



OFFICIAL NOTICE AND AMENDED 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, January 28, 2021 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: 146 288 0862 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. ACTION: CONSIDERATION OF EXECUTIVE COMMITTEE'S RECOMMENDATION TO ELECT KURT GIBBS AS NCCSP BOARD CHAIR

6. CONSIDERATION OF A MOTION TO MOVE INTO CLOSED SESSION

A. Pursuant to Section 19.85(1)(c) of the Wis. Stats. for the purpose of “[c]onsidering employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility,” TO WIT: Oversight of CEO Michael Loy. (ROLL CALL VOTE SUGGESTED)

Pursuant to §19.85(1)(g) Wis. Stats. to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved.

7. MOTION TO RETURN TO OPEN SESSION

8. POSSIBLE ANNOUNCEMENTS OR ACTION RESULTING FROM CLOSED SESSION

9. CONSENT AGENDA AND MONITORING REPORTS

A. Board Minutes and Committee Reports

- i. ACTION: *Motion to Approve the December 17, 2020 NCCSP Board Minutes*
- ii. FOR INFORMATION: Minutes of the December 14, 2020 and December 28, 2020 Executive Committee Meetings

B. Policy Governance Monitoring Reports

- i. Recent State, Federal, and Accreditation Reports – None

10. BOARD EDUCATION

~~A. Program Overview – Emergency and Crisis Services – None~~

11. BOARD DISCUSSION AND ACTION

A. CEO Report and Board Work Plan (5 Minutes) – M. Loy

B. ACTION: *Motion to Accept the Dashboards and Executive Summary*

C. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to reappointment of Kimberly Hoenecke, DO, Gbolahan Oyinloye, MD, and Tiffany Pluger, APNP; and amend privileges for Susan Brust, APNP*

D. Executive Reports – J. Meschke, R. Gouthro, J. Nickel, J. Bracken, and T. Boutain

E. ACTION: *Approval of Purchasing Policy* – D. Adzic

F. ACTION: *Approval of Policy for Accepting Out of County Hospital Admissions*

G. Update on Campus Renovations and Phasing for 2021 – M. Loy

~~H. Discussion and Possible Action on the Temporary Program Modification for the Crisis Stabilization Unit and Temporary Program Suspension for the Medically Monitored Treatment Program in 2021 – M. Loy~~

12. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

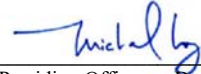
13. BOARD EXPERIENCE OPTIMIZER

14. ADJOURN

NOTICE POSTED AT: North Central Health Care

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Merrill Foto News, Langlade, Lincoln & Marathon County Clerks Offices



Presiding Officer or Designee

DATE: 01/26/2021 TIME: 4:45 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

December 17, 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	Robin Stowe	X	Gabe Ticho
X	Pat Voermans	X	Bob Weaver	X	Theresa Wetzsteon
X	Jeff Zriny	X	Dave Oberbeck		

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

Others Present: Officer Eric Lemirand, Monica Mynsberge

Call to Order

- Meeting was called to order at 3:03 p.m.

Chairman's Announcements

- Nancy Bergstrom will be retiring in January 2021 and Theresa Wetzsteon will also be leaving the Board this month due to the demands of the backlog of pending cases in 2021 related to COVID-19.
- Welcome Dave Oberbeck, Marathon County Supervisor, who has joined the Board starting today and is filling the vacancy left by R. Wagner in August.
- In early 2020 the Board was asked to complete an evaluation form by PeopleFirst Consulting Group on the performance of M. Loy, CEO. The evaluation form was completed in first quarter of 2020 but due to the challenges that the Covid pandemic brought, the face-to-face performance evaluation was not completed until late November. We were pleased to provide a very positive report on M. Loy's performance on behalf of the Executive Team, Board of Directors, and Retained County Authority.

Public Comment for Matters Appearing on the Agenda

- None

Patient in the Board Room

- Officer Eric Lemirand with Wausau Police Department, and Monica Mynsberge, Case Manager with NCHC Community Treatment, were introduced. Both have been working with the Homelessness Pilot Project and provided an incredibly positive status report.

- Chief Bliven noted that this project involves working with a chronic homeless population in which they encounter the most difficult situations. Success thus far has been remarkable and having two individuals assigned full-time is critically important to the success of the project and individuals, and their work is making an unbelievable impact.
- T. Wetzsteon added that the DA's office is actively working with the group to help coordinate efforts to address core issues and to try to make sure criminal justice is not a barrier to potential positive outcomes. Prosecutors received a tour of some of the circumstances of homelessness by the Police Department.

Consent Agenda and Monitoring Reports

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

Board Education

- Objectives and Key Results (OKRs): Managing for Execution – M. Loy
 - Covid has been a great challenge but we still had several huge successes in 2020 i.e., opening the new Youth Hospital, CBRF, and Aquatic Therapy Pool.
 - We continue to refine our management planning system to better align strategy to operations by implementing the OKR management system to help us achieve our organizational objectives more effectively.
 - 2021 organizational objectives have several key results for each. This effort is partnership of the Executive and Senior Management Teams; it will take 4-5 cycles to really finetune the process. Quarterly updates will be provided to the Board.

Board Discussion and Action

- CEO Report and Board Work Plan – M. Loy
 - The 2021 work plan will be finalized with the Executive Committee in January and then presented to the Board for adoption. Items that were not accomplished will carry over from 2020 for completion next year.
- ACTION: Motion to Accept the October and November Financials – J. Meschke
 - October and November financials were reviewed.
 - We applied for a third distribution of Cares Act funding and are waiting to hear if we'll receive additional funds. Eligibility for funds for this distribution is based on performance. State funding was also available, and we had received the first two payments in the early part of the year.
 - Net patient revenue is down 13% in October and November due mostly to low census especially in rehab units in both buildings. We also had approximately 100 employees out for 1-2 weeks related to Covid. An area we are working on extensively is balancing staffing to census.
 - **Motion**/second, Leonhard/Stowe, to approve the October and November financials. Motion carried.

- 2021 Dashboards and Performance Expectations – M. Loy
 - Every year performance expectations and outcomes through Dashboards are set. 2021 Dashboard measures were approved by the Executive Committee.

- Board Calendar for 2021 – M. Loy
 - The calendar is populated with dates of Board meetings, competency priorities, educational presentations, and action items. Next year will include educational opportunities about our programs and services.

- ACTION: Approve Quality and Safety Plan – J. Peaslee
 - An effective Quality and Safety Plan works to drive the culture of high performance and improvement, promotes the organizations commitment and accountability to quality and safety, and is aligned to the strategic goals, mission, vision, values, and end statements. The plan outlines the quality framework, system for process improvement, and the model for improvement. It also includes newly created objectives and key results in nursing and clinical services quality program and continues our vision of culture of safety and renewed commitment to zero harm.
 - **Motion**/second, Balk/Voermans, to approve the Quality and Safety Plan. Voermans added this was a comprehensive, complete, and impressive plan. Motion carried.

- ACTION: Approve Code of Conduct – J. Peaslee
 - Code of Conduct is designed to support the organization’s mission, vision, and core values, and defines and sets boundaries of acceptable behavior. Each year the Code of Conduct is reviewed to verify it is up to date and relevant with regulatory changes and reflects any changes in business.
 - **Motion**/second, Bergstrom/Leonhard, to approve the Code of Conduct Policy as presented and reviewed. Motion carried.

- ACTION: Approve Complaint and Grievance Policy – J. Peaslee
 - Every client, patient, resident has a right to file a complaint or grievance of service they receive without fear of reprisal. This policy assures a system is in place to submit a complaint and process for effective follow-up.
 - **Motion**/second, Bergstrom/Anderson, to approve the Complaint and Grievance Policy. Motion carried.

- ACTION: Approve Utilization Review Plan – R. Gouthro
 - Utilization Review (UR) Plan for 2021 recognizes changes the UR Committee has incorporated into the plan to ensure that quality inpatient care is provided in the most appropriate and cost-effective manner. The UR Committee reviews information from a prospective, concurrent, and retrospective view and presents the information to the Medical Staff on behalf of the Board of Directors who has ultimate responsibility.

Additional discussion included how an individual is served who presents for services without insurance, UR reviews for Outpatient services, and best practices for a peer review process. The UR committee reviews the data on the Board's behalf but can provide the Board with a more detailed look if the Board is interested.

- **Motion**/second, Ticho/Voermans, to approve the Utilization Review Plan as presented. Motion carried.
- ACTION: Employee Grievance Policy – J. Nickel
 - To fulfill our statutory obligation relative to having a grievance procedure as a government entity. It handles matters of workplace discipline, termination, and safety.
 - **Motion**/second, Leonhard/Bliven, to approve the Employee Grievance Policy as presented. Motion carried.
- Board Competency Self-Evaluation Results – M. Loy
 - An annual process was conducted in September to review competencies of the Board which is helpful when adding new Board members and identifying Board education materials. The results of this self-evaluation and board development recommendations were provided.
- Executive Limitation Monitoring Structure – M. Loy
 - Within the Executive Limitations the Board should have clear expectations and a monitoring report for oversight on each of the limitations. The plan is to work with Executive Committee to develop clear expectations and monitoring structures which will be brought for final review with the Board.
- COVID-19 Vaccination Plan Overview – J. Bracken
 - Incident Command Team and a sub-committee have developed a Vaccination Program Policy and Procedure. All staff must participate in the program but if they decide not to receive the vaccine, they must complete a declination form, wear appropriate PPE/masks, and complete ongoing infection prevention learning modules.
 - We are partnered with Walgreens and preparing for the vaccination clinics at each of our nursing homes. In future phases we will be working with our community partners to help vaccinate all employees.

Motion to Move into Closed Session

- A. **Motion**/second, Leonhard/Ticho, 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*. Roll call vote: all Ayes. Motion carried.

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

- **Motion**/second, Gibbs/Ticho, to move to reconvene in open session at 5:03 p.m. Motion carried.

Board Calendar and Future Agenda Items - M. Loy

- No additional comments

Board Experience Optimizer

- Email will be forwarded with the Board Experience Optimizer to complete and provide feedback.

Adjourn

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

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

December 14, 2020

5:00 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_(on site) Robin Stowe
X Eric Anderson

Others Present: Kurt Gibbs

Call to Order

- Meeting was called to order at 5:00 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of November 19, 2020 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Bergstrom, to approve the November 19, 2020 Executive Committee meeting minutes. Motion carried.

Review Organizational Dashboard and Workplan

- November Dashboard.
 - Primary impact on dashboard measures across the board relates to Covid. Out of county placements have dropped on average 50 days per month throughout the course of the year. Have seen fewer admissions on diversions but longer stays; still a positive story and we continue to move in the right direction. Once the new hospital is done, target is expected to be under 100 days per month. Objective is to eliminate out-of-county diversions except for people physically violent or special geriatric needs that we are unable to care for.
 - The increase in the length of stay should go back to normal post-COVID-19. Current length of stay is longer because individuals are sicker, and volumes are lower.
 - We do not see the need to have contracts outside our three counties if we can meet our goal of having a full census and eliminating diversions outside of the exceptions noted above.
- Board-RCA-CEO Workplan
 - 12 remaining items; 6 will be closed at the Board meeting this week.
 - Of the 6 remaining, 5 will be carried over due to Covid delays, the Diversity item will be given back to an employee group for next year.

CEO Report

- Homelessness Pilot
 - Partnership with the Wausau Police Department (WPD); struggling with reducing downtown homelessness. NCHC secured the lease with the property owner, obtained grants in partnership with WPD to pay for the lease cost, and reassigned one of our case managers to partner with a WPD liaison (basically a CART model). WPD is providing the day-to-day leadership.
 - Goal is to take those homeless individuals who have severe and persistent mental illness who are already part of community treatment and try to focus on stable housing and then hopefully into treatment. There are several early success stories already. Will benefit a population we're already serving in a greater way with relatively low to no cost.
- Northern Valley Industries, Inc. Due Diligent Report
 - Report should be finalized for the Board can make a determination in January.
- Skilled Nursing Market Study and Strategic Plan
 - Framing scope on nursing home market study and strategic plan. Portage County remains interested in working with us. We're also doing a market study in Lincoln County to determine the size and scope of the building. Census in our nursing homes are very low and perception of nursing homes currently is to avoid them as much as possible.
 - In Marathon County we have a lot of flexibility and ability to adjust the scope of the renovation project and have time to adjust. Proposal may include downsizing the 2nd floor of MVCC by 50% and expand the rest of the building for mental health services depending on CLA's updated analysis. Design work will be done in 2nd quarter so there is time before letting bids later in 2021.
 - CLA will be updating their report and will review with counties.
- Discussion requested regarding application/modification of programs under the Tri-County Agreement for the Homelessness Pilot and Northern Valley Industries.
 - Homelessness Pilot is a focused effort of programming that we already do through community treatment and supportive housing. Committee agreed the Homelessness Pilot did not need a formal modification application approved according to the Tri-County Agreement.
 - Once the North Valley Industries due diligence report is final, and if determined it would fit well with NCHC, a formal application will be submitted.
 - M. Loy will provide an update on these items for the Board.

Discuss 2021 Workplan, Objectives and Key Results

- An overview was provided of what has been included in the workplan in the past and the recommendations for 2021:
 - Four Objectives and Key Results (OKR) incumbent of the 5 to 50 Vision
 1. Improve the quality and reliability of our services
 2. Expand mental health and recovery continuing of care
 3. Bring new capital assets online
 4. Manage declining and long-term care operations

- A presentation for the Board will include 3-5 measurable key results and quarterly key results for Executive and Senior Management teams.
- Goal for 2021 Workplan:
 1. On a quarterly basis, would like to travel with key department heads in the organization to each county and do education, invite courts, law enforcement, social services and meet with stake holders on what we're working on and what their needs are and will work with N. Bergstrom, L. Leonhard, and R. Stowe to coordinate.

ACTION: Approval of the 2021 Dashboards and Performance Expectations

- Overview of dashboards provided; requested feedback on organizational and program dashboards.
- E. Anderson joined meeting at 5:43 p.m.
- **Motion**/second, Stowe/Leonhard, to approve the 2021 Dashboards and Performance Expectations as presented. Motion carried.

ACTION: Approval of the Variable Pay Program

- This program would try to create shared fate within the senior management team to help the team to align to the overall success of the organization as determined by the Board. Program is completely overseen by the Board and is common in many organizations at this level of management. There would be no payment unless there is financial gain and targets have all been met; payout would not be budgeted as this would depend on the amount of financial gain. Discussion on the mechanics and applicability of the program were discussed.
- **Motion**/second, Leonhard/Stowe, to postpone consideration of agenda items 8, 9, and 10, to the January meeting of the Executive Committee meeting, to allow for a complete review of senior management compensation plans, policies, and practices, by two members of the NCCSP Board that would be selected by this body (i.e., the Executive Committee of the NCCSP Board). Motion carried.
 - It was determined that representatives from Marathon County lead this review and share information with their county partners. Leonhard and Gibbs to meet with M. Loy to obtain the information needed to analyze and bring back to the Executive Committee for review in January.

Future Agenda Items for Executive Committee or Board Consideration

- A. Understanding access and availability of outpatient services in three different communities

Adjourn

- A. **Motion**/second, Stowe/Leonhard, to adjourn at. Motion carried. Meeting adjourned at 6:30 p.m.

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

December 28, 2020

8:00 AM

NCHC – Wausau Board Room

Present: X Eric Anderson X Nancy Bergstrom
X Lance Leonhard X Robin Stowe

Others Present: Kurt Gibbs

Staff: Michael Loy

Call to Order

- Meeting was called to order at 8:03 a.m. by Eric Anderson, Chair-Elect.

Public Comments for Matters Appearing on the Agenda

- No public comment(s) made.

Update from Marathon County Representatives Relative to Initial Review of Compensation and Personnel Policies and Practices, Including Next Steps

- An evaluation of NCHC compensation and personnel policies and practices continues. Documents have been provided by NCHC and are being assessed. An updated was provided on the review to date. Ongoing updates and potential action will be brought back to the Committee.
- The Committee discussed practices as it relates to the current Joint County Agreement and identifying the policies that would be within the authority of the Executive Committee versus the full NCCSP Board.

ACTION: Executive Committee Recommendation to NCCSP Board for Election of New Chair to Fill Vacancy

- **Motion**/second, Stowe/Leonhard, to recommend to the NCCSP Board that Kurt Gibbs be appointed as the Board Chair to fill the current vacancy following the resignation of Jeff Zriny. Following discussion motion carried.

Adjourn

- **Motion**/second, Stowe/Bergstrom, to adjourn the meeting at 8:43 a.m. Motion carried.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: January 22, 2021
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: CEO Report

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

COVID-19 Response

As of 1/22/2021 we have 9 staff out of which 4 are confirmed positive and 2 pending testing. Our vaccination program continues to function effectively with 479 employees (51%), 117 MVCC residents (93%), and 66 Pine Crest residents (72%) vaccinated with their 1st dose. Clinics continue for 1st dose opportunity through February 10th with the initial vaccination programs set to be completed by the first week of March.

NCCSP Board Appointments

Marathon County has appointed Chief Deputy Chad Billeb and former Deputy County Administrator Deb Hager to the NCCSP Board. Cate Wylie, the new Human Resources Director and Administrative Coordinator for Lincoln County replaces Nancy Bergstrom on the NCCSP Board and Executive Committee. New Board member orientations are being scheduled. Appointments are now needed to fill open Governance Committee positions and Marathon County representatives on the Nursing Home Operations Committee.

Campus Renovations

The new 16-bed Adult Crisis Stabilization Unit is ready for occupancy but continues to be held up based on receiving the program certification approval from the State. This delay impacts the opening of the 8-bed Youth Crisis Stabilization Unit. The new Skilled Nursing Tower is moving along according to schedule with a projected completion date at the end of July. Plans for the "D" wing renovations have been approved with demolition set to begin in March. This phase of the project will take approximately 9 months and will include the adult inpatient hospital, crisis and emergency services, detox, and residential treatment programs. We are busy working on final cost estimates and bidding activities.

Sober Living Project

Construction on the new facility in Antigo continues to progress with a targeted date to open in March.

Cerner Implementation

The project go-live date is being pushed back a couple months to allow for the implementation of the Pharmacy module. The previous implementation plan had this coming as a 2nd phase, until it became clear that not implementing this module along with the initial phase would have a significant risk to quality of care. An updated go-live date will be provided soon.

Recruitments

Dr. Dileep Borra has been accepted into a Forensic Fellowship in New York. His wife Claire is also a Psychologist for North Central Health Care. They will be relocating in July. We continue to recruit for Outpatient Psychiatrists. We have onboarded our new Director of Accounting and are making final plans for the onboarding of our three new Inpatient Psychiatrists in the 2nd quarter of this year.

Portage County Health Care Center

In conjunction with CLA, NCHC is working with Portage County to explore how a similar partnership as Pine Crest could work between the Portage County Health Care Center and NCHC. Following a meeting on January 20, 2021, a stakeholder group from Portage County and NCHC are meeting to organize moving forward for a full analysis and recommendations to present to the Portage County Health Care Center Committee by March.

Northern Valley Industries, Inc.

Northern Valley Industries (NVI) has decided that they are going to proceed with strategic planning that does not include a partnership with NCHC. They may reach out in the future to reopen discussions.

Psychiatric Emergency Department

In February, NCHC will be hosting Dr. Tony Thrasher to review our initial planning for our Psychiatric Emergency Department. Dr. Thrasher is the Clinical Director for Milwaukee County's Psychiatric Emergency Department. Significant policy work continues to look at innovative ways to reduce diversions, medical clearance demands, and upgrading the availability and depth of stabilization services.

2021 Board 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	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three counties	Legacy agreements are in place. The updated base Lease Agreement for Marathon County is near finalization. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Jan-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute report completion and community engagement will continue to be on hold into 2021 due to COVID-19.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted Diversity, Equity, and Inclusion Plan	An internal employee directed committee will be formed to develop recommendations and a plan to the Board in 2021.	Open												
Annual Review of Board Policies	Board	Jan-21	Board reviews and approves all Board Policies by December 31	Ongoing, policies are distributed across the 2021 calendar.	Open												
Approve Training Plan for Counties	Board	Jan-21	Conduct quarterly stakeholder meetings with each of the three county partners	CEO is working to setup quarterly stakeholder meetings with each of the three county partners to provide program updates and seek feedback on service needs.	Open												
CEO Appraisal	Executive Committee	Jan-21	Executive Committee reviews appraisal with CEO														
Annual Report	Board	Mar-21	Annual Report released and presentations made to County Boards														
Accept the Annual Audit	Board	Apr-21	Acceptance of the annual audit by the NCCSP Board in April														
County Fund Balance Reconciliation	Board	Apr-21	Fund balance presentation and Adoption by NCCSP Board														
Determine Budget Guidelines and Priorities	Executive Committee	Apr-21	Budget guidelines and priorities of the member Counties are communicated to the Board by June 1st														
Nomination and Election of Board Officers	Board	Apr-21	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May														
Recommend Annual Budget to Counties	Board	May-21	Budget recommendation to the Counties by October 1st														
Annual Review of Board End Statements	Board	May-21	Adoption of End Statements with any modifications by June 1st														
Selection of Independent Certified Public Accounting Firm	Executive Committee	May-21	Engagement Letter approved by Executive Committee by October 1st														
Evaluate NCCSP Board Effectiveness	Board	Aug-21	Conduct annual review of the effectiveness of Board's Policy Governance Model and provide recommendations to the Board														
Review and Approve Policy Governance Manual	Board	Aug-21	Approve Policy Governance manual at the September Board meeting														
Review and Approve Board Development and Recruitment Plan	Governance Committee	Aug-21	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board														

2021 Board Work Plan

<u>Objective</u>	<u>Accountability</u>	<u>Start Date</u>	<u>Measure(s) of Success</u>	<u>Interim Updates</u>	<u>Status</u>	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>Apr</u>	<u>May</u>	<u>Jun</u>	<u>Jul</u>	<u>Aug</u>	<u>Sep</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Review and Approve Performance Standards	Executive Committee	Sep-21	Adopt Annual Performance Standards														
Approve Annual Quality and Safety Plan	Board	Oct-21	Approve plan in December														
Review CEO Succession Plan	Board	Oct-21	Review and update CEO succession plan														
Review and Approve CEO Compensation Plan	Executive Committee	Nov-21	Approve CEO Compensation Plan for the upcoming year by December														
Approve Utilization Review Plan	Board	Nov-21	Approve plan in December														
Board Development Plan and Calendar	Governance Committee	Nov-21	Approve Board Development Plan and Calendar for the upcoming year at the December meeting														

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%	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%	75.7%	75.7%	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%	89.0%	87.7%	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%	31.1%	11.8%	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%	9.1%	13.5%	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	0.70	0.74	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	4.07	3.26	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226	243	203	242	219	265	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	6.88	5.48	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	7.43	11.11	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%	17.2%	18.6%	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%	0.83%	1.18%	/
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

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

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.

SERVICE

Patient Experience	Press Ganey - Likelihood of your recommending this facility to others Mean Score
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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. <i>Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative</i>
Nursing Home Readmission Rate	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)</i>
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.

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.

FINANCE

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.

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%	75.7%
	Service	Patient Experience	↗	81.0	/	81-83%	87.7%
	Quality	Hospital Readmission Rate	↘	11.9%	/	10-12%	11.8%
		Nursing Home Readmission Rate	↘	11.4%	/	10-12%	13.5%
		Nursing Home Star Rating - MVCC	↗	★★	/	★★★★	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★	/	★★★★	★★★
		Zero Harm - Patients	↘	0.64	/	Monitoring	0.74
		Zero Harm - Employees	↘	3.60	/	Monitoring	3.26
		Out of County Placements	↘	320	/	220 per month	265
		Hospital Length of Stay (Avg Days) - NCHC	↘	5.86 Days	/	Monitoring	5.48
	Hospital Length of Stay (Avg Days) - Diversions	↘	7.45 Days	/	Monitoring	11.11	
	Community	No Show Rate	↘	12.9%	/	8-10%	18.6%
		Hospitalization Rate	↘	/	/	Monitoring	1.18%
	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%	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Clubhouse	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	75.0%
	Service	Patient Experience	↗	81-83%	93.7%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$652 - \$978 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Community Treatment	People (88/4)	Vacancy Rate	↘	7-9%	2.6%
		Retention Rate	↗	82-84%	82.8%
	Service	Patient Experience	↗	81-83%	89.4%
	Quality	Zero Harm - Patients	↘	Patients	0.12
		Zero Harm - Employees	↘	Employees	3.26
	Community	Hospitalization Rate	↘	Monitoring	1.34%
	Finance	Net Income	↗	\$21,802 - \$32,703 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Crisis & CBRF	People (34/3)	Vacancy Rate	↘	7-9%	8.2%
		Retention Rate	↗	82-84%	69.4%
	Service	Patient Experience	↗	81-83%	83.7%
	Quality	Zero Harm - Patients	↘	Patients	16.69
		Zero Harm - Employees	↘	Employees	3.26
	Community	Hospitalization Rate	↘	Monitoring	2.41%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Hospital	People (48/2)	Vacancy Rate	↘	7-9%	16.1%
		Retention Rate	↗	82-84%	66.7%
	Service	Patient Experience	↗	81-83%	82.6%
	Quality	Hospital Readmission Rate	↘	10-12%	11.8%
		Zero Harm - Patients	↘	Monitoring	5.33
		Zero Harm - Employees	↘	Monitoring	3.26
		Out of County Placements	↘	220 per month	265
		Hospital Length of Stay - NCHC	↘	Monitoring	5.48
		Hospital Length of Stay - Diversions	↘	Monitoring	11.11
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MMT	People (0/0)	Vacancy Rate	↘	5-7%	5.6%
		Retention Rate	↗	82-84%	82.4%
	Service	Patient Experience	↗	81-83%	84.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.26
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Outpatient	People (21/4)	Vacancy Rate	↘	7-9%	12.6%
		Retention Rate	↗	82-84%	71.4%
	Service	Patient Experience	↗	81-83%	89.5%
	Quality	Zero Harm - Patients	↘	Monitoring	0.30
		Zero Harm - Employees	↘	Monitoring	3.26
	Community	No Show Rate	↘	8-10%	20.2%
		Hospitalization Rate	↘	Monitoring	0.81%
Finance	Net Income	↗	\$5,774 - \$8,661 per month	TBD	

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Psychiatry	People (20/0)	Vacancy Rate	↘	5-7%	2.0%
		Retention Rate	↗	82-84%	86.7%
	Service	Patient Experience	↗	81-83%	77.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	3.26
	Community	No Show Rate	↘	8-10%	16.5%
		Hospitalization Rate	↘	Monitoring	1.07%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Day Services	People (30/0)	Vacancy Rate	↘	7-9%	0.4%
		Retention Rate	↗	82-84%	86.3%
	Service	Patient Experience	↗	81-83%	98.2%
	Quality	Zero Harm - Patients	↘	Monitoring	1.03
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Group Homes	People (26/4)	Vacancy Rate	↘	7-9%	10.1%
		Retention Rate	↗	82-84%	69.2%
	Service	Patient Experience	↗	81-83%	95.1%
	Quality	Zero Harm - Patients	↘	Monitoring	1.06
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Services	People (29/3)	Vacancy Rate	↘	7-9%	11.9%
		Retention Rate	↗	82-84%	97.4%
	Service	Patient Experience	↗	81-83%	92.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.93
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Aquatic	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	90.9%
	Service	Patient Experience	↗	81-83%	98.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.13
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MVCC	People (147/17)	Vacancy Rate	↘	7-9%	11.4%
		Retention Rate	↗	82-84%	70.7%
	Service	Patient Experience	↗	81-83%	87.1%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	13.6%
		Nursing Home Star Rating - MVCC	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	0.97
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pine Crest	People (133/20)	Vacancy Rate	↘	7-9%	9.7%
		Retention Rate	↗	82-84%	72.0%
	Service	Patient Experience	↗	81-83%	81.7%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	12.2%
		Nursing Home Star Rating - Pine Crest	↗	★★★★	★★★
		Zero Harm - Patients	↘	Monitoring	1.84
		Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Housekeeping and Laundry	People (39/4)	Vacancy Rate	↘	7-9%	8.2%
		Retention Rate	↗	82-84%	70.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Nutrition Services	People (45/3)	Vacancy Rate	↘	7-9%	8.9%
		Retention Rate	↗	82-84%	58.5%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Business Operations	People (10/1)	Vacancy Rate	↘	5-7%	2.5%
		Retention Rate	↗	82-84%	88.9%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Human Resources	People (6/0)	Vacancy Rate	↘	5-7%	1.4%
		Retention Rate	↗	82-84%	80.0%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Informatics	People (15/0)	Vacancy Rate	↘	5-7%	2.7%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Marketing & Communication	People (4/0)	Vacancy Rate	↘	5-7%	1.7%
		Retention Rate	↗	82-84%	83.3%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	TBD

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	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Access Services	People (19/1)	Vacancy Rate	↘	5-7%	1.4%
		Retention Rate	↗	82-84%	75.0%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Financial Services	People (13/0)	Vacancy Rate	↘	5-7%	0.6%
		Retention Rate	↗	82-84%	92.3%
	Quality	↘	Monitoring	3.26	
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	TBD

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pharmacy	People (11/0)	Vacancy Rate	↘	5-7%	0.8%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	3.26
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	TBD

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	3.26
	Finance	Net Income	↗	\$720 - \$1,080 per month	TBD



North Central Health Care

Person centered. Outcome focused.

Dashboard Executive Summary

January 2021

Organizational Dashboard Outcomes

People

❖ **Vacancy Rate**

The Vacancy Rate target range for was 7.0-9.0%. We were within our vacancy target for the month of December at 8.3% and ended the year at an average of 7.9%. We hired 360 employees in 2020.

❖ **Employee Retention Rate**

The Employee Retention Rate target range for 2020 was 82.0 – 84.0%. In 2020 we ended the year at 75.7%, 6.3% below target. Turnover was impacted by COVID-19 and competitive wage inflation from other similar employees in our market. In 2021, managers in high turnover areas will be required to develop specific action plans to target turnover. Additionally, results of the employee engagement survey will be shared with Senior Management in February with action planning to occur immediately after.

Service

❖ **Patient Experience**

Our Patient Experience target was 81-83%. We measured patient experience via mean score of responses to the question, "Likelihood of recommending this facility to others." For the month of December, we exceeded our target at 89.0% wrapping up 2020 at YTD rate of 87.7%, far exceeding our target. For 2021, we will be diving deeper into patient experience, through evaluation of our survey methodology to increase the number of surveys returned, acting upon real-time comments and data.

Quality

❖ **Hospital Readmission Rate**

The Readmission Rate is the 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. December's readmission rate was significantly over target, at a rate of 31.1%, up from 6.1% in November. Overall, this is impacted by admissions volumes being down. In reviewing specific patients included in the numbers, it was found that several were monitored by Linkage Services only at time of readmission. The Adult BHS Acute Care team will work with our linkage services providers and partnering programs to work toward solutions for better assessment and quicker service connection for high-risk patients. In addition, leadership will work with providers on reviewing readmission cases as appropriate.

❖ **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 December between the two facilities was a readmission rate of 15% 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 MVCC overall rating is a 3 star as of December. 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**

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.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization meaning that we do not set a target, instead we monitor trending data. 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 December, our rates decreased slightly at 0.70 leading to a YTD rate of 0.74 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. A primary driver in 2020 was the increase in the number of suicide attempts.

❖ **Zero Harm – Employees**

2020 finished with an average of 3.26 employee 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**

The December Out of County Placement days met target, with 219 days. The year-end performance did not meet target, with an average of 265 days monthly. Despite not meeting target, we achieved a reduction of average days per month of over 60 days per month. Populations of patients typically diverted are geriatric patients (psychiatry care for this population tends to be significantly more complex); patients from the jails/community with severe dangerousness; patients with medical complexity. A goal for 2021 is to work with providers on decreasing incidences of unnecessary No Roommate status for patients in our hospital, as this has continued to be a contributing factor to patients being diverted elsewhere.

❖ **Hospital Length of Stay – NCHC**

Hospital length of stay remains appropriate at an average of 5.48 days YTD. The average length of stay for December was 6.88.

❖ **Hospital Length of Stay – Diversions**

Diverted patients had an average Length of Stay (LOS) of 11.11 days in 2020. December diversions averaged 7.43 days for LOS. The December average was far more desirable, and the diversion team will continue to work toward decreasing overall diversions through managing our own hospital bed availability with increased collaboration with accepting providers and our inpatient care team, transfers back to our hospital when bed availability allows, and working with diversion facilities to ensure lengths of stay are not beyond appropriate lengths for each patient's presenting needs.

Community

❖ **No-Show Rate (OP/Psychiatry)**

The No-Show Rate is reflective of the percentage of daily same day cancellation and no-show rate for outpatient counseling and psychiatry patients. The target established for 2020 was 8-10% with December being 17.2% leading to a YTD rate of 18.6%. The process improvement changes that were implemented in October related to the No Show procedure have resulted in an improvement in the no show rate. We'll continue to monitor and adjust based on the data.

❖ **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 December, we saw the rate decrease to the lowest of 2020 at 0.83% leading to a YTD rate of 1.18%.

Finance

❖ **Direct Expense/Gross Patient Revenue**

Year End Preliminary financials are still being compiled.

❖ **Indirect Expense/Direct Expense**

Year End Preliminary financials are still being compiled.

❖ **Average Cost Per Day**

Year End Preliminary financials are still being compiled.

❖ **Net Income**

Year End Preliminary financials are still being compiled.

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.

Financial items are not addressed in this month's report as year-end preliminary financials are still being compiled.

Behavioral Health Services Programs

❖ **Clubhouse:**

- Retention Rate: Target is 82-84%. For 2020 we ended the year at 75.0%. Clubhouse continued to have a vacancy that was help open intentionally that contributed to this rate.

❖ **Crisis & CBRF**

- Retention Rate: The Retention Rate for Crisis and CBRF is 69.4% at year end. % YTD. One need identified was for additional clinical support, and one budgeted FTE was converted to a Clinical Coordinator position for 2021. The Crisis and CBRF managers are receiving additional guidance and support on an initiative to improve both communications to staff and staff support measures.

❖ **Hospital**

- Vacancy Rate: The vacancy rate continued to see a positive shift into the end of the year, with a rate within target for December at 3.4%. The year-end rate was well above target, at 16.1%. There has been a positive shift in the hospital vacancy rate, with a November and December 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.
- Retention Rate: The hospital retention rate has remained under target, at with a year-end average of 66.7%. A new Nurse Manager began employment on January 11, 2021 and will work with the Director of Nursing and Adult BHS Director to improve employee retention rates. Identified opportunities for improvement are more well-developed role training for unit RN, LPN, and Charge Nurse roles; consistent and clear communication to the team; improvement of workflows.

❖ **Medically Monitored Treatment (MMT)**

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

❖ **Outpatient**

- Vacancy Rate: The vacancy rate for December were 19.8% and the target is 7-9%. We're working with a recruiting agency to find applicants to fill open positions that should positively improve this measure.
- Retention Rate: The retention rate December is 71.4% with the target of 82-84% leading to a YTD rate of 71.4%. We are awaiting the results of the organization employee engagement survey to identify areas of opportunity to positively impact this measure.
- No Show Rate: The target is 8-10%, with December being 17.5%, leading to a YTD rate of 20.2%. December was the lowest no show rate for 2020. The no show policy and procedure will continue to be followed as the implementation is showing positive outcomes.

❖ **Psychiatry**

- Patient Experience: The target is 81-83% with December's rate being 75.0% which is a decrease from the previous two months. The overall YTD average came in at 77.4%. We had a low survey return this month. Survey administration methodology is being evaluated with the goal of increasing return rates for 2021.
- No-Show Rate: The target is 8-10%, with December being 16.9% resulting in a YTD rate of 16.5%. December data is trending downward, and that trend is continuing so far in January. The no show policy and procedure will continue to be followed as the implementation is showing positive outcomes.

Community Living Operations

❖ **Residential Group Home**

- Vacancy rate: Vacancy rate continues off target with a rate of 15.8% in December. For 2020 we were off target by 1.1%. The main cause for the higher vacancy rate is difficulty in recruiting new employees. We were able to hire three new employees that joined our organization in early January, so we anticipate this number to be on target to begin 2021.

❖ **Residential Services**

- Vacancy Rate: Vacancy rate was off target by 1.1% for December with 2020 ending at 2.9% off target. Residential services experienced 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.

Nursing Home Operations

❖ **Aquatic Services**

❖ **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: Our retention rates fell below target at 70.7% for December with the YTD being at 70.7%. MVCC had 2 resignations for the month of December. This was related to an RN having a career change and a CNA not able to physically complete the job. 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 December showed a 15% readmission rate with the YTD being at 14.5% which is above target. The rate was lower than the previous months and was related to cardiac issues, DVT and a femur fracture. Two of the three residents admitted to the hospital have since passed. No trends or patterns were noted related to these acute care transfers and there were all unavoidable. 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.

❖ **Pine Crest Overall**

- **Vacancy Rate:** Programs year-end experienced vacancy rate was 9.7%, which slightly exceeded the target of 7-9%. Program continues to meet with the recruitment team monthly to determine avenues to improve applicant flow. The ability to coordinate the C.N.A. program at Pine Crest has been re-approved by the state, which we are looking to assist with decreasing the nursing assistant openings.
- **Retention Rate:** Year-end experienced retention rate was 72% on a target of 82-84%. Nine employees left during the month: one to pursue opportunities outside of healthcare; three related to school conflicts; two retirements; two related to performance concerns; and one to pursue an opportunity in the hospital system. Program continues to coordinate a monthly employee appreciation committee to assist with improving retention rates. This is addition to actively working to improve the onboarding process in Q1 of the present year.
- **Nursing Home Readmission Rate:** Program experienced a 0% rehospitalization rate for the month of December. This resulted in an annual rate of 12.2%, which slightly exceeded target of 12%. Program continues to meet monthly to look at opportunities for further improvement.
- **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.

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 had a retention rate of 70% in 2020. With 2021 metrics changing to turnover leadership will continue to focus on retaining our current workforce.

❖ **Nutrition Services**

- **Retention Rate:** Nutrition Services retention rate remains off target with a 58% retention rate for 2020. 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.

❖ **Patient Access**

- **Retention Rate:** Patient access retention rate was off target for the year at 75%. The rate dropped 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. Overall, the staff are much more engaged with our weekly WebEx huddle. We are going through training and cross coverage 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	Sep	Oct	Nov	Dec
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)	93.8% (60/64)	98.6% (73/74)	96.0% (24/25)	91.0% (50/55)
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 (1291/4)	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)	67.5 days (1553/23)	117.8 days (2002/17)	58.3 days (1107/19)	74.1 days (1481/20)
Community Treatment	COMMUNITY	Hospitalization rate of active patients	/	↘	1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%	0.82%	1.23%	0.95%	1.09%	1.38%
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%	58.0%	58.0%	56.0%	43.0%
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)	37.5% (12/32)	32.1% (9/28)	33.3% (10/30)	15.4% (6/39)
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)	14 diversions (8.9 days)	9 diversions (10.2 days)	5 diversions (5.3 days)	7 diversions (7.4 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%	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%	57.2%	59.4%	58.9%	58.9%
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%	56.9%	64.4%	65.4%	50.0%
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%	88.2%	73.9%	66.7%	82.4%
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%	79.3%	96.2%	91.8%	98.6%
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)	57.1% (4/7)	66.7% (2/3)	50.0% (2/4)	100.0% (1/1)
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)	96.4% (27/28)	96.2% (25/26)	100.0% (22/22)	96.4% (27/28)
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)	100.0% (28/28)	100.0% (26/26)	95.4% (21/22)	100.0% (28/28)
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)	100.0% (28/28)	100.0% (26/26)	100.0% (22/22)	100.0% (28/28)
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	1.51 to 1	1.84 to 1	1.29 to 1	0.97 to 1
Hospital	QUALITY	Average days for initial counseling appointment post-hospital discharge (Shared with OP)	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	9.6 days	17.1 days	21.0 days	29.3 days
Hospital	QUALITY	Average days for initial psychiatry appointment post-hospital discharge (Shared with OP)	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	14.2 days	12.3 days	10.0 days	13.4 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	281.2 days	123.4 days	471.7 days	221.4 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)	0.0% (0/12)	10.0% (1/10)	00.0% (0/5)	00.0% (0/6)
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	1.20 to 1	1.50 to 1	1.47 to 1	2.03 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	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	N/A	N/A	N/A	N/A
Outpatient	QUALITY	Average days for initial counseling appointment post-hospital discharge (Shared with IP)	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	9.6 days	17.1 days	21.0 days	29.3 days
Outpatient	QUALITY	Average days for initial psychiatry appointment post-hospital discharge (Shared with IP)	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	14.2 days	12.3 days	10.0 days	13.4 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%	10.9%	8.8%	12.6%	14.9%
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%	0.0%	4.2%	12.5%	12.5%
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	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 (1)	N/A	N/A	N/A	N/A	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%	1.10%	0.89%	0.69%	0.52%
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%	18.7%	20.7%	20.5%	17.5%
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%	8.7%	15.8%	23.5%	21.7%



PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Kimberly Hoenecke, DO. Appoint/Reappoint 03-01-2021 to 02-28-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Contract
Locum Agency: Jackson + Coker
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: _____

[Signature]
(Chief Medical Officer or Designee Signature)

1/13/21
(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. A. [Signature] Dileep Borra MD
(MEC Committee or Designee Signature)

1/21/21
(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 APPOINTMENT RECOMMENDATION

Appointee Gbolahan D. Oyinloye, MD. Appoint/Reappoint 03-01-2021 to 02-28-2023
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Locum Agency: Daily Care
 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: _____

_____ 1/13/21
 (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. H. Dilip Borra MD 1/21/21
 (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)



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PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Tiffany A. Pluger, APRN Appoint/Reappoint 03-01-2021 to 02-28-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Locum Agency: _____
 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: _____

[Signature]
(Chief Medical Officer or Designee Signature)

1/13/21
(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. A. Dilcep Borra MD
(MEC Committee or Designee Signature)

1/21/21
(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)



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PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Susan Brust, APNP Appointment Period 04-16-2020 to 11-30-2021
 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 Contract
 Locum Agency: _____
 Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

_____ Privilege Reason: _____

Category Reason: Ending of 1-year provisional period on 01-30-2021

_____ Type Reason: _____

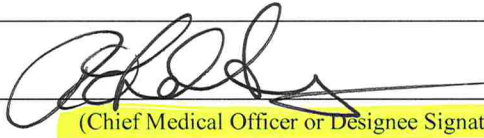


PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

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: _____



(Chief Medical Officer or Designee Signature)



(Signature Date)

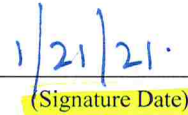
MEC ACTION

MEC recommends that:

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



(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)

MEMORANDUM

DATE: January 21, 2021
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly Chief Financial Officer Report

The following is an update regarding the financial programs at North Central Health Care and progress related to closing the 2020 fiscal year.

1) Accounting

- November 20, Kim Wieloch, Director of Business Operations, left NCHC for a new opportunity with Marathon County.
- In recruiting for her replacement, the program name was changed from Business Operations to Accounting and the position to Director of Accounting. The objective was to present a job title that was clear to candidates. The change also more accurately reflects the work of the program.
- Mid-December, Chad Karsnia, Accountant, also submitted his resignation for an opportunity outside of the accounting field.
- January 11, NCHC's new Director of Accounting, Bobby Splinter, CPA, joined us. He's hit the ground running and is already proving an asset to the organization.
- Bobby and I are currently sharing the workload for the Director and Accountant positions. We will begin recruiting for Chad's replacement.
- Wipfli and Kim Heller, NCHC's audit firm and partner, are aware of the staffing changes and we are meeting frequently for discussions.

2) 2020 Financial Close

- The Accounting team is making progress toward completing the financial close for 2020. This work is slower than in prior years due to the turnover of the program. This has impacted our ability to close the year end preliminary financials.
- We continue to work closely with Wipfli and Kim Heller as we close the year. Wipfli will be providing additional support in a few key areas during the audit including regarding fixed assets and depreciation, incorporation of Pine Crest's beginning balances into the NCHC balance sheet, and Provider Relief Funding.

3) Revenue Cycle

- Tammy Buchberger, Director of Patient Financial Services, has been diligently managing the process of moving our payer contracts to the Aspirus Network for several months. This is going well; issues are being addressed as they occur.



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MEMORANDUM

DATE: January 2021
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 just over the midpoint. The last interviews will occur on Feb 10th. Again, we expect to interview and rank just under 30 applicants from the pool of nearly 700 which applied for our 3 residency positions. We are happy to report a majority of interviewees have strong ties to central or rural Wisconsin.
- Student Doctor Krysten Rutzinski was the first medical student to rotate through our new Youth Behavioral Health Hospital. We expect similar rotators for many years to come.
- MCW and NCHC are working to provide the framework for resident moonlighting within the NCHC system. This will provide a number of benefits to both the psychiatry residents and NCHC as well as assist with recruitment for both.
- Our first monthly Faculty Development activity was held earlier this month and will continue in February with a presentation on medical learner evaluation, expectations, and mentorship.

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

- Dr. Pelo is settling into his new position as Outpatient Clinical Director. He has been active in engaging therapists in supervision (decreasing our need for supervision from outside organizations), providing guidance on future paths for developing our own talent, and identifying new evidenced based programming.
- AODA group therapy, an important aspect of care missing from NCHC, and the region for much of the pandemic, has been restarted as of this month.

- Planning for the reopening of MMT is underway with a deep dive into the newly released reimbursement options provided by Wisconsin.
- Development of a Vivitrol clinic is being planned to coincide with the reopening of MMT.
- With the recently announced removal of the X-waiver requirement, all psychiatrists will now be able to provide suboxone without adjustment to their base DEA license. This will provide further support to the recovery community of NCHC.
- Our no-show policy revision is being felt as patients with a number of no-shows continue to be transitioned to the open access clinics. Of particular note, Dec had the lowest total number of therapy no-shows of 2020. The downward trend continues with the first two weeks of Jan ending with 15% and 13.5% respectively.
- Carrie Salyers, the NCHC Coding and Documentation Specialist, has created a new guide for providers to navigate the new 2021 E&M coding guidelines which allow for greater inclusion of chart review and documentation time.

MEMORANDUM

DATE: January 20th, 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:** As we welcome in the new year our campus renovation project continues to progress ahead. In early January the drawings for renovations to the D-Wing which includes Crisis Center, MMT, Adult Behavioral Health Hospital, and Behavioral Health Services Administration were approved with construction anticipated to begin in late Q1. The nursing tower now has drywall on 1st and 2nd floors with finalization of furniture and equipment to occur in Q1. For a reminder the nursing tower will have 96 skilled nursing beds as well as therapy services, food services, life enrichment services, and community space. The nursing tower is anticipated to be completed in Q3 of 2021.
- Skilled Nursing Operations:** Vaccinations have begun in both of our skilled nursing facilities. Mount View Care Center & Pine Crest Care Center partnered with Walgreens to administer vaccinations of Moderna to both residents and employees. We were extremely pleased with the first-round turnout for both staff and residents in both facilities. Another round of vaccinations will occur in early February and again in early March. Outside of vaccinations outbreaks have been limited and census is recovering with Pine Crest largely exceeding Medicare targets and with Mount View moving in the right direction. NCHC continues to operate incident command to help lead these facilities through resuming normal operations as safely as possible and with alignment for our communities.
- Youth Hospital:** We've now entered our first full year of anticipated operations in our Youth Hospital and have already achieved our census target multiple times in January. We do see significant fluctuations in need of Youth Hospital services throughout our community with census peaks and lows occurring frequently throughout the month.
- Community Living:** Residential Services recovered quickly from Covid-19 and none of our communities are currently in outbreak. This quick recovery is largely attributed to program level leadership practices as well as unified communication and direction from incident command. Our Adult Day Services and Prevocational Programs are experiencing a slower recovery time in large part due to community spread of Covid-19 taking time to decrease as these programs rely heavily on active community members. We anticipate recovery will take all of Q1 and may lead into early Q2 depending on community spread for all three of the counties we operate in.

5. **Covid-19 Screening & Support:** We are pleased to announce that for almost two months we've been able to screen all employees and visitors without additional staffing or support. Through our automated screening process, we've also experienced efficiencies with screening times as well as reduced contacts between staff when entering and exiting our facilities. Throughout the pandemic we've tracked the number of employees out on a given day and this number peaked in October with numbers exceeding 100 employees out per day. For January the number of employees out per day has been reduced to 16 which can be attributed to infection control practices in our facilities as well as staff commitment to being safe in our communities.

6. **Workforce Status Update:** The healthcare industry was significantly impacted by Covid-19 with one of the largest impacts, workforce being largely under reported. NCHC was not excluded from this impact with 2020 being our most challenging year to date for recruitment and retention. We anticipate this challenge to continue through Q1 of 2021 with minor improvements occurring each month. With these projections continuing to show a challenging year, NCHC has focused on training and developing managers to recruit talented and right fit employees while also fully retaining our current workforce. A metric that was changed for the 2021 dashboard was retention, this metric was replaced with turnover. A large part for the reason for change was benchmarking as industry standards measure turnover as a metric versus retention. The secondary reason for the change was real time data for our managers to be able to see all turnover occurring in their programs as first year turnover is critical. We will be closely watching the turnover metric in 2021 and look forward to the positive impact this metric will have on our workforce.



North Central Health Care
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MEMORANDUM

DATE: January 21, 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:

Program Updates:

Infection Prevention and Control

Vaccination Program Updates: NCHC has 3 ways in which staff, residents, and clients can receive the COVID-19 Vaccine. Our goal is to vaccinate at least 80% of our NCHC staff.

- NCHC internal vaccination clinics- Open for all staff
- Long-term Care facilities- Partnered with Walgreens
- Residential Services- Partnered with CVS
- To date, 479 employees have received the vaccine which is 51% of our employees.
 - Vaccine considerations:
 - Number of occasional staff that may have received their vaccination with their primary employer. Working on gathering that data.
 - Additional vaccination clinics are scheduled to provide additional opportunities for our staff and residents.
 - Staff have until 2/28/21 to provide proof of vaccination or declination to meet our vaccination program requirements.
- The Infection Control and Prevention team rolled out their 2021 Prevention Initiative to continue to reduce adverse events and break the chain of infection.

Below are some of the areas of focus for our organization to standardize workflows across NCHC.

- Proper hand washing- Hand hygiene campaign
- Appropriate use of PPE- COVID standard and enhanced precautions
- Appropriate use and reprocessing or reusable equipment
- Education on new facility-wide signage (Foam In and Foam Out, New Contact Precautions Signage, Cleaning Matrix, Badge Buddy)
- Training of unit specific staff and leadership to collect data for IPC Performance Audits and report to Infection Prevention.
- Owner and accountability shifted to department leadership- follow up and corrective action as appropriate.

Education Program

Our nursing education program is in full swing and making some great progress. In collaboration with our learning and development team, they have implemented changes to our new hire orientation training to ensure that all staff are better prepared when they arrive to their respective departments. For example, staff hired into nursing or direct care roles now attend additional skills training days that first week. We will continue to adjust and make improvements to our on-boarding to ensure all staff have appropriate training and support.

Behavioral Health Services

Teri Ryan RN joined our team this month as the Nurse Manger for the Adult Inpatient Unit. The team is looking forward to gaining traction in many areas that will ultimately improve patient outcomes and satisfaction.

Clinical Excellence and Quality

- Continued focus towards finalizing an organizational falls program. This will be complete by 3/31/21 and rolled out to all appropriate clinical areas.
- Working on standardizing our survey preparedness process which would provide mock tracers and audits for all clinical areas of the organization.



North Central Health Care

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MEMORANDUM

DATE: January 18, 2021
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:

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 Cerner 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 influenced the proposed timeline.

When I last reported updates in October, I shared we were planning to host Cerner on-site for a Future State Workflow Review event. The outcome of that event proved to be extremely valuable in uncovering workflow gaps and complexities, which translated 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 factors, a joint decision was made to adjust the timeline.

NCHC concluded that accelerating the planned implementation of PharmNet as part of a later phase of the original implementation was not feasible, risk for clinical safety issues could be addressed best addressed by implementing now. PharmNet improves medication ordering, verification, and administration safety measures. Unfortunately, implementing PharmNet now will extend our initial implementation timeline, which is currently under review.

System Build and Validation

Data collection gathering has wrapped up for core areas and our Cerner consultants have begun to transition our conversations to system build and validation. NCHC and Cerner teams will collaborate to complete system configuration and testing/validation post training environment refresh.

- Cerner Consultants (e.g., Clinical, Core, Patient Accounting/Finance, and Registration/Scheduling) are building out our training environment and regularly seek clarification/feedback from our IMS team to confirm understanding during this iterative process.
- Consultants added for Transaction Services, Health Information Management, and Pharmacy (PharmNet).
- A Project “Issue” Tracking process implemented for Cerner and NCHC to monitor progress towards resolving break/fix scenarios, identifying solutions for workflows, and/or answering feature/functionality questions recorded during the Future State Workflow event and follow-up testing.
- An internal Super User “Kick Off” meeting held, in advance of the Future State Workflow Review event, to review the importance of the Super User role in the implementation and set the stage for expectations/involvement moving forward.

Super User Training

IMS, Super Users, and department leaders will walk through all registration, scheduling, patient accounting, pharmacy, and other workflows in the system. Super Users receive training on the solution’s best practice workflows, as seen in the Future State Workflow Review event, to prepare them to lead End User training.

- Super Users and their respective Directors completed Super User Participation Agreements to highlight the knowledge, skills, abilities, and traits needed to be a successful Super User.

Integration Testing & Data Migration

Teams will test and confirm data flows between integrated system as expected and successfully migrate applicable data from legacy system (TIER) to Cerner Millennium.

- Demographic, Encounter, Allergy, and Medication data migrated into the Cerner Training Domain, for a small group of patients from the legacy system, for the IMS team to validate.
- Expand to a larger data sample to further validate before moving into a full-scale data migration test.

End User Training

Cerner collaborates with NCHC on the development of End User training plans. Super Users deliver End User training to staff to prepare them for using Cerner Millennium. End Users are required to receive training prior to using the system.

Conversion Prep & User Training

Information Management Systems (IMS) receives User Management training to support and manage user accounts. Cerner will provide the IMS team the knowledge/tools to perform system maintenance tasks and prepare the production environment, staff, and devices for Go Live. Overall readiness assessment for Go Live event conducted.

Go Live

Teams will begin using Cerner Millennium to register and schedule patients who need to receive care on or after the Go Live date and ensure all needed information is available in the new system. Once fully prepared for Go Live, all staff will begin registering, scheduling, charting, and completing all day-to-day tasks in Millennium.

Post Launch Health Checks


At 30-, 60-, and 90-days post Go Live, Cerner and the NCHC team will evaluate/document End User and organizational satisfaction, gather opportunities for improvement based on feedback/usage metrics, and as needed, establish short and long-term action plans.

Information Management System (IMS) Update:

The team is working hard on the Cerner implementation. Over the last month we kicked off PharmNet the new pharmacy solution; Integrations for Aspirus Labs; and Transition Services which will automate insurance eligibility and appointment reminders. The team continues to do validation and testing on the workflows and data migration.

Health Information Management (HIM) Update:

The HIM team was able to complete the nursing home chart gleaning and all the backlog charts are now scanned. The teams were also able to destroy 1,313 additional charts in December which bring a grand total of 5,464 charts for 2020.

Policy Title: Purchasing & Procurement	 North Central Health Care <small>Person centered. Outcome focused.</small>
Policy #: 300-xxx	Program: Business Operations 300
Date Issued: 09/21/2020	Policy Contact: Director of Accounting

Related Forms & Manuals

Purchase Order Form (available in the Purchasing area)
Purchasing Procedure Manual

1. Purpose

The purpose of the policy is to maintain a consistent ordering procedure for all NCHC programs and to utilize buying groups providing competitive pricing for NCHC and to ensure all purchases are approved by the correct individual within each program. NCHC's goal is to achieve an effective and efficient procurement of goods and services that are consistent with quality and delivery needs at the lowest possible cost.

2. Policy

Fair and open competition is a core principle of public procurement and inspires public confidence that goods and services are procured equitably and economically. Documentation of the acts taken and effective monitoring mechanisms are important means of avoiding improprieties and establishing public confidence in the procurement process. It is the duty of all NCHC staff to maintain the public trust by adhering to NCHC standards of professional conduct and ethical behavior. All NCHC personnel are responsible for maintaining the integrity of the procurement process and will be held accountable for actions taken that do not conform to the established procurement process.

3. Application

This Policy applies to all contracts for the procurement of supplies, services, and construction, entered into by NCHC and to every expenditure of public funds by NCHC for public purchasing irrespective of its source. It also applies to any sale or other disposition of public property by NCHC.

When the procurement involves the expenditure of federal or state assistance or contract funds, the procurement shall be conducted in accordance with any applicable mandatory federal or state law and regulation not reflected in this Policy. Nothing in this Policy shall prevent NCHC from complying with the terms and conditions of any grant, gift or bequest consistent with law.

4. Program Specific Procedures

4.1. Budget limitations are to be considered on all purchases. When making purchases, NCHC employees are required to act in the best interests of the organization. No staff member shall benefit in a personal manner as a result of any purchase made by NCHC.

- 4.2. The purchasing function is responsible to ensure that purchases of materials and equipment are obtained at prices that are most beneficial to the organization.
- 4.3. Chief Financial Officer must be notified of all rebates, which are considered revenue to the institution. The Chief Financial Officer will be responsible for monitoring all rebates and vendor incentives. Every effort will be made to include discounts into the pricing. Rebates received after the fact will be recorded into purchasing and used to offset the cost of memberships in buying groups.
- 4.4. The purchase of supplies and equipment is authorized in advance of purchase as part of the budgetary process. Program Leaders may proceed (through the Purchasing function) with purchases of routine nature provided they are budgeted. Non-budgeted or emergency items will be presented to the program's Executive for approval.
- 4.5. Executive approvals are required for all capital expenditures that are included in the budget and emergency expenditures. Chief Financial Officer and/or Chief Executive Officer approval are required for unbudgeted capital purchases.
- 4.6. When the need to dispose of NCHC assets or equipment arises, the program shall contact the purchasing area for instruction. Items may be redeployed, donated, or stored for future use. Asset identification information will be provided to the Accounting program for accounting purposes.

5. Developing Specifications

Specifications establish the design, type, quality, functional capability and performance level desired. Identify the need and key factors to fulfill the need completely. Be specific, identify grade, type, or other industry standards that must be met. It is very difficult to disqualify a poor-quality product if the specifications are vague or limited. Specifications include, but are not limited to:

- Type of construction or materials. "Product shall be stainless steel" is typically not specific enough in most cases. "Product shall be 20 gauge 304 stainless steel" is a much better specification.
- Minimum level of performance required. "High-capacity fan" is typically not specific enough in most cases. "Fan shall be 50 CFM (cubic feet per minute) minimum" is a much better specification.
- Physical characteristics, size, weight, color, shape, etc. "Lightweight design" is typically not specific enough in most cases. "Product weight shall not exceed 20 lbs." is a much better specification.
- Delivery and installation requirements. Is NCHC responsible for unloading the product from the vendor's truck? Does the product need to be unloaded by the vendor and set in a specific location? Is the vendor required to install the product?
- Quantity and packaging requirements. 1000 items loose in a box or 10 bundles of 100?
- Warranty requirements.
- Training requirements.
- This or equal quality. Identify a specific product (by manufacturer and part number) that meets all our needs and allow bidders to bid that product or an alternate product of equal quality.
- Scope of services. Include method of service delivery, onsite, online, phone, etc. Identify timeliness of service delivery, response time, lead time, time to complete project. Describe in detail what is required including outcomes desired.

Policy Title: Purchasing & Procurement

Author(s): Dejan Adzic

Owner: Chief Financial Officer

Next Review Date: 1/28/2022

Approver: NCCSP Board of Directors

6. Procurement Thresholds and Approval Levels

Micro Purchases

- Purchases up to \$9,999
- No quotation or a cost/price analysis is necessary if price is determined to be fair and reasonable.
- Purchases must be distributed equitably among qualified suppliers (to the extent practicable) For example, if two local businesses are selling identical writing utensils for \$.25 per piece, and all other factors being the same, NCHC should strive to purchase 50% of the necessary quantity from one business and 50% from the other in order to ensure equitable distribution.

Small Purchases (*Does not apply to public work improvement projects that exceed \$25,000*)

- Purchases ranging from \$10,000-\$249,999
- Price and rate quotes must be obtained from at least three (3) qualified sources. Price rate quotes must be documented in writing and retained by organization for audit and other purposes
- Final purchase must be approved by NCHC CEO.
- Purchase cannot be divided in sub-parts to lower cost below micro purchase threshold to avoid competitive bidding requirements.

Large Purchases (>\$250,000.00)

Sealed Bids

- Used when product specifications can be clearly defined
- Preferred method for construction projects
- Requires formal advertising
- Two or more bidders are willing and able to respond
- Public bid opening is required
- Award to lowest cost responsible bidder

Competitive Proposal

- Used when sealed bids method is not appropriate and award cannot be made strictly on specification or price
- Requires advertising
- Must include written method for conducting the technical evaluation
- Responses must be solicited from multiple qualified sources
- Award should be fixed price or cost reimbursable

Sole Source

- Only used in following circumstances:
 - Product and/or services is only available through a single source
 - Public exigency or emergency will not permit delay required for competition
 - Awarding federal agency has expressly authorized a noncompetitive process
 - After solicitation of number of sources, competition is deemed inadequate
- Must be documented in detail and documentation must be retained for audit and other organizational purposes.

7. Procurement Methods

The following methods are approved competitive processes to be used in the procurement process. The Chief Financial Officer should be contacted to determine the best method for a particular procurement. The Chief Executive Officer shall have the final authority on the method of procurement to be used. For procedural requirements that are applicable to the undermentioned procurement methods, the rules and procedures set forth in NCHC's Procurement Procedure Manual must be followed.

7.1. Simplified Bidding/Acquisition

"Simplified bidding" is a method of procurement used when the estimated cost of a transaction is \$249,000 or less. Simplified bidding takes place when three or more qualified suppliers are solicited to submit bids on a procurement. However, "three or more" is a minimum. The definition of "three or more" bidders is not to be used to restrict competition or to prevent qualified bidders from bidding on procurements.

7.2. Request for Bid (RFB)

A Request for Bid is an advertised solicitation that is conducted by the Purchasing Department for goods and services for \$249,000 or more and that can be defined with clear specifications.

7.3. Request for Proposal (RFP)

A Request for Proposal is an advertised solicitation conducted by the Chief Financial Officer that is used for goods and/or services that are not able to be clearly defined, outcome requirements that have multiple methods to accomplish, or for projects for which the skill or quality of the Contractor needs to be weighed with the cost. RFP solicitations are weighted and scored by an evaluation team and awarded to the highest scoring proposer.

7.4. Request for Information (RFI)

A Request for Information is a type of request used when information and pricing is not readily available for goods, professional services, specialized services or specific construction projects that require a higher degree of skill than usual. The Request for Information may be used to create a short list of vendors for either direct negotiation or bid requests.

7.5. Cooperative Purchasing/Participation in Buying Groups

NCHC may participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of goods and services. Cooperative purchases shall be made in accordance with public procurement principles of open and equitable competition. NCHC may also purchase from any other government entity without the intervention of bids (Section 66.0131 (2) Wis. Stat.). NCHC is a party to multiple cooperative purchase partnerships. The department soliciting the procurement should contact the NCHC Chief Financial Officer in order to obtain information regarding the buying groups that NCHC is a party to.

7.6. Sole Source Purchasing

The Chief Financial Officer, after approval from the Chief Executive Officer, may award a contract without competition when the Chief Financial Officer determines in writing, after conducting a good faith review of reasonably available sources, that there is only one source for the required supply, service or construction item, and when allowed by law. The Chief Financial Officer shall conduct negotiations, as appropriate, as to price, delivery, and terms. The Chief Financial Officer shall maintain a public record of sole source procurement that lists each contractor's name, the amount and type of each contract, a listing of the item(s) procured under each contract, and the identification number of each contract file.

7.7. Emergency Purchases

The Chief Financial Officer may make or authorize others to make emergency procurements of supplies, services or construction items when there exists a threat to public health, welfare, or safety, as defined by Wisconsin Statutes, provided that such emergency procurements shall be made with as much competition as is practicable under the circumstances. The Chief Financial Officer shall include in the contract file a written determination of the basis for the emergency and for the selection of the particular contractor. As soon as practicable, the Chief Financial Officer shall notify the Chief Executive Officer and make a record of each emergency procurement setting forth the contractor's name, the amount and type of the contract, a listing of the item(s) procured under the contract, and the identification number of the contract file.

7.8. Used Equipment Purchases

The purchase of used equipment from vendors when, in the discretion of the department's respective head, the purchase of said used equipment will result in considerable savings to NCHC, shall be submitted to the Chief Financial Officer or Chief Financial Officer's designee for review and approval for waiving requirements of the competitive process. Respective department head must provide written justification to Chief Financial Officer or Chief Financial Officer's designee for review and approval.

7.9. Public Work or Public Construction Projects

A public work is construction of roads, signs, or other systems carried out by the government for the use and benefit of the community. Public construction means a contract for the construction, execution, repair, remodeling or improvement of a public work or building or for the furnishing of supplies or material of any kind, proposals for which are required to be advertised for by law. Any improvement, remodel, remediation, expansion, repair, to any county owned building, utility, or fixture, has been interpreted to constitute public construction. Public contracts do not include equipment.

Wisconsin Statute § 59.52(29)(a) sets the limits on NCHC's ability to adopt its own procurement standards as they relate to public construction projects. For contracts involving public construction, all matters, negotiations, bidding procedure, etc. shall be referred to the respective County Facilities Department and County Corporation Counsel.

8. Information Technology Purchases

All requisitions and purchases for information technology (IT) equipment or software must have prior approval from the Information Services Executive and City-County Information Technology Commission (CCITC) Director. If a RFB or RFP is issued, the CCITC Director shall provide input about the compatibility and other issues related to the software or equipment prior to an award being made. This is to ensure the compatibility of the requested equipment and software with existing systems and ensure the new technology does not pose increased cybersecurity risk. The CCITC Director may waive the compatibility requirement.

9. Tied Bids

Tied bids exist when the total costs of two or more responses to a request for bid are identical. Cost totals can be carried out to two decimal points to break a tie. Tied bids do not apply to requests for proposals. If the final scores of two or more proposals are identical, the best and final offer process shall be used to break the tie. If a tie bid occurs, award may be made to the bidder offering the best additional economic benefit to NCHC such as discounts for early payment, volume discounts, more advantageous contract term, etc. If all economic benefits are equal, the Chief Financial Officer or designee and one witness may conduct and document one of the following processes to complete the award:

- If only two vendors are tied, flip a coin: Assign “heads” to the vendor whose company name is alphabetically first, and “tails” to the other vendor. Flip the coin allowing the coin to come to rest on the floor. If “heads” is up, the vendor whose company name is alphabetically first wins. If “tails” is up, the other vendor wins.
- If more than two vendors are tied, draw lots: Assign similar sized pieces of paper for each tied vendor and conduct a blind draw to select one awarded vendor. The process used and the results shall be documented on the bid tabulation.

10. Contractor/Vendor Selection

Although efforts should be made to award all contracts to the lowest cost responsible bidder whenever possible, lowest price is not always the sole consideration in determining the contractor and/or vendor best suited for meeting organizational purchasing needs. When making decisions regarding purchasing, all authorized purchasers should be cognizant of long term impacts on NCHC for any given contract and ensure that the contractor and/or vendor selected will be the highest quality and most cost efficient option for NCHC over the entire duration of the contract. For example, when one contractor/vendor has the lowest bid, but the maintenance costs over the product life cycle are significantly more than the bid price gap between two contractors/vendors, NCHC should select the contractor/vendor that provides NCHC with highest quality and best price over the contract and/or product life cycle. Other considerations include, but are not limited to, the following:

- Contractor/vendor reputation and quality;
- Product warranties and other quality indicators;
- Compatibility of product with NCHC’s systems;
- Whether staff training is offered as part of the product/service delivered or whether training and implementation will result in additional acquisition costs;
- Availability of goods/services within the required delivery time;

- Financial stability of the vendor;
- Payment terms;
- Any other factor resulting in increased value and/or decreased cost to NCHC.

11. Appeals Process

If unsuccessful bidder, offeror or contractor can show good cause as to why an award of contract was not in the best interests of NCHC, a formal protest must be filed with the Chief Financial Officer, in writing, within five (5) business days of the date of notice of award. The written notice of intent to protest must identify the Statutes or NCHC Policy provisions that are alleged to have been violated.

The Chief Financial Officer shall inform the Chief Executive Officer and conduct an investigation regarding each protest and may request information from departments or Legal Counsel when necessary. The Chief Financial Officer may also create an evaluation team to review the merits of the protest, depending on the complexity of the project.

The decision of the Chief Financial Officer may be appealed to the Chief Executive Officer within five (5) working days of issuance. The appeal must allege a violation of a Wisconsin Statute or a NCHC Policy provision.

12. Ethics in Public Contracting

Employees' Conflict of Interest

It shall be unethical for an employee to participate, directly or indirectly, in a procurement when the employee knows or should know that:

- the employee or any member of the employee's immediate family has a financial interest pertaining to the procurement; or
- any other person, business or organization with whom the employee or any member of an employee's immediate family is negotiating or has an arrangement concerning prospective employment is involved in the procurement.

An employee or any member of an employee's immediate family who holds a financial interest in a disclosed blind trust shall not be deemed to have a conflict of interest with regard to matters pertaining to that financial interest.

Gratuities and Kickbacks

Gratuities. It shall be unethical for any person to offer, give or agree to give an employee or former employee, or for any employee or former employee to solicit, demand, accept or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, preparation or any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract or to any solicitation or proposal.

Kickbacks. It shall be unethical for any payment, gratuity or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated with the prime contractor or higher tier subcontractor, as an inducement for the award of a subcontract, or order.

Contract Clause. The Chief Financial Officer shall ensure that the prohibition against gratuities and kickbacks prescribed in this section shall be conspicuously set forth in every contract and solicitation.

Prohibition Against Contingent Fees

It shall be unethical for a person to directly or by retaining another person to solicit or secure a NCHC contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business.

Use of Confidential Information

It shall be unethical for any employee or former employee knowingly to use confidential information for the actual or anticipated personal gain of the employee or former employee or of that person's immediate family.

13. Socioeconomic Contracting

As part of the procurement process, NCHC shall take affirmative steps to assure that minority-owned, women-owned, small, and labor surplus area firms are used when possible. The affirmative steps must include at least the following:

- Placing qualified small and minority businesses and women's business enterprises on solicitation lists;
- Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources;
- Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small, minority-owned, and women-owned businesses;
- Establishing delivery schedules, where the requirement permits, which encourage participation by small, minority-owned, and women-owned businesses;
- Using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce;
- Requiring the prime contractor, if subcontracts are to be let, to take the five previous, affirmative steps.



North Central Health Care

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MEMORANDUM

DATE: January 18, 2021
TO: Executive Committee of the North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Discussion and Potential Action on Policy for Accepting Out of County Hospital Admissions

Background

North Central Health Care's Adult Inpatient Hospital has maintained a policy that it will not admit out of county admissions (counties outside of Langlade, Lincoln, and Marathon County) unless the Inpatient Hospital's census is at 9 or less. Outside of our obligation to admit an out of county resident for the first 72 hours if they are detained in one of our counties, it has been a great length of time since we have contracted and admitted patients from other counties.

The Youth Inpatient Hospital opened in October of 2020 with a phased approach to building census. As of the beginning of 2021, there is no cap being placed on admissions and the unit is open to a full capacity of 8 admissions.

The following analysis and recommendation are being provided to the Executive Committee to obtain clear policy direction on out of county admissions for both Inpatient Hospitals.

Analysis

It is not recommended that NCHC change our policy for out of county admissions to the Adult Inpatient Hospital at this time. However, it should be reconsidered after the hospital is renovated.

There currently is no policy for the Youth Inpatient Hospital for out of county admissions. Since opening, the daily census has averaged 3.0 in October, 2.87 in November, and 3.10 in December. Thus far, in January we are averaging a daily census of 3.36 with three total days at a capacity of 6. In the three months since opening, we have not yet had a change in census of more than two in a single day. The 2021 budget for the Youth Hospital requires an average census of 6 to accommodate the expenses of operating the unit. There are very little variable costs with an 8-bed unit.

In February, we are slated to open the Youth Crisis Stabilization Unit (YCSU) which will serve as an alternative to, or as a step-down from, hospitalization. This program will serve as a resource to help manage the Youth Inpatient Hospital census. This grant funded program will have a capacity of 8-beds and is a partnership with the Human Services Center which provides community services programs for Forest, Oneida, and Vilas County. The YCSU will also need to maintain a census of 6 to ensure financial stability. To obtain these targets, it would be prudent to contract for excess capacity by accepting out of county admissions.

Recommendation

The policy for the Youth Inpatient Hospital should allow for out of county admissions when the census is at or below 6. This would reserve 25% capacity, or 2 additional admissions for our partner counties. It is recommended that NCHC initially contract with the Human Services Center due to the alignment opportunity with the YCSU population that will be using that new program. Also, it is recommended that Portage County be an initial partner due to the proximity and maturity of resources to ensure admission and discharge processes are well-defined and supported. Additional contracts could be considered if there continues to be capacity within the census. Not maintaining an average census of 6 in both programs long-term would lead to mounting operational losses. Contracts with other Counties appropriately manage the risk inherent in these admissions and would be a good source of additional revenue.

2021 NCCSP BOARD CALENDAR – Next Three Months

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: Inpatient Hospitals

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

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.

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.