

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

August 29, 2013

12:00 p.m.

NCHC – Wausau Campus

Present:

X	Ray Bloomer	X	Ron Nye	X	Gretchen Thuot
X	Jean Burgener	X	Lee Olkowski	X	Joanne Kelly
EXC	David Tange	X	Laura Scudiere	EXC	Robert Weaver
X	Gary Gisselman	EXC	John Robinson	X	Holly Matucheski
X	Bill Metter				

Also Present: Gary Bezucha, Becky Schultz, Toni Simonson, Paula Hawkins

The meeting was opened at 12:10 pm. Roll call was taken and a quorum declared.

Consent Agenda

- **Motion** Nye, 2nd Matucheski, to approve the consent agenda, which includes the July financial statements, the 7/25/13 Finance, Personnel & Property Committee and Board meeting minutes, and the CEO's report. Motion carried.

Chairperson's Report

- The Board Chair recommended a Nominating Committee for 2014 be Ron Nye (Chair), Joanne Kelly, Jean Burgener, Bob Weaver. They will meet to establish a charter. Later they will come to the board with a slate of officers for 2014. **Motion** Bloomer, 2nd Metter, to approve the Nominating Committee as recommended.
- Annual board retreat: The format the past few years has been for a retreat from noon to 8PM. Bring ideas for format, issues for the board, educational opportunities, etc. to the board. Suggestion to discuss governance of a larger organization, how to approach it if we expand. Pre-plan how we want to go into expansion; i.e. key elements are governance of a new structure, revising bylaws, etc.
- Lee Olkowski and Gary Bezucha met with Dean Dietrich regarding having an employee (Dr. Ticho) on the board. He is strongly recommending against it. We could invite him as a resource person, but not a member of the board. We could possibly use a contracted psychiatrist instead of an employed psychiatrist – less risk. The Executive Committee will come back with a recommendation.
- **Motion** Burgener, 2nd Scudiere, to approve report and minutes of the 8/13/13 Executive Committee meeting. Motion carried.

Financial Report

- The month of July showed a gain of a little over \$91,000, which is a positive variance of just over \$130,000. Year to date we are at a gain of \$1.2 million, which is \$1.3 million ahead of budget. We caution that while those are good results, it is a concern that all are as result of cost management, not revenue growth. We are experiencing continued declines in nursing home and outpatient services. We managed expenses exceptionally well. Last year we were almost twice that amount year to date. Our census is declining mostly in long term care, which is the trend industry-wide.

Finance, Personnel & Property Committee

- Staff is working on banking services, bringing a recommendation for action at the September meeting.
- The budget will be brought to the Finance Committee for preliminary discussion at the September meeting. It will be brought to the Finance Committee and Board for approval at the October meeting.

Nursing Home Operations Committee (NHOC)

- Have not met since last board meeting.
- The Master Facility Plan was presented to the CIP Committee of Marathon County. It was to be ranked, but they just recommended it on to the Marathon County Finance Committee for their September meeting. Staff is presenting it to the full Marathon County Board on September 17th. It is for information only at that meeting, and will go back for approval at a later County Board meeting.

Human Services Operations Committee: No report (next meeting scheduled for September 4th).

Organizational Expansion Sub-Committee: No report (next meeting scheduled for October 1st).

Quality Committee

- The Organizational Quality Dashboard was reviewed.
 - Year to date we are below target in psychiatric hospital readmission rate and nursing home readmission rate.
 - Inpatient Service Line adverse event rate spiked but is still below targets.
 - Employee engagement rank at the 50th percentile last year. We did a mid-year check in survey resulting in a projected percentile rank of 61.
 - New employee turnover rate is above target, but we have a new employee onboarding process so anticipate it going down.
 - Employee adverse event rates are being watched.
 - Outpatient access days to service – below target in July.
 - Direct expense over gross patient revenue is being watched.
 - Days in A/R are still up and being watched.
 - Days cash on hand remains strong, but not yet at targets.
 - **Motion** Nye, 2nd Bloomer, to approve the dashboard as presented. Motion carried.

WHA Sponsored Mental Health Initiatives

- WI HIPAA laws are stricter than federal HIPAA laws. The recommendation would be to bring it into harmony with the federal laws.
- It is anticipated that at the next legislative session several of the recommendations will be acted upon.
- EMTALA emergency (Emergency Medical Treatment and Active Labor Act): If someone is brought to an emergency room in custody, the officer can make decisions on consent for treatment and stabilization and transfer.
- All recommendations have been forwarded to the Governor's Task Force on Mental Health.

Psychiatry Recruitment Plan

- At the last board meeting we presented on the state of psychiatry in Wisconsin.
- An estimate of what the cost of recruiting psychiatry would look like for us.
- Total annual expense of bringing on a psychiatrist and a nurse practitioner is estimated at \$560,000. Total revenue is estimated at only about \$155,000, for a new cost of just over \$400,000.
- We will be asking for action at next month's meeting, to commit budget dollars in the 2014 budget. The psychiatrist and nurse practitioner would work primarily in the outpatient services area. We would also be able to create a consulting service for area hospitals, and create coverage for our inpatient doctor.
- We would use a recruitment firm, using a retainer firm rather than a contingency firm.
- We would move to a production based compensation system. It will help us to better maintain, and to create higher productivity.
- Recruitment would begin this year, building it into the 2014 budget, for beginning in January.
- How do we present to our counties to educate them on the costs on expanding psychiatry services? We need to let them know it is an appropriate use of their resources.
- Suggestion to look at different resources, such as local agencies, grants, family practitioners, etc.
- Look at ratio of MD to Nurse Practitioner. After hiring a psychiatrist, perhaps hire 2 NPs instead of another MD.
- What is the state of mental health in our community and how do we address it? Gather data and create an action plan.

Future Meeting Agendas

- Overview of different associations we are, or are not part of, and how we may use them in advocacy relative to mental health
- Psychiatry recruitment
- Care coordination/clinical alignment – educational item. Suggestion to have Dr. Alden present on POLST (position ordered life sustaining treatment). POLST should be done with a diagnosis of a chronic disease.

Motion Burgener, 2nd Kelly, to adjourn at 1:32 p.m. Motion carried.

Respectfully submitted,

Robert Weaver, Secretary
pdh