North Central Health Care
Person centered. Outcome focused.

OFFICIAL NOTICE AND AGENDA

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

Tuesday October 13, 2020 at 12:00 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:

***Phone Number:** 1-408-418-9388 **Access Code:** 146 249 9835 **Meeting Password**: 1234*

Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Administrative Office at715-848-4405. For TDD telephone service call 715-845-4928.

AGENDA

1. CALL TO ORDER

2. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
   (Limited to 15 Minutes)

3. ACTION: APPROVAL OF SEPTEMBER 17, 2020 EXECUTIVE COMMITTEE MINUTES

4. OVERVIEW OF DRAFT OCTOBER 29, 2020 NCCSP BOARD AGENDA (5 Minutes)

5. REVIEW ORGANIZATIONAL DASHBOARD AND WORKPLAN (5 Minutes)

6. CEO REPORT (10 Minutes)

7. MOTION TO MOVE INTO CLOSED SESSION
   A. Pursuant to §19.85(1)(c) Wis. Stats. to consider Performance Evaluation of a Public Employee Over Which the Governmental Body has Jurisdiction or Exercises Responsibility, namely the Chief Executive Officer of North Central Health Care.

8. RECONVENE TO OPEN SESSION AND REPORT OUT ON POSSIBLE ACTION ON CLOSED SESSION ITEM(S)

9. FUTURE AGENDA ITEMS FOR EXECUTIVE COMMITTEE OR BOARD CONSIDERATION

10. ADJOURN

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

_____
Presiding Officer or Designee

DATE: 10/09/2020   TIME: 2:00 PM   BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE

| **September 17, 2020** | **3:00 PM** | **NCHC – Wausau Board Room** |

Present: X   Jeff Zriny   X   Jason Hake
                         X   Lance Leonhard   X   Robin Stowe
                         X   Eric Anderson (via WebEx)

Others Present: Michael Loy, Jarret Nickel, Jill Meschke, Dejan Adzic

Welcome Dejan Adzic. Mr. Adzic is an attorney hired through Marathon County Corporation Counsel and assigned to provide legal support specifically for North Central Health Care.

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

Public Comment for Matters Appearing on the Agenda
- No public comment(s) made.

ACTION: Approval of 8230/2020 Executive Committee Meeting Minutes
- **Motion**/second, Stowe/Leonhard, Executive Committee meeting minutes. Motion carried.

Overview of Draft September 24, 2020 NCCSP Board Agenda
- The draft NCCSP Board Agenda for September 24, 2020 was reviewed.

Overview of 2021 Executive Budget – J. Meschke
- An overview of the 2021 Proposed Executive Budget was provided. General direction to program leaders was to budget as if it will be a normal year. A few changes were highlighted i.e. a reduction in census for both nursing homes, a reduction in FTE's which will occur through attrition, an assumption that Adult Protective Services will transfer to ADRC as of 1/1/21, and a reduction in contracted services.
- A comparison of 2020 expenses budget to actuals was requested i.e. high level review with assumptions based on the ever changing Covid pandemic.
- Also discussed was the value of services NCHC provides for the three counties and that tax levy for each county has been steadily decreasing.
- NCHC is growing and continuously working to secure additional funding resources in an effort to lower the tax burden on the counties.
- One of the biggest concerns is the wage gap, inability to recruit and retain talent. There is no funding for wages included in the proposed 2021 budget, however, if we hit targets we feel we can address this during in the year.

Review Dashboard and Work Plan
- RN marketplace in the community is very competitive.
- We have a dip in Patient Experience; nursing home residents and families are unhappy with the restrictions due to COVID.
- A new No Show Policy was implemented in July; slight improvement has been noted.
- Covid pandemic began in March and merit increases were postponed; we feel it has directly impacted our retention rates which the Board should be aware of.

CEO Report
- Sober Living project was recently approved to proceed again in Langlade County.
- NCHC is partnering with Marathon County and Wausau Police Department (WPD) in a Homeless Coalition. The goal is to bolster permanent supportive housing and treatment in efforts to engage individuals into housing and off of streets. A pilot program is to least 2 homes for 1 year which would be basically free to live in as long as engaging in treatment and nothing illegal. We are working with local Foundations for funding.
- Crisis Stabilization and CBRF: The Hillcrest property will not work for this project. Crisis stabilization will not relocate until area is ready for demolition.
- Bonding for $18 million for the renovation project was secured this week at 1.64%.
- Youth Hospital – slated to open on 20th. Will be scheduling VIP tours in October.
- Portage County has completed their study and would like to continue discussions on working together including a potential regional model, etc.
- Covid Update includes 2 employees at Pine Crest testing positive and 1 employee in Crisis. No outbreak related concerns. Outbreak is behind us at Mount View Care Center.
- A revised organizational chart was provided for review. The Executive Management Team is smaller (from 8 FTE's to 6); has a good mix of administrative and clinical roles.

2021 Performance Expectations and Outcomes
- Will be populated on the overall dashboard for review next month; finalize by December.

Discussion on Variable Pay Program
- Proposal shared to provide senior management with a variable pay component of their compensation. Committee was asked to review and provide feedback to M. Loy.

Preparation for Annual CEO Succession Plan Exercise
- Will delay discussion to next month.

Update on the Transfer of Adult Protective Services
- Continue to discuss with target transfer date of January 1, 2021.

Future Agenda Items for Executive Committee or Board Consideration
- Move October meeting from the 15th to the 13th at Noon.

Adjourn
- **Motion**/second, Stowe/Hake, to adjourn the meeting at 4:17 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

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%				7.8%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.6%	92.0%	89.6%	87.8%	85.1%	83.1%				77.5%	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%				86.9%	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%				10.1%	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%				13.0%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★				★★★	★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★	★★★				★★★	★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81	1.02	0.66	0.49				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				2.84	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185	267	226	243				279	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68	5.22	5.10	4.45				5.51	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06	7.96	10.08	11.19				11.19	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%				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%				1.26%	/
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%				72.4%	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%				39.0%	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				$85,200	$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%	-3.8%	12.2%	-12.6%				0.4%	-4.5%

DEPARTMENT: NORTH CENTRAL HEALTH CARE — **FISCAL YEAR: 2020**

↗ 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

QUALITY

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

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

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD Agg
North Central Health Care	People (Current Filled FTE / Open FTE) (773/59)	Vacancy Rate	↘	9.6%		7-9%	7.8%
		Retention Rate	↗	85.1%		82-84%	77.5%
	Service	Patient Experience	↗	81.0		81-83%	86.9%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	10.1%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	13.0%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.74
		Zero Harm - Employees	↘	3.60		Monitoring	2.84
		Out of County Placements	↘	320	/	220 per month	279
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.51
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.19
	Community	No Show Rate	↘	12.9%		8-10%	18.6%
		Hospitalization Rate	↘	/	/	Monitoring	1.26%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	72.4%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.0%
		Average Cost Per Day	↘	$76,395	/	$67,000-$70,000	$85,200
		Net Income	↗	-4.5%	/	2-3%	0.4%

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Clubhouse	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	66.7%
	Service	Patient Experience	↗	81-83%	93.7%
	Quality	Zero Harm - Patients	↘	Monitoring	0.01
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$652 - $978 per month	($2,413)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Community Treatment	People (84/1)	Vacancy Rate	↘	7-9%	1.9%
		Retention Rate	↗	82-84%	81.6%
	Service	Patient Experience	↗	81-83%	90.1%
	Quality	Zero Harm - Patients	↘	Patients	0.10
		Zero Harm - Employees	↘	Employees	2.84
	Community	Hospitalization Rate	↘	Monitoring	1.41%
	Finance	Net Income	↗	$21,802 - $32,703 per month	$100,782

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Crisis & CBRF	People (35/5)	Vacancy Rate	↘	7-9%	7.9%
		Retention Rate	↗	82-84%	65.7%
	Service	Patient Experience	↗	81-83%	82.1%
	Quality	Zero Harm - Patients	↘	Patients	15.39
		Zero Harm - Employees	↘	Employees	2.84
	Community	Hospitalization Rate	↘	Monitoring	2.61%
	Finance	Net Income	↗	$6,091 - $9,136 per month	($10,339)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Hospital	People (44/6)	Vacancy Rate	↘	7-9%	19.5%
		Retention Rate	↗	82-84%	60.8%
	Service	Patient Experience	↗	81-83%	82.2%
	Quality	Hospital Readmission Rate	↘	10-12%	10.1%
		Zero Harm - Patients	↘	Monitoring	4.55
		Zero Harm - Employees	↘	Monitoring	2.84
		Out of County Placements	↘	220 per month	279
		Hospital Length of Stay - NCHC	↘	Monitoring	5.51
		Hospital Length of Stay - Diversions	↘	Monitoring	11.19
	Finance	Net Income	↗	$11,341 - $17,012 per month	($179,369)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MMT	People (0/0)	Vacancy Rate	↘	5-7%	7.5%
		Retention Rate	↗	82-84%	77.7%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.84
		Hospitalization Rate	↘	Monitoring	4.36%
	Finance	Net Income	↗	$2,594 - $3,892 per month	($33,821)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Outpatient	People (22/4)	Vacancy Rate	↘	7-9%	10.2%
		Retention Rate	↗	82-84%	68.3%
	Service	Patient Experience	↗	81-83%	90.9%
	Quality	Zero Harm - Patients	↘	Monitoring	0.19
		Zero Harm - Employees	↘	Monitoring	2.84
	Community	No Show Rate	↘	8-10%	20.5%
		Hospitalization Rate	↘	Monitoring	0.84%
	Finance	Net Income	↗	$5,774 - $8,661 per month	($16,174)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Psychiatry	People (21/2)	Vacancy Rate	↘	5-7%	1.3%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	71.2%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.84
	Community	No Show Rate	↘	8-10%	16.2%
		Hospitalization Rate	↘	Monitoring	1.15%
	Finance	Net Income	↗	$10,386 - $15,578 per month	($42,286)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Day Services	People (29/0)	Vacancy Rate	↘	7-9%	0.5%
		Retention Rate	↗	82-84%	82.0%
	Service	Patient Experience	↗	81-83%	98.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.10
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$6,481 - $9,721 per month	($33,713)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Group Homes	People (26/1)	Vacancy Rate	↘	7-9%	9.4%
		Retention Rate	↗	82-84%	90.1%
	Service	Patient Experience	↗	81-83%	94.6%
	Quality	Zero Harm - Patients	↘	Monitoring	0.90
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$3,463 - $5,195 per month	$35,983

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Residential Services	People (28/3)	Vacancy Rate	↘	7-9%	12.4%
		Retention Rate	↗	82-84%	96.5%
	Service	Patient Experience	↗	81-83%	93.1%
	Quality	Zero Harm - Patients	↘	Monitoring	1.11
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$3,845 - $5,768 per month	$6,870

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Aquatic	People (7/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	87.9%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.17
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$2,275 - $3,413 per month	($3,763)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
MVCC	People (157/16)	Vacancy Rate	↘	7-9%	11.5%
		Retention Rate	↗	82-84%	73.6%
	Service	Patient Experience	↗	81-83%	86.7%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	11.7%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.41
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$38,717 - $58,705 per month	$123,247

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pine Crest	People (128/13)	Vacancy Rate	↘	7-9%	8.4%
		Retention Rate	↗	82-84%	78.8%
	Service	Patient Experience	↗	81-83%	80.8%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	11.5%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	1.68
		Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$24,836 - $37,253 per month	$68,491

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Housekeeping and Laundry	People (39/4)	Vacancy Rate	↘	7-9%	7.5%
		Retention Rate	↗	82-84%	67.5%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$374,310 - $393,025 per month	$348,163

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Nutrition Services	People (46/6)	Vacancy Rate	↘	7-9%	9.9%
		Retention Rate	↗	82-84%	54.9%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$307,271 - $319,410 per month	$263,871

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Business Operations	People (10/0)	Vacancy Rate	↘	5-7%	1.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$79,051 - $83,004 per month	$71,953

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Human Resources	People (6/0)	Vacancy Rate	↘	5-7%	1.9%
		Retention Rate	↗	82-84%	73.3%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$66,540 - $69,867 per month	$53,880

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Informatics	People (15/0)	Vacancy Rate	↘	5-7%	3.6%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$233,098 - $244,753 per month	$218,275

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Marketing & Communication	People (4/0)	Vacancy Rate	↘	5-7%	2.3%
		Retention Rate	↗	82-84%	77.7%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$30,969 - $32,518 per month	$29,094

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Organizational Development	People (3/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$48,344 - $50,751 per month	$33,896

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Access Services	People (18/0)	Vacancy Rate	↘	5-7%	0.6%
		Retention Rate	↗	82-84%	83.3%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$57,705 - $60,590 per month	$52,363

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Patient Financial Services	People (14/0)	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Indirect Expense/Direct Expense	↘	$70,757 - $74,295 per month	$65,314

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD Agg
Pharmacy	People (11/0)	Vacancy Rate	↘	5-7%	1.1%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.84
	Finance	Net Income	↗	$10,804 - $16,206 per month	$17,375

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	2.84
	Finance	Net Income	↗	$720 - $1,080 per month	$8,811

Department	Domain	Outcome Measure	2019 YTD	⇅	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
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)
Community Treatment	COMMMUNITY	Average days from referral to initial appointment	65.7 days	↘	69.8 days (1953/28)	79.5 days (1589/20)	92.2 days (1291/14)	68.8 days (1582/23)	53.4 days (962/18)	51.1 days (3680/72)	142.4 days (3132/22)	61.3 days (1165/19)	67.5 days (1553/23)
Community Treatment	COMMMUNITY	Hospitalization rate of active patients	/	↘	1.45%	1.86%	1.27%	1.97%	1.54%	1.50%	1.10%	0.82%	1.23%
Community Treatment	QUALITY	Employment rate of Indivdual 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%
Community Treatment	COMMMUNITY	% 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)
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)
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%
Crisis & CBRF	COMMMUNITY	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%
Crisis & CBRF	COMMMUNITY	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%
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%
Crisis & CBRF	COMMMUNITY	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%
Crisis & CBRF	COMMMUNITY	Court Liaison: % of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of	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)
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)
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)
Crisis & CBRF	COMMMUNITY	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)
Crisis & CBRF	COMMMUNITY	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
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
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
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
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)
Hospital	COMMMUNITY	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
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
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
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
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
Outpatient	COMMMUNITY	% 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%
Outpatient	COMMMUNITY	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%
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
Outpatient	COMMMUNITY	Day Treatment: Average number of days from referral to start of day treatment	8.9 days	↘	55 days (331/6)	8 days (38/5)	11 days (/)	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient	COMMMUNITY	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%
Outpatient	COMMMUNITY	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%
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%

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open	▓	▓										
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The HSRI team will be circling back with a few key informants on the impacts of COVID as an addition to their work thus far. Report is expected in the 4th Quarter 2020. Community engagement will continue to be on hold.	Open								▓		▓		
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending	▓	▓										
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	The written evaluation has been completed but the in-person review of the evaluation has not been completed.	Open		▓	▓									
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open				▓	▓							
Develop a Board Development and Recruitment Plan	Governance Committee	Jun-20	Board Development and Recruitment Plan reviewed and approved by the NCCSP Board	Plan approval was deferred from September's meeting until October.	Open					▓	▓						
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through November	Open					▓	▓						
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity and Inclusion strategy for the organization. An internal team will also be working on developing supporting structure to these initiatives. A plan will be presented to the Board before the end of 2020.	Open					▓	▓						
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Annual review was deferred from September's meeting until October.	Open									▓			
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance and approve the plan for the upcoming year in December.	Open									▓	▓		▓
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	Manual approval was deferred from September's meeting until October.	Open									▓			
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	The Executive Committee is working to prepare the Annual CEO Succession Exercise for the Board's October meeting or until the Board can meet in-person.	Open									▓			
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Open											▓	
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Open											▓	▓
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Calendar approval was deferred from September until October.	Open											▓	▓

North Central Health Care
Person centered. Outcome focused.

DATE: September 12, 2020
TO: NCCSP Executive Committee
FROM: Michael Loy, Chief Executive Officer
RE: Performance Expectations and Outcomes

PURPOSE

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

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

> *Outcomes:* Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness.

BACKGROUND AND DISCUSSION

Expectations

The Executive Committee will need to review the current list of Expectations to determine whether expectations should be added, modified, or eliminated.

Behavioral Health Services Program Expectations

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

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

<u>Program/Function Specific Expectations</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

<u>Program/Function Specific Expectations</u>
Children's Long-Term Services – NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.
Outpatient Services – NCHC will be an active participant in youth counseling consortium in the schools.

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

People

End Statement:

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

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

Organizational Dashboard Outcomes:

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

Strengths:

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

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

Service

End Statement:

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

Organizational Dashboard Outcomes:

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

Strengths: "Net Promoter" scores are commonly used and offers a range of benchmarking options. The response encompasses all the elements of an individual's experience creating shared purpose. The question is transferable to most other survey products.

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

Quality

End Statement:

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

Organizational Dashboard Outcomes:

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

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

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

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

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

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

<u>Community</u>

End Statement:

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

Organizational Dashboard Outcomes:

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

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

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

There is an opportunity to examine the each County's Strategic Plans for alignment. Also, the Marathon County Life Report is a document to identify relevant Community indicators for NCHC.

<u>Financial</u>

End Statement:

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

Organizational Dashboard Outcomes:

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

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

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

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

Lack of benchmark data availability.

Recommendations

The following are recommendations for 2021 Performance Expectations and Outcomes:

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

PROPOSED OVERALL DASHBOARD STRUCTURE

People

End Statement (slightly modified)

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

North Central Health Care will be an employer of choice, providing a career of opportunity through active learning and commitment to continuous improvement.

Overall Dashboard Outcomes

>Vacancy Rate

>Retention Rate

>(NEW) Diversity Composite Index –

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

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

Services

End Statement

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

>Patient Experience -

>>Monthly Calculation: A weighted average of the mean score of Patient Experience Survey likelihood of your recommending this facility to others.

>>YTD Calculation: Weighted average of each month's Diversity Patient Experience mean scores.

Quality

End Statement (completely overhauled)

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

>Composite Readmission Rate: Hospitals and Nursing Homes

>Nursing Home Quality Star Rating: MVCC and Pine Crest

>Zero Harm: Patient and Employee (Monitoring Outcome)

Community

End Statement (slightly modified)

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

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

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

(NEW) TBD Permanent Supported Housing Measure – Increase the number of individuals placed in permanent supported housing.

Financial

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

Direct Expense/Gross Patient Revenue

Indirect Expense/Gross Patient Revenue

Net Income

PROGRAM SPECIFIC DASHBOARDS

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

(*Vacancy, Retention, Readmission, Quality Star Ratings, Direct/Expense/Gross Patient Revenue and Net Income will all cascade to the program dashboards. We need to set the Quality and potentially Community Indicators for each program). What about a nursing indicator cascade?*

Adult Crisis Stabilization CBRF

Adult Psychiatric Hospital

Aquatic Therapy

Clubhouse

Community Treatment

Crisis and Emergency Services

Day Services

Group Homes

Medically Monitored Treatment Program

Mount View Care Center

Outpatient Services

     Average Case Load: Therapy and Psychiatry

     No-show Rate: Therapy and Psychiatry

Pine Crest Nursing Home

Prevocational Services

Riverview Terrace RCAC

Supported Apartments

Youth Crisis Stabilization CBRF

Youth Psychiatric Hospital

Once the structures and outcomes are approved, staff will work to develop measurement profiles along with targets to propose to the NCCSP Board at their December meeting.