,259,235	1,244,607	4,212,837	3,259,235	(953,602)	291,005
Day Services	953,227	1,339,488	(386,260)	1,039,305	1,339,488	300,183	(86,077)
Clubhouse	159,066	249,181	(90,115)	260,674	325,848	65,174	(24,941)
Demand Transportation	324,477	359,920	(35,443)	239,486	359,920	120,434	84,991
Aquatic Services	545,430	852,243	(306,813)	888,797	1,137,530	248,733	(58,080)
Pharmacy	6,082,169	5,401,995	680,174	5,753,209	5,401,995	(351,214)	328,960
	17,385,197	16,508,487	876,710	17,549,394	17,227,460	(321,934)	554,776
Shared Services							
Adult Behavioral Health Hospital	2,095,249	2,667,959	(572,710)	2,855,387	2,688,735	(166,652)	(739,361)
Adult Hospital Psychiatry	217,891	263,905	(46,014)	1,043,496	1,033,622	(9,874)	(55,888)
Residency Program	193,443	194,250	(807)	267,443	279,115	11,672	10,865
Youth Behavioral Health Hospital	-	558,759	(558,759)	223,584	867,232	643,647	84,888
Crisis CBRF	601,841	749,589	(147,748)	566,883	749,589	182,706	34,958
Crisis Services	400,607	367,224	33,383	1,688,311	1,503,992	(184,320)	(150,937)
Youth Crisis Stabilization Facility	-	-	-	93,674	-	(93,674)	(93,674)
Lakeside Recovery MMT	110,168	593,962	(483,793)	689,441	959,939	270,499	(213,295)
Outpatient Psychiatry	650,411	727,958	(77,546)	2,562,321	2,529,928	(32,392)	(109,938)
Protective Services	512,736	-	512,736	506,564	-	(506,564)	6,172
Birth To Three	421,678	-	421,678	421,678	-	(421,678)	0
Group Homes	1,593,352	1,563,098	30,254	1,292,237	1,563,098	270,861	301,115
Supported Apartments	1,862,513	1,922,500	(59,987)	1,825,291	1,922,500	97,209	37,222
Contract Services	-	-	-	1,251,598	578,430	(673,168)	(673,168)
	8,659,891	9,609,204	(949,313)	15,287,908	14,676,180	(611,728)	(1,561,041)
Total NCHC Programming	26,045,088	26,117,691	(72,602)	32,837,302	31,903,640	(933,662)	(1,006,265)
Base County Allocation	2,847,446	2,824,415	23,031				23,031
Nonoperating Revenue	198,488	251,218	(52,731)				(52,731)
County Appropriation	2,401,843	2,401,843	-				-
Excess Revenue/(Expense)	31,492,865	31,595,167	(102,302)	32,837,302	31,903,640	(933,662)	(1,035,964)

North Central Health Care
Review of Services in Mount View Care Center
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	3,334,996	2,991,248	343,749	3,694,758	3,347,914	(346,844)	(3,095)
Legacies	6,930,882	7,519,105	(588,223)	6,945,687	8,412,438	1,466,751	878,528
Post Acute Care	2,157,147	2,057,054	100,093	2,425,022	2,494,100	69,078	169,170
Vent Unit	3,566,761	3,782,054	(215,293)	4,008,256	3,975,578	(32,678)	(247,971)
Nursing Home Ancillary	63,724	83,333	(19,610)	56,313	83,333	27,020	7,411
Rehab Services	1,554,890	1,675,613	(120,723)	893,687	1,045,043	151,357	30,634
Riverview Terrace	57,154	-	57,154	59,378	-	(59,378)	(2,224)
Total NCHC Programming	17,665,555	18,108,407	(442,852)	18,083,101	19,358,407	1,275,306	832,454
County Appropriation	1,250,000	1,250,000	-				-
Excess Revenue/(Expense)	18,915,555	19,358,407	(442,852)	18,083,101	19,358,407	1,275,306	832,454
Aquatic	545,430	852,243	(21,525)	888,797	1,137,530	248,733	227,207
County Appropriation	285,288						

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Year-to-Date Period Ending October 31, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	5,743,425	6,614,165	(870,740)	7,027,664	6,631,998	(395,665)	(1,266,406)
Rehab Care (Post Acute)	2,807,662	1,823,443	984,219	1,731,241	1,974,565	243,324	1,227,543
Hospice Care	651,029	929,913	(278,885)	649,932	1,062,048	412,117	133,232
Special Care	1,722,643	1,590,396	132,247	1,453,043	1,656,651	203,608	335,855
Nursing Home Ancillary	358,934	291,667	67,268	302,365	291,667	(10,698)	56,570
Rehab Services	889,634	800,833	88,801	703,641	800,833	97,193	185,994
Total NCHC Programming	12,173,327	12,050,417	122,910	11,867,885	12,417,763	549,878	672,788
County Appropriation	340,146	367,346	(27,200)				(27,200)
Excess Revenue/(Expense)	12,513,473	12,417,763	95,710	11,867,885	12,417,763	549,878	645,588

North Central Health Care
Statement of Revenues and Expenses
For the Period Ending October 31, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	<u>6,788,824</u>	<u>7,573,091</u>	<u>(784,267)</u>	<u>72,205,610</u>	<u>74,351,758</u>	<u>(2,146,148)</u>
Salaries and Wages	3,305,959	3,684,159	(378,200)	32,174,461	35,894,072	(3,719,611)
Fringe Benefits	1,557,411	1,534,946	22,465	11,993,364	14,957,523	(2,964,159)
Departments Supplies	990,766	875,712	115,054	9,671,432	8,745,216	926,216
Purchased Services	605,556	573,406	32,150	8,038,525	5,790,730	2,247,794
Utilitites/Maintenance Agreements	453,557	360,279	93,278	5,029,690	3,595,562	1,434,128
Personal Development/Travel	22,092	43,740	(21,648)	244,945	437,369	(192,424)
Other Operating Expenses	167,058	209,059	(42,001)	1,503,345	2,085,590	(582,245)
Insurance	48,511	43,611	4,901	474,318	434,775	39,544
Depreciation & Amortization	210,389	222,842	(12,453)	2,118,354	2,228,417	(110,062)
Client Purchased Services	<u>102,383</u>	<u>75,000</u>	<u>27,383</u>	<u>1,576,819</u>	<u>750,000</u>	<u>826,819</u>
	7,463,684	7,622,754	(159,070)	72,825,254	74,919,253	(2,094,000)
Nonoperating Income	<u>18,261</u>	<u>30,833</u>	<u>(12,572)</u>	<u>230,740</u>	<u>308,333</u>	<u>(77,593)</u>
Excess Revenue/(Expense)	<u><u>(656,599)</u></u>	<u><u>(18,830)</u></u>	<u><u>(637,769)</u></u>	<u><u>(388,903)</u></u>	<u><u>(259,162)</u></u>	<u><u>(129,741)</u></u>

North Central Health Care
Invested Cash Reserves
For the Period Ending October 31, 2020

<u>Institution</u>	<u>Length</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Amount</u>
Abby Bank	365 Days	11/1/2020	1.80%	500,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.70%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
PFM Investments	365 Days	12/30/2020	1.78%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	1.99%	305,552
PFM Investments	368 Days	2/16/2021	1.75%	245,000
PFM Investments	368 Days	2/16/2021	1.74%	245,000
CoVantage Credit Union	455 Days	2/19/2021	1.99%	500,000
Abby Bank	730 Days	2/25/2021	2.65%	500,000
CoVantage Credit Union	455 Days	3/3/2021	1.99%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
PFM Investments	271 Days	4/5/2021	0.25%	248,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
PFM Investments	273 Days	6/7/2021	0.25%	248,000
PFM Investments	273 Days	6/7/2021	0.20%	248,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	365 Days	6/16/2021	0.55%	248,000
PFM Investments	365 Days	6/16/2021	0.50%	248,000
PFM Investments	365 Days	7/8/2021	0.45%	248,000
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
Total Funds Available				12,093,552
Weighted Average	438 Days		1.49%	

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending October 31, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	14,369	256,390	83,518
Bad Debt	44	4,462	1,031
Outpatient			
Administrative Write-Off	12	95,806	93,451
Bad Debt	80	1,375	5,201
Nursing Home Daily Services			
Administrative Write-Off	-	21,129	12,355
Bad Debt	13,515	12,741	1,623
Nursing Home Ancillary Services			
Administrative Write-Off	24	418	2,130
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	50	321	893
Bad Debt	-	471	644
Grand Total			
Administrative Write-Off	14,456	374,064	192,348
Bad Debt	13,639	19,049	8,498

North Central Health Care
Income Statement
For the Period Ending November 30, 2020

	MTD Actual	MTD Budget	\$ Variance	% Variance	YTD Actual	YTD Budget	\$ Variance	% Variance
Direct Revenues								
Patient Gross Revenues	7,261,397	8,388,915	(1,127,518)	-13.4%	79,477,993	93,463,874	(13,985,881)	-15.0%
Patient Contractual Adjustments	(2,794,808)	(3,108,805)	313,997	-10.1%	(28,279,336)	(34,376,332)	6,096,997	-17.7%
Net Patient Revenue	4,466,589	5,280,110	(813,521)	-15.4%	51,198,658	59,087,542	(7,888,885)	-13.4%
County Revenue	417,915	418,151	(236)	-0.1%	4,597,060	4,599,656	(2,595)	-0.1%
Contracted Service Revenue	98,493	71,167	27,326	38.4%	720,996	782,833	(61,838)	-7.9%
Grant Revenues and Contractuals	194,355	183,767	10,588	5.8%	2,756,736	2,021,433	735,303	36.4%
Appropriations	484,955	457,755	27,200	5.9%	5,035,307	5,035,307	-	0.0%
Other Revenue	680,598	690,708	(10,111)	-1.5%	12,015,802	7,597,792	4,418,010	58.1%
Total Net Revenue	6,342,904	7,101,657	(758,753)	-10.7%	76,324,559	79,124,563	(2,800,004)	-3.5%
Direct Expenses								
Personnel Expenses	3,309,078	3,829,595	520,517	13.6%	36,362,269	42,304,812	5,942,543	14.0%
Contracted Services Expenses	912,615	547,343	(365,272)	-66.7%	10,266,609	6,014,105	(4,252,504)	-70.7%
Supplies Expenses	71,826	84,765	12,939	15.3%	731,141	926,748	195,606	21.1%
Drugs Expenses	669,603	367,152	(302,450)	-82.4%	5,110,748	4,037,512	(1,073,236)	-26.6%
Program Expenses	81,474	117,812	36,339	30.8%	1,063,571	1,285,939	222,368	17.3%
Land & Facility Expenses	19,197	26,727	7,530	28.2%	216,698	293,993	77,296	26.3%
Equipment & Vehicle Expenses	38,755	41,916	3,160	7.5%	450,503	455,675	5,173	1.1%
Diversions Expenses	50,600	75,000	24,400	32.5%	1,627,419	825,000	(802,419)	-97.3%
Other Operating Expenses	183,941	151,435	(32,505)	-21.5%	1,785,945	1,660,848	(125,097)	-7.5%
Total Direct Expenses	5,337,088	5,241,745	(95,343)	-1.8%	57,614,903	57,804,632	189,729	0.3%
Indirect Revenues								
County Revenue	171,635	171,635	-	0.0%	1,887,988	1,887,988	-	0.0%
Contracted Service Revenue	2,500	2,500	-	0.0%	32,142	27,500	4,642	16.9%
Other Revenue	47,628	56,250	(8,622)	-15.3%	500,646	618,750	(118,104)	-19.1%
Total Net Revenue	222,992	230,385	(7,393)	-3.2%	2,437,458	2,534,238	(96,780)	-3.8%
Indirect Expenses								
Personnel Expenses	1,133,577	1,228,660	95,083	7.7%	12,413,136	13,680,038	1,266,902	9.3%
Contracted Services Expenses	8,341	5,000	(3,341)	-66.8%	79,267	55,000	(24,267)	-44.1%
Supplies Expenses	84,066	123,616	39,550	32.0%	854,497	1,359,778	505,281	37.2%
Drugs Expenses	-	4,167	4,167	100.0%	16,266	45,833	29,568	64.5%
Program Expenses	20,988	20,671	(317)	-1.5%	318,994	227,379	(91,615)	-40.3%
Land & Facility Expenses	290,365	309,619	19,254	6.2%	3,222,048	3,405,804	183,756	5.4%
Equipment & Vehicle Expenses	123,215	124,554	1,339	1.1%	1,349,462	1,370,096	20,634	1.5%
Other Operating Expenses	421,452	404,706	(16,746)	-4.1%	4,376,562	4,516,762	140,201	3.1%
Total Indirect Expenses	2,082,004	2,220,992	138,988	6.3%	22,630,233	24,660,691	2,030,458	8.2%
Total Operating Expenses	7,419,092	7,462,737	43,645	0.6%	80,245,136	82,465,324	2,220,188	2.7%
Metrics								
Indirect Expenses/Direct Expenses	39.0%	42.4%			39.3%	42.7%		
Direct Expense/Gross Patient Revenue	73.5%	62.5%			72.5%	61.8%		
Average Cost per Day	98,417	72,754			86,706	76,901		
Non-Operating Income/Expense								
Interest Income/Expense	(16,635)	(30,833)	14,198	-46.0%	(251,996)	(339,167)	87,170	-25.7%
Donations Income	(6,805)	-	(6,805)	0.0%	(45,776)	-	(45,776)	0.0%
Other Non-Operating	22,312	(2,500)	24,812	-992.5%	56,413	(27,500)	83,913	-305.1%
Total Non-Operating	(1,128)	(33,333)	32,205	-96.6%	(241,359)	(366,667)	125,307	-34.2%
Net Income (Loss)	(852,068)	(97,361)	(754,707)	775.2%	(1,241,760)	(439,856)	(801,904)	182.3%
Net Income	-13.0%	-1.3%			-1.6%	-0.5%		

North Central Health Care
Balance Sheet
For the Period Ending November 30, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	107,625	1,922,648
Accounts Receivable		
Net Patient Receivable	4,252,617	4,747,498
Outpatient WIMCR & CCS	4,851,250	4,287,667
Nursing Home Supplemental Payment	908,900	772,849
County Appropriations Receivable	537,753	(525,487)
Net State Receivable	566,724	322,144
Other Accounts Receivable	998,112	269,910
Inventory	446,283	427,687
Prepaid Expenses	405,616	358,612
Total Current Assets	<u>13,074,881</u>	<u>12,583,528</u>
Noncurrent Assets		
Investments	12,093,552	13,646,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	89,367	38,032
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	27,116,177	1,038,665
Net Depreciable Capital Assets	<u>19,813,639</u>	<u>9,800,489</u>
Total Noncurrent Assets	<u>61,845,326</u>	<u>34,296,245</u>
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>97,072,791</u></u>	<u><u>57,150,454</u></u>

	Current YTD	Prior YTD
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	1,078,431	401,394
Accrued Liabilities		
Salaries and Retirement	2,362,313	1,923,937
Compensated Absences	2,815,457	1,904,256
Health and Dental Insurance	670,000	847,000
Bonds	-	-
Interest Payable	-	-
Other Payables and Accruals	1,227,522	823,978
Payable to Reimbursement Programs	220,000	254,981
Unearned Revenue	13,835	(1,549,621)
Total Current Liabilities	8,416,807	4,635,173
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	48,950	76,338
Long-Term Projects in Progress	22,747,454	343,429
Long-Term Debt and Bond Premiums	9,143,060	-
Patient Trust Funds	59,649	38,032
Total Noncurrent Liabilities	41,444,563	1,402,339
Deferred Inflows of Resources (Pensions)	11,508,078	10,993,103
TOTAL LIABILITIES	61,369,448	17,030,616
NET POSITION		
Net Investment in Capital Assets	46,929,816	10,839,154
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,053,832	306,845
Undesignated	(13,771,136)	27,929,164
Net Income / (Loss)	(1,241,760)	(3,168,586)
TOTAL NET POSITION	35,703,343	40,119,838
TOTAL LIABILITIES AND NET POSITION	97,072,791	57,150,454

North Central Health Care
Statement of Cash Flows
For Month Ending November 30, 2020

Cash, Beginning of Period (October 31, 2020)		3,838,996
Operating Activities		
Net Income (Loss)	(852,068)	
Adjustments to Reconcile Net Income		
Depreciation	155,099	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(1,333,506)	
Prepaid Expenses	228,795	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	1,391,116	
Accrued Current Liabilities	(922,890)	
Net Change in Patient Trust Funds	(3,772)	
Unearned Revenue	<u>77,262</u>	
Net Cash from Operating Activities		(1,259,963)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	(3,961,624)	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>2,084,512</u>	
Net Cash from Investing Activities		(1,877,112)
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	(594,294)	
Net Change in Purchase/Sale of Investments	<u>-</u>	
Net Cash from Financing Activities		<u>(594,294)</u>
Net Increase (Decrease) in Cash During Period		<u>(3,731,370)</u>
Cash, End of Period (November 30, 2020)		107,626

North Central Health Care
Review of 2020 Programs by Service Line
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
BEHAVIORAL HEALTH SERVICES							
Adult Behavioral Health Hospital	3,015,728	3,965,889	(950,160)	4,257,605	3,996,768	(260,838)	(1,210,998)
Adult Hospital Psychiatry	324,672	392,291	(67,619)	1,535,149	1,536,464	1,316	(66,303)
Psychiatry Residency	287,797	288,750	(953)	396,525	414,901	18,376	17,423
Contract Services	-	-	-	1,751,316	859,829	(891,488)	(891,488)
Crisis Services	593,382	545,873	47,509	2,502,169	2,235,663	(266,506)	(218,997)
Lakeside Recovery MMT	241,002	882,916	(641,914)	1,033,824	1,426,937	393,113	(248,801)
Crisis CBRF	885,926	1,114,254	(228,329)	876,260	1,114,254	237,995	9,666
Youth Behavioral Health Hospital	102,506	880,926	(778,421)	398,207	1,339,354	941,147	162,726
Subtotal-Behavioral Health	5,451,013	8,070,899	(2,619,887)	12,751,054	12,924,169	173,115	(2,446,772)
COMMUNITY SERVICES							
Outpatient Services-Marathon	1,002,736	1,437,167	(434,430)	1,723,469	1,829,889	106,419	(328,011)
Outpatient Services-Lincoln	253,697	384,267	(130,569)	321,005	596,543	275,538	144,968
Outpatient Services-Langlade	248,025	630,942	(382,916)	412,195	749,396	337,201	(45,716)
Outpatient Psychiatry	967,562	1,082,098	(114,536)	3,806,317	3,760,704	(45,613)	(160,149)
Community Treatment Adult- Marathon	4,162,081	4,113,901	48,180	3,916,871	4,113,901	197,030	245,211
Community Treatment Adult- Lincoln	855,492	704,367	151,126	609,630	704,367	94,736	245,862
Community Treatment Adult- Langlade	567,849	640,383	(72,535)	466,727	640,383	173,657	101,122
Community Treatment Youth-Marathon	5,042,963	3,585,159	1,457,804	4,713,061	3,585,159	(1,127,903)	329,902
Community Treatment Youth-Lincoln	1,713,280	1,663,200	50,080	1,660,618	1,663,200	2,582	52,662
Community Treatment Youth-Langlade	1,327,104	1,284,250	42,854	1,274,601	1,284,250	9,649	52,503
Clubhouse	172,417	274,099	(101,682)	285,010	358,432	73,422	(28,260)
Sober Living	-	117,333	(117,333)	169	117,333	117,165	(169)
Subtotal-Community Services	16,313,207	15,917,165	396,042	19,189,673	19,403,556	213,883	609,925
COMMUNITY LIVING							
Adult Day Services-Marathon	544,174	761,186	(217,012)	530,785	666,889	136,104	(80,908)
Prevocational Services-Marathon	490,068	712,250	(222,182)	602,113	806,548	204,434	(17,748)
Prevocational/Day Services-Langlade	253,909	346,500	(92,591)	274,171	346,500	72,329	(20,263)
Lincoln Industries-Lincoln	835,367	1,744,417	(909,049)	1,137,471	1,744,417	606,945	(302,104)
Andrea St Group Home	462,302	480,333	(18,031)	414,374	460,444	46,070	28,039
Chadwick Group Home	499,011	487,667	11,345	381,269	475,525	94,256	105,601
Bissell Street Group Home	540,282	520,667	19,615	376,412	499,595	123,183	142,798
Heather Street Group Home	411,149	416,167	(5,018)	411,403	469,270	57,867	52,849
Jelinek Apartments	746,330	736,083	10,247	633,423	674,733	41,309	51,556
River View Apartments	679,233	574,750	104,483	535,869	569,540	33,670	138,154
Forest Street Apartments	339,483	566,500	(227,017)	480,089	537,879	57,790	(169,227)
Fulton Street Apartments	245,172	237,417	7,756	350,194	332,599	(17,595)	(9,839)
Youth Crisis Stabilization Facility	-	-	-	128,973	-	(128,973)	(128,973)
Subtotal-Community Living	6,046,482	7,583,936	(1,537,455)	6,256,548	7,583,937	1,327,389	(210,065)
NURSING HOMES							
MVCC Daily Services	17,293,022	17,984,407	(691,385)	18,777,319	20,053,033	1,275,714	584,329
MVCC Ancillary Services	1,791,811	1,934,840	(143,030)	1,114,076	1,241,214	127,139	(15,891)
Aquatic	598,265	937,467	(339,201)	988,804	1,251,283	262,479	(76,722)
Pine Crest-Daily Services	11,832,448	12,053,708	(221,261)	12,040,697	12,457,789	417,092	195,832
Pine Crest-Ancillary Services	1,366,898	1,201,750	165,148	985,318	1,201,750	216,432	381,581
Subtotal-Nursing Home	32,882,444	34,112,172	(1,229,728)	33,906,213	36,205,069	2,298,856	1,069,128
Pharmacy	6,805,348	5,942,195	863,153	6,606,093	5,942,195	(663,898)	199,255
OTHER PROGRAMS							
Birth To Three	564,436	-	564,436	564,366	-	(564,366)	69
Protective Services	757,623	-	757,623	743,765	-	(743,765)	13,858
Demand Transportation	355,258	395,912	(40,654)	262,867	395,912	133,045	92,392
Subtotal-Other Programs	1,677,317	395,912	1,281,405	1,570,998	395,912	(1,175,086)	106,319
Total NCHC Service Programs	69,175,810	72,022,280	(2,846,469)	80,280,580	82,454,838	2,174,258	(672,211)
Base County Allocation	4,597,060	4,599,656	(2,595)				(2,595)
Nonoperating Revenue	251,481	378,576	(127,095)				(127,095)
County Appropriation	5,035,307	5,035,310	(2)				(2)
Grand Total NCHC	79,059,659	82,035,821	(2,976,162)	80,280,580	82,454,838	2,174,258	(801,904)

North Central Health Care
Fund Balance Review
For the Year-to-Date Period Ending November 30, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	56,269,268	4,557,098	19,454,213	80,280,580
General Fund Balance Targets				
Minimum (20% Operating Expenses)	11,253,854	911,420	3,890,843	16,056,116
Maximum (35% Operating Expenses)	19,694,244	1,594,984	6,808,975	28,098,203
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	11,503,854	1,161,420	4,140,843	16,806,116
Maximum Target	19,944,244	1,844,984	7,058,975	28,848,203
Total Net Position at Period End	55,039,958	4,316,799	19,682,063	79,038,820
Fund Balance Above/(Below)				
Minimum Target	43,536,104	3,155,380	15,541,220	62,232,704
Maximum Target	35,095,714	2,471,815	12,623,088	50,190,617
<i>County Percent of Total Net Position</i>	<i>69.6%</i>	<i>5.5%</i>	<i>24.9%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	8,421,540	660,504	3,011,508	12,093,552
<i>Days Invested Cash on Hand</i>	<i>50</i>	<i>49</i>	<i>52</i>	<i>50</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	15,117,117	1,224,295	5,226,505	21,567,917
Invested Cash Reserves Above/(Below) Target	(6,695,577)	(563,791)	(2,214,997)	(9,474,365)

North Central Health Care
Review of Services in Langle County
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	248,025	630,942	(382,916)	412,195	749,396	337,201	(45,716)
Community Treatment-Adult	567,849	640,383	(72,535)	466,727	640,383	173,657	101,122
Community Treatment-Youth	1,327,104	1,284,250	42,854	1,274,601	1,284,250	9,649	52,503
Sober Living	-	117,333	(117,333)	169	117,333	117,165	(169)
Day Services	253,909	346,500	(92,591)	274,171	346,500	72,329	(20,263)
	2,396,887	3,019,408	(622,522)	2,427,863	3,137,863	709,999	87,478
Shared Services							
Adult Behavioral Health Hospital	331,730	436,246	(104,516)	468,337	439,644	(28,692)	(133,208)
Adult Hospital Psychiatry	46,990	43,152	3,837	168,866	169,011	145	3,982
Residency Program	31,658	31,763	(105)	43,618	45,639	2,021	1,916
Youth Behavioral Health Hospital	-	96,902	(96,902)	43,803	147,329	103,526	6,624
Crisis CBRF	97,452	122,568	(25,117)	96,389	122,568	26,180	1,063
Crisis Services	65,272	60,046	5,226	275,239	245,923	(29,315)	(24,089)
Youth Crisis Stabilization Facility	-	-	-	14,187	-	(14,187)	(14,187)
Lakeside Recovery MMT	26,510	97,121	(70,611)	113,721	156,963	43,242	(27,369)
Outpatient Psychiatry	106,432	119,031	(12,599)	418,695	413,677	(5,018)	(17,617)
Protective Services	83,339	-	83,339	81,814	-	(81,814)	1,524
Birth To Three	57,789	-	57,789	57,782	-	(57,782)	7
Group Homes	186,195	185,425	770	154,141	185,425	31,284	32,054
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	192,645	94,581	(98,064)	(98,064)
	1,033,366	1,192,254	(158,888)	2,129,235	2,020,761	(108,474)	(267,363)
Total NCHC Programming	3,430,253	4,211,663	(781,410)	4,557,098	5,158,624	601,525	(179,885)
Base County Allocation	731,987	731,987	-				-
Nonoperating Revenue	16,257	26,244	(9,987)				(9,987)
County Appropriation	138,303	138,303	-				-
Excess Revenue/(Expense)	4,316,799	5,108,197	(791,397)	4,557,098	5,158,624	601,525	(189,872)

North Central Health Care
Review of Services in Lincoln County
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	253,697	384,267	(130,569)	321,005	596,543	275,538	144,968
Community Treatment-Adult	855,492	704,367	151,126	609,630	704,367	94,736	245,862
Community Treatment-Youth	1,713,280	1,663,200	50,080	1,660,618	1,663,200	2,582	52,662
Lincoln Industries	835,367	1,744,417	(909,049)	1,137,471	1,744,417	606,945	(302,104)
	3,657,837	4,496,250	(838,413)	3,728,724	4,708,526	979,802	141,388
Shared Services							
Adult Behavioral Health Hospital	452,359	594,883	(142,524)	638,641	599,515	(39,126)	(181,650)
Adult Hospital Psychiatry	64,077	58,844	5,233	230,272	230,469	197	5,430
Residency Program	43,170	43,313	(143)	59,479	62,235	2,757	2,614
Youth Behavioral Health Hospital	-	132,139	(132,139)	59,731	200,903	141,172	9,033
Crisis CBRF	132,889	167,139	(34,250)	131,439	167,139	35,700	1,450
Crisis Services	89,007	81,881	7,126	375,325	335,350	(39,976)	(32,850)
Youth Crisis Stabilization Facility	-	-	-	19,346	-	(19,346)	(19,346)
Outpatient Psychiatry	145,134	162,315	(17,181)	570,947	564,106	(6,842)	(24,023)
Lakeside Recovery MMT	36,150	132,437	(96,287)	155,074	214,041	58,967	(37,320)
Protective Services	113,643	-	113,643	111,565	-	(111,565)	2,079
Birth To Three	84,969	-	84,969	84,958	-	(84,958)	10
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	262,697	128,974	(133,723)	(133,723)
	1,161,398	1,372,950	(211,552)	2,699,475	2,502,731	(196,744)	(408,295)
Total NCHC Programming	4,819,235	5,869,200	(1,049,965)	6,428,199	7,211,257	783,058	(266,907)
Base County Allocation	760,812	760,812	-				-
Nonoperating Revenue	22,690	36,582	(13,892)				(13,892)
County Appropriation	475,899	475,899	-				-
Excess Revenue/(Expense)	6,078,636	7,142,493	(1,063,857)	6,428,199	7,211,257	783,058	(280,799)

North Central Health Care
Review of Services in Marathon County
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	1,002,736	1,437,167	(434,431)	1,723,469	1,829,889	106,419	(328,012)
Community Treatment-Adult	4,162,081	4,113,901	48,180	3,916,871	4,113,901	197,030	245,211
Community Treatment-Youth	5,042,963	3,585,159	1,457,804	4,713,061	3,585,159	(1,127,903)	329,902
Day Services	1,034,243	1,473,436	(439,194)	1,132,898	1,473,436	340,538	(98,656)
Clubhouse	172,417	274,099	(101,682)	285,010	358,432	73,422	(28,260)
Demand Transportation	355,258	395,912	(40,654)	262,867	395,912	133,045	92,392
Aquatic Services	598,265	937,467	(339,201)	988,804	1,251,283	262,479	(76,722)
Pharmacy	6,805,348	5,942,195	863,153	6,606,093	5,942,195	(663,898)	199,255
	19,173,311	18,159,335	1,013,976	19,629,073	18,950,206	(678,867)	335,109
Shared Services							
Adult Behavioral Health Hospital	2,231,639	2,934,755	(703,116)	3,150,628	2,957,609	(193,020)	(896,136)
Adult Hospital Psychiatry	316,112	290,296	25,816	1,136,010	1,136,984	974	26,790
Residency Program	212,970	213,675	(705)	293,428	307,027	13,598	12,893
Youth Behavioral Health Hospital	-	651,886	(651,886)	294,673	991,122	696,449	44,563
Crisis CBRF	655,585	824,548	(168,963)	648,432	824,548	176,116	7,153
Crisis Services	439,103	403,947	35,156	1,851,605	1,654,391	(197,214)	(162,058)
Youth Crisis Stabilization Facility	-	-	-	95,440	-	(95,440)	(95,440)
Lakeside Recovery MMT	178,341	653,358	(475,016)	765,030	1,055,933	290,904	(184,113)
Outpatient Psychiatry	715,996	800,753	(84,757)	2,816,674	2,782,921	(33,753)	(118,510)
Protective Services	560,641	-	560,641	550,386	-	(550,386)	10,255
Birth To Three	421,678	-	421,678	421,626	-	(421,626)	52
Group Homes	1,726,549	1,719,408	7,141	1,429,318	1,719,408	290,090	297,231
Supported Apartments	2,010,219	2,114,750	(104,531)	1,999,575	2,114,750	115,175	10,644
Contract Services	-	-	-	1,295,974	636,273	(659,701)	(659,701)
	9,468,832	10,607,375	(1,138,543)	16,748,800	16,180,965	(567,835)	(1,706,378)
Total NCHC Programming	28,642,143	28,766,710	(124,567)	36,377,873	35,131,171	(1,246,702)	(1,371,269)
Base County Allocation	3,083,420	3,106,857	(23,437)				(23,437)
Nonoperating Revenue	212,534	276,340	(63,806)				(63,806)
County Appropriation	2,642,028	2,642,028	-				-
Excess Revenue/(Expense)	34,580,125	34,791,935	(211,810)	36,377,873	35,131,171	(1,246,702)	(1,458,512)

North Central Health Care
Review of Services in Mount View Care Center
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	3,280,473	3,290,372	(9,899)	4,079,605	3,682,706	(396,900)	(406,799)
Legacies	7,858,452	8,271,016	(412,564)	7,636,159	9,253,682	1,617,524	1,204,960
Post Acute Care	2,300,697	2,262,760	37,938	2,654,936	2,743,510	88,574	126,511
Vent Unit	3,853,400	4,160,260	(306,859)	4,406,619	4,373,135	(33,484)	(340,343)
Nursing Home Ancillary	68,295	91,667	(23,372)	70,518	91,667	21,149	(2,223)
Rehab Services	1,636,800	1,843,174	(206,374)	963,953	1,149,548	185,595	(20,779)
Riverview Terrace	86,716	-	86,716	79,605	-	(79,605)	7,111
Total NCHC Programming	19,084,833	19,919,247	(834,414)	19,891,395	21,294,247	1,402,852	568,438
County Appropriation	1,375,000	1,375,000	-				-
Excess Revenue/(Expense)	20,459,833	21,294,247	(834,414)	19,891,395	21,294,247	1,402,852	568,438
Aquatic	598,265	937,467	(25,385)	988,804	1,251,283	262,479	237,094
County Appropriation	313,816						

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Year-to-Date Period Ending November 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	6,856,695	7,275,582	(418,887)	7,850,953	7,295,198	(555,755)	(974,641)
Rehab Care (Post Acute)	2,247,709	2,005,787	241,922	1,909,454	2,172,022	262,568	504,490
Hospice Care	724,001	1,022,905	(298,904)	656,574	1,168,253	511,679	212,775
Special Care	2,004,043	1,749,435	254,608	1,623,716	1,822,316	198,600	453,208
Nursing Home Ancillary	391,006	320,833	70,173	281,472	320,833	39,361	109,534
Rehab Services	975,892	880,917	94,976	703,845	880,917	177,071	272,047
Total NCHC Programming	13,199,346	13,255,458	(56,112)	13,026,014	13,659,539	633,525	577,412
County Appropriation	404,080	404,080	0				0
Excess Revenue/(Expense)	13,603,426	13,659,539	(56,112)	13,026,014	13,659,539	633,525	577,412

North Central Health Care
Statement of Revenues and Expenses
For the Period Ending November 30, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	<u>6,567,021</u>	<u>7,334,507</u>	<u>(767,486)</u>	<u>78,772,631</u>	<u>81,686,265</u>	<u>(2,913,634)</u>
Salaries and Wages	3,160,573	3,565,306	(404,733)	35,335,827	39,551,009	(4,215,182)
Fringe Benefits	1,251,428	1,485,449	(234,021)	13,244,792	16,442,972	(3,198,180)
Departments Supplies	1,182,526	875,712	306,814	10,853,958	9,620,928	1,233,030
Purchased Services	814,805	573,406	241,399	8,853,330	6,364,137	2,489,193
Utilitites/Maintenance Agreements	472,342	360,279	112,063	5,502,032	3,955,841	1,546,192
Personal Development/Travel	11,318	43,740	(32,422)	256,263	481,109	(224,846)
Other Operating Expenses	216,529	209,059	7,470	1,719,874	2,294,649	(574,775)
Insurance	48,511	43,611	4,901	522,830	478,385	44,444
Depreciation & Amortization	210,460	222,842	(12,382)	2,328,814	2,451,258	(122,444)
Client Purchased Services	<u>50,600</u>	<u>75,000</u>	<u>(24,400)</u>	<u>1,627,419</u>	<u>825,000</u>	<u>802,419</u>
	7,419,092	7,454,404	(35,312)	80,245,140	82,465,288	(2,220,148)
Nonoperating Income	<u>6</u>	<u>30,833</u>	<u>(30,827)</u>	<u>230,748</u>	<u>339,166</u>	<u>(108,418)</u>
Excess Revenue/(Expense)	<u>(852,068)</u>	<u>(89,063)</u>	<u>(763,002)</u>	<u>(1,241,760)</u>	<u>(439,856)</u>	<u>(801,904)</u>

North Central Health Care
Invested Cash Reserves
For the Period Ending November 30, 2020

<u>Institution</u>	<u>Length</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Amount</u>
PFM Investments	365 Days	12/4/2020	1.75%	245,000
PFM Investments	365 Days	12/4/2020	1.75%	245,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
PFM Investments	365 Days	12/17/2020	1.95%	245,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.70%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
PFM Investments	365 Days	12/30/2020	1.78%	245,000
PFM Investments	365 Days	12/30/2020	1.75%	245,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	1.99%	305,552
PFM Investments	368 Days	2/16/2021	1.75%	245,000
PFM Investments	368 Days	2/16/2021	1.74%	245,000
CoVantage Credit Union	455 Days	2/19/2021	1.99%	500,000
Abby Bank	730 Days	2/25/2021	2.65%	500,000
CoVantage Credit Union	455 Days	3/3/2021	1.99%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
PFM Investments	271 Days	4/5/2021	0.25%	248,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
PFM Investments	273 Days	6/7/2021	0.25%	248,000
PFM Investments	273 Days	6/7/2021	0.20%	248,000
PFM Investments	365 Days	6/16/2021	0.55%	248,000
PFM Investments	365 Days	6/16/2021	0.50%	248,000
PFM Investments	365 Days	7/8/2021	0.45%	248,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	8/21/2021	0.45%	500,000
Abby Bank	365 Days	8/29/2021	0.60%	500,000
Abby Bank	365 Days	11/1/2021	0.40%	500,000
Abby Bank	546 Days	3/1/2022	0.65%	500,000
Total Funds Available				12,093,552
Weighted Average	438 Days		1.43%	

North Central Health Care
Summary of Revenue Write-Offs
For the Period Ending November 30, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	5,317	261,708	125,413
Bad Debt	-	4,462	9,234
Outpatient			
Administrative Write-Off	29,016	124,821	129,288
Bad Debt	-	1,375	4,974
Nursing Home Daily Services			
Administrative Write-Off	-	21,129	41,718
Bad Debt	300	13,041	11,869
Nursing Home Ancillary Services			
Administrative Write-Off	24	418	2,130
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	(26)	295	3,247
Bad Debt	-	471	239
Grand Total			
Administrative Write-Off	34,331	408,371	301,796
Bad Debt	300	19,349	26,316



North Central Health Care

Person centered. Outcome focused.

DATE: December 11, 2020
TO: NCCSP Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: Performance Expectations and Outcomes for 2021

PURPOSE

The NCCSP Board's Executive Committee is charged with the responsibility of exercising the Retained County functions on behalf of each County's respective Board of Supervisors. We are embarking on the fourth iteration of these expectations and outcomes. The performance expectations and outcomes become the basis for performance dashboards and evaluation activities. There are two elements to creating performance expectations:

Program Standards: General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Program Standards are of great importance in NCHC's accountability to our County partners when we do not meet expectations on a consistent basis.

Outcomes: Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness. Our outcome measures aim to be actual outcomes versus structure or process quality measures. There continues to be opportunity to move towards finding actual functional improvement outcome measures.

BACKGROUND AND DISCUSSION

The goal of our performance monitoring system is to define what quality is and then measure it. W. Edwards Deming defined good quality as meaning a predictable degree of uniformity and dependability with a quality standard suited to the outcome. The underlying philosophy of almost any definition of quality is the same – consistency of conformance and performance, and most importantly in healthcare, focused on the patient outcomes. Our goal at NCHC is to ultimately become a high-reliability organization. There's a framework for achieving this vision. Plainly stated, a high-reliability organization is one with predictable and repeatable systems that support consistent operations while catching and correction potentially catastrophic errors before they happen. To cause zero harm and achieve positive functional improvement outcomes are our north stars.

Expectations

The following are a set of expectations that the Retained County Authority has previously determined. We intend to maintain these expectations into 2021 with no changes.

Behavioral Health Services Program Expectations

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

Program/Function Specific Expectations

Crisis & Suicide Prevention Hotline –All callers to the hotline will be offered face to face evaluation and/or intervention with the expectation to link the caller with services within 72 hours; callers offered opportunity for voluntary admission if applicable.

Mobile Crisis – Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must be:

- Educated annually on admission laws in the State of Wisconsin;
- Offer each patient resource literature during every Crisis assessment; and
- If applicable, provide patients the opportunity for voluntary admission.

Youth Crisis Stabilization - Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent).

Court Liaison – Adhere to a policy approved by Corporation Counsels that outlines clear expectations for communication between NCHC and Corporation Counsels, with respect to:

- Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
- Standards for notification of admission to Corporate Counsels;
- Managing admissions to other facilities;
- Managing transition of care to outpatient providers;
- Case management of patients under settlement agreements;
- Managing timelines and requisite paperwork to proactively initiate recommitments; and
- Training requirements on admission laws and court procedures and rights associated on an annual basis.

Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment programs:

- A comprehensive discharge plan will continue to be completed prior to discharge per best practice guidelines.

Community Behavioral Health Services Program Expectations

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis. This training will also include building awareness about NCHC's organizational impact on current involvement of the criminal justice and social service systems.

NCHC will seek to obtain a release of information for any individual referred from law enforcement, school districts or social services departments.

There should be increased case monitoring for all patients and clients under commitments and settlement agreements.

All patients and clients screened for services will receive information on services available and how to access them.

Enhanced community engagement through ongoing outreach activities to increase knowledge of referral process.

Program/Function Specific Expectations

Children's Long-Term Services – NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.

Outpatient Services – NCHC will be an active participant in youth counseling consortium in the schools.

Outcomes

North Central Health Care's organizational and program dashboards are aligned with the Board's End Statement which are categorized in five pillars for performance excellence: *People, Service, Quality, Community, and Financial*. At North Central Health Care (NCHC), excellence means simultaneously achieving high employee engagement, high patient satisfaction, unequalled quality of care, a strong community reputation, and positive net income. The following is an overview of the current state of these pillars of excellence.

People

End Statement:

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified and competent staff, who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, ensuring a best practice focus through a commitment to continuous improvement.

Organizational Dashboard Outcomes:

PEOPLE	
Vacancy Rate	Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end. YTD calculation: Average of each monthly vacancy rate.
Retention Rate	Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end. YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

Strengths:

We have long track records on vacancy and retention rates. The ability to establish an effective workforce planning system and operate an effective recruitment programs determines the vacancy rate. Managing vacancy rates also impacts overtime management and employee engagement outcomes.

Opportunities for Improvement:

Retention rates miss turnover that occurs within the year (people who are hired after January 1, but leave before December 31) are not included in this measure as currently constituted. Retention is an important indicator as we believe tenure drives quality.

Service

End Statement:

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Organizational Dashboard Outcomes:

SERVICE	
Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score

Strengths: Likelihood to recommend scores encompasses all the elements of an individual's experience creating shared purpose. The question is transferable to most other survey products.

Opportunities for Improvement: We have yet to identify a reliable method for referral source feedback loops with sufficient sample sizes.

Quality

End Statement:

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

Organizational Dashboard Outcomes:

QUALITY	
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: American Health Care Association/National Center for Assisted Living (AHCA/NCAL) Quality Initiative
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)
Nursing Home Star Rating	Star rating as determined by CMS Standards for both Pine Crest and MVCC.
Zero Harm Patients	Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000
Zero Harm Employee	Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month. YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.
Out of County Placement	Number of involuntary days that patients spend in out of county placements who have discharged in month of report.
Hospitalization Length of Stay - NCHC	Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.
Hospitalization Length of Stay - Diversions	Average length of stay for patients on out-of-county placements that have discharged in month of report.

Strengths: Readmission Rates are strong indicators, as are Out of County Placement days. Zero Harm measures have really drove the safety culture we're busy strengthening.

Opportunities for Improvement: The Hospitalization Length of Stay indicators are interesting but not as strong of a quality indicator for continued overall dashboard inclusion. Outliers have a profound impact on this indicator. Nursing Home Star Ratings are not ideal because of the time horizon to improve ratings. Ratings can drop quickly, but it takes years to build them back up. We are recommending that we look at the Quality Star Rating within the Overall Rating System, because that is the most controllable and dynamic indicator of Nursing Home quality. We propose moving to this indicator as opposed to the current total star ranking.

After numerous internal discussions, we feel that the Quality End Statement needs significant revision. It is not aspirational or differentiating if achieved. We propose a complete rewrite that better articulates how:

- Culture drives quality and safety
- Quality is safe, effective, person-centered, timely, efficient, equitable, and ethical
- Quality is reliable: predictable, repeatable, dependable
- There are three types of quality measures to consider: structure, process, and outcome
- People expect a quality outcome – different by being focused on life functioning as an outcome

We believe that the organization should move to identify and establish life functioning or quality of life indicators for our programs as an overall objective for 2021.

Community

End Statement:

Our Community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

Organizational Dashboard Outcomes:

COMMUNITY	
No Show Rate	Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.
Hospitalization Rate	The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

Strengths: There has been cultural and process improvements because of the importance of these two indicators.

Opportunities for Improvement: No Show Rate is not really a Community Indicator but could be a Quality Indicator. The Hospitalization Rate has not yet derived any process improvement other than being interesting.

There is an opportunity to examine the each County's Strategic Plans for alignment.

Financial

End Statement:

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

Organizational Dashboard Outcomes:

Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Indirect Expense/Direct Revenue	Percentage of total indirect expenses compared to direct expenses.
Average Cost Per Day	Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.
Net Income	Net earnings after all expenses have been deducted from revenue.

Strengths: The Direct Expense/Gross Patient Revenue, Indirect Expense/Direct Revenue, and Net Income indicators are connected to our long-range financial plan and are easily cascaded throughout the organization.

Opportunities for Improvement: The Average Cost Per Day does not shed new insights relative to the other measures. In the future, with more advanced time-based activity costing, we can develop a new measure that is more effective at what this indicator was trying to accomplish.

Other Considerations

Executive Management is proposing the cessation of program dashboard for support programs to ensure alignment to operational success.

Lack of benchmark data availability.

Recommendations

The following are recommendations for 2021 Performance Expectations and Outcomes:

- There will be no amendments to the Retained County Authority's Performance Expectations.

- There will no longer be a Retained County Authority Dashboard, all performance outcomes measures will instead be placed on Program Specific Dashboards and reported in the Red/Green report.
- There will no longer be Program Specific Dashboards for Support Functions.

PROPOSED OVERALL DASHBOARD STRUCTURE

People

End Statement (slightly modified)

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly qualified, competent staff who take pride in their work and the organization. As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.

Overall Dashboard Outcomes

Vacancy Rate

(NEW) Turnover Rate

(NEW) Diversity Composite Index –

Monthly Calculation: A weighted composite of the diversity of NCHC's workforce, management and Board, relative to the demographics of Marathon County.

YTD Calculation: Weighted average of each month's Diversity Composite Index rate.

Service

End Statement

We exceed our stakeholder's expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

Patient Experience -

Monthly Calculation: A weighted average of Net Promoter Score.

YTD Calculation: Weighted average of each month's Net Promoter Score.

Quality

End Statement (completely overhauled)

We are a regionally unequalled mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.

Composite Readmission Rate: Hospitals

Composite Readmission Rate: Nursing Homes

Composite Nursing Home Quality Star Rating: MVCC and Pine Crest

Zero Harm: Patient and Employee (Monitoring Outcome)

Community

End Statement (slightly modified)

Our Community will be able to access our services through a highly responsive and seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.

Out of County Placements – Reduce the number of out of county placements by 25%.

(NEW) Diversity, Equity and Inclusion (DEI) Access Equity Gap (Monitoring Outcome) – we would identify the number of consumers we serve and index their demographics against the demographics of service area. An access equity gap will be established based on the variability in matching the community to our service population, we will work to decrease the gap over the year.

Financial

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

Direct Expense/Gross Patient Revenue

Indirect Expense/Gross Patient Revenue

Net Income

PROGRAM SPECIFIC DASHBOARDS



The following are the proposed program dashboards which are designed around programs and broken out by location, not the leadership structure:

(Vacancy, Retention, Readmission, Quality Star Ratings, Direct/Expense/Gross Patient Revenue and Net Income will all cascade to the program dashboards.

PLEASE SEE THE ATTACHED PROPOSED ORGANIZATIONAL AND PROGRAM DASHBOARD ALONG WITH TARGET FOR 2021

2021 - Primary Dashboard Measure List

NEW

-  Higher rates are positive
 Lower rates are positive

Department	Domain	Outcome Measure	↕	2020 YTD	2021 Target
North Central Health Care	People	Vacancy Rate	↘	7.8%	7-9%
		Turnover Rate	↘	N/A	20-23%
		Diversity Composite Index	↗	N/A	Monitoring
	Service	Patient Experience (Net Promoter Score)	↗	61.0	55-61
	Quality	Hospital Readmission Rate	↘	11.9%	10-12%
		Nursing Home Readmission Rate	↘	13.0%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
		Zero Harm - Patients	↘	0.74	Monitoring
		Zero Harm - Employees	↘	2.84	Monitoring
	Community	Out of County Placements Days	↘	279	230-250
		Diversity, Equity, and Inclusion Access Equity Gap	↗	N/A	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	72.4%	64-67%
		Indirect Expense/Direct Expense	↘	39%	44-47%
		Net Income	↗	0.4%	2-3%

Department	Domain	Outcome Measure	↕	2020 YTD (Community Treatment)	2021 Target
Adult Community Treatment	People	Vacancy Rate	↘	2.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	0.11	Monitoring
		% of Treatment Plans Completed within Required Timelines	↗	96.5%	96-98%
		Employment Rate of Individual Placement and Support (IPS) Clients	↗	46.5%	46-50%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	33.5%	60-70%
		Average Days from Referral to Initial Appointment	↘	72.8	55-60 Days
		Hospitalization Rate of Active Patients	↘	1.34%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	82-85%
		Net Income	↗	\$93,387	\$36,452-\$36,809 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Crisis & CBRF)	2021 Target
Adult Crisis Stabilization Facility	People	Vacancy Rate	↘	8.2%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Patients who kept their Follow-up Appointment	↗	90.1%	90-95%
	Community	Out of County Placements Days	↘	269	230-250
		% of Patients Admitted within 24 hours of Referral	↗	100.0%	90-95%
	Finance	Direct Expense/Gross Patient Revenue	↘	17-22%	32-35%
		Net Income	↗	-\$19,029	\$24,608-\$34,850 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Hospital)	2021 Target
Adult Inpatient Psychiatric Hospital	People	Vacancy Rate	↘	17.3%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	5.00	Monitoring
		Hospital Readmission Rate	↘	10.3%	10-12%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	12.6 days	8-10 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	11.6 days	8-10 Days
		Average Days Since Previous Detox Admission	↗	337 days	330-360 Days
		% of Detox Patients Admitted to Substance Abuse Programming Post-Discharge	↗	14.3%	40-50%
	Community	Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	65-68%
		Net Income	↗	-\$191,135	(\$104,797)-(\$105,825) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Aquatic)	2021 Target
Aquatic Therapy	People	Vacancy Rate	↘	0.0%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	83.1	83-87
	Quality	Zero Harm - Patients	↘	0.14	Monitoring
		% of Clients Meeting Treatment Goals	↘	N/A	90-95%
	Community	Referral Conversion Rate	↘	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	44-49%	45-48%
		Net Income	↗	-\$6,975	\$15,533-\$15,685 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Clubhouse)	2021 Target
Clubhouse	People	Vacancy Rate	↘	0.0%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Average Work Order Day Attendance	↘	17.5	20-25
		% of Members Working 15 or More Hours Per Month	↘	80%	80-85%
	Community	Active Members Per Month	↘	108.00	110-120
	Finance	Direct Expense/Gross Patient Revenue	↘	125-130%	60-63%
		Net Income	↗	-\$2,569	(\$1,878)-(\$1,896) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Crisis & CBRF)	2021 Target
Crisis and Emergency Services	People	Vacancy Rate	↘	8.2%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Crisis Assessments with Documented Linkage and Follow-up within 24 hours	↗	58.7%	70-75%
		Avoid Hospitalizations (NCHC and Diversions) with a length of stay of less than 72 hours	↘	N/A	5-10%
	Community	Ratio of Voluntary to Involuntary Admissions	↘	1.92 to 1	Monitoring
		Court Liasion: % of Eligible Individuals with Commitment and Settlement Agreements who are Enrolled in CCS or CSP withn 60 days	↗	60.4%	80-85%
		Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	380-385%	172-175%
		Net Income	↗	-\$19,029	(\$10,600)-(\$10,704) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Day Services)	2021 Target
Day Services	People	Vacancy Rate	↘	0.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Patients	↘	1.06	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	98-101%
		Net Income	↗	-\$38,275	(\$38,300)-(\$38,676) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Group Homes)	2021 Target
Group Homes	People	Vacancy Rate	↘	9.6%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Patients	↘	1.15	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	67-70%
		Net Income	↗	\$29,935	\$35,011-\$35,354 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (MMT)	2021 Target
Medically Monitored Treatment	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	41.80	42-47
	Quality	Program Completion Rate	↘	N/A	N/A
		Compliance Rate with Discharge Plan 60 Days Post-Discharge	↘	N/A	N/A
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	52-55%
		Net Income	↗	N/A	\$15,108-\$15,257 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (MVCC)	2021 Target
Mount View Care Center	People	Vacancy Rate	↘	11.4%	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	54.90	55-61
	Quality	Zero Harm - Residents	↘	0.78	Monitoring
		Nursing Home Readmission Rate	↘	13.5%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	49-54%	58-61%
		Net Income	↗	\$51,676	\$42,696-\$43,115 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Outpatient)	2021 Target
Outpatient Services	People	Vacancy Rate	↘	11.9%	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	0.23	Monitoring
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	12.6 days	8-10 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	11.6 days	8-10 Days
		Day Treatment Program Completion Rate	↗	33.3%	40-50%
		OWI - 5 Year Recidivism Rate	↘	15.5%	13-15%
	Community	Same Day Cancellation and No-Show Rate	↘	20.1%	15-18%
		% of Patients Offered an Appointment within 4 Days of Screening by a Referral Coordinator	↗	9.9%	20-25%
		Post-Jail Release Access Rate (Within 4 Days of Release)	↗	12.9%	20-25%
		Average Number of Days from Referral to Start of Day Treatment	↘	24.7 days	16-20 Days
		Hospitalization Rate of Active Patients	↘	0.83%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	96-99%
		Net Income	↗	-\$20,796	(\$49,061)-(\$49,542) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Pine Crest)	2021 Target
Pine Crest Nursing Home	People	Vacancy Rate	↘	9.3%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.9	55-61
	Quality	Zero Harm - Residents	↘	1.88	Monitoring
		Nursing Home Readmission Rate	↘	13.1%	10-12%
		Nursing Home Quality Star Rating	↗	★★★	★★★★
	Community	Referral Conversion Rate	↗	N/A	TBD
	Finance	Direct Expense/Gross Patient Revenue	↘	47-52%	59-62%
		Net Income	↗	\$52,492	\$10,251-\$10,351 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Services)	2021 Target
Riverview Terrace (RCAC)	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	N/A	55-61
	Quality	Zero Harm - Patients	↘	N/A	Monitoring
	Community	Occupancy Rate	↗	N/A	85-90%
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	N/A
		Net Income	↗	N/A	\$67-\$68 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Residential Services)	2021 Target
Supported Apartments	People	Vacancy Rate	↘	12.1%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	54.9	55-61
	Quality	Zero Harm - Patients	↘	0.98	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	35-38%
		Net Income	↗	\$967	\$2,411-\$2,434 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Community Treatment)	2021 Target
Youth Community Treatment	People	Vacancy Rate	↘	2.4%	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	64.2	55-61
	Quality	Zero Harm - Patients	↘	11.0%	Monitoring
		% of Treatment Plans Completed within Required Timelines	↗	96.5%	96-98%
	Community	% of Eligible CCS and CSP Clients Admitted within 60 Days of Referral	↗	33.5%	60-70%
		Average Days from Referral to Initial Appointment	↘	72.8	55-60 Days
		Hospitalization Rate of Active Patients	↘	1.34%	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	78-81%
		Net Income	↗	\$93,387	\$81,075-\$81,870 per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Crisis & CBRF)	2021 Target
Youth Crisis Stabilization Facility	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	TBD	20-23%
	Service	Patient Experience	↗	N/A	42-47
	Quality	Zero Harm - Patients	↘	16.54	Monitoring
		% of Patients who kept their Follow-up Outpatient Appointment	↗	N/A	90-95%
	Community	Out of County Placements Days	↘	269	230-250
		% of Patients Admitted within 24 hours of Referral	↘	100.0%	90-95%
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	127-130%
		Net Income	↗	-\$19,029	(\$24,838)-(\$25,081) per Month

Department	Domain	Outcome Measure	↕	2020 YTD (Hospital)	2021 Target
Youth Psychiatric Hospital	People	Vacancy Rate	↘	N/A	7-9%
		Turnover Rate	↘	N/A	20-23%
	Service	Patient Experience	↗	N/A	42-47
	Quality	Zero Harm - Patients	↘	N/A	Monitoring
		Hospital Readmission Rate	↘	N/A	10-12%
		Average Days for Initial Counseling Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	N/A	5-7 Days
		Average Days for Initial Psychiatry Appointment Post-Hospital Discharge (Shared with Outpatient)	↘	N/A	5-7 Days
	Community	Out of County Placements Days	↘	269	230-250
	Finance	Direct Expense/Gross Patient Revenue	↘	N/A	63-66%
		Net Income	↗	N/A	(\$40,501)-(\$40,898) per Month

2021 NCCSP BOARD CALENDAR

Thursday January 28, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment.

Agenda Items

- CEO Performance Review – Initiate review of Chief Executive’s performance,

Program Review: Inpatient Psychiatric Hospitals

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Informatics and Technology

Effectiveness of NCHC’s reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization?

Thursday February 25, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Progress on Achieving Zero Harm and Leading a Culture of Safety

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Program Review: Outpatient Services

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Human Capital and Talent Management

2021 NCCSP BOARD CALENDAR

Thursday March 25, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Audit Presentation

Agenda Items

- Accept Annual Financial Audit and Fund Balance Statement

Program Review: Adult and Youth Crisis Community-Based Rehabilitation Facility

Board Policy Discussion Generative Topic: Board Competency Development Priority Item – Community Public Health

Thursday April 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year.

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Program Review: Community Treatment

Board Policy Discussion Generative Topic: Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

2021 NCCSP BOARD CALENDAR

May 27, 2021 – 12:00 PM – 5:00 PM (Annual Meeting & Board Retreat)

Elections: Election of Directors and Officers.

Board Policy to Review

- Board Strategic Planning Policy
- Budget Policy
- Capital Asset Management Policy
- Cash Management Policy
- Fund Balance Policy
- Investment Policy
- Risk Reserve Guidelines Policy
- Write-off of Accounts Receivable Policy

Board Policy Discussion Generative Topic: Focus on the strategic plan, environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization’s mission, vision, end statements and compare them against its activities, governing documents, and communications.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the Board’s composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Executive Committee. Approve capital projects.

2021 NCCSP BOARD CALENDAR

Thursday June 24, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Corporate Compliance and Quality Obligations of the NCCSP Board – Emerging Compliance Trends

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- Business Associates Policy
- Contract Review and Approval Policy
- Contracting with Excluded Individuals and Entities Policy
- Purchasing Policy

Program Review: Crisis and Emergency Services

Board Policy Discussion Generative Topic: Effectiveness of the Corporate Compliance Program

Thursday July 29, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Current practices and performance around the human capital management of the organization.

Agenda Items

- Review of Employee Compensation Plan Effectiveness
- Review Employee Benefit Plan Performance
- Review Diversity, Equity and Inclusion Plan

Board Policy to Review

- Employee Compensation Policy

Program Review: Medically Monitored Treatment

Board Policy Discussion Generative Topic: Effectiveness of Human Capital and Talent Management Programs

2021 NCCSP BOARD CALENDAR

Thursday August 26, 2021 (MEETING IN ANTIGO) – 3:00 PM – 5:00 PM

Educational Presentation: Annual Report from the Medical Staff

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- Medical Staff Bylaws

Program Review: Mount View Care Center and Aquatic Therapy Center

Board Policy Discussion Generative Topic: Effectiveness of the Medical Staff's oversight of the organization's quality of care.

Thursday September 30, 2021 3:00 PM – 5:00 PM

Educational Presentation: Budget Presentation

Agenda Items

- Proposed Budget Recommendation to County Boards
- Annual Board self-evaluation of Governance and Competency
- Board Calendar for upcoming year
- Review of Bylaws
- Review Policy Governance Manual

Program Review: Pine Crest

Board Policy Discussion Generative Topic: Focus on the board's performance and areas for improvement.

2021 NCCSP BOARD CALENDAR

Thursday October 28, 2021 (MEETING IN MERRILL) – 3:00 PM – 5:00 PM

Educational Presentation: Annual Quality Audit – Update on the Status of the Quality, Compliance, and Safety Plan

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.

Board Policy to Review

- CEO Recruitment, Retention, and Removal Policy

Program Review: Community Living

Board Policy Discussion Generative Topic: Annual CEO Succession Planning Exercise

Thursday December 16, 2021 – 3:00 PM – 5:00 PM

Educational Presentation: Adopted Budget and Operational Plan for the upcoming year

Agenda Items

- Report of investigations related to corporate compliance activities and significant events.
- Quality, Compliance and Safety Plan
- Utilization Review Plan
- Organizational and Program Dashboards
- CEO Work Plan
- CEO Performance Expectations and Compensation Plan
- Stakeholder Engagement Plan

Board Policy to Review

- Complaint and Grievance Policy
- Corporate Compliance Program
- Employee Grievance Policy
- Occurrence Reporting Policy

Program Review: Community Corner Clubhouse

Board Policy Discussion Generative Topic: Effectiveness of organization's reputation management initiatives – how do our patients, community partners, employees, management, and physicians assess our organization



Quality and Safety Plan



North Central Health Care
Person centered. Outcome focused.

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Introduction

In healthcare organizations today, quality and safety have been recognized as vital elements to overall success. We are committed to putting our patients' well-being first by adopting practices and processes that protect them from harm, are of high quality and achieve our ultimate responsibility of forming meaningful and lasting connections while striving to improve lives. Our overall strategy involves purposeful planning to facilitate the development of a culture

of quality and safety that is visible, reliable, and high performing. This plan builds upon previous plans and renews our commitment to achieving our longer term vision of Zero Harm.

This Quality & Safety plan provides an overview of several key structures in place to support quality and safety. It provides a framework for action as we take the next step in our quality and safety journey including our strategic goals, performance measures and

objectives that are closely aligned with our Mission, Vision, Core Values and End Statements. We will regularly communicate progress made towards these items through various reporting mechanisms to keep you informed and invite open dialogue on how we can improve.

We believe through the achievement of this plan that we will deliver high quality and safe care, reliably and consistently. Our patients are depending on us.



Core Values

Moving Forward Together.

INTEGRITY We keep our promises and act in a way where doing the right things for the right reasons is standard.

ACCOUNTABILITY We commit to positive outcomes and each other's success.

PARTNERSHIP We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.

CONTINUOUS IMPROVEMENT We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.

DIGNITY We are dedicated to providing excellent service with acceptance and respect to every individual, every day.

Vision

Lives Enriched and Fulfilled.

Mission

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery and long-term care needs.



North Central Health Care's End Statements

North Central Health Care is committed to providing quality care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

PEOPLE

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization. As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.

"I'm proud to work at NCHC because I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."

SERVICE

We exceed our stakeholders expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."

QUALITY

We are a regionally unequaled mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.

"I feel safe in NCHC's care. I would personally seek care here for my family or myself...my first choice."

COMMUNITY

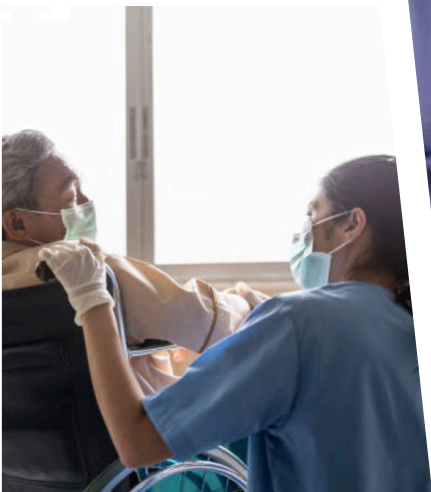
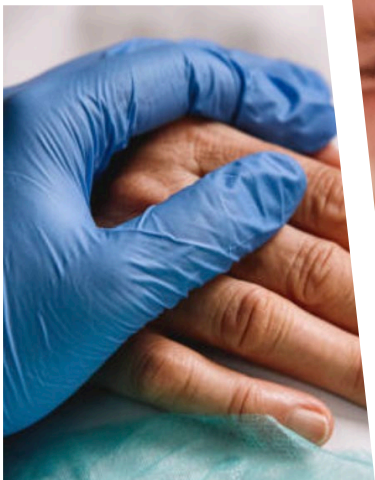
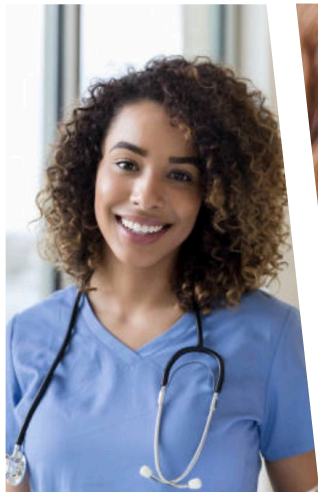
Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.

"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."

FINANCIAL

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

"We could never get a better value than what we receive from NCHC. It's affordable care."



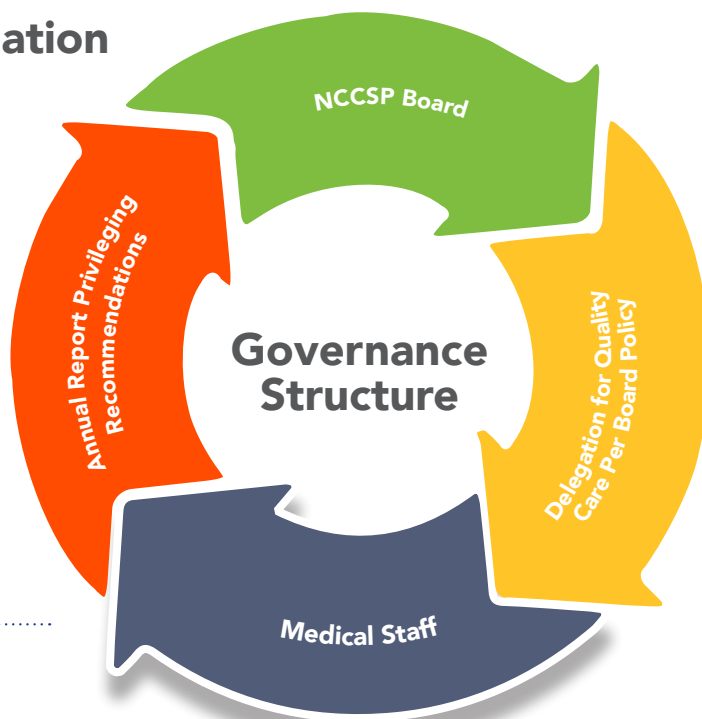
Quality

Quality & Safety

Oversight and Sharing of Information

The North Central Community

Services Program Board retains the ultimate responsibility for the quality of care at North Central Health Care and the population it serves. The Board's accountability for quality is delegated in part through a mix of responsibilities assigned to the Executive Management Team and Medical Staff through the quality oversight structure and this plan.



MEDICAL STAFF

Privileges for membership to the Medical Staff are granted by the NCCSP Board. The organized Medical Staff function and authority, is prescribed within the Medical Staff Bylaws, as approved by the NCCSP Board.

All committees listed have specific charters and work plans approved annually by the CEO and Executive Management Team. At any point, the NCCSP Board can ask for and receive updates on work plans and outcomes related to these committees.

Clinical quality improvement and oversight structure once delegated to Medical Staff



Duties of the NCCSP Board of Directors

The NCCSP Board of Directors is ultimately responsible for the quality of the care and services provided by all North Central Health Care programs and services. The following outlines the Board's direction and structure for quality and safety oversight:

1. Delegates day-to-day oversight responsibility to the Executive Management Team and Medical Staff.
2. Responsible to provide the resources and systems to ensure quality of care and services.
3. Reviews and remains current with quality and safety information and trends.
4. Approves the annual Quality & Safety Plan.
5. Monitors the quality measures and outcomes within individual programs/services, as well as, the overall organizational outcomes.
6. Monitors the quality process to ensure that progress on integration of the evidence-based strategies are effectively deployed to drive best-practice outcomes.
7. Annually evaluates the effectiveness of the quality and safety plan and outcomes.

Quality Framework

Consistent with the Mission and Vision for North Central Health Care, our goal is to provide care and services that meet the following guidelines that come from the Institute of Medicine:

SAFE: avoiding injuries to our consumers from the care that is intended to help them.

PERSON-CENTERED: providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values while also ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible.

EQUITABLE: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.

EFFECTIVE: providing services and treatment that incorporates evidence-based, effective practice.

TIMELY: reduce waiting and potentially harmful delays.

EFFICIENT: avoiding waste, including waste of equipment, supplies, ideas, and energy.

ETHICAL: adhering to all corporate and professional standards of conduct and practice.

QUALITY IMPROVEMENT PROGRAMS

INFECTION PREVENTION
COMMITTEE

JOINT
COMMISSION

NURSE PRACTICE
COUNCIL

BEHAVIORAL HEALTH
SERVICES QUALITY
COMMITTEE

NURSING HOME
QUALITY COMMITTEE

Components & Methods

SYSTEM AND PROCESS IMPROVEMENT

Through system and process improvement, we seek to learn what causes things to happen. That knowledge can be used to reduce variation and remove activities that have no value to the process. It can also remove processes that have the potential of producing error thereby improving outcomes.

Improvements within the organization work best within a structured approach that enables a team of people (involved in, and knowledgeable about the process) to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or guesswork.



Effective Integration of System and Process Improvement Includes:

1. The use of Statistical Process Control and Process Improvement Methodology;
2. Identification of key processes for ongoing assessment and improvement; and
3. Benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.



ROOT CAUSE ANALYSIS DEFINED

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process, instead of individuals.

Defining problems based on facts and data, before analyzing the root causes, is essential for successfully conducting root cause analysis.

Plan-Do-Study-Act A Model for Improvement

The Model for Improvement is a collaborative and ongoing effort to improve process and systems. It provides guidance for identification of the root causes, conducts the best tests to assess possible changes and works in collaboration for the implementation of new approaches and solutions. It guides the test of a change to determine if the change is an improvement.

THREE QUESTIONS FOR IMPROVEMENT

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Plan-Do-Study-Act Model

North Central Health Care's improvement model cycle is defined as follows:



1. PLAN

Determine what data to gather, collect data and establish appropriate goals. Predict what may happen and plan the cycle. Identify the problems and possible root causes and answer the following questions:

- What are you trying to accomplish?
- How will you measure the impact?
- What do you predict will happen?
- How will you collect the data needed?
- What are the steps? Who, What, When?



2. DO

Carry out the plan. Gather data and document any problems or observations. Make changes designed to correct or improve the situation. Use the following questions for guidance.

- What were the results?
- Was the cycle carried out as designed or planned?
- What did you observe?



3. STUDY

Study the effect of the changes on the situation. Data should be collected on the new process and compared to the baseline or expected results. Results should be evaluated by using the following as guidance:

- Did the results match your prediction?
- What did you learn?
- What do you need to do next?



4. ACT

If the result is successful or desirable, standardize the changes and then work on the next prioritized problem or further improvements. If the outcome is not yet successful, look for different ways to identify the causes or change the testing process.

Nursing & Clinical Services Quality

The professional nurse plays a vital role in the quality improvement of health care services. However, they cannot do it alone. NCHC fosters a philosophy that believes that quality is everyone's responsibility but also promotes individual accountability. This approach offers effective feedback to encourage successful staff engagement in improvement activities. Nursing Services believes that quality patient care services will be achieved as the result of positive interactions among departments working together to build a dynamic mechanism that continuously improves the processes and outcomes of health care services.

Objective One

Focus on leadership development at all levels of nursing

KEY RESULTS

- Work to develop leaders who can create and implement programs, services and environments to meet the patient population needs and organizational goals.
- Engage and empower nurses and clinical staff to act as leaders in ensuring high quality patient care.
- Provide organizational learning opportunities for leaders and teams to learn together and obtain the skills to meet the desired objectives.

Objective Two

Foster a culture of safety that encourages, supports, and spreads teamwork and clinical excellence in all areas of nursing

KEY RESULTS

- Utilize evidence based practices designed to reduce errors and improve patient safety.
- Create a just culture environment for encouraging learning about patient safety events.
- Create initiatives designed to improve communication and create a shared understanding of the whole patient.

Objective Three

Establish a high-quality learning and education program to allow nurses and clinical staff at all levels throughout NCHC have access to innovative care delivery

KEY RESULTS

- Continue to provide creative learning strategies (online, classroom, mentor, and preceptor) as an active participant in the NCHC wide initiative to develop a high-quality learning platform.
- Develop definitions and tools to measure learning effectiveness that is tied to organization goals.

Objective Four

Ensure Patient Centered Care

KEY RESULTS

- Involve the whole person and family when determining the plan of care.
- Respect individual values and choices.
- Ensure continuity of care.

Performance Measures

Excellence can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals. Setting clear quality outcome goals provides focus and clear direction for the efficient and effective achievement of those goals.

The Purpose of Measurement is to:

- Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level;
- Identify opportunities to improve the performance of processes;
- Assess the outcome of the care provided and/or
- Assess whether a new or improved process has produced improved outcomes.

This is Achieved Through the Following:

- Clearly defined organizational goals in each of our pillars of excellence (People, Service, Quality, Community, Financial);
- A system for cascading organizational goals to clearly define and measure goals pertaining to the individual responsibility, at all levels of the organization;
- The incorporation of comparative data to effectively assess current performance; and
- A performance system that assigns accountability for achievement of these goals.



2021 ORGANIZATION DASHBOARD

2021 ORGANIZATION DASHBOARD				NEW MEASURE	2021 TARGET	
Department	Domain	Outcome Measure	↕	2020 Target	2020 YTD	2021 Target
North Central Health Care	People	Vacancy Rate	↘	7-9%	7.8%	7-9%
		Turnover Rate	↘	N/A	26.3%	20-23%
		Diversity Composite Index	↘	N/A	N/A	Monitoring
	Service	Patient Experience (Net Promoter Score)	↗	N/A	61.0	55-61
	Quality	Hospital Readmission Rate	↘	10-12%	11.9%	10-12%
		Nursing Home Readmission Rate	↘	10-12%	13%	10-12%
		Nursing Home Quality Star Rating	↗	★★★★	★★★	★★★★
		Zero Harm - Patients	↘	Monitoring	0.74	Monitoring
		Zero Harm - Employees	↘	Monitoring	2.84	Monitoring
	Community	Out of County Placements Days	↘	220	269	250
		Diversity, Equity, and Inclusion Access Equity Gap	↘	N/A	N/A	Monitoring
	Finance	Direct Expense/Gross Patient Revenue	↘	60-62%	72.4%	64-67%
		Indirect Expense/Direct Expense	↘	39-41%	39%	44-47%
		Net Income	↗	2-3%	0.4%	2-3%



Safety



North Central Health Care's Vision for A Culture of Safety

As a regionally unequaled behavioral health and long-term care provider, we care for the most vulnerable. They deserve our best attention to achieve a goal of Zero Harm. Everyone we care for should have a fair opportunity to attain their highest version of health and abilities; and no one should be disadvantaged from achieving their potential because we fail to address disparities that exist in our community.

As a learning organization, we are able to achieve more when our evidence-based care, data, behaviors, and culture are all aligned for continuous improvement and innovation.

Our vision for a culture of safety aligns with the definition provided by the Agency for Healthcare Research and Quality, as a culture in which NCHC employees: are held accountable for unprofessional conduct, yet not punished for human mistakes; errors are identified and mitigated before harm occurs; and systems are in place to enable staff to learn from errors and near-misses to prevent recurrence.

By adopting a commitment to Zero Harm, we are committed to putting patient's well-being and adopting practices and processes that protect them from harm. By consistently performing at high levels of safety over time, we will achieve high reliability in healthcare.

NCHC's Journey Towards Zero Harm

One of the most crucial responsibilities we have as a healthcare provider is to ensure the safety of those we serve, who entrust their lives to our care. As we work to improve safety, we can utilize successful concepts and practices such as High Reliability to assist us in achieving the goal of Zero Harm.

As an employer, we also have an obligation to make sure that our workforce is safe. It is the ultimate responsibility of the Board and of all staff to make sure that we are addressing the need for safe working environments and providing safe care. Together we need to strive to identify and resolve safety issues and improve processes that prevent adverse events from occurring in the first place.

We have numerous responsibilities for ensuring the quality of care provided including quality indicators, overall patient experience, staff engagement and financial viability.

To Achieve Zero Harm and High Reliability We Must Have:

1. **Committed Leadership.** NCHC Leadership must be committed to the goal of Zero Harm – without this, we cannot achieve success. Commitment starts with the Board of Directors and is shared by Leadership at all levels. Improving the culture of safety is essential to prevent or reduce errors and to improve overall healthcare quality. Embedding this into our culture and vision sets the tone for the organization.
2. **Trust in Team Members.** NCHC must maintain a Safety Culture that is built upon trust amongst team members and that is demonstrated throughout the organization. In order to report safety concerns, employees must trust each other. Likewise, employees need to trust that when they report an issue, management will follow up and fix the problem without a fear of retaliation or repercussions. Trust leads to regular information flow and reports of safety issues that allow for the opportunity to fix them prior to harm reaching staff or patients.
3. **Robust Process Improvement.** We must employ a systematic approach to identify the problems that are often complex and determining the root causes of that problem(s), identify and implementing highly effective solutions and ensuring sustained improvement.

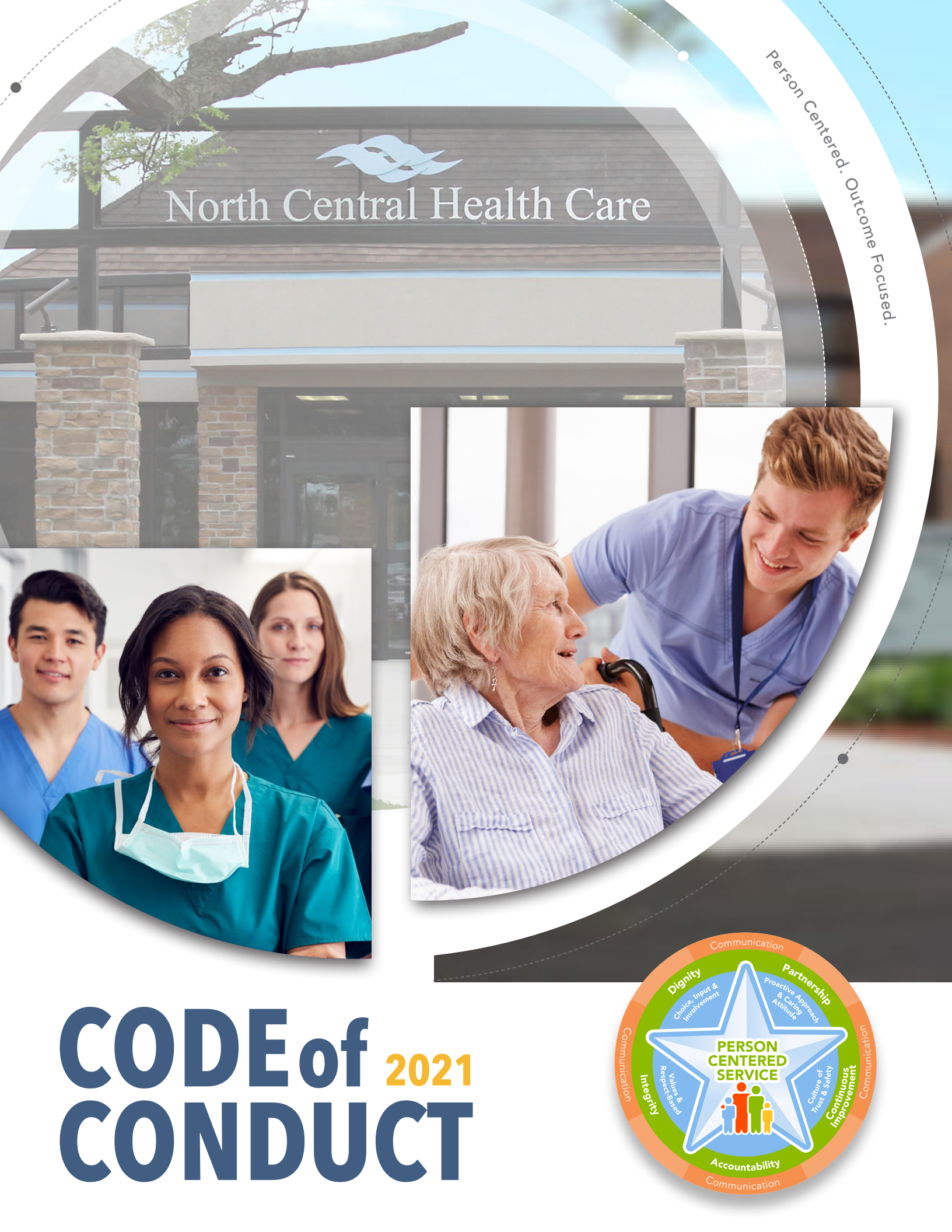
Additionally it Requires:

- An acknowledgment of the high-risk nature and complexity of our organization's activities and the determination to achieve consistently safe operations
- Engaged and empowered employees that are vigilant and acutely aware that any deviation from safety protocols and processes can lead to adverse events and harm; and also be willing to seek to resolve the issue
- A blame-free environment where individuals are able to report errors or near misses without fear of retaliation or punishment = **Just Culture**





North Central Health Care
Person centered. Outcome focused.



North Central Health Care

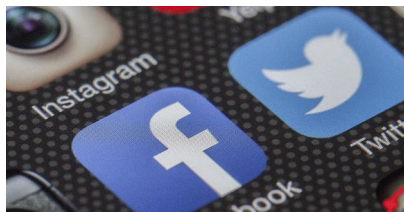
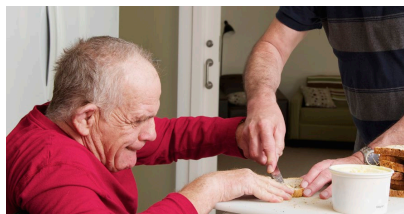
Person Centered. Outcome Focused.



CODE of 2021 CONDUCT



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ACKNOWLEDGMENT

As stated in our Code of Conduct, obeying the law and meeting the highest ethical standards is the foundation of everything we do. Meeting this standard and following all applicable laws and regulations does not just happen; it requires a commitment from each of us.

All employees will complete an electronic acknowledgment form that states they have read and understand our Code of Conduct and agree to abide by its guidelines. That electronic acknowledgment form states that the employee will:

- Abide by the standards of conduct contained in the Code and in company policies.
- Complete all required training courses on ethics and compliance topics including training on the Code.
- Speak up, using the resources listed in the Code, if I am in doubt as to the proper course of conduct or I become aware of possible violations of our standards or the law.

The electronic acknowledgment file will be saved in the employee's personnel file at North Central Health Care.

A MESSAGE FROM YOUR CEO



Corporate Compliance refers to the formal system that guides our daily activities and choices to ensure we remain in compliance

with the laws and regulations that govern our operations. This document gives you an overview and connection to our Compliance Program. Every single employee at North Central Health has a duty and responsibility to ensure we do all things within the law. To fulfill this responsibility, each employee must understand our Compliance Program to ensure it is active in our organization.

Our Core Value of Integrity is at the center of our Corporate Compliance program. Integrity at North Central Health Care means that we keep our promises and act in a way where doing the right things for the right

reasons is standard. The second Core Value inherent in our Corporate Compliance Program is Continuous Improvement in that we embrace change, value feedback, creativity and the advancement of excellence. Our Compliance Program is in service to these values.

Here at North Central Health Care we have a strong Compliance system and you have a strong partner in Jennifer Peaslee, our Compliance Officer. As a Compliance Officer, you have to be passionate about preventing, finding, and fixing problems. Jennifer has this passion and as a result she can effectively lead our organization in preventing, finding, and fixing problems. We all have to audit, educate, analyze the law, conduct risk assessments, develop policies and have an effective reporting system. Further, we must build a culture where people do the right thing for the right reasons and create a belief system where people are convinced we all need to

address issues, especially ethical concerns. It is a major commitment of resources on our part to get it right. At the end of the day, what we need to have a truly successful Compliance Program, is your eyes and ears. Know our Compliance Program in and out. As you look out in the organization and listen, remain cautious of allowing rationalization to occur. Remain vigilant, and remain committed to ethical behavior. Most of all, expect it of others.

I'm committed to a vision of a culture where compliance is alive and well, I'm asking you to join me in this important work. Thank you for making this commitment to our organization and the people we serve.



Michael Loy
Chief Executive Officer
North Central Health Care

A MESSAGE FROM YOUR BOARD CHAIRMAN



Everyone at North Central Health Care must remain committed not only to providing those we serve

with high-quality and caring services, but also to providing those services pursuant to the highest ethical, business and legal standards. These high standards apply to our interactions with everyone we interact with. This includes our residents, patients and clients, the community, other healthcare providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services

is sought and received. Our community is defined broadly and there are a lot of stakeholders impacted by our choices. In this regard, all personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. We must hold ourselves to the highest of ethical standards. I believe our Compliance Program provides the necessary framework to accomplish this worthy objective.

As part of North Central Health Care's commitment to ethical dealings, and in an effort to assist North Central Health Care's personnel in meeting their compliance obligations, North Central Health Care has established our Compliance Program. The Compliance Program is designed

to implement the Code of Conduct and prevent violations of applicable laws and regulations and, where such violations occur, to promote their early and accurate detection and prompt resolution through education, monitoring, disciplinary action and other appropriate remedial measures. As a Board, we are counting on every member of the NCHC team to help insure we are doing the right thing. We thank you for your commitment to compliance.



Jeff Zriny
Chairman
North Central Community Services
Program Board



Jennifer Peaslee
Compliance Officer
715.848.4507
NHCcompliance@norcen.org

A MESSAGE FROM YOUR COMPLIANCE OFFICER

At North Central Health Care, we are committed to high-quality health care and dedicated to the health and well-being of the people we serve. We are also committed to fully complying with all federal, state, and local laws and regulations. This includes state and federal insurance regulations, employment laws, and the federal healthcare rules and regulations.

My goal as your Compliance Officer is to provide support to YOU. I'm here to help you with the situations created by today's confusing and complex health care environment. This Code of Conduct will provide guidance to you for appropriate conduct that is expected of everyone at North Central Health Care and also offer the way to get the answers within the organization with more challenging situations that you may face.

FOUR SIMPLE THINGS TO REMEMBER:

1. Uphold our Core Values in all that you do
2. Understand and follow our Code of Conduct, policies and procedures
3. Obey applicable laws, rules and regulations
4. Report all suspected violations without fear of retaliation

Everyone at North Central Health Care is responsible for maintaining an ethical environment. Your actions in the workplace must demonstrate your commitment to integrity and accountability every day. Thankfully, you don't have to do this alone – my door is always open and I'm here to help

Jennifer Peaslee



Ashley Downing
Privacy Officer

A MESSAGE FROM YOUR PRIVACY OFFICER

In my time here at North Central Health Care, I have been amazed at the commitment to privacy and respect for those we serve. The high moral standards shown here promote our Core Values and Vision for Lives Enriched and Fulfilled. My role here as the Privacy Officer can be summed up by saying that I am an advocate for our patient/client/consumer/resident's rights to privacy of their health information. We have done really great work but we continue to strive to be better every day. When I am asked what all of these privacy laws and regulations mean, and why they are in place to begin with, I go back to a very simple statement, "Keep it safe." Together we can keep health information safe and secure in our daily routines.

If you are unsure what you can or cannot release, remember, "When in doubt, don't give it out." We can always answer your privacy questions by contacting Health Information at 715.848.4391.

Ashley Downing

North Central Health Care's END STATEMENTS

North Central Health Care is committed to providing quality care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

People	<i>"I'm proud to work at NCHC because I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."</i>
Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization. As an employer of choice, we will provide a career of opportunity through active learning and a commitment to continuous improvement.	
Service	<i>"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."</i>
We exceed our stakeholders expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.	
Quality	<i>"I feel safe in NCHC's care. I would personally seek care here for my family or myself...my first choice."</i>
We are a regionally unequalled mental health, recovery, and long-term care provider, as demonstrated by functional improvements and the positive perception that care is considered safe, effective, person-centered, reliable, and equitable.	
Community	<i>"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."</i>
Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care prior to and following service delivery.	
Financial	<i>"We could never get a better value than what we receive from NCHC. It's affordable care."</i>
We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.	

UNDERSTANDING YOUR RESPONSIBILITY

Management Responsibilities

EDUCATE

Training and educating staff on how to spot and report misconduct

Learn the policies and procedures, rules and regulations that are relevant to your specific daily responsibilities

Ensure employees know they can always report suspected violations of applicable laws, this code of conduct and/or policies and procedures without fear of retaliation

LEAD

Not revealing the identity of staff members who wish to report misconduct anonymously

Protecting staff members from retaliation for reporting misconduct

Creating a work environment in which concerns can be raised and openly discussed without fear of retaliation

Promote honesty and integrity and model it for others

COMMUNICATE

Responding properly to employee reports of misconduct

Immediately inform the Corporate Compliance Officer if you receive or suspect a violation of the Code of Conduct, policies and/or applicable laws

MONITOR

Develop methods to monitor adherence to rules, regulations, and policies



Staff Responsibilities

LEARN

Be familiar with and understand and uphold our Code of Conduct

Learn the policies and procedures, rules, and regulations that are relevant to your specific daily responsibilities

Know how to spot and report misconduct

BE AWARE

Report any suspected violations of our Code of Conduct, policies or the law

Cooperate in any NCHC investigations related to these

COMMIT

Complete required trainings

Speak up if you are in doubt as to the proper course of conduct or you become aware of possible violations

Abide by the standards outlined in this code of conduct and in company policies and with the law



REPORTING A CONCERN

To report a concern about a possible violation of the Code of Conduct, or for clarification of any law or regulation that is unclear, please begin by speaking with your Supervisor. In the event that you and your supervisor cannot resolve the issue, then proceed to your Department Director.

If discussions are not satisfactory, you have several other options such as speaking with a member of the Executive Team, submitting a written concern via the integrity boxes located around the campus or online, or by contacting the Compliance Officer directly.

NCHC Compliance Officer: Jennifer Peaslee

email: NCHCcompliance@norcen.org

phone: **715.848.4507**

online: www.norcen.org/Compliance

To make a report by telephone outside of regular business hours, please contact the Administrator On-call by phone at **715.848.4488**.

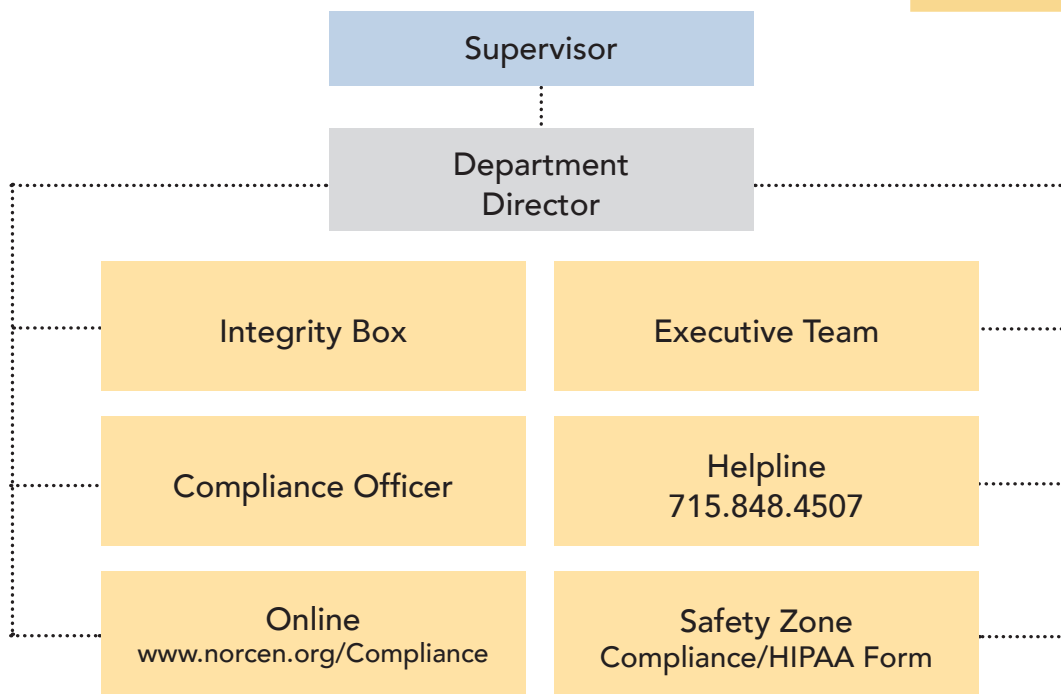


NON-RETALIATION

NCHC is committed to ensuring that you do not face retaliation for reporting concerns about actions that may violate or be inconsistent with our Code of Conduct or the law.

Prohibited acts of retaliation include discharge, demotion, suspension, harassment, threats, or any other action that discriminates against an individual who submits a report.

If you suspect retaliation for making a report, contact the Compliance Officer immediately.



If you **SUSPECT** a violation of our Code of Conduct, you must **REPORT IT**.

COMMITMENT TO THE PEOPLE WE SERVE

Privacy, Ethics & Patient Rights

Safeguarding Patient Information/Records

We are required by our own policies, as well as by state and federal laws and regulations, to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and all other confidential information. Regarding PHI, the Health Insurance Portability and Accountability Act (HIPAA) establishes rules that restrict who can access and/or receive PHI and sets limits on how PHI can be used and disclosed. We treat our patient's information with care, respecting our patient's privacy. We will only use patient information for treatment purposes, to obtain payment, and for other health care operations, including administrative purposes and evaluation of the quality of care that our patients receive.

Employees must never use or disclose confidential patient information in a manner that violates the privacy rights of our patients.

Patient Rights and Choice

All patient care at North Central Health Care is administered in accordance with the Patient's Bill of Rights. Every patient is provided with a statement of these rights and with a Notice of Privacy Practices. We are responsible for informing patients about their proposed plan of care, including the risks, benefits and alternatives available to them. We respect their rights to make informed decisions about treatment, as well as to establish and have followed advance directives.

How We Use Patient Information

We collect information, including a patient's medical condition, history, medication, and family illnesses in order to provide the best possible care. Although there may be emergent or other situations where it is necessary to disclose a patient's information (such as instances where the disclosure is required by law), we take care to maintain the confidentiality of our patients' information by sharing patient information only with those individuals who have a need to know for the purposes of treatment, payment or other healthcare operations.

We discuss or share protected patient information only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas. We pro-actively safeguard patient information by keeping in line with the HIPAA regulations and our privacy and security policies and procedures.

Violation of this policy may result in disciplinary action up to and including termination.

For more information, please refer to our policies regarding HIPAA*



HIPAA PRIVACY – Basic Dos & Don'ts

The Health Insurance Portability and Accountability Act (or "HIPAA") was enacted in 1996 to protect health insurance coverage for workers and their families when they change or lose their jobs (Portability) and to protect health data integrity, confidentiality, and availability (Accountability). Storing and transmitting electronic records makes the health care system more efficient, simpler, and less costly but it also comes with the added responsibility to maintain patient privacy. Here are some guidelines on best practices in affording privacy to all whom we serve.

Please Do

Avoid discussions about patients in elevators, cafeteria lines, waiting rooms, or public areas
Keep your voice low when in a public setting
Return medical records to their appropriate location
Close the door or curtains when discussing patient care
Shred notes with protected health information (PHI) on them
Lock your workstation when you need to leave your area for a moment or more
Turn computer screens away from the view of the public (or use privacy screens)
Keep papers on desks face down
Ask patients to step back when waiting in line where there might be PHI discussed
E-mail PHI to only secured email addresses
Properly manage your password
Log off your computer when not using it
Call the help-desk if you receive an unfamiliar or suspicious e-mail
Create a password that would be difficult for someone to guess/replicate

Please Don't *

Don't take medical records off premise unless instructed to do so
Don't discuss patients with anyone that doesn't need to know
Don't leave medical records unattended in non-locked areas
Don't throw notes with PHI on them in the trash or recycle bin
Don't access information of your family, friends, acquaintances, or anyone you are not caring for
Don't e-mail PHI to anyone with a unsecured e-mail address
Don't give out your password to anyone, at any time, for any reason
Don't write your password down and place it where someone could easily find it
Don't open up e-mails and click on links if they look suspicious or you don't recognize the sender contact the HelpDesk by emailing IT_HELPDESK@co.marathon.wi.us) or 715.261.6710
Don't forward work e-mails to your personal accounts (Examples: @yahoo.com, @hotmail.com, @charter.net)
Don't access personal e-mail accounts while you are at work

*If you do see anything happening in the "don't" category, please fill out an occurrence report so it can be properly investigated.

ETHICAL DECISION MAKING

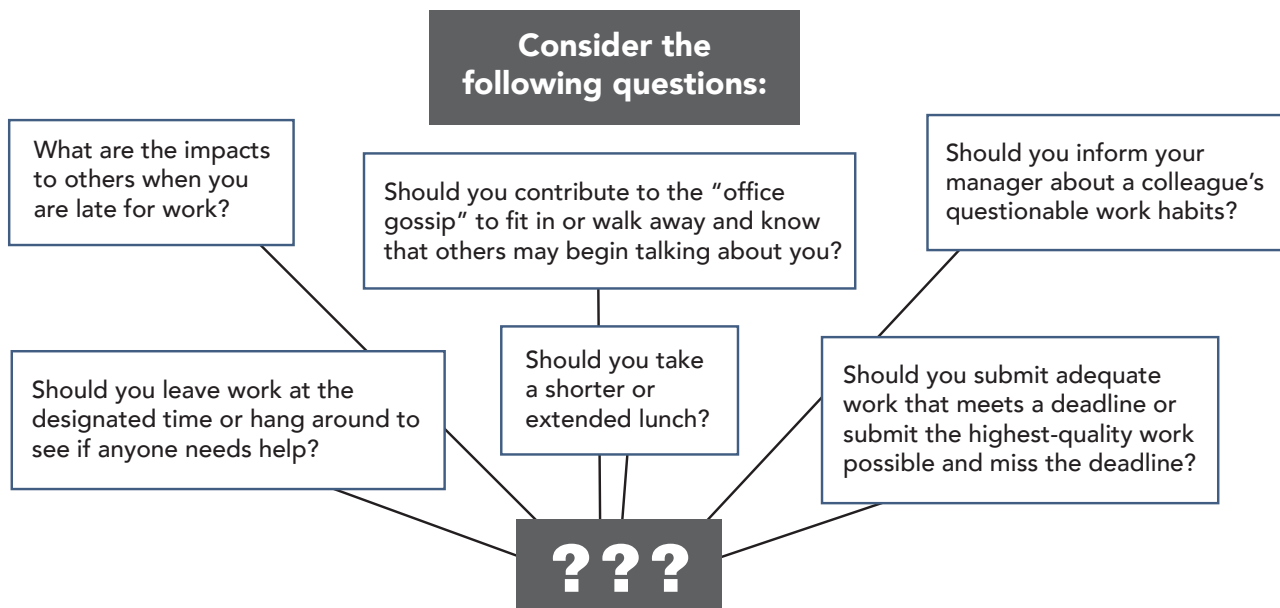
We experience multiple ethical dilemmas each day because almost every decision we make and every action we take impacts other people. Often we do not consider the ethical nature of our decisions until we become aware that our actions have negatively impacted someone.

When facing a possible ethical dilemma, please use the following questions as a guide during any decision-making process.



- ✓ Is it legal?
- ✓ Does it comply with our rules, regulations and guidelines?
- ✓ Is it in-line with our Mission, Vision and Core Values?

If you answered "no" to any of these questions or are unsure, stop and seek help before proceeding.



When faced with having to answer questions such as these, do you consider the ethical impacts of your decisions?

What we decide to do matters to others and to the organization.

PATIENT'S RIGHT to Protective Care

Defining Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct

Abuse:

- Physical – hitting, slapping, pinching, kicking, or intentionally causing harm
- Verbal – threats of harm, saying things intentionally to frighten the client
- Sexual – harassment, inappropriate touching, assault
- Mental – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions

Neglect: Intentionally withholding care; failure to carry out a plan that could reasonably be expected to cause pain, injury or death of a client

Misappropriation of property: theft of money, identity, credit cards, jewelry, misuse of property, such as using a client's phone without consent

Exploitation: Defined as taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion

Resident to Resident Altercation: Incidents that occur between residents in the nursing home must also be reported

Injury of unknown origin: An injury should be classified as an injury of unknown origin when both of the following conditions are met:

1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident

AND

2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

Your Response: If you witness any of these abuses to a client, resident or patient it is your responsibility to make sure the following protocol is carried out:

Witness Responsibility

- ✓ Immediately protect the person
- ✓ Notify your manager
- ✓ Fill out an occurrence report in SafetyZone
- ✓ Contact Administrator on Call

Manager Responsibility

- ✓ Immediately protect the person
- ✓ Investigate all allegations of misconduct
- ✓ Document the results of your investigation
- ✓ Report allegations/incidents to the Division of Quality Assurance (DQA) as appropriate

Manager or Witness Responsibility

- ✓ For any situation that could include a potential criminal offense, contact law enforcement
- ✓ Adult Protective Services aids elder adults and adults-at-risk who have been or are currently being abused, neglected or exploited. APS: 715.841.5160.



You can learn of an incident from:

- Receiving a verbal or written statement from a patient/client/resident
- Receiving a verbal or written statement of someone in a position to have knowledge of the incident
- Discovering an incident after it occurred
- Hearing about an incident from others
- Observing injuries to a patient/client/resident (physical, emotional or mental)
- Observing misappropriation of a patient/client/resident's property
- Otherwise becoming aware of an incident

We must *hold* ourselves to the **HIGHEST** of ethical **STANDARDS**.

PATIENT'S RIGHT TO FILE A GRIEVANCE

Many patient complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint. Patients have the right to complain about the quality of their healthcare. Common causes for complaints include:

- Waiting time

- Conduct of staff

- Operating hours

- Adequacy of staff

Non-Retaliation

A patient/client/resident, surrogate decision maker, or any person acting on their behalf (including a NCHC staff member) may initiate or file a complaint or grievance without discrimination and/or the fear of reprisal.



Handling a Grievance

➤ During the admission process staff will inform patients/clients/residents, verbally and in writing of their rights which includes their right to make complaints and grievances and the process to do so.

➤ All staff shall encourage patients/clients/residents to express any complaints or concerns to the individual involved or present. These may be resolved by the individual involved or by an appropriate nearby staff member or service manager/supervisor.

➤ If the patient/client/resident presents the complaint to persons other than direct care staff and has not tried to resolve the issue with the involved unit or department involved, the contacted staff should immediately call the unit or department involved so that the concern/complaint may be addressed.

➤ If the staff present is able to resolve the patient complaint at the time, it is not a grievance.

➤ A complaint is considered resolved when the complainant is satisfied with the actions taken or the explanation given.

➤ Resolution of the complaint will be documented in the patient/client/resident electronic health record.

Please refer to the policy "Complaints and Grievances" for more details. *

***You can access the NCHC policy database through Ultipro**

Commitment to Our Colleagues

GIFTS, CONFLICTS OF INTEREST, HEALTH & SAFETY

It is the expectation that employees, board members, medical staff and agents remain free of conflicts of interest in the performance of their responsibilities and services at North Central Health Care. Further, we are committed to a diverse workforce and a safe work environment.

- **Gifts and Gratuities** We do not solicit, accept or give gifts, payments, fees, services, valued privileges or other favors where these would, or might appear to, improperly influence the performance of our official duties.
- **Conflict of Interest** We do not tolerate any business or financial opportunity which might conflict, or appear to conflict, with the interests of North Central Health Care or those we serve. A conflict exists whenever a trustee, officer, physician or employee (or a related party such as a business or family member) may receive a financial benefit from any decision or action that he/she takes.
- **Health and Safety** We will comply with state and federal laws as it pertains to maintaining a safe working and service environment. We immediately report any unsafe acts or circumstances which may create an unsafe condition.

Commitment to Government Regulators

BILLING, FRAUD, ANTI-KICKBACK, STARK LAWS

We are committed to satisfying the payment conditions required by payors with which North Central Health Care transacts business, including Federal Health Care Programs. Further, we are committed to monitor and structure North Central Health Care's relationships with physicians and other healthcare providers to be consistent with relevant federal and state laws and regulations.

- **Coding & Billing** We bill only for those services that are actually provided, medically necessary, appropriately authorized and properly documented, using billing codes that most accurately describe the services and care provided. Up-coding or improperly bundling charges to increase reimbursement is strictly prohibited.
- **Zero Tolerance for Fraud, Abuse & Waste** We will not tolerate the submission of any claim for payment or reimbursement that is false, fraudulent, fictitious, or is grossly misleading or inaccurate.
- **Anti-Kickback** We prohibit asking for or receiving anything of value to induce or reward referrals of Federal Healthcare program business (Medicare and Medicaid) to include bribes, rebates, cash, in-kind donations-referred to as "kickbacks."
- **Stark Laws (Physician Self-Referral)** The purpose is to prohibit improper referral relationships that can harm Federal Health Care Programs (Medicaid and Medicare) and program beneficiaries. It limits physician referrals where there is a financial relationship (either their own or an immediate family member) with the business entity. For example: referring a patient to a medical equipment company that they own.

Fraud: The intentional deception or misrepresentation to obtain the money or property of a federally funded healthcare benefit program (Medicaid or Medicare). Knowing means actual knowledge, deliberate ignorance or reckless disregard of the truth or falsity of information

Abuse: Obtaining payment for items or services when there is no legal entitlement to that payment, but without knowing and/or intentional misrepresentation of facts to obtain payment

Waste: The over utilization of services or careless and needless expenditures for healthcare services that result in unnecessary costs to a healthcare benefit program (Medicaid, Medicare)

FREQUENTLY ASKED QUESTIONS

While we cannot list every possible violation, we can highlight those that occur most frequently. Here are just some examples of situations that would violate our Code of Conduct.

Q: A client or a family member of a client I work with offers me a gift?

A: Frequently, relatives of patients wish to provide gifts to departments as a way of saying thank you for the care given. Gifts of candy, cookies and fruit in small quantities may be accepted on behalf of all department personnel and shared among staff. While we do not wish to encourage this practice we do not want to deny someone the opportunity to say thank you. Gifts of this sort may be misinterpreted as a method of gaining favored treatment by the relatives of other patients.

NCHC requires employees and agents not to accept gifts or benefits that could create conflict between their personal interests and NCHC legitimate business interests. Examples of gifts received in connection with his/her job include: all monetary and non-monetary gifts including meals and entertainment. If relatives of patients, service clubs or other persons or organizations indicate a desire to make a donation to NCHC, they should be referred to Administration.

Q: My client sent me a friend request on Facebook?

A: Avoid blurring the lines between your professional and personal life by steering clear of relationships with clients on social media. Per NCHC Policy, employees of NCHC are “prohibited from seeking out a patient/client/resident on social media and discouraged from accepting friend requests.”



Steer **CLEAR** of relationships with clients on **SOCIAL MEDIA**.



Q: Can I take a photograph of a resident I work with?

A: Staff is prohibited from taking or using photographs or recordings. This would include using any type of equipment (e.g. cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media. Snapping pictures could be considered caregiver misconduct.

Q: What if I report a potential violation involving my supervisor? Can I get in trouble?

A: No. Each employee is responsible for reporting any potential or actual violation of our policies, Code of Conduct or laws and/or regulations. You will not get in trouble, if in good faith, you make a report. In addition, we will not tolerate any retaliation against you for your report.

Q: I learned that my co-worker who is a nurse is performing patient care with a suspended license. What should I do?

A: You should immediately report this occurrence either to your supervisor, Administrator On-Call, Human Resources, or to the Corporate Compliance Officer. Employees must have a valid and current license and any applicable certification that is required for their job at NCHC. Employees, physicians, and other caregivers are responsible for maintaining a current and valid license.

Q: What is Protected Health Information (PHI)?

A: PHI is any health information that can be used to identify a patient and that relates to the patient's health care services provided to the patient or the payment of these services. PHI includes all medical records and other information that identifies the patient, including demographic, medical, and financial information in any form (electronic, paper or verbal).

Q: My cousin has been admitted into our inpatient hospital. I am genuinely concerned about her well-being and am not sure she is being honest with me about how she is doing. I have access to medical records, is it okay to take a look at my cousin's chart?

A: No. All employees, physicians and others who have been granted access to medical records, may only access this confidential information for authorized purposes, including treatment, payment, and/or health care operations.

Q: I know someone who has violated our Code of Conduct, should I report this? And what will happen to the employee?

A: Yes, you should report any violation of the Code. Employees are responsible and are held accountable for reporting suspected or known violations of our Code of Conduct, policies and procedures, laws and regulations. Any employee found to be in violation of our Code of Conduct, policies and procedures, or laws and regulations, may be subject to discipline or corrective action, up to and including termination of their employment with North Central Health Care.



To make a report by phone dial **715.848.4507** or visit **www.norcen.org/Compliance**



Q: Government agencies are diligently monitoring for Medicare and Medicaid fraud, waste and abuse. What does the government consider to be fraud and abuse in healthcare?

A: Examples of occurrences of fraud, waste and abuse in the healthcare industry that government agencies are investigating include the following:

- Billing for items and services not medically necessary
- Billing for items or services not actually provided
- Duplicate billing
- Upcoding for higher reimbursement than what actually are entitled to receive
- Falsifying information or documentation to maximize reimbursement
- Knowingly failing to report and return overpayment made by Federal Healthcare Programs (Medicare and Medicaid)
- Employing person excluded from participation in Federal Healthcare Programs (Medicare/Medicaid)

Q: I work in the medical records department and I have reason to believe that a provider has inaccurate information related to the level of service provided to a patient. What should I do?

A: First, you should discuss the issue with the physician and ask for additional information. If you are not satisfied with the answer or believe that inaccurate information is still being provided, then the situation should be immediately discussed with either your Supervisor, Administration, Human Resources, or the Corporate Compliance Officer. You should never accuse the provider of wrongdoing. A review will be undertaken and if wrongdoing is proven, it will be handled through the appropriate process.

OUR MISSION

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high-quality care for individuals and families with mental health, recovery and long-term care needs.

OUR VISION

Lives Enriched and Fulfilled.




North Central Health Care

Person centered. Outcome focused.



www.norcen.org

Policy Title: Complaints and Grievances Policy	 North Central Health Care Person centered. Outcome focused.
Policy #: 105-0019	Program: Administration 105
Date Issued: 12/12/2019	Policy Contact: Corporate Compliance Officer

Related Forms

Grievance Form

1. Purpose

This policy provides guidance for utilizing NCHC's centralized structure to report and respond to Consumer Complaints, and Grievances. The policy prescribes guidelines and requirements for compliance with regulatory requirements related to Consumer rights and the successful resolution of NCHC's Grievance investigation process through this policy and its related policies. Responding to Complaints and Grievances effectively is critical to delivering good customer service and service recovery and a method for identifying opportunities for improvement.

2. Definitions

Complaint: A verbal concern raised by a Consumer, on their own behalf or by a representative, regarding the quality of care or services during or after the episode of care provided by staff, practitioners or contracted agents of the organization that can be immediately resolved by staff present at the time the concern is raised. This can also include information obtained from patient satisfaction surveys, unless written with request for resolution.

Consumer: Any individual patient, client or resident receiving services or care from NCHC.

Emergency: A situation in which, based on the information available at the time, there is reasonable cause to believe that a Consumer or a group of Consumers is at significant risk of physical or emotional harm due to the circumstances identified in a Grievance or concern.

Formal Grievance Process: The process of formally addressing Grievances through the formal process as outlined in this and other applicable policies, following the prescribed time frames and processes.

Founded: There has been a determination by the person conducting the review at any level of the Grievance process that a concern is substantiated or that a violation of a right guaranteed under applicable regulation or law has occurred.

Policy Title: Complaints and Grievances

Author(s): Jennifer Peaslee

Owner: Corporate Compliance Officer

Next Review Date: December 2020

Approver: NCCSP Board

Grievance: An oral or written Complaint that is not immediately resolved at the time of the Complaint by staff present. A Grievance may be made by the Consumer on their own behalf or by a patient's representative.

Grievant: The individual that is expressing the Complaint or Grievance. This may or may not be the Consumer.

Grievance Committee: An ad hoc committee whose focus is the resolution of an individual Grievance. The committee consists of individuals pertinent to the Grievance. The committee is created as needed by the Grievance Official.

Grievance Official: The person(s) designated by NCHC to oversee the Formal Grievances Process; receive and track Grievances to resolution; lead any necessary investigations; maintain the confidentiality of all individuals and information associated with Grievances as necessary or requested; issuing Grievance decisions; and coordinating with state and federal agencies as necessary in light of specific allegations. The individual serving in this position is employed in an area that is not directly involved in service delivery. In the event of any conflicts of interest, there will be another Grievance Official assigned.

Informal Resolution Process: The process which offers Consumers and persons or Representatives on their behalf, the option of seeking informal resolutions of their Complaints. The Formal Resolution Process may be resumed or started at any time.

Representative: (could be any of the following)

- An individual chosen by the Consumer to act on behalf of the Consumer in order to support decision-making; access medical, social or other personal information; manage financial matters; or receive notifications; or
- A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the Consumer in order to support the Consumer in decision-making; access medical, social or other personal information; manage financial matters; or receive notifications. Staff must verify the validity of these types of representatives.

Program Manager: The individual in charge of the operation of any NCHC program who has the authority to approve and implement decisions made through the Complaint and Grievance Process.

Staff Present: Any NCHC staff present at the time of the Complaint or Grievance who can immediately address the patient's Complaint or others including administration, supervisors or other appropriate staff that can quickly be at the patient's location to resolve the Complaint.

Unfounded: There has been a determination by the person conducting the review at any level of the investigation process that the concern is without merit, or that guaranteed rights have not been violated.

3. Policy

North Central Health Care (NCHC) is responsible for protecting the rights of all Consumers utilizing NCHC services. Further, NCHC fully supports a Consumer's right to voice Complaints or Grievances without discrimination or fear of reprisal. Included in these rights is the provision for an effective and timely mechanism to resolve Complaints and Grievances. The NCCSP Board of Directors delegates responsibility for ensuring an effective program for the resolution of Complaints and Grievances to the Corporate Compliance Officer and generally NCHC's Management Team. Responding to Complaints and Grievances effectively is critical to delivering good customer service and service recovery and a method for identifying opportunities for improvement.

The Corporate Compliance Officer is responsible for overseeing an effective and well organized centralized structure to report and respond to Consumer Complaints, and Grievances.

4. General Procedure

- 4.1. During the admission process all Consumers and/or their Representatives are given a Patient's Rights & Responsibilities brochure and will be informed of NCHC's internal Grievance process including whom to contact, and how to initiate a Complaint.
- 4.2. Staff Present must take reasonable and appropriate steps upon receiving a Complaint or Grievance to mitigate the issue, especially in Emergency situations, to ensure the Consumer's immediate safety and to address it in a timely, reasonable and consistent manner.
- 4.3. Any individual responding to a Complaint or Grievance must follow the Complaint and Grievances Procedure.
- 4.4. Data trending and compliance with this policy will be audited and analyzed by the Compliance Officer on an ongoing and regular basis.
- 4.5. Current and closed Complaints and Grievances along with their disposition will be reported monthly to the Corporate Compliance Committee and Bi-Monthly to the NCCSP Board of Directors.

5. References

5.1. CMS:

- 42 CFR 482.13(a)(2), Patient's Rights

5.2. Joint Commission:

- RI.01.07.01, Rights of the Individual

5.3. Other:

- DHS 94
- DHS 51.61

Related Policies, Procedures and Documents

- Complaints and Grievances Procedure
- Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct Policy
- Affordable Care Act Discrimination Grievance Procedure
- Complaint Resolution Procedure, Nursing Home Operations



North Central Health Care

Person centered. Outcome focused.

**HOSPITAL
UTILIZATION REVIEW
PLAN
2021**

PURPOSE:

The Utilization Review Plan of North Central Health Care (NCHC) is developed by the Utilization Review (UR) Committee to ensure that quality inpatient care is provided in the most appropriate, cost-effective manner.

AUTHORITY:

The UR committee is responsible for identifying and addressing unusual patterns of care that do not meet best practice standards for quality of care. Ultimate responsibility for the safe and quality care of patients treated in the hospital rests with the NCCSP Board of Directors. The specific responsibility for monitoring resource utilization of services provided is delegated to the Chief Executive Officer and Medical Staff.

COMPOSITION OF THE UR COMMITTEE:

The Utilization Review committee is composed of at least two physicians including the Chief Medical Officer who will serve as the UR Committee Chairperson, and non-physician members to represent departments including: utilization review, nursing, quality & compliance, and medical staff.

No person may participate in the case review of any care in which he/she was professionally involved in providing care. No review may be conducted by any person who has direct financial interest in the hospital.

FUNCTIONS OF THE COMMITTEE:

The committee will provide review for all patients including those entitled to Medicare and Medicaid benefits with respect to the medical necessity of:

- Admissions to both the adult and youth psychiatric inpatient hospitals
 - Can be done prior to, at, or after admission
- Duration of Stay
 - Outlier cases based on extended length of stay
- Professional services furnished including pharmaceuticals
 - Outlier cases based on extraordinarily high costs

INTENDED OBJECTIVES:

- Integrate utilization of InterQual during the preadmission process to further support superior access management with respect to the medical necessity of admission
- Decrease readmissions by way of enhanced discharge planning
- Identification and correction of patterns of care and factors that may contribute to the under/over and/or inappropriate utilization of hospital resources and services through recommendations made by the committee for improvement
- Promote cost-efficient utilization of hospital resources and services in accordance with the patients' needs and preference
- Provide educational opportunities to engage the hospital medical staff in efforts such as clinical documentation improvement to further support appropriate utilization of resources
- Use of data to assess physician practice trends and patterns respective to length of stay and resource utilization for purposes of improving quality of care and service delivery

DESCRIPTION OF THE REVIEW PROCESSES:

Prospective review includes the review of medical necessity for the performance of services or scheduled procedures before admission. The hospital Utilization Review Case Manager coordinates prior authorizations as necessary as part of admission by submitting documentation to payors as necessary and required. All applicable billing and benefits are reviewed to determine eligibility by clerical personnel.

Concurrent reviews include a review of medical necessity decisions made while the patient is currently in an acute setting. The determination for continued need for inpatient stabilization or if the patient can be treated in a lesser setting is conducted during daily interdisciplinary rounds where physician review of clinical condition and recommendations are made on length of stay and discharge. Documentation of clinical justification for continued hospitalization is made in the record and consideration for the best setting of care is determined to include continued stay on the inpatient unit, or discharge to the CBRF or to outpatient care. In addition, the hospital UR Case Manager is responsible for ongoing communication with payors and facilitates provider to provider (peer to peer) consult if medical necessity or continued stay is being denied by the payor. The use of a screening tool, InterQual, is used to determine medical necessity for ongoing stays. All potential appeals are also conducted by the UR Case Manager.

Retrospective reviews involve a review of coverage after treatment is provided. All psychiatric hospital retrospective denials will be reviewed by the Utilization Review Committee. Denials are identified, tracked, and monitored for trends. Feedback will be provided to medical staff based on outcomes. This type of review may also include appealing a denial with a payor.

FEEDBACK LOOP TO THE EXECUTIVE MANAGEMENT TEAM, MEDICAL STAFF, AND BOARD OF DIRECTORS

The Chairperson of the Utilization Review Committee is charged with reporting back the activities and outcomes of Utilization Review to the Executive Team, Medical Staff, and Board of Directors.

Meeting minutes are prepared, distributed, and reviewed at the next meeting and approved by the committee. Minutes will include the names of committee members present, date and duration of the meeting, a summary of review of admissions, length of stay and outliers, cases discussed, any focused reviews conducted, and the recommendations of such reviews/actions.

The proceedings of the Utilization Review Committee to include any findings and recommendations from case review and corresponding documents are held confidential, in accordance with state statutes and federal laws including HIPAA. To ensure this, all patient references will be identified only by medical record number, and physician references will be assigned a confidential code number.

ONGOING REVIEW, REVISION, AND APPROVAL OF THE PLAN:

The Utilization Review Plan must be reviewed annually and updated, or modified as necessary, based upon ongoing evaluation of the utilization review and


quality improvement activities. The evaluation of the Utilization Review Plan and its effectiveness in allocating resources must be documented and the results reported to the Medical Staff, Administration, and the Governing Board.

**This Utilization Review Plan is hereby approved as of
December 17, 2020, by:**

Michael Loy
Chief Executive Officer, NCHC

Jeff Zriny
Chair, NCCSP Board of Directors

Dr. Robert Gouthro
Chief Medical Officer, NCHC

Policy Title: Employee Grievance	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: 205-1109	Program: Human Resources 205
Date Issued: 07/01/2020	Policy Contact: HR Coordinator

Related Forms

Employee Grievance Form ([hyperlink](#))

1. Purpose

To provide a mechanism where employees can file a grievance related to issues or concerns of employee discipline, termination, or workplace safety.

This policy is applicable to all direct care providers and staff working at NCHC, including students, interns and contracted staff. The standards of this policy are to be complied with by staff while they are employed in any NCHC facility during regularly scheduled work times.

2. Definitions

Grievance: Any dispute or misunderstanding regarding the actions of NCHC officials which relate to employee discipline, termination, and work place safety

Employee Discipline: May result when an employee's actions do not conform with generally accepted standards of good behavior, an employee violates a policy or rule, an employee's performance is not acceptable, or the employee's conduct is detrimental to the interests of NCHC. Disciplinary action may call for any of the following steps depending on the problem and the number of occurrences:

- Written warning
- Suspension (with or without pay)
- Termination of employment

There may be circumstances when one or more steps are bypassed. Certain types of employee problems are serious enough to justify either a suspension or termination of employment without going through progressive discipline steps. North Central Health Care reserves the right, in its sole discretion, to impose disciplinary action as may be appropriate to the circumstances.

Employee Discipline shall not include the following items:

- Placing an employee on administrative leave pending an internal investigation;
- Counseling, meetings or other pre-disciplinary action;
- Actions taken to address work performance, including use of a performance improvement plan or job targets;
- Demotion, transfer or change in job assignment; or
- Other personnel actions taken by NCHC that are not a form of progressive discipline.

Employee Termination: An involuntary separation from employment because of action taken by the employer to terminate or discharge an employee from employment for rule misconduct or performance reasons.

Employee Termination shall not include the following personnel actions:

- Voluntary resignation;
- Layoff or failure to be recalled from layoff at the expiration of the recall period;
- Reduction in workforce or job transfer;
- Completion of temporary employment, seasonal employment, contract employment, or assignment;
- Retirement;
- Job abandonment, “no-call, no-show”, or other failure to report to work; or
- Termination of employment due to medical condition, lack of qualification or license, or inability to perform job duties.

Workplace Safety: Conditions of employment affecting an employee’s physical health or safety, the safe operation of workplace equipment and tools, safety of the physical work environment, personal protective equipment, workplace violence, and training related to the same.

3. Policy

North Central Health Care will provide a detailed procedure for employees to file a grievance related to any concerns with discipline, termination, and/or workplace safety that is in compliance with Wisconsin State statutes and allows grievances to be appealed up to the Board of Directors.

4. General Procedure: Employee Grievance Procedure

5. References

5.1.CMS: None

5.2. Joint Commission: None

5.3.Other: Section 66.0509(1m), Wis. Stats

Related Policies, Procedures and Documents

None

MEMORANDUM

DATE: October 23, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Board Discussion and Action Item H. EDUCATION: Board Competency Self-Evaluation Results

Issue

In the furtherance of governance best practice, the NCCSP Board has moved towards building a competency based framework for Board Member development and recruitment. Annually, each Board Member provides a self-evaluation to establish the level of individual competency. Gaps in competency are then identified as opportunities for development while also informing future Board Member recruitment efforts.

Background

Please reference the attached Board Competencies established by the NCCSP Board and Governance Committee. In the Board's Governance Self-Assessment from 2019, the following question had the 2nd lowest mean score, indicating a focused opportunity for improvement.

Q21. Process and criteria for recruitment – Formal Board recruitment process with clear evaluative criteria is in place; management reaches out to potential members from a wide range of sources; recruitment process is continuous with multi-year horizon; new members are seen as great additions to the Board.

The mean score for this item in the 2020 Board Governance Self-Assessment had wide variability in response but was not identified as a priority by mean score. This is likely a result of a significant number of new Board Members not being part of conversations on this priority prior to being appointed in May while other tenured members were more familiar with the work done to date.

Analysis

NCCSP Board Forecasted Competency Gap Analysis

Board Members were asked to self-assess their own competency level and the following results identified priorities for Board development and recruitment over the next 1-3 years.

Current Priority Index – The following Board Competencies are prioritized based on the relative absence of current Board Competency expertise. All the competencies below would be identified as a gap on the Board, prioritized by the significance of the gap:

1. Informatics and Technology
2. Human Capital and Talent Management
3. Community Public Health
4. Fund Development
5. Clinical (Behavioral Health, Skilled Nursing and Developmental Disabilities)
6. Marketing and Business Development

Competency Risk Areas with Potential Board Succession – The following Board Competencies are potential gaps that are either going to be exacerbated or new relative to potential Board turnover in the coming two years.

1. Quality and Patient Safety
2. Marketing and Business Development
3. Legal and Regulatory

Recommendations

The Board can prioritize identifying future Board Members to fill these gaps by directing the CEO to start to develop recruitment pools and to establish a relationship with potential future Board Members.

Based on the current priority index, the Board should also seek to facilitate Board development activities in the coming year around the top priority index items.

Informatics and Technology

- Understand how clinical and operational transformation occurs through long-term plans designed to achieve NCHC's objectives in the management of knowledge, information, and data.
- Knowledge of executing digital transformation strategy especially in regard to the application of advanced technologies to help NCHC solve problems and function in a digital environment.

Human Capital and Talent Management

- Ability to ensure human resources functions are well run and aligned to achieve NCHC's strategic outcomes.
- Knowledge of key senior leadership capabilities and effective succession planning practices.
- Understand the impacts of demographics and organizational culture on business and talent management strategies.

Community Public Health

- Knowledge of community health needs at community, state, and federal levels.
- Understand the social determinants of health and how inequities impact health outcomes.

To facilitate the development process, it is recommended that the Board direct the CEO to identify "augmented Board Members" who can serve as topical experts and help lead the development of competency and potential policy deliberations in these priority areas. The developmental priority areas will populate the Board's agenda in the 1st quarter of 2021.

MEMORANDUM

DATE: October 23, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Board Discussion and Action Item 7G ACTION: *Approval of the Policy Governance Manual*

Issue: The Board reviews the Policy Governance Manual on an annual basis in conjunction with a self-evaluation of governance effectiveness. Recently, the Board also constituted a Governance Committee who in the review of the Policy Governance Manual, identified an opportunity for the Board to strengthen the monitoring of Executive Limitations Section. The Self-Assessment results support this priority as well. This memorandum provides the background and context for facilitating the Board's deliberation on identifying ways to improve monitoring activities.

Background: In Policy Governance, there are two basic core principles. First, the Board determines the End Statements, or the results the Board seeks to achieve on behalf of ownership. Second, the Board emboldens its one employee, the Chief Executive Officer, to do all that is necessary to achieve the End Statements with the exception of explicit limitations classified as Executive Limitations. The philosophy is based on the presumption that it is easier to tell the Executive what not to do, as opposed to all the things the Executive needs to do to successfully lead an organization. This approach does not alleviate the Board from its own fiduciary oversight activities. Essentially, the Board must have mechanisms to ensure that the End Statements are being achieved (i.e., Dashboards) and the Executive Limitations are being followed.

In monitoring the Executive in regards to the Executive Limitations, the Board has three main options:

- By internal report, in which the CEO discloses compliance information, along with justification for the reasonableness of their policy interpretation;
- By external report, in which an external, disinterested third party selected by the Board, or any certifying or accrediting body, assesses compliance with Board policies, augmented with the CEO's justification for the reasonableness of their policy interpretation; and/or
- By direct Board inspection, in which a designated member or members of the Board assess compliance with policy, with access to the CEO's justification for the reasonableness of their policy interpretation.

The Board is responsible for determining the methodology, frequency and quality of these monitoring activities. The Board would be well-served now and in the furtherance of future Boards, to strengthen the structure for monitoring Executive Limitations. The following is framework to assist in this process by organizing the Executive Limitations into an organizational and assessment grid. Policy 1.1 – General Executive Restraint has been completed as an example of completing the rest of the work. The Improvement Continuum Classification offers the option of the current state of monitoring to be assessed as reasonably *Sufficient*; needing *Incremental* improvement; needing *Substantial* improvement; or needing a complete *Overhaul*.

Analysis and Recommendations:

Policy 1.1 – General Executive Restraint		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The Chief Executive Officer shall not cause or allow any activity, decision, organizational circumstance or practice (imprudent or in violation of commonly accepted business and professional ethics or regulations of funding or regulatory bodies) to jeopardize the public image of North Central Health Care (“NCHC”) or to result in a failure to be duly licensed or accredited by the proper agencies necessary to deliver services as authorized by the Board.	Incremental	<p>The Board could require that all media reporting regarding NCHC be sent to the Board.</p> <p>The Board could be provided a monthly regulatory activity report.</p>

The remainder of the sections are left blank to allow the Board to identify a process and direction to complete the remainder of the Board’s work in defining the structure for monitoring the Executive Limitations.

Policy 1.2 – Treatment of Consumers, Community Partners & the Public

With respect to interactions with consumers, community partners and the public, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Cause or allow conditions, procedures, or decisions that are unprofessional, unsafe, untimely, undignified or unnecessarily intrusive and/or which fail to provide the appropriate confidentiality or privacy.		
2) Fail to communicate a clear understanding of what may/may not be expected from services offered and failing to ensure consumers, community partners and the public are informed of their rights and responsibilities and are supported in exercising those rights and responsibilities.		
3) Fail to inform or provide a grievance process to those who believe they have not been given a reasonable interpretation of their rights.		

Policy 1.3 – Treatment of Employees & Volunteers

With respect to interactions with employees and volunteers, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Cause or allow conditions that are unsafe, unfair, unprofessional, or undignified.		
2) Operate without written personnel policies which clarify rules, provide for effective handling of grievances and/or protect against wrongful conditions.		
3) Violate federal and state employment laws.		
4) Fail to acquaint employees with their rights under this policy.		
5) Allow staff to be unprepared to deal with emergency situations.		

Policy 1.4 – Financial Planning & Budgeting

The CEO shall not cause or allow financial planning for any fiscal year or the remaining part of any fiscal year to deviate materially from the Board's End Statements. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to have a sound financial plan that accurately budgets, forecasts, monitors, and reports spending. The CEO shall not fail to report to the Board material differences between budgeted, actual and forecasted spending.		
2) Permit Financial Planning & Budgeting activities to contain insufficient information, omit credible projection of revenues and expenses, or provide clear detail in the separation of capital and operational items, cash flow, and disclosure of planning assumptions.		
3) Endanger the fiscal soundness or the building of organizational capability sufficient to achieve the End Statements in future years.		

Policy 1.5 – Financial Conditions & Activities

With respect to ongoing financial conditions and activities, the CEO shall not cause or allow the development of financial jeopardy or material deviation of actual expenditures from Board priorities established in End Statements. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Allow or cause NCHC to spend beyond the financial resources provided or to jeopardize NCHC's long-term financial viability or stability.		
2) Fail to maintain accurate internal accounting records, controls and reports meeting Generally Accepted Accounting Principles (GAAP).		
3) Fail to assure that NCHC meets working capital, restricted reserves and fund balance requirements unless approved by the Board.		
4) Fail to invest and protect operational capital and excess funds consistent with Board's cash management and investment policies.		
5) Indebt NCHC using any formal debt instrument other than incidental use of credit cards for authorized purchases.		
6) Allow government ordered payments, filings or reporting to be overdue or inaccurately filed.		
7) Pledge assets as security within any contracts without Board approval.		
8) Sell property for less than Fair Market Value ("FMV") or if the FMV is greater than \$30,000.		
9) Acquire, encumber, or dispose of real estate.		

Policy 1.6 – Benefits & Compensation

With respect to employment, compensation, and benefits to employees, consultants, contract workers, and volunteers, the CEO shall not cause or allow jeopardy to quality of care, financial integrity or to public image. Further the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Cause or allow compensation and benefits that deviate materially from that approved by the Board of Directors.		
2) Fail to establish benefits or compensation which materially deviate from the geographic or professional market for the skills employed or that may harm NCHC's competitive position.		
3) Promise or imply permanent or guaranteed employment.		

Policy 1.7 – Asset Protection

With respect to asset protection, the CEO shall not cause or allow organizational assets to be unprotected, inadequately maintained, or unnecessarily risked. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to insure against theft and casualty losses to an appropriate level and against liability losses to directors, employees, volunteers and NCHC itself in an amount greater than an amount to be specified by separate Board policy.		
2) Fail to develop and maintain a corporate compliance plan along with appropriate financial risk management practices consistent with the risk tolerance of the Board. The plan must adequately address fraud and abuse risks. The CEO shall not substitute his/her own risk tolerance for that of the Boards.		
3) Fail to manage the physical assets of the organization so as to: maintain an inventory system which accounts for all equipment and furniture; provide a quality work area for employees; preclude any and all liability exposure for the organization; dispose of unneeded equipment and furniture consistent with accepted safety and recycling recommendations and all requirements which may apply based upon the origin and funding for such equipment and furniture.		
4) Compromise the independence of the Board's audit or other external monitoring or advice.		

Policy 1.8 – Emergency Executive Succession		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not permit there to be fewer than two other Executives sufficiently familiar with Board and CEO issues and processes to enable either to take over with reasonable proficiency as an interim successor.		

Policy 1.9 – Communication & Counsel to the Board

The CEO shall not fail to inform or support the Board in carrying out its responsibilities. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Neglect to submit monitoring data required by the Board in a timely, accurate and understandable fashion, directly addressing provisions of the Board policies and Ends Statements being monitored.		
2) Allow the Board to be unaware of any actual or anticipated noncompliance with any Ends or Executive Limitations policy of the Board regardless of the Board's monitoring schedule.		
3) Let the Board be unaware of any significant incidental information it requires including relevant trends, anticipated adverse media coverage, threatened or pending lawsuits, material internal and external changes, and/or changes in the assumptions upon which any Board policy has previously been established.		
4) Fail to report an actual or anticipated issue of non-compliance with any Board policy in a timely manner.		
5) Fail to deal with the Board as a whole except when: (a) fulfilling individual requests for information; (b) responding to Officers or Board Committees duly charged by the Board; and/or (c) discussing confidential or sensitive matters.		

Policy 1.10 – Regulatory Compliance

The CEO shall not allow nor cause NCHC to fail in meeting all regulatory and statutory requirements related to the delivery of services approved by the Board, or cause NCHC to fail to meet contractual requirements with third-party payers. Further, the CEO shall not:

Executive Limitation	Improvement Continuum Classification	Monitoring Structure
1) Fail to process claims within industry guidelines and regulatory standards for processing efficiency, claims accuracy, and payment timelines.		
2) Fail to assure that the responsible third-party payers are billed for services on a timely basis and consistent with generally acceptable accounting practices.		
3) Fail to have a formal quality management function that systematically identifies compliance and performance problems and take corrective actions to resolve the problems and prevent future problems.		
4) Cause or allow providers without required credentials to serve consumers or fail to assure that provider performance meets or exceeds basic standards for cost, quality, and delivery.		
5) Fail to prohibit particular methods and activities to preclude grant funds from being used in imprudent, unlawful, or unethical ways.		

Policy 1.11 – Other Board Policies		
Executive Limitation	Improvement Continuum Classification	Monitoring Structure
The CEO shall not fail to implement or adhere to any other adopted Board Policy.		

Restart Survey

Place Bookmark

Mobile view off

Tools

NCCSP Board Experience Transformer

Please complete the following question set based on your most recent NCCSP Board Meeting experience. Information from this survey will be used to enhance the collective experience of the Board and to improve Governance process.

Name (Optional)

If you could do this experience over - knowing what you know now - what would you do differently?

Experience Optimizer Factors

	Yes	Could Be Better	No
Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting? If not, what would've helped you be better prepared?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did you feel you had ample opportunity for input? If not, how could we better provide an opportunity for your input?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did all members participate in an active way? If not, why do you think that happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did we focus on the right issues, giving the most important issues of strategy and policy adequate time? If not, what issues should we be focusing on or giving more time to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you responded "No" to any of the Experience Optimizer Factors above, please elaborate with additional feedback or context.

Missed thoughts you didn't have the chance to state or questions you have.