

**OFFICIAL NOTICE AND AGENDA** of a meeting of the Board or a Committee:

A meeting of the North Central Community Services Program Board will be held at NCHC – Wausau Board Room, 1100 Lake View Drive, Wausau, WI, at 12:00 p.m., on Thursday, September 24, 2015.

*(In addition to attendance in person at the location described above, Committee members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Debbie Osowski at 715-848-4405 by 24 hours prior to the meeting start time for further instructions.)*

**AGENDA**

1. Call to order
2. Roll call
3. Consent Agenda
  - a. August financial statements
  - b. 8/27/15 Finance, Personnel & Property Committee meeting minutes
  - c. 8/27/15 Board meeting minutes
  - d. CEO Report
4. Chairperson's report: R. Nye
  - a. Action: approve report and minutes of the 9/15/15 Executive Committee meeting
5. Quality Committee report: L. Scudiere
  - a. Organizational Quality Dashboard
  - b. Action: approve report and minutes of the 9/17/15 Quality Committee meeting
  - c. Joint Commission update
  - d. Crisis services process improvement
6. Financial report: B. Glodowski
7. Finance, Personnel & Property Committee report: L. Olkowski
8. Human Services Operations Committee (HSOC) report: J. Robinson
  - a. Action: approve report and minutes of the 9/9/15 HSOC meeting
  - b. HSO Action Plan
9. Nursing Home Operations Committee (NHOC) report: J. Robinson
  - a. Action: approve report and minutes of the 09/11/15 NHOC meeting
  - b. Annual survey
  - c. Administrator recruitment
  - d. CNA staffing
10. Mental health services to the criminal justice system update
11. Strategic Planning update: G. Bezucha
12. Update – Marathon County NCHC Oversight Task Force
13. Future meeting agendas
14. Adjourn

- Action may be taken on any agenda item.
- In the event that any individuals attending this meeting may constitute a quorum of another governmental body, the existence of the quorum shall not constitute a meeting as no action by such body is contemplated.

Signed: /s/Gary Bezucha  
Presiding Officer or His Designee

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald      Antigo Daily Journal  
Tomahawk Leader      Merrill Foto News  
Langlade, Lincoln & Marathon County Clerk Offices  
DATE 09/18/15 TIME 4:00 PM  
VIA:  FAX  MAIL BY: D. Osowski

**THIS NOTICE POSTED AT NORTH CENTRAL HEALTH CARE**

DATE 09/18/15 Time 4:00 PM By D. Osowski  
Anyone attending this meeting who needs some type of special accommodation in order to participate should call Administration at 715-848-4405. For TDD telephone service, call 715-845-4928.

## MEMO

**TO:** North Central Health Care Finance Committee  
**FROM:** Brenda Glodowski  
**DATE:** September 18, 2015  
**RE:** Attached Financials

Attached please find a copy of the August Financial Statements for your review. To assist you in your review, the following information is provided:

### **BALANCE SHEET**

The Balance Sheet items continue to remain consistent with prior months.

### **STATEMENT OF REVENUE AND EXPENSES**

The month of August shows a loss of (\$385,696) compared to a budgeted loss of (\$46,385) resulting in a negative variance of (\$339,311).

The hospital census averaged 14 per day compared to the target of 13 per day. The nursing home census was at target averaging 213 per day. The Medicare census was also at target with an average of 21 per day. Outpatient areas were below budget targets.

Overall revenues for August were slightly below the budget target. Expenses, however, were significantly over budget targets. There was a back payment of rent for the prior Community Support Program location that was paid of \$169,000. Also, a worker's compensation premium adjustment of approximately \$250,000 was owed. State Institutes were high again in August, exceeding the budget target by \$96,000. In addition to the State Institutes, expenses are being paid for other locations such as Trempeleau, which exceeded budget targets by \$125,000. The contracts for interim nursing home positions for August totaled \$43,000. There was not a savings in salaries to offset the contracts due to vacation payouts for the vacating positions. The additional expenses for providing services to the jail are still included. This is estimated at \$20,000.

Through August, the organization does still show an overall gain of \$762,495 compared to a budgeted gain of \$143,757, resulting in a position year to date variance of \$618,738.

If you have questions, please feel free to contact me.

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET ASSETS  
AUGUST 2015**

	<u>51.42/.437 PROGRAM</u>	<u>NURSING HOME</u>	<u>TOTAL</u>	<u>TOTAL 31-Aug-14</u>
<b>CURRENT ASSETS:</b>				
CASH AND EQUIVALENTS	5,614,300	5,504	5,619,804	7,468,954
SHORT-TERM INVESTMENTS	9,300,000		9,300,000	6,647,347
CASH FOR APPROVED CAPITAL PURCHASES	1,747,239	390,438	2,137,677	1,652,654
DONATED FUNDS	238,703		238,703	154,573
<b>ACCOUNTS RECEIVABLE:</b>				
PATIENT (NET)	3,168,529	3,988,152	7,156,681	5,848,241
STATE GRANTS	2,064,984		2,064,984	108,862
OTHER	342,412		342,412	358,646
APPROPRIATIONS RECEIVABLE	0		0	1,402,870
AMOUNTS RECEIVABLE FROM THIRD-PARTY REIMBURSEMENT PROGRAMS	435,667	235,923	671,590	897,295
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>399,715</u>	<u>64,904</u>	<u>464,619</u>	<u>630,446</u>
<b>TOTAL CURRENT ASSETS</b>	<b><u>23,328,468</u></b>	<b><u>4,941,823</u></b>	<b><u>28,270,291</u></b>	<b><u>25,500,893</u></b>
<b>CAPITAL ASSETS</b>				
CAPITAL ASSETS	30,493,842	14,689,882	45,183,725	42,959,884
ACCUMULATED DEPRECIATION	<u>(22,582,758)</u>	<u>(10,839,688)</u>	<u>(33,422,445)</u>	<u>(31,789,665)</u>
<b>CAPITAL ASSETS - NET</b>	<b><u>7,911,085</u></b>	<b><u>3,850,195</u></b>	<b><u>11,761,279</u></b>	<b><u>11,170,219</u></b>
OTHER ASSETS - DEFERRED CHARGES	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
RESTRICTED ASSETS - PATIENT TRUST FUNDS	<u>21,415</u>	<u>35,147</u>	<u>56,562</u>	<u>282,559</u>
<b>TOTAL ASSETS</b>	<b><u>31,260,968</u></b>	<b><u>8,827,164</u></b>	<b><u>40,088,131</u></b>	<b><u>36,953,670</u></b>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET ASSETS  
AUGUST 2015**

	<u>51.42/.437 PROGRAM</u>	<u>NURSING HOME</u>	<u>TOTAL</u>	<u>TOTAL 31-Aug-14</u>
CURRENT LIABILITIES:				
ACCOUNTS PAYABLE	3,968,101	0	3,968,101	3,594,864
THIRD PARTY PAYABLE	435,214	0	435,214	563,860
APPROPRIATIONS ADVANCES	713,175	0	713,175	60,214
ACCRUED LIABILITIES:				
SALARIES & RETIREMENT	1,598,754	0	1,598,754	1,594,843
PAYROLL TAXES AND WITHHOLDING	183,750	0	183,750	195,994
COMPENSATED ABSENCES	1,521,514	0	1,521,514	1,562,840
OTHER PAYABLES	72,806	0	72,806	74,696
DEFERRED REVENUE - STATE GRANTS	<u>188,584</u>	<u>0</u>	<u>188,584</u>	<u>256,878</u>
TOTAL CURRENT LIABILITIES	<u>8,681,898</u>	<u>0</u>	<u>8,681,898</u>	<u>7,904,189</u>
PATIENT TRUST FUNDS	<u>21,416</u>	<u>35,147</u>	<u>56,563</u>	<u>282,339</u>
NET ASSETS:				
INVESTED IN CAPITAL ASSETS	7,911,085	3,850,195	11,761,279	11,170,220
UNRESTRICTED	13,809,969	5,015,927	18,825,896	17,486,790
OPERATING INCOME (LOSS)	<u>836,600</u>	<u>(74,105)</u>	<u>762,495</u>	<u>110,130</u>
TOTAL NET ASSETS	<u>22,557,654</u>	<u>8,792,017</u>	<u>31,349,671</u>	<u>28,767,141</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><b>31,260,968</b></u>	<u><b>8,827,164</b></u>	<u><b>40,088,131</b></u>	<u><b>36,953,670</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING AUGUST 31, 2015**

<b>TOTAL</b>	<u>CURRENT MONTH ACTUAL</u>	<u>CURRENT MONTH BUDGET</u>	<u>CURRENT MONTH VARIANCE</u>	<u>YTD ACTUAL</u>	<u>YTD BUDGET</u>	<u>YTD VARIANCE</u>
<b>REVENUE</b>						
Net Patient Service Revenue	<u>\$3,447,861</u>	<u>\$3,494,703</u>	<u>(\$46,842)</u>	<u>\$27,389,525</u>	<u>\$27,616,957</u>	<u>(\$227,432)</u>
<b>OTHER REVENUE</b>						
State Match / Addendum	325,060	325,120	(59)	2,600,482	2,600,957	(476)
Grant Revenue	194,338	184,113	10,225	1,536,608	1,472,286	64,322
County Appropriations - Net	736,232	730,192	6,040	5,889,860	5,841,537	48,323
Departmental and Other Revenue	<u>183,746</u>	<u>180,658</u>	<u>3,087</u>	<u>1,415,863</u>	<u>1,445,267</u>	<u>(29,403)</u>
Total Other Revenue	<u>1,439,377</u>	<u>1,420,083</u>	<u>19,294</u>	<u>11,442,813</u>	<u>11,360,046</u>	<u>82,767</u>
<b>TOTAL REVENUE</b>	4,887,238	4,914,787	(27,548)	38,832,338	38,977,003	(144,665)
<b>EXPENSES</b>						
Direct Expenses	4,028,027	3,544,633	483,394	28,193,790	27,615,091	578,698
Indirect Expenses	<u>1,261,908</u>	<u>1,424,039</u>	<u>(162,131)</u>	<u>9,965,525</u>	<u>11,278,156</u>	<u>(1,312,631)</u>
Total Expenses	<u>5,289,935</u>	<u>4,968,671</u>	<u>321,264</u>	<u>38,159,315</u>	<u>38,893,247</u>	<u>(733,932)</u>
Operating Income (Loss)	<u>(402,697)</u>	<u>(53,885)</u>	<u>(348,813)</u>	<u>673,024</u>	<u>83,757</u>	<u>589,267</u>
<b>Nonoperating Gains (Losses):</b>						
Interest Income	7,340	7,500	(160)	49,778	60,000	(10,223)
Donations and Gifts	9,662	0	9,662	36,694	0	36,694
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,000</u>	<u>0</u>	<u>3,000</u>
Total Nonoperating Gains / (Losses)	<u>17,001</u>	<u>7,500</u>	<u>9,501</u>	<u>89,471</u>	<u>60,000</u>	<u>29,471</u>
Operating Income / (Loss)	<u>(\$385,696)</u>	<u>(\$46,385)</u>	<u>(\$339,311)</u>	<u>\$762,495</u>	<u>\$143,757</u>	<u>\$618,738</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING AUGUST 31, 2015**

	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
<b>51.42/.437 PROGRAMS</b>						
<b>REVENUE</b>						
Net Patient Service Revenue	<u>\$1,357,441</u>	<u>\$1,453,022</u>	<u>(\$95,580)</u>	<u>\$11,339,664</u>	<u>\$11,503,202</u>	<u>(\$163,539)</u>
<b>OTHER REVENUE</b>						
State Match / Addendum	325,060	325,120	(59)	2,600,482	2,600,957	(476)
Grant Revenue	194,338	184,113	10,225	1,536,608	1,472,286	64,322
County Appropriations - Net	594,566	588,525	6,041	4,756,531	4,708,203	48,327
Departmental and Other Revenue	<u>127,130</u>	<u>145,825</u>	<u>(18,695)</u>	<u>1,059,058</u>	<u>1,166,601</u>	<u>(107,542)</u>
 Total Other Revenue	 <u>1,241,095</u>	 <u>1,243,583</u>	 <u>(2,488)</u>	 <u>9,952,679</u>	 <u>9,948,047</u>	 <u>4,632</u>
 TOTAL REVENUE	 2,598,536	 2,696,605	 (98,069)	 21,292,343	 21,451,249	 (158,907)
<b>EXPENSES</b>						
Direct Expenses	2,302,625	1,960,546	342,079	15,499,364	15,181,919	317,445
Indirect Expenses	<u>615,139</u>	<u>784,558</u>	<u>(169,419)</u>	<u>5,040,575</u>	<u>6,213,574</u>	<u>(1,172,999)</u>
 Total Expenses	 <u>2,917,764</u>	 <u>2,745,105</u>	 <u>172,660</u>	 <u>20,539,939</u>	 <u>21,395,493</u>	 <u>(855,554)</u>
 Operating Income (Loss)	 <u>(319,228)</u>	 <u>(48,500)</u>	 <u>(270,728)</u>	 <u>752,404</u>	 <u>55,757</u>	 <u>696,647</u>
<b>Nonoperating Gains (Losses):</b>						
Interest Income	7,340	7,500	(160)	49,778	60,000	(10,223)
Donations and Gifts	8,795	0	8,795	31,419	0	31,419
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>3,000</u>	<u>0</u>	<u>3,000</u>
 Total Nonoperating Gains / (Losses)	 <u>16,135</u>	 <u>7,500</u>	 <u>8,635</u>	 <u>84,197</u>	 <u>60,000</u>	 <u>24,197</u>
 Operating Income / (Loss)	 <u>(\$303,094)</u>	 <u>(\$41,000)</u>	 <u>(\$262,094)</u>	 <u>\$836,600</u>	 <u>\$115,757</u>	 <u>\$720,844</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING AUGUST 31, 2015**

<b>NURSING HOME</b>	CURRENT MONTH <u>ACTUAL</u>	CURRENT MONTH <u>BUDGET</u>	CURRENT MONTH <u>VARIANCE</u>	YTD <u>ACTUAL</u>	YTD <u>BUDGET</u>	YTD <u>VARIANCE</u>
REVENUE						
Net Patient Service Revenue	<u>\$2,090,420</u>	<u>\$2,041,681</u>	<u>\$48,739</u>	<u>\$16,049,862</u>	<u>\$16,113,755</u>	<u>(\$63,893)</u>
OTHER REVENUE						
County Appropriations - Net	141,666	141,667	(1)	1,133,329	1,133,333	(4)
Departmental and Other Revenue	<u>56,616</u>	<u>34,833</u>	<u>21,783</u>	<u>356,805</u>	<u>278,666</u>	<u>78,139</u>
Total Other Revenue	<u>198,282</u>	<u>176,500</u>	<u>21,782</u>	<u>1,490,134</u>	<u>1,411,999</u>	<u>78,135</u>
TOTAL REVENUE	2,288,701	2,218,181	70,521	17,539,996	17,525,754	14,242
EXPENSES						
Direct Expenses	1,725,402	1,584,086	141,316	12,694,426	12,433,172	261,253
Indirect Expenses	<u>646,769</u>	<u>639,480</u>	<u>7,288</u>	<u>4,924,950</u>	<u>5,064,582</u>	<u>(139,632)</u>
Total Expenses	<u>2,372,171</u>	<u>2,223,567</u>	<u>148,604</u>	<u>17,619,376</u>	<u>17,497,754</u>	<u>121,621</u>
Operating Income (Loss)	<u>(83,470)</u>	<u>(5,386)</u>	<u>(78,083)</u>	<u>(79,380)</u>	<u>28,000</u>	<u>(107,380)</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	867	0	867	5,274	0	5,274
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total Nonoperating Gains / (Losses)	<u>867</u>	<u>0</u>	<u>867</u>	<u>5,274</u>	<u>0</u>	<u>5,274</u>
Operating Income / (Loss)	<u>(\$82,603)</u>	<u>(\$5,386)</u>	<u>(\$77,218)</u>	<u>(\$74,105)</u>	<u>\$28,000</u>	<u>(\$102,105)</u>

NORTH CENTRAL HEALTH CARE  
 REPORT ON AVAILABILITY OF FUNDS  
 August 31, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
CoVantage Credit Union	456 Days	10/01/2015	0.65%	\$500,000
People's State Bank	365 Days	10/30/2015	0.50%	\$500,000
Abby Bank	365 Days	10/29/2015	0.55%	\$500,000
River Valley Bank	365 Days	12/27/2015	0.50%	\$500,000
CoVantage Credit Union	365 Days	12/28/2015	0.599%	\$300,000
Abby Bank	365 Days	12/30/2015	0.55%	\$500,000
Abby Bank	183 Days	01/05/2016	0.65%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
People's State Bank	365 Days	02/28/2016	0.45%	\$250,000
Abby Bank	365 Days	03/15/2016	0.65%	\$400,000
People's State Bank	365 Days	04/29/2016	0.50%	\$350,000
People's State Bank	365 Days	04/30/2016	0.50%	\$500,000
Abby Bank	365 Days	05/03/2016	0.50%	\$500,000
BMO Harris	395 Days	05/28/2016	0.30%	\$500,000
Abby Bank	365 Days	07/19/2016	0.75%	\$500,000
People's State Bank	365 Days	08/21/2016	0.50%	\$500,000
BMO Harris	395 Days	08/26/2016	0.50%	\$500,000
Abby Bank	365 Days	08/29/2016	0.75%	\$500,000
Abby Bank	456 Days	09/01/2016	0.95%	\$500,000
CoVantage Credit Union	456 Days	09/01/2016	1.00%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE	373.12 Days		0.586% INTEREST	



# NCHC-DONATED FUNDS

## Balance Sheet

As of August 31, 2015

### ASSETS

#### Current Assets

##### Checking/Savings

##### CHECKING ACCOUNT

Adult Day Services	4,680.38
Adventure Camp	758.41
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	110,376.22
Community Services - M/H	1,605.32
CSP	-492.15
Fishing Without Boundries	2,663.00
General Donated Funds	70,861.99
Housing - DD Services	1,370.47
Langlade HCC	2,666.50
Legacies by the Lake	
Music in Memory	1,822.90
Legacies by the Lake - Other	4,273.93
<b>Total Legacies by the Lake</b>	<b>6,096.83</b>
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	7,084.77
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	2,945.57
Outpatient Services - Marathon	101.08
Pool	10,185.07
Prevent Suicide Langlade Co.	1,543.55
Suicide Prevention Walk	750.00
United Way	355.05

**Total CHECKING ACCOUNT** 238,552.73

**Total Checking/Savings** 238,552.73

##### Accounts Receivable

Accounts Receivable 16.00

**Total Accounts Receivable** 16.00

**Total Current Assets** 238,568.73

**TOTAL ASSETS** 238,568.73

### LIABILITIES & EQUITY

#### Equity

Opening Bal Equity 123,523.75

Retained Earnings 59,745.02

Net Income 55,299.96

**Total Equity** 238,568.73

**TOTAL LIABILITIES & EQUITY** 238,568.73

## North Central Health Care Budget Revenue/Expense Report

Month Ending August 31, 2015

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
TOTAL NET REVENUE	4,887,238	4,914,787	38,832,338	38,977,003	(144,665)
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,309,937	2,489,055	18,233,992	19,277,880	(1,043,888)
Fringe Benefits	1,006,753	1,013,181	7,171,181	7,847,383	(676,202)
Departments Supplies	656,591	432,217	4,049,620	3,451,233	598,387
Purchased Services	316,413	273,725	2,487,110	2,230,800	256,310
Utilitites/Maintenance Agreements	346,987	311,644	2,490,050	2,495,154	(5,103)
Personal Development/Travel	40,819	40,350	259,210	322,800	(63,590)
Other Operating Expenses	269,667	172,988	1,058,882	1,383,907	(325,024)
Insurance	45,222	48,258	340,189	386,067	(45,878)
Depreciation & Amortization	138,637	137,253	1,140,356	1,098,022	42,334
Client Purchased Services	<u>158,908</u>	<u>50,000</u>	<u>928,722</u>	<u>400,000</u>	<u>528,722</u>
<b>TOTAL EXPENSES</b>	<b>5,289,934</b>	<b>4,968,671</b>	<b>38,159,313</b>	<b>38,893,245</b>	<b>(733,932)</b>
<b>EXCESS REVENUE (EXPENSE)</b>	<b>(402,697)</b>	<b>(53,885)</b>	<b>673,024</b>	<b>83,757</b>	<b>589,267</b>

**North Central Health Care  
Write-Off Summary  
August 2015**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$26,551	\$47,840	\$13,618
Bad Debt	\$0	\$1,718	\$3,310
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$13,525	\$63,999	\$67,130
Bad Debt	(\$3,243)	\$2,315	\$19,449
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$19,501	\$23,147	\$16,342
Bad Debt	(\$7,011)	\$15,483	\$12,312
Ancillary Services:			
Administrative Write-Off	\$18,454	\$43,741	\$14,272
Bad Debt	\$0	\$120	\$11,128
<b>Pharmacy:</b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$78,031.12</b>	<b>\$178,728.27</b>	<b>\$111,362.00</b>
<b>Total - Bad Debt</b>	<b>(\$10,254.24)</b>	<b>\$19,635.14</b>	<b>\$46,199.00</b>

**North Central Health Care  
2015 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
<b>January</b>	Nursing Home	6,603	6,500	(103)	88.75%	87.37%
	Hospital	403	403	0	81.25%	81.25%
<b>February</b>	Nursing Home	5,964	6,007	43	88.75%	89.39%
	Hospital	364	446	82	81.25%	99.55%
<b>March</b>	Nursing Home	6,603	6,607	4	88.75%	88.80%
	Hospital	403	439	36	81.25%	88.51%
<b>April</b>	Nursing Home	6,390	6,162	(228)	88.75%	85.58%
	Hospital	390	403	13	81.25%	83.96%
<b>May</b>	Nursing Home	6,603	6,301	(302)	88.75%	84.69%
	Hospital	403	440	37	81.25%	88.71%
<b>June</b>	Nursing Home	6,390	6,115	(275)	88.75%	84.93%
	Hospital	390	420	30	81.25%	87.50%
<b>July</b>	Nursing Home	6,603	6,380	(223)	88.75%	85.75%
	Hospital	403	428	25	81.25%	86.29%
<b>August</b>	Nursing Home	6,603	6,604	1	88.75%	88.76%
	Hospital	403	436	33	81.25%	87.90%
<b>September</b>	Nursing Home Hospital					
<b>October</b>	Nursing Home Hospital					
<b>November</b>	Nursing Home Hospital					
<b>December</b>	Nursing Home Hospital					

**North Central Health Care  
Finance Committee-Analysis  
Calendar Year: 2015**

	Target	January	February	March	April	May	June	July	August	September	October	November	December	YTD
<b>Days Cash On Hand:</b>														
Invested	70	61	62	62	60	61	62	60	58					60
Operating		48	36	33	47	46	46	40	31					35
Total		109	98	95	107	107	108	100	89					95
<b>Average Daily Census:</b>														
Nursing Home	213	210	215	213	205	203	204	206	213					208
Hospital	13	13	16	14	13	14	14	14	14					14
<b>Days in Accounts Receivable:**</b>	55-60 days	80	79	75	72	71	67	67	66					66
<b>Direct Expense/Gross Patient Revenue**</b>	55%-59%	61%	51%	59%	62%	65%	60%	65%	69%					61%
<b>Write Offs**</b>	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%					0.46%
<b>Excess Revenue (Expense):</b>														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468	\$550,567	(\$427,189)	(\$385,696)					\$762,495
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,354)	\$62,582	(\$9,938)	(\$46,385)					\$143,759
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)	\$258,622	(\$46,087)	\$41,912					\$110,132

\*\*Dash Board Outcomes

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
FINANCE, PERSONNEL & PROPERTY COMMITTEE  
MEETING MINUTES**

August 27, 2015

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Ron Nye	X	Jeff Zriny	X	Lee Olkowski
X	Bob Weaver	X	John Robinson		

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Sarah Merbach, Debbie Osowski

The meeting was called to order 11:00 AM, roll call taken, and a quorum noted.

Minutes

**Motion**/second, Nye/Zriny, to approve the minutes of the 7/30/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- Revenues:
  - Overall revenues were close to target.
  - Nursing home showed slight improvement with census up to 206; Medicare improved slightly at 21 (target is 26); hospital census averaged 14 per day. Nursing home census in August is currently averaging 211.
  - Rehab revenue has bumped up after transitioning to a new rehab company.
  - Revenue in nursing home overall is close to where it should be.
  - Outpatient revenue is down due to vacancies of 6 clinical staff. Vacancies impacts revenues and access to services. Outpatient revenues will improve once positions are filled.
- Expenses:
  - Health insurance was \$215,000 over budget; however, August is low again. Year to date we are under budget.
  - Also significantly over budget by \$150,000 is the State Institutes (Winnebago's daily charge averages \$1,000). Winnebago is primarily utilized for minors as we cannot accept ages under 13 years.
  - An increase in expenses has also been seen in food, drugs, and the additional services to the jail. August may also see high expenses as there was a large back rent payment of \$169,000 for the old CSP building which was the result of the lengthy legal dispute over the safety of the air quality and building structure. There have been cost savings to moving the CSP program to the main campus but the most important aspect is the added benefit to the clients.
  - Also received notice of a large back payment of workers compensation premium of around \$200,000. This is the usual July adjustment retro review which attributed to several large claims in December 2014.

**Motion**/second, Nye/Robinson to approve the July financial statements. Motion carried.

### Pharmacy Packaging System

- Sarah Merbach, Director of Pharmacy, reviewed the proposal on compliance packaging.
- Currently we use the bubble packaging system which takes a lot of storage and actually costs the patient between \$5,000-\$10,000 in waste alone. Community Treatment program uses a multi-dose system on cards and bottled meds which is labor intensive and error prone.
- The Pyxis system in the hospital uses bar codes and electronically secures the medications by only opening areas on the cart of the drugs for a specific patient. It is secure and reduces errors.
- Many methods used for different programs.
- New system would dispense the medications for each program the same but be able to be specific for the program.
- New system would reduce the potential for errors, provide the opportunity to buy in bulk and package the medications here, and reduce the storage area from 4 to 1.
- Committee discussed at length how to proceed with the purchase of this new pharmacy packaging system considering the current relationship with Marathon County.
- **Motion**/second, Robinson/ Zriny to include the purchase of the new pharmacy packaging system in the 2016 capital budget and carry forward into 2016 the \$210,000 currently approved for 2015. Motion carried.

### CFO Report

- Based on our audit report a question was raised about NCHC investments and the security of the investments.
- Our policy addresses our relationships with banks that are financially sound.
- We have begun to further identify that the banks will collateralize our investments. To do this we must be a public depositor; we meet the definition of public depositor under Chapter 34.
- This is different from security in that the bank provides us with information that they are sound collaterally.
- Abby Bank has been contacted and has indicated they will collateralize our investments. Brenda will continue to contact the other banks that we work with as well.

### 2016 Budget

- Brenda shared communication from Brad Karger, County Administrator, and Kristi Kordus, County Finance Director regarding 2016 budget meetings and expectations and asked the committee to consider a joint meeting with the Marathon County Finance Committee. Items of discussion would include: mental health services to the jail, reserves and what they mean, Fund Balance Policy and its development with three county finance directors, capital policy, reports available to the county finance directors, etc.
- **Motion**/second, Nye/Zriny, to request a joint meeting of NCHC Finance, Personnel & Property Committee and CFO with the three county finance committees and finance

directors to discuss potential capital policies and other items they would like to review. Meeting should be as soon as possible. Motion carried. John Robinson will initiate the contacts to coordinate the joint meeting.

**Motion**/second, Zriny/Robinson, to adjourn the meeting at 12:04 p.m. Motion carried.

*dko*



**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
BOARD MEETING MINUTES**

August 27, 2015

12:00 p.m.

NCHC – Wausau Board Room

Present:

EXC	Jean Burgener	X	Joanne Kelly	EXC	Holly Matucheski
X	Bill Metter	EXC	Bill Miller	X	Ron Nye
X	Lee Olkowski	EXC	Dr. Eric Penniman	X	John Robinson
X	Greta Rusch	X	Laura Scudiere	EXC	Dr. David Tange
X	Bob Weaver	X	Jeff Zriny		

Also Present: John Bandow, Dr. Brigitte Espinoza, Gary Bezucha, Brenda Glodowski, Michael Loy, Becky Schultz, Toni Simonson, Debbie Osowski

The Board welcomed Dr. Brigitte Espinoza. Dr. Espinoza recently joined NCHC as a staff psychiatrist.

Consent Agenda

- **Motion**/second, Kelly/Metter, to approve the consent agenda which includes the July financial statements, 7/30/15 Finance, Personnel & Property Committee meeting minutes, and the 7/30/15 Board meeting minutes. Motion carried.

Chairperson’s report

- The Parliamentary Policy was reviewed.
- It was the consensus of the Executive Committee that the Board approves minutes of committee meetings even if the committee has not yet approved the minutes. Amended minutes can return to the Board for approval at any time.
- **Motion**/second, Scudiere/Robinson, to approve the minutes of the 8/3/15 Executive Committee meeting.

Quality Committee

- PDCA (Plan, Do, Check, Act) process improvement project has been initiated regarding nursing home readmission rates.
- Corporate Compliance, Ethics, and Sentinel events investigations were reviewed in closed session.
- Joint Commission accreditation was reviewed. This is a symbol of quality that reflects an organization’s commitment to providing safe and effective care. Congratulations to all the staff.
- Dashboard was reviewed.
  - A ‘benchmark’ column has been added. This provides benchmark data on a national level.
  - Target column is the target we have set for the year based on historical performance plus an expected improvement of 10-25%.

- The 'access' measure score is driven by staff shortages particularly in Aquatic Services and Outpatient Clinics. Recruitment is in process to fill the 6.5 staff vacancies in Outpatient Services and the physical therapist position in Aquatic Services.
- The benchmark for 'turnover' is for north central United States and being driven almost 100% by CNA turnover in nursing homes.
  - We are using national websites to recruit.
  - There is a finite pool when seeking dual qualified substance abuse and mental health counselors but we are offering to provide training to become dually certified.
  - We have contacted all licensed clinicians in the State of Wisconsin.
- Defined action plans are being developed and will help show accountability for the services NCHC provides.
- Communication must improve with the community and County Board.
- Quality Committee continues to work diligently on each area of the Dashboard and welcomes any Board member's participation.
- **Motion**/second, Scudiere/Olkowski to approve the report and 7/23/15 Quality Committee meeting minutes. Motion carried.

#### Financial report

- July shows a loss of just over \$427,000. Driven mainly by high expenses.
- Revenues are near target.
- Two significantly high expense areas are health insurance and state institutes.
- Overall, the organization is ahead of target by \$958,049.

#### Finance, Personnel & property Committee

- A request for approval of a new pharmacy packaging system was reviewed.
  - Initially, the request for \$210,000 was incorporated in the 2015 budget. Revisions to the system would increase the amount an additional \$293,000.
  - After considerable discussion, the purchase of the new pharmacy packaging system will be included in the 2016 capital budget and will carry the \$210,000 approved in the 2015 budget into 2016.
- A joint meeting of the NCHC Finance Committee with the Finance Committees and Finance Directors of the three counties will be organized as soon as possible. Purpose: to discuss policy items, capital requests, any concerns, and promote communication. All Board members will be notified and are welcome to join the meeting. John Robinson will initiate the contacts to organize a joint meeting.

#### Human Services Operations Committee

- A presentation was received from Community Corner Clubhouse.
- Mental health services in the jail were discussed at length
  - We are providing more services at a higher level than ever before received in the jail i.e. crisis workers are called in on a daily basis, tele-psychiatry hours are expanding

from 4 to 8 hours per week starting in October, onsite part-time forensic counselor is in place, etc.

- Meetings with jail personnel began July 1 and occur every other week and include Chad Billeb, Michelle Hubbard, Paul Mergendahl, Deb Hager, Ronda Zastrow, Sandra LaDu-Ives, Gary Bezucha, Toni Simonson, and Laure Blanchard.
- To clarify any misunderstanding about adding an additional forensic counselor in the jail, this position is a specific specialty which means limited availability of applicants. We are diligently working to fill this position and requested a meeting with County personnel to develop a plan until the position was filled. County staff have indicated they will not accept anything less than a full-time forensic counselor who is to be in place no later than Nov. 1.
- Personnel in the jail have expressed positive comments regarding the results of the services being provided including positive feedback from Sheriff Parks stating he felt this could be a pilot for the State.
- An action plan has been developed which includes expanding services for the jails in the other two counties.
- City Pages article, communication from Marathon County staff and Board members, and accusations toward NCHC were discussed; the many inaccuracies in the communication were reviewed.
- OWI assessment payment process changed several years ago due to a recommendation in our annual audit; these changes were not communicated clearly enough to the County which has resulted in recent negative comments.
- Improved communication with County Board members was requested. Board members were also encouraged to contact Gary or any member of the Senior Executive team if questions or concerns arise.
- **Motion**/second, Robinson/Rusch, to approve the 7/16/15 Human Services Operations Committee report and minutes. Motion carried.

#### Nursing Home Operations Committee

- An interim administrator is in place; she has helped us through the nursing home survey.
- Discussed staff turnover; CNA's as a group tend to turn over quickly.
- Communication was also discussed.
- **Motion**/second, Robinson/Olkowski, to approve the 7/24/15 Nursing Home Operations Committee meeting minutes.

#### Medical Staff

- **Motion**/second, Scudiere/Zriny to approve appointments for:
  - Brian D. Smith, M.d., Medical Director
  - Jean Lee Baribeau-Anaya, PA-C, Mid-Level Provider, Locum TenensMotion carried.

#### Mental health services to the criminal justice system update

- Our commitment is to provide a full-time forensic counselor i.e. we have one forensic counselor in place now but the concern is to have a back-up for her when ill or on vacation.

- We are currently providing services far better than ever before; Robinson noted that jail staff and the Oversight Committee have recognized that services are quality services and we are making a positive impact on the inmates and seeing benefits.
- We have an opportunity to lead the nation in this area.
- A detailed action plan is in place; challenge is to reduce recidivism rate.
- Bandow noted that the county board is only hearing the bad news; communicating the positive is needed.
- Our staff is doing an excellent job!
- Need to look for positive opportunities to continue to invite the County Board and community members into this facility, have clients talk about meaningful experiences, etc.

#### Psychiatry Residency

- Anticipate submitting application in a few weeks.
- Expect site visit by the end of this year.
- A series of meetings are being scheduled with all involved partners.

#### Strategic Plan

- Suggested to delay further conversations to next month.
- Only 5 of 11 responses were received on the external stakeholder survey and it was felt this was not a meaningful response. Board agreed to redo this portion of the survey and provide the survey to all county board members from the three counties in an effort to obtain a more significant response.
- It has been suggested a Mental Health Summit be organized through the Board of Health and include issues of shortage of psychiatry, childhood trauma, proper resources, etc.

#### Discussion: Developing formal process for communication with marathon, Lincoln and Langlade Counties

- Defer discussion to next month

#### Discussion: Access to services

- Defer discussion to next month

#### Future meeting agendas

- Board training

**Motion**/second, Olkowski/Scudiere, to adjourn the meeting at 1:27 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant*

## CEO Report - September, 2015

### **Nursing Home:**

- We received the official Statement of Deficiencies for our recent survey. At the exit conference at the end of the survey, 15 citations were identified; all at the D, E and F level. The final SOD reduced the actual citations to 10 and all remained at the D, E and F level. The Plan of Correction is being developed and more than likely will require only a desk review. All in all a good survey.
- We have two candidates that we are considering for the Nursing Home Administrator position and anticipate on-site interviews the week of 9/21.
- We are continuing to work with Catalyst Health to provide interim leadership for the Nursing Home and assist with development of the Plan of Correction related to the survey. We also anticipate that we will engage Catalyst Health to do a quarterly audit of quality processes.
- CNA staffing remains a critical problem. All nursing homes are experiencing this same staffing shortage. Ours is more acute because we employ so many CNAs in comparison to other facilities. We have implemented some extraordinary measures aimed at retaining CNAs and recruiting additional ones.

### **Mental Health Services to Justice System:**

- We are continuing to provide Psychiatry and forensic counseling at the Marathon County jail and have hired Bachelors trained crisis workers to be available for crisis response at the jail and throughout our service area.
- We have been successful in hiring a PhD Psychologist with extensive forensic background to be a part of our team. He will start on 10/12/15.
- We have provided estimates to all three counties on the expected cost of maintaining the enhanced mental health services to the jails for the 2016 budget.

### **Employee Celebration Week:**

- We held our annual employee celebration week the week of 9/14 which included activities each day throughout the week. The highlight of the week was the annual employee recognition banquet held on Tuesday night.

### **Psychiatry:**

- We anticipate that we will be able to file our application for the Psychiatry residency program by the end of the month. We have been successful in selecting a training director and hope to make an announcement soon.
- We are continuing to work with the same recruitment firm on recruitment of an additional Psychiatrist. Recruitment generally slows down at this time of the year until after the first of the year.

### **Resignation of Senior Executive for Human Services:**

- As you all know, I received the resignation of Toni Simonson, the Senior Executive for Human Services effective December 11, 2015. We are in the process of determining what measures will be taken to ensure leadership of her areas while we work to recruit a replacement.

# **NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE MEETING MINUTES**

**September 15, 2015**

**10:30 AM**

**NCHC – Wausau Campus**

PRESENT: Ron Nye, Lee Olkowski, Bob Weaver, Laura Scudiere

ALSO PRESENT: Gary Bezucha, Michael Loy, John Schunke, Chief Deputy-Langlade County

## **AGENDA:**

1. The meeting was called to order by Ron Nye at 12:05 PM and a quorum was noted.
2. Minutes of 8-3-15 meeting: Moved for approval by Lee Olkowski, seconded by Bob Weaver and approved unanimously without any changes.
3. CEO Report:
  - a. Noted that this is our annual employee celebration week.
  - b. Nursing Home survey is completed and we are awaiting receipt of official Statement of Deficiency.
  - c. Received resignation of Toni Simonson effective 12/11/15.
4. Positive Communication to the community:
  - a. An annual report is in draft stage and will be shared with the board for input and critique.
  - b. Noted that NCHC Crisis services remains a very critical service and also one that receives a great deal of attention and frequent criticism. Prior to any effort aimed at improving communications with the community or improving the image of NCHC, we need to ensure that this service is functioning at maximum effectiveness and is serving the needs of the communities that we serve. To that end, Gary Bezucha announced the formation of an independent task force whose charge will be to evaluate our crisis services and make recommendations for improvement.
5. Update on mental health services to jails and OWI Assessments:
  - a. Continuing to provide Psychiatry services at about 8 hours/week via tele-psychiatry.
  - b. Continuing to provide close to full-time forensic counselor.
  - c. Bachelor trained crisis staff in place and available.
  - d. Hired a PhD Psychologist with extensive forensic training.
  - e. Estimates of cost of continuance being shared with Marathon County and costs for implementation of enhanced service shared with Lincoln and Langlade Counties.
6. 51.42 Core Services: Discussion about being able to more clearly define to all three sponsor counties what our core services are and what additional/enhanced services are. 51.42 statutes is vague on what is mandated. Also discussed how stakeholders outside the organization can/should bring concerns to the organization. Gary Bezucha charged with developing a plan.

7. Follow up on strategic plan: Plan is to provide the external stakeholder survey to all three county boards and collate the results and follow that up with a dialogue with all three boards to ascertain their priorities for Mental Health and Substance abuse services and incorporate that into a strategic plan along with ideas already generated.
8. Nomination of board officers for 2016: Deferred to next month.
9. Moved for adjournment by Lee Olkowski and seconded by Laura Scudiere. The meeting was adjourned by Ron Nye at 1:12 PM

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2015

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2014
<b>CLINICAL</b>																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	24.2%	13.8%	9.1%	11.1%	16.1%	18.5%	0.0%	8.3%					13.2%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	11.0%	9.3%	12.7%	7.1%	17.2%	10.7%	12.8%	14.8%					12.0%	10.0%
AODA Relapse Rate	18-21%	40-60%	↓	17.9%	25.0%	26.7%	15.4%	30.0%	20.8%	26.3%	25.8%					23.2%	20.8%
NCHC Adverse Event Rate	3.8-4.0	4.1	↓	3.5	4.1	4.3	4.0	3.8	3.7	4.8	4.5					4.1	4.1
<b>PEOPLE</b>																	
Injury Claims*	50-60	78.95	↓	24	18	24	24	22	20	22	24					24	n/a
Employee Turnover Rate*	20-23%	17%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%	23.4%	24.6%					24.6%	25.5%
<b>SERVICE</b>																	
Client/Patient/ Resident Satisfaction Percentile Rank	58-66 Percentile	58-66 Percentile	↑	66th	70th	39th	41st	67th	44th	65th	47th					55th	59th
Community Partner Satisfaction Percent Good/Excellent	75-80%	N/A	↑	\	68%	\	\	79%	\	\	73%	\	\		\	73%	71%
<b>COMMUNITY</b>																	
Community Employment Rate	15.8-18%	17.8%	↑	27.2%	25.2%	22.9%	24.7%	24.4%	23.6%	26.3%	21.1%					24.4%	n/a
NCHC Access Measure	90-95%	NA	↑	98%	98%	91%	83%	70%	59%	59%	65%					77%	n/a
Recidivism Rate for OWI	27-32%	44.7%	↓	31.4%	26.3%	24.4%	36.6%	23.5%	20.0%	12.8%	39.4%					27.2%	31.30%
<b>FINANCE</b>																	
Direct Expense/Gross Patient Revenue	55-59%	N/A	↓	61%	51%	59%	62%	65%	60%	65%	69%					61%	59.7%
Days in Account Receivable	55-60	54	↓	80	79	75	72	71	67	67	66					66	79
Write-Off Percent of Gross Revenue	.5-.6%	N/A	↓	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%					0.46%	n/a

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

\* Monthly Rates are Annualized

\*\* Target is based on a 10%-25% improvement from previous year performance or industry benchmarks.



## NCHC OUTCOME DEFINITIONS

CLINICAL	
<b>Nursing Home Readmission Rate</b>	Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions. <i>Benchmark: American Health Care Association/National Center for Assitive Living (AHCA/NCAL) Quality Initiative</i>
<b>Psychiatric Hospital Readmission Rate</b>	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital. <i>Benchmark: Medicare Psychiatric Patients &amp; Readmissions in Inpatient Psychiatric Facility Prospective Payment System, May, 2013, The Moran Company</i>
<b>AODA Relapse Rate</b>	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
<b>NCHC Adverse Event Rate</b>	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors. <i>Benchmark: Improvement from 2014 NCHC Rate</i>
PEOPLE	
<b>Injury Claims</b>	The number of employee injuries with associated worker's compensation claims. Monthly figures represent an annualized rate. <i>Benchmark: U.S. Bureau of Labor Statistics, U.S. Department of Labor 2013</i>
<b>Employee Turnover Rate</b>	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate. <i>Benchmark: Society of Human Resource Management (SHRM) for the north central region of the U.S.</i>
SERVICE	
<b>Client/Patient/Resident Satisfaction Percentile Rank</b>	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey. <i>Benchmark: HealthStream 2015 Top Box Percentile</i>
<b>Community Partner Satisfaction Percent Good/Excellent</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
<b>Community Employment Rate</b>	Percent of Community Treatment, Prevocational, and Community Corner Clubhouse clients receiving vocational support/services who are employed. <i>Benchmark: National Alliance on Mental Illness (NAMI)</i>
<b>NCHC Access Measure</b>	% of clients obtaining services within the Best Practice timeframes in NCHC programs. <ul style="list-style-type: none"> <li>• Adult Day Services - within 2 weeks of receiving required enrollment documents</li> <li>• Aquatic Services - within 2 weeks of refferal or client phone requests</li> <li>• Birth to 3 - within 45 days of referral</li> <li>• Community Corner Clubhouse - within 2 weeks</li> <li>• Community Treatment - within 60 days of referral</li> <li>• Outpatient Services - within 14 days of referral</li> <li>• Prevocational Services - within 2 weeks of receiving required enrollment documents</li> <li>• Residential Services - within 1 month of referral</li> </ul>
<b>Recidivism Rate for OWI</b>	Percentage of AODA clients who receive treatment at NCHC that have 2 or more OWI convictions. <i>Benchmark: 2012-OWI Related Convictions by Violation County and Repeat Offender Status, State of Wisconsin DOT, Bureau of Driver Service, Alcohol &amp; Drug Review Unit</i>
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.
<b>Days in Account Receivable</b>	Average number of days for collection of accounts. <i>Benchmark: WIPFLI, sources 2015 Almanac of Hospital Financial and Operating Indicators published by Optum-Psychiatric Hospitals, 2013 data.</i>
<b>Write-Off percent</b>	Write-offs as a percent of gross revenue

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES**

**September 17, 2015, 10:30 a.m.**

**NCHC – Wausau Campus**

Present: Darren Bienvenue, Bill Miller, Dr. Eric Penniman, Laura Scudiere, Holly Matucheski

Excused: Jean Burgener

Also present: Gary Bezucha, Becky Schultz, Michael Loy, Toni Simonson, Dianna Schlicher

The meeting was called to order at 10:31 a.m.; roll call was noted and a quorum declared. Moments of Excellence were shared.

**Motion**/second by Bienvenue/Penniman to amend the agenda to add the nursing home survey report as an agenda item. Motion carried.

Minutes

- **Motion**/second by Penniman/Matucheski to approve the minutes of the July 23, 2015, meeting. Motion carried.

Outcome Data/Safety

- The Committee reviewed organization-wide and program-specific outcome data and safety data.
- Staff will continue to work to provide benchmark data for all areas.
- Adverse events have increased due to improved reporting. The only trend identified is falls in the nursing home. There is a process improvement team working on this.
- The Committee was updated on process improvement actions taken for client/patient/resident satisfaction, including training on first impressions, key phrasing techniques and employee engagement strategies.
- Staff reviewed contributing factors to the access measure results, including closing of 3-4 group homes in the past month in the Wausau area, recruitment challenges in Outpatient and high volumes in day treatment. Measures that are not meeting the internal target are still well below benchmark; an overall action plan is being developed for access.
- Safety data was reviewed. A continued positive trend in results was noted. No specific negative variations have been identified other than falls.
- **Motion**/second by Penniman/Bienvenue to approve all Outcome Data as presented. Motion carried.

Closed Session

- **Motion**/second by Bienvenue/Penniman to adjourn into Closed Session, pursuant to Section 19.85(1)(c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency and to allow staff to remain. Motion carried and moved into closed session at 10:59 a.m. Roll Call taken, Yes=5, No=0.

- **Motion**/second by Miller/Penniman to come out of closed session. Motion carried.
- The Committee reviewed and approved the Corporate Compliance and Ethics and Significant Events Investigations, finding that appropriate action(s) were taken.

#### Auditing Report

- A subcommittee has been developing audit reports for the past six (6) months.
- Timeliness reports are being monitored through electronic process.
- The subcommittee has identified content elements for all critical documents in medical record.

#### HIPAA Risk Assessment Action Plan

- A HIPAA Risk Assessment was conducted by a third party to evaluate the physical environment and Information Systems is protecting patient/client/resident information.
- No critical issues were found; action plan addresses areas of concern has been developed.
- The Committee requested Jenny Anklam to provide further information to the Committee.

#### Process Improvement Project – Crisis Services

- A process improvement project was initiated as a follow-up to concerns identified by providers and clients.
- A formal group will be established, comprised and led by non-NCHC person(s), to conduct an assessment of Crisis Services.
- The Committee discussed other individuals that should be included to the group and specific areas to be addressed by the group.
- Reports on progress will be provided

#### Joint Commission Update

- Joint Commission Accreditation was awarded for all of Behavioral Health Services, the gold standard for quality.
- The corrective action report was accepted for the one hospital accreditation process; NCHC is awaiting a one-day verification visit.

#### Nursing Home Survey Report

- Fifteen (15) citations were identified in the informal exit conference; 5 citations were dropped in the Statement of Deficiencies, all of which were low-level citations.
- A Corrective Action Plan will be submitted.

#### Future Agenda Items

- HIPAA Risk Assessment overview to be provided by Jenny Anklam.
- Trauma Informed Care training.
- Investigation process for grievances/complaints.
- **Motion**/second by Penniman/Miller to adjourn at 11:54 a.m. Motion carried.

*dls*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
HUMAN SERVICES OPERATIONS COMMITTEE  
MEETING MINUTES**

**September 9, 2015**

**8:00 a.m.**

**NCHC – Wausau Campus**

Present:

	(via		(via		
X	phone)	John Robinson	X	phone)	Holly Matucheski
X		Greta Rusch	EXC		Nancy Bergstrom
X		Linda Haney	EXC		Scott Parks
				X	Joanne Kelly
				X	Lee Shipway

Also Present: Toni Simonson, Gary Bezucha, Debbie Osowski, Aekta Dassow, Jennifer Jacobson, Ellen Barker

The meeting was called to order, roll call was noted and a quorum declared.

Consent Agenda

- **Motion**/second, Kelly/Shipway, to approve the consent agenda, which includes the minutes of the 7/16/15 meeting and the financial reports. Motion carried.

Human Services Operations Report

- Trauma Informed Care training sessions will be provided by Scott Webb, DHS, for the entire organization. All HSO Committee and Board members are welcome to attend. Dates and times of trainings will be forwarded via email along with a PowerPoint that should be reviewed prior to the sessions.
  - Trauma-Informed Care training focuses on how we interact with people. Using a trauma-informed approach directly correlates with client satisfaction.
- Several group homes in the area have closed recently resulting in our homes receiving many referrals and incurring a large waiting list. We believe the closings are related to the decrease in rates they are receiving from Family Care. CCCW is asking us to help with placement. Situations such as this are impacting our accessibility score on the Dashboard.
  - When Family Care was created it was determined that all DD services must pay for themselves and not to utilize tax levy money to support these services as they are the responsibility of Family Care. Toni Kellner, Director of Residential Services, will be invited to the next meeting for further discussion.
- Aquatic Services also has an accessibility issue, however, we are in the process of hiring a physical therapist. There has also been a significant change with insurance companies requiring services be provided by a physical therapist rather than a physical therapy aide.
- Outpatient clinics and substance abuse services are experiencing accessibility issues as we do not have the employees to deliver the services. We need to hire dual licensed therapists which are difficult to secure. We are contacting the 400 therapists in the state who meet these qualifications to see if any interest can be generated. We may need to consider hiring clinicians and providing the 3000 hours of training to become dual certified.
  - Suggestion made to break down the accessibility measure and summarize by category.
- Medically Monitored Treatment (MMT) program has opened with 6 beds
  - Huge demand for the program. Received 150 calls for treatment in the first week.

- Looking to align an expansion of services to 12 beds (by July 2016) if it makes sense and funding is available.
- An Occupational Therapist has been employed and will be available for the hospital, Crisis CBRF, and MMT.

#### Psychiatry

- All partners in the Psychiatry Residency Program convened last week.
- Anticipate filing the application in the next few weeks with an accreditation visit by the end of the year.
- A half-time training director has been secured.
- Confident the first class of residents will begin in June 2017.
- Dr. Chan feels there would be a benefit to add a forensic training component into the residency program also.
- Dr. Espinoza's visa situation was finally resolved and she has been working for about a month.

#### Aquatic Services

- No updates on the physical plant.
- A .75 FTE Physical Therapist is being recruited.

#### ADHD Program

- Aekta Dassow, Director of Outpatient Services, Jennifer Jacobson, Therapist, and Ellen Barker, Nurse Practitioner, joined the meeting.
- A packet of information that clients receive for the ADHD program was distributed and reviewed.
- The pilot program is currently completing the first cycle of the program. Anticipate the pilot lasting another 3-4 cycles. Will then review results, process issues, overcome barriers, before making any recommendations.
- Adults with ADHD have not had much research in comparison to children with ADHD. Medications only help about 30% of the problem. The comprehensive program is aimed at helping the other 70% and includes working to support clients in connecting with their personal care provider if medical needs are identified.
- Group components are based on cognitive behavioral therapy; 12-week program which meets once per week; 6-8 individuals per group; assignments are given; often times family members will attend but they may not participate as it becomes chaotic; skills are taught i.e. using planners to help stay organized, rewards for completed tasks, etc.; after 12-week program will work with individual's clinician to see if a second session would be beneficial.
- Will be determining ripple effects, proper timing, involve providers, etc. before considering expansion of the program.
- Currently working in Marathon County; considering expansion into Lincoln and Langlade Counties.

#### Independent/External Evaluation of Crisis Services

- Focal point has recently revolved around crisis services; NCHC image in the community has not been favorable.
- Goals of an evaluation of crisis services: better understanding of NCHC services in the community, involved users of services i.e. private sector behavioral health providers, schools, law enforcement, hospitals; identify strengths and weaknesses, better understanding of the expectations of clients. Group would make recommendations to NCHC, HSOC, and the Board on how to improve services and communicate services to the community.

- Committee agreed a panel should be identified and would like feedback in 3 months
  - Recommendations to lead this group included: Laura Scudiere, Andy Benedetto, Kathy Drenkler, and Dr. Tom Zentner.

#### Collaboration with Social Services regarding youth services options

- Receiving feedback and discussing needs of youth crisis services with the three county Social Services Directors.
- Consistent theme identified is a need for a place for kids to go who are in crisis or in need of immediate respite. NCHC is able to provide stabilization services but nothing beyond that i.e. placement. Our youth crisis location is not certifiable for placement. The Department of Children and Family Services has stated we can only keep kids up to 24 hours.
- NCHC and Marathon County Social Services will visit a group home in Wood County that has designated several beds for youth crisis. We may have an opportunity to relocate some DD clients in a group home to a different setting which would free up the site for respite/youth crisis. Will keep committee informed.

#### Future items for Committee consideration

- Interest in community and need for growing mental health needs i.e. Mental Health symposium (bring mental health community together; possibly an outgrowth of crisis services; ongoing meetings; how to get community to embrace issues).

**Motion**/second, Haney/Matucheski, to adjourn the meeting at 9:29 a.m. Motion carried.

*dko*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

**September 11, 2015**

**11:30 AM**

**NCHC – Wausau Campus**

Present: X Jean Burgener X Lee Olkowski X John Robinson  
X Bill Metter X John Bandow EXC Bill Miller

Also Present: EXC Brenda Glodowski X Gary Bezucha EXC Michael Loy  
X Vicki McBride, Interim DON X JoAnn Pemble  
X Lori Koepfel, Catalyst Health Consultant

The meeting was called to order at 11:30 a.m.

Minutes

- **Motion** / second, Miller / Bandow, to approve the 07/24/15 minutes of the Nursing Home Operations Committee meeting. Motion carried.

Financial Report

- Posted a loss for July, but YTD is still favorable.
- Medicaid revenue was up due to favorable CMI.
- Revenues were near target, but expenses were high due to a health insurance spike and additional expenses for contracted leadership staff and nursing staff overtime.
  - Nursing overtime expense has been necessary to cover open shifts due to staff turnover.
  - The greatest factor driving staff turnover is mandatory stay requirements to cover open shifts and call-ins.
  - NCHC has hired over 100 CNAs in 2015 and we are losing them as fast as they are hired due to being mandated to stay over to cover shifts. Some measures have been put into place that are anticipated to have an impact on the situation.
  - Other factors include orientation, inconsistent training, and not providing the tools needed to be successful. This area is being addressed as well.
  - Mandatory stay has always been a practice used in the nursing home to fill vacant shifts.
  - At this time, we are staffing to cover the regulatory minimum staffing requirements per patient day and there is still not enough staff to cover every shift.
  - Two things precipitate mandatory stay, open shifts and call-ins. Staff is burned out, so they call in, which only creates more mandatory stays for the staff needed to fill the vacancy.
  - In general, the workforce is not out there, there are not people who want to become direct caregivers. Or they think they do, but once they find out what is required, they find it's not what they wanted after all.
  - Lori has been calling staff that has voluntarily left. Reasons for leaving have consistently been mandatory stay and hourly pay. Higher pay outside of the direct caregiver role is a nationwide problem for healthcare facilities.
  - Pools to pull staff from do not exist anymore. There are no temp staff agencies that have CNA pools to pull from for hiring.

### Nursing Home Consultant's Assessment / Annual Survey

- Lori reviewed her quality process review results (attached), which was completed just three days before the State surveyors arrived for our annual recertification survey.
- Lori's quality process review found 25 core processes with one or more parts that had broken down. Each process was prioritized based on the highest potential for severity of outcomes, those with repeat or trended citations from the State, areas that were cited during MetaStar's mock survey, and current "hot topics" in the State.
- Of the 25 areas identified by her quality process review, 15 were tentatively cited by the surveyors. The surveyors were very supportive of the actions plans already implemented.
- When the surveyors left they indicated there may be a possibility that three of the "G" level citations may actually rise to a level of actual harm. This would require a call back from them. We have not received a call so are taking that to mean they did not change the level. If there is no elevation of the "G" level, it is highly likely the Plan of Correction will only require a desk review versus a verification visit by the surveyors.
- Reviewed Scope and Severity Grid used by the surveyors to determine level of citations.
- We received two "F" level citations, but they fell outside the criteria for substandard quality of care. Most cites were at a "D" or "E" level.
- Surveyors were very accommodating given the number of examples of non-compliance and were appreciative of Leadership being up front and transparent about the core process issues that had already been identified.
- Orientation and training will play a major role in the Plan of Correction. Clarification of roles and responsibilities within the nursing home staff is needful to be able to hold leaders accountable.
- Another key piece will be the Quality Assurance Program. Lori, her staff, and Vickie are building process validation for all core processes, which will be helpful in preventing this from happening again. The verification outcomes will be reported through the QA Program back to this committee, and then to the HHCS. The Plan of Correction will include a commitment to report to the Nursing Home Quality Assurance committee, Corporate Compliance, Infection Control, and the Board Quality Committee.
- Fail-safe mechanisms will be put in place to alert when a process is not being followed.
- To build this level of accountability into the core functions of the nursing home, auditing will become part of the routine; people will do what is verified. It is crucial to hire the right people with the right attitude, reward on a regular basis, and discourage behavior that is contrary to our core values.
- The processes are already in place; they will be reinstated and modified and staff will receive education and training. A mentor program for nurses and CNAs will be reestablished, agency staff orientation will take place, and a calendar of core competencies will be built for ongoing implementation. Catalyst Health resources and personnel are currently being utilized for training.
- Policies are being reviewed to assure they are being followed as stated and staff is being told what the policy says.
- Suggested to bring Catalyst Health back in quarterly to review processes.



- The Leadership Team is working very hard for the next 30 days to regain substantial compliance in the nursing home and intensive education will take place from September through December.
- Will also need to address the other 10 areas of the 25 that Catalyst Health identified when they did their initial quality process review.
- The facility already has an excellent quality plan and systems in place for a good way to measure goals and provide a clear way to cascade information/outcomes down to everyone in the organization.
- Catalyst Health has a PDCA (action plan) associated with all of the 25 broken core processes identified. Progress on corrective actions can be reported through the PDCA process.
- The Plan of Correction is outlined on trackers that can be followed by Gary and the Quality and Compliance Senior Executive.
- The two citations, F364 and F252, for kitchen sanitation actually had to do with the different dining experiences between the 1<sup>st</sup> and 2<sup>nd</sup> floors due to the availability of a kitchen on the 1<sup>st</sup> floor that is not available on the 2<sup>nd</sup> floor. This was to be addressed in the Master Facility Plan, which has been put on hold due to financing approval.
- A dining task force has been formed that includes residents and family members to look at ways to improve the dining experience on the 2<sup>nd</sup> floor given what we have to work with at this time.
- The F364 tag is for milk temperatures that were too warm. The Burlodge carts used to transport meals from the kitchen to MVCC have not been repaired because they were to be discontinued with the new Master Facility Plan. The carts will be repaired and staff will be educated on the correct use of the carts. There was also a sink where the hot water temperature was not as high as it should be. An individual heating unit will be purchased to boost the temperature for that sink.
- Committee offered thanks to Lori and her team, as well as Vicki, for the tremendous job they are doing.
- Vicki is continuing to provide her services on a month-to-month basis.

#### CNA Staffing Concerns

- Of greatest concern is staff stability; it must become forefront of what everyone is doing. Nothing can be fixed if there is not staff to do it.
- Knowledge and understanding of roles and expectations and how to execute them, along with accountability, are key to keeping quality staff.
- When calling staff that has voluntarily left, Lori has been asking them to reconsider and come back. One person indicated she would return.
- New hires are being brought in; they are just not staying. Again, the primary reason is mandatory stay practices.
- Michael has been working with Lori and Vicki. He has held 12-13 listening sessions with CNAs, getting their opinions, and sharing our plan with them. Initiatives implemented include:
  - An incentive system to encourage staff to pick up shifts
  - Offering \$1 per hour to change FTE status from part time to full time

- Changing the scheduling system to an availability system with 12-hour shifts; CNAs will be encouraged to work a 7-day period, which will give a 25% reduction in the number of shifts to fill per pay period and impact the number of call-ins and mandatory stay shifts
- A \$50 additional shift bonus to pick up additional shifts
- A wage acceleration for January
- A \$250 staff retention bonus
- Michael has been responsive to the input of staff during the listening sessions. The nursing staff is now excited and leadership is hearing positive feedback from them.
- There are no easy answers to mandatory stays. Illness and extenuating circumstances will always exist to precipitate the need to fill vacancies; therefore, it is unlikely this practice can be done away with entirely.
- A mentoring program for new employees is being reinstated where the new employee gives feedback to the direct supervisor and the mentor gives feedback to the new employee.
- The first week of the orientation period is also being looked at to help the new employee to know and grasp the soft skills necessary to be successful once they are out on the units.
- Repetitive schedules so staff always knows what their schedule will be are being explored.
- We may be able to train CNAs in-house again in the fall of 2016.
- This committee would like to convey their thanks to Michael for all he has done.
- Jean noted that NTC is doing a pilot project to train individuals 55 and over for the health care field. The first class will be held in January. It may be something to look at for a pool of more mature employees.
- Dementia care is also presenting challenges. Not everyone can care or should care for this population.

#### Contract for Additional Staff Education

- Deferred to September 25<sup>th</sup> meeting.

#### Miscellaneous

- Michael and Gary have conducted telephone interviews with potential Nursing Home Administrator candidates and have two very good candidates to bring in for interviews. Lee Olkowski and Jean Burgener will be part of the interview team.
- Gary has asked Terry Kaiser to prepare a priority list of nursing home projects the he feels need to be done for life safety code compliance, survey deficiencies, or that are jeopardizing the stability of the building. A list will be presented at the next meeting.

#### Future agenda items

- Follow-up on staffing issues
- Changes in oversight quality, system changes and how this committee can track quality points.

**Motion** / second, Robinson / Bandow, to adjourn the meeting at 12:50 p.m. Motion carried.

*jp*