

**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 Lincoln County Administrative Office Building, 801 N Sales Street, Merrill, WI at **12:00 p.m.** on **Thursday, November 19, 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. October financial statements
    - b. 10/29/15 Finance, Personnel & Property Committee meeting minutes
    - c. 10/29/15 Board meeting minutes
    - d. CEO Report
  4. Chairperson's report: R. Nye
    - a. Action: approve report and minutes of the 11/10/15 Executive Committee meeting
    - b. Action: approve slate of officers for 2016
    - c. Action: elect officers for 2016
    - d. Action: recommendation to Marathon County Board on appointments to NCCSP Board
  5. Quality Committee report: L. Scudiere
    - a. Organizational Quality Dashboard
    - b. Crisis services process improvement update
  6. Financial report: B. Glodowski
  7. Finance, Personnel & Property Committee Report: L. Olkowski
    - a. Recommendation on funding pool study
  8. Human Services Operations Committee (HSOC) report: J. Robinson
    - a. HSO Action Plan
    - b. Marathon County RFP and consultation
  9. Nursing Home Operations Committee (NHOC) report: J. Burgener
    - a. Action: approve minutes of 10/29/15 NHOC meeting
  10. Update on hospital diversions
  11. Strategic discussion on prioritization of resources to serve the most critical needs of the three counties
  12. Closed Session as allowed by Wisc. Stats. 19.85(1)(c) for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility.
    - a. CEO search and recruitment process
  13. Motion to come out of closed session
  14. Report out and any possible action from closed session
  15. Future meeting agendas
  16. 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 11/13/15 TIME 4:00 PM  
VIA:  FAX  MAIL BY: D. Osowski

THIS NOTICE POSTED AT NORTH CENTRAL HEALTH CARE  
DATE 11/13/15 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:** November 13, 2015  
**RE:** Attached Financials

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

### **BALANCE SHEET**

Balance sheet items continue to remain consistent with prior months.

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

The month of October shows a loss of \$251,721 compared to the budgeted loss of \$22,938, resulting in a negative variance of \$228,784.

The hospital was very busy with a census averaging just over 16 patients per day compared to the target of 13.

The nursing home census averaged 207 per day compared to the target of 213. The Medicare census averaged 20 per day, which is an improvement over last month. It does remain below the target of 26. Outpatient areas were below budget targets. October 1 was the go-live date for ICD 10 so there is some impact with revenue due to this. This should catch up. This slowdown was anticipated. Overall revenue, however, did exceed budget.

Overall expenses exceeded budget targets. While salaries remain below budget targets, the gap has narrowed considerably from earlier in the year. This was anticipated. Benefits are below target. There are a number of items that contributed to the higher expenses. Nursing home salaries continue to exceed budget targets. Improved scheduling continues to be worked on. Contracts for interim nursing home administration, Director of Nursing, and staff educator are still in place. The new Nursing Home Administrator has joined the organization so that will help reduce one of the contracts. State institutes continue to run over budget. The expenses continue to include the additional staff to assist with the jail services. Recruitment expenses were high as invoices for recruitment of the nursing home administrator were paid. Expenses for drugs were also higher in October due to the flu vaccines.

Through October the organization shows an overall gain of \$322,326 compared to the targeted gain of \$120,130. This is a positive variance of \$202,196.

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

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

	<u>51.42/.437</u> <u>PROGRAM</u>	NURSING <u>HOME</u>	<u>TOTAL</u>	<u>TOTAL</u> <u>31-Oct-14</u>
<b>CURRENT ASSETS:</b>				
CASH AND EQUIVALENTS	7,361,779	25,278	7,387,057	2,623,900
SHORT-TERM INVESTMENTS	9,300,000		9,300,000	7,250,981
CASH FOR APPROVED CAPITAL PURCHASES	1,674,892	370,664	2,045,556	1,549,020
DONATED FUNDS	153,207		153,207	158,163
<b>ACCOUNTS RECEIVABLE:</b>				
PATIENT (NET)	3,711,070	3,711,204	7,422,274	7,530,873
STATE GRANTS	110,395		110,395	134,499
OTHER	317,782		317,782	411,681
APPROPRIATIONS RECEIVABLE	56,039		56,039	2,792,536
AMOUNTS RECEIVABLE FROM				
THIRD-PARTY REIMBURSEMENT PROGRAMS	453,333	569,255	1,022,588	1,262,793
INVENTORY	16,920	256,902	273,822	331,005
OTHER	<u>279,234</u>	<u>64,904</u>	<u>344,138</u>	<u>459,970</u>
<b>TOTAL CURRENT ASSETS</b>	<u><b>23,434,651</b></u>	<u><b>4,998,207</b></u>	<u><b>28,432,858</b></u>	<u><b>24,505,420</b></u>
<b>CAPITAL ASSETS</b>				
CAPITAL ASSETS	30,669,987	14,751,601	45,421,588	43,189,907
ACCUMULATED DEPRECIATION	<u>(22,772,741)</u>	<u>(10,906,498)</u>	<u>(33,679,238)</u>	<u>(32,031,060)</u>
<b>CAPITAL ASSETS - NET</b>	<u><b>7,897,247</b></u>	<u><b>3,845,103</b></u>	<u><b>11,742,350</b></u>	<u><b>11,158,847</b></u>
<b>OTHER ASSETS - DEFERRED CHARGES</b>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>RESTRICTED ASSETS - PATIENT TRUST FUNDS</b>	<u><b>22,338</b></u>	<u><b>30,171</b></u>	<u><b>52,509</b></u>	<u><b>117,818</b></u>
<b>TOTAL ASSETS</b>	<u><b>31,354,235</b></u>	<u><b>8,873,482</b></u>	<u><b>40,227,716</b></u>	<u><b>35,782,084</b></u>

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

	<u>51.42/.437</u> <u>PROGRAM</u>	<u>NURSING</u> <u>HOME</u>	<u>TOTAL</u>	<u>TOTAL</u> <u>31-Oct-14</u>
<b>CURRENT LIABILITIES:</b>				
ACCOUNTS PAYABLE	4,182,497	0	4,182,497	2,689,783
THIRD PARTY PAYABLE	475,214	0	475,214	613,860
APPROPRIATIONS ADVANCES	1,314,272	0	1,314,272	20,722
<b>ACCRUED LIABILITIES:</b>				
SALARIES & RETIREMENT	1,051,273	0	1,051,273	1,066,380
PAYROLL TAXES AND WITHHOLDING	470,274	0	470,274	463,976
COMPENSATED ABSENCES	1,510,737	0	1,510,737	1,540,836
OTHER PAYABLES	72,806	0	72,806	295,048
DEFERRED REVENUE - STATE GRANTS	<u>188,631</u>	<u>0</u>	<u>188,631</u>	<u>188,349</u>
TOTAL CURRENT LIABILITIES	<u>9,265,705</u>	<u>0</u>	<u>9,265,705</u>	<u>6,878,954</u>
PATIENT TRUST FUNDS	<u>22,338</u>	<u>30,171</u>	<u>52,509</u>	<u>117,598</u>
<b>NET ASSETS:</b>				
INVESTED IN CAPITAL ASSETS	7,897,247	3,845,103	11,742,350	11,158,847
UNRESTRICTED	13,248,725	5,596,102	18,844,827	17,537,145
OPERATING INCOME(LOSS)	<u>920,221</u>	<u>(597,895)</u>	<u>322,326</u>	<u>89,540</u>
TOTAL NET ASSETS	<u>22,066,193</u>	<u>8,843,310</u>	<u>30,909,503</u>	<u>28,785,533</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u>31,354,235</u>	<u>8,873,481</u>	<u>40,227,716</u>	<u>35,782,084</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING OCTOBER 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>\$3,639,383</u>	<u>\$3,526,150</u>	<u>\$113,233</u>	<u>\$34,786,920</u>	<u>\$34,571,696</u>	<u>\$215,224</u>
<b>OTHER REVENUE</b>						
State Match / Addendum	325,060	325,120	(59)	3,250,602	3,251,197	(594)
Grant Revenue	196,220	184,113	12,107	1,957,435	1,840,389	117,046
County Appropriations - Net	736,232	730,192	6,040	7,362,324	7,301,921	60,404
Departmental and Other Revenue	<u>198,566</u>	<u>180,658</u>	<u>17,907</u>	<u>1,655,519</u>	<u>1,806,583</u>	<u>(151,064)</u>
Total Other Revenue	<u>1,456,078</u>	<u>1,420,083</u>	<u>35,995</u>	<u>14,225,881</u>	<u>14,200,089</u>	<u>25,791</u>
<b>TOTAL REVENUE</b>	5,095,461	4,946,234	149,228	49,012,801	48,771,785	241,016
<b>EXPENSES</b>						
Direct Expenses	3,942,358	3,544,633	397,725	36,162,356	34,615,679	1,546,677
Indirect Expenses	<u>1,430,646</u>	<u>1,432,039</u>	<u>(1,393)</u>	<u>12,651,133</u>	<u>14,110,976</u>	<u>(1,459,842)</u>
Total Expenses	<u>5,373,003</u>	<u>4,976,671</u>	<u>396,332</u>	<u>48,813,489</u>	<u>48,726,655</u>	<u>86,834</u>
Operating Income (Loss)	<u>(277,542)</u>	<u>(30,438)</u>	<u>(247,105)</u>	<u>199,312</u>	<u>45,130</u>	<u>154,181</u>
<b>Nonoperating Gains (Losses):</b>						
Interest Income	7,520	7,500	20	64,403	75,000	(10,597)
Donations and Gifts	6,325	0	6,325	43,635	0	43,635
Gain / (Loss) on Disposal of Assets	<u>11,977</u>	<u>0</u>	<u>11,977</u>	<u>14,977</u>	<u>0</u>	<u>14,977</u>
Total Nonoperating Gains / (Losses)	<u>25,821</u>	<u>7,500</u>	<u>18,321</u>	<u>123,014</u>	<u>75,000</u>	<u>48,014</u>
Operating Income / (Loss)	<u>(\$251,721)</u>	<u>(\$22,938)</u>	<u>(\$228,784)</u>	<u>\$322,326</u>	<u>\$120,130</u>	<u>\$202,196</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING OCTOBER 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>						
REVENUE						
Net Patient Service Revenue	<u>\$1,536,243</u>	<u>\$1,484,469</u>	<u>\$51,774</u>	<u>\$14,645,772</u>	<u>\$14,418,518</u>	<u>\$227,254</u>
OTHER REVENUE						
State Match / Addendum	325,060	325,120	(59)	3,250,602	3,251,197	(594)
Grant Revenue	196,220	184,113	12,107	1,957,435	1,840,389	117,046
County Appropriations - Net	594,566	588,525	6,041	5,945,663	5,885,254	60,409
Departmental and Other Revenue	<u>127,681</u>	<u>145,825</u>	<u>(18,144)</u>	<u>1,253,742</u>	<u>1,458,251</u>	<u>(204,508)</u>
Total Other Revenue	<u>1,243,527</u>	<u>1,243,583</u>	<u>(56)</u>	<u>12,407,443</u>	<u>12,435,090</u>	<u>(27,647)</u>
TOTAL REVENUE	2,779,770	2,728,052	51,718	27,053,215	26,853,609	199,607
EXPENSES						
Direct Expenses	2,137,267	1,960,546	176,720	19,826,260	19,051,200	775,060
Indirect Expenses	<u>709,288</u>	<u>788,966</u>	<u>(79,677)</u>	<u>6,423,540</u>	<u>7,774,284</u>	<u>(1,350,744)</u>
Total Expenses	<u>2,846,555</u>	<u>2,749,512</u>	<u>97,043</u>	<u>26,249,800</u>	<u>26,825,484</u>	<u>(575,684)</u>
Operating Income (Loss)	<u>(66,786)</u>	<u>(21,461)</u>	<u>(45,325)</u>	<u>803,415</u>	<u>28,124</u>	<u>775,291</u>
Nonoperating Gains (Losses):						
Interest Income	7,520	7,500	20	64,403	75,000	(10,597)
Donations and Gifts	5,763	0	5,763	37,427	0	37,427
Gain / (Loss) on Disposal of Assets	<u>11,977</u>	<u>0</u>	<u>11,977</u>	<u>14,977</u>	<u>0</u>	<u>14,977</u>
Total Nonoperating Gains / (Losses)	<u>25,259</u>	<u>7,500</u>	<u>17,759</u>	<u>116,806</u>	<u>75,000</u>	<u>41,806</u>
Operating Income / (Loss)	<u>(\$41,526)</u>	<u>(\$13,961)</u>	<u>(\$27,566)</u>	<u>\$920,221</u>	<u>\$103,124</u>	<u>\$817,097</u>

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

<b>NURSING HOME</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>\$2,103,141</u>	<u>\$2,041,681</u>	<u>\$61,459</u>	<u>\$20,141,148</u>	<u>\$20,153,178</u>	<u>(\$12,030)</u>
<b>OTHER REVENUE</b>						
County Appropriations - Net	141,666	141,667	(1)	1,416,661	1,416,667	(6)
Departmental and Other Revenue	<u>70,885</u>	<u>34,833</u>	<u>36,052</u>	<u>401,777</u>	<u>348,332</u>	<u>53,445</u>
Total Other Revenue	<u>212,551</u>	<u>176,500</u>	<u>36,051</u>	<u>1,818,438</u>	<u>1,764,999</u>	<u>53,439</u>
<b>TOTAL REVENUE</b>	2,315,691	2,218,181	97,510	21,959,586	21,918,177	41,409
<b>EXPENSES</b>						
Direct Expenses	1,805,091	1,584,086	221,004	16,336,096	15,564,479	771,616
Indirect Expenses	<u>721,357</u>	<u>643,073</u>	<u>78,284</u>	<u>6,227,593</u>	<u>6,336,691</u>	<u>(109,098)</u>
Total Expenses	<u>2,526,448</u>	<u>2,227,159</u>	<u>299,289</u>	<u>22,563,689</u>	<u>21,901,171</u>	<u>662,518</u>
Operating Income (Loss)	<u>(210,757)</u>	<u>(8,978)</u>	<u>(201,778)</u>	<u>(604,103)</u>	<u>17,006</u>	<u>(621,109)</u>
<b>Nonoperating Gains (Losses):</b>						
Interest Income	0	0	0	0	0	0
Donations and Gifts	562	0	562	6,208	0	6,208
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>562</u>	<u>0</u>	<u>562</u>	<u>6,208</u>	<u>0</u>	<u>6,208</u>
Operating Income / (Loss)	<u>(\$210,196)</u>	<u>(\$8,978)</u>	<u>(\$201,218)</u>	<u>(\$597,895)</u>	<u>\$17,006</u>	<u>(\$614,901)</u>

NORTH CENTRAL HEALTH CARE  
REPORT ON AVAILABILITY OF FUNDS

October 31, 2015

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT
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
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
People's State Bank	365 Days	10/30/2016	0.55%	\$500,000
Abby Bank	730 Days	02/25/2017	0.80%	\$500,000
CoVantage Credit Union	578 Days	05/07/2017	1.05%	\$500,000
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000
TOTAL FUNDS AVAILABLE				\$9,300,000
WEIGHTED AVERAGE	270.11 Days		0.441% INTEREST	



# NCHC-DONATED FUNDS

## Balance Sheet

As of October 31, 2015

### ASSETS

#### Current Assets

##### Checking/Savings

##### CHECKING ACCOUNT

Adult Day Services	5,180.38
Adventure Camp	798.41
AODA Day Services	-754.62
Birth to 3 Program	2,035.00
Clubhouse	19,735.68
Community Services - M/H	1,316.09
CSP	-492.15
Fishing Without Boundries	2,663.00
General Donated Funds	70,606.50
Housing - DD Services	1,370.47
Langlade HCC	2,666.50
Legacies by the Lake	
Music in Memory	1,848.25
Legacies by the Lake - Other	4,017.81
<b>Total Legacies by the Lake</b>	<b>5,866.06</b>
Lincoln County CSP	-175.00
Marathon Cty Suicide Prev Task	14,180.62
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	1,966.00
Northwoods Alliance	8,752.92
Nursing Home - General Fund	2,787.00
Outpatient Services - Marathon	101.08
Pool	9,162.89
Prevent Suicide Langlade Co.	1,543.55
Resident Council	111.05
United Way	435.05

**Total CHECKING ACCOUNT** 153,032.85

**Total Checking/Savings** 153,032.85

##### Accounts Receivable

Accounts Receivable 16.00

**Total Accounts Receivable** 16.00

**Total Current Assets** 153,048.85

**TOTAL ASSETS** 153,048.85

### LIABILITIES & EQUITY

#### Equity

Opening Bal Equity 123,523.75

Retained Earnings 59,745.02

Net Income -30,219.92

**Total Equity** 153,048.85

**TOTAL LIABILITIES & EQUITY** 153,048.85

**North Central Health Care  
Budget Revenue/Expense Report**

**Month Ending October 31, 2015**

<b>ACCOUNT DESCRIPTION</b>	<b>CURRENT MONTH ACTUAL</b>	<b>CURRENT MONTH BUDGET</b>	<b>YTD ACTUAL</b>	<b>YTD BUDGET</b>	<b>DIFFERENCE</b>
<b><u>REVENUE:</u></b>					
TOTAL NET REVENUE	5,095,461	4,946,234	49,012,801	48,771,785	241,015
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,455,711	2,489,055	23,057,012	24,175,706	(1,118,694)
Fringe Benefits	918,662	1,013,181	8,984,212	9,841,094	(856,882)
Departments Supplies	587,051	432,217	5,355,554	4,315,667	1,039,888
Purchased Services	401,049	273,725	3,332,767	2,778,250	554,517
Utilitites/Maintenance Agreements	540,295	319,644	3,412,122	3,127,442	284,680
Personal Development/Travel	44,280	40,350	354,265	403,500	(49,235)
Other Operating Expenses	124,603	172,988	1,284,328	1,729,883	(445,555)
Insurance	38,870	48,258	424,440	482,583	(58,143)
Depreciation & Amortization	139,808	137,253	1,417,503	1,372,529	44,974
Client Purchased Services	<u>122,672</u>	<u>50,000</u>	<u>1,191,285</u>	<u>500,000</u>	<u>691,285</u>
<b>TOTAL EXPENSES</b>	<b>5,373,002</b>	<b>4,976,671</b>	<b>48,813,488</b>	<b>48,726,654</b>	<b>86,834</b>
<b>EXCESS REVENUE (EXPENSE)</b>	<b>(277,542)</b>	<b>(30,438)</b>	<b>199,312</b>	<b>45,130</b>	<b>154,181</b>

**North Central Health Care  
Write-Off Summary  
October 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	\$59,914	\$132,969	\$20,989
Bad Debt	\$0	\$1,718	\$3,310
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$40,848	\$130,841	\$102,138
Bad Debt	\$0	\$2,371	\$19,449
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$4,792	\$35,965	\$19,982
Bad Debt	\$0	\$25,520	\$22,967
Ancillary Services:			
Administrative Write-Off	\$6,034	\$55,853	\$17,024
Bad Debt	\$0	\$576	\$21,579
<b><i>Pharmacy:</i></b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$111,588.50</b>	<b>\$355,627.05</b>	<b>\$160,133.00</b>
<b>Total - Bad Debt</b>	<b>\$0.00</b>	<b>\$30,183.78</b>	<b>\$67,305.00</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	6,390	6,257	(133)	88.75%	86.90%
	Hospital	390	455	65	81.25%	94.79%
<b>October</b>	Nursing Home	6,603	6,415	(188)	88.75%	86.22%
	Hospital	403	497	94	81.25%	100.20%
<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	53	54			58
Operating		48	36	33	47	46	46	40	31	41	43			46
Total		109	98	95	107	107	108	100	89	94	97			104
<b>Average Daily Census:</b>														
Nursing Home	213	210	215	213	205	203	204	206	213	209	207			208
Hospital	13	13	16	14	13	14	14	14	14	15	16			14
<b>Days in Accounts Receivable:**</b>	55-60 days	80	79	75	72	71	67	67	66	63	65			65
<b>Direct Expense/Gross Patient Revenue**</b>	55%-59%	61%	51%	59%	62%	65%	60%	65%	69%	65%	61%			61%
<b>Write Offs**</b>	.5%-.6%	0.18%	0.27%	0.32%	0.16%	0.59%	0.42%	0.46%	1.20%	1.30%	1.90%			0.60%
<b>Excess Revenue (Expense):</b>														
Actual		\$10,895	\$590,281	\$28,969	\$107,200	\$287,468	\$550,567	(\$427,189)	(\$385,697)	(\$188,447)	(\$251,721)			\$322,326
Budget		\$56,970	\$117,322	(\$12,015)	\$57,582	(\$82,358)	\$62,582	(\$9,938)	(\$46,385)	(\$687)	(\$22,938)			\$120,130
Prior Year-Actual		\$124,183	\$12,296	\$31,615	(\$294,589)	(\$17,820)	\$258,622	(\$46,087)	\$41,912	\$236,191	(\$256,783)			\$89,540

\*\*Dash Board Outcomes

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

October 29, 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: Bill Miller, Holly Matucheski, Gary Olsen, Gary Bezucha, Brenda Glodowski, Michael Loy, Brenda Budnik, Linda Haney, Mary Ann Dykes, Debbie Osowski

The meeting was called to order 11:04 AM, roll call taken, and a quorum noted.

Minutes

**Motion**/second, Zriny/Nye, to approve the minutes of the 9/24/15 Finance, Personnel & Property Committee meeting. Motion carried.

Financials

- The month of September showed a loss; but is down from the prior month.
- Overall revenue exceeded target.
- September showed a dip in the nursing home census at 209 (target is 213).
- There was also a dip in Medicare census at 17 (target is 26). The lowest this year. However, October shows the census is rising.
- We have maintained a good Medicaid rate because of a positive case mix index.
- Hospital is averaging 15 in September; CBRF is also busy.
- \$431,000 ahead of budget year to date.
- Revenue is building and expenses are being stabilized.
- Expenses have been high for the past few months particularly in two areas: (1) the nursing home and (2) state institutes.
- Vacant positions are being filled which narrows the gap but are still under budget.
- Health insurance continues to do well.
- Compensated absences came down slightly; offered a PLT buy out in September.
- **Motion**/second, Nye/Zriny to approve September financial statements. Motion carried.

Write-offs

- Write-offs were slightly higher in September. Overall we are still within the targets year to date.
- Much cleanup continues which is due to the new system. Once our vendor is able to finalize work on the billing system they need to produce a very good aging report . November 30 is a target date for many of the fixes.
- ICD-10 implementation will slow things down and affect the billing progress.

### CFO report

- Engaging Wipfli to do a review from the health care angle of IT systems. Objectives include review of current IT system and process flow, relationship between internal and CCIT, analyze level of staffing, be sure from healthcare world that we are moving in the right direction for reporting. Should be complete by year end.
- Attended a conference recently where speakers mentioned preparations for moving ahead in mental health i.e. payment system, more activity in last 5 years in mental health than in last 40 years. Also discussed the importance of having capital behind us and that health care providers cannot have a 'no cash on hand' philosophy, rather, we must be prepared to have cash for joining ventures to integrate mental health and acute care.
- EPIC (acute care IT provider) and Netsmart (mental health IT provider) are collaborating for their systems to work together.

### Update on hospital diversions

- Major cost overrun occurred in state institutions. Factors that impact referrals to state institutions:
  - We are not licensed to provide inpatient services to youth under age 13.
  - When youth are admitted to the unit, they can only be roomed with other same gender youth. They cannot be placed with anyone over the age of 18.
  - All rooms on the inpatient unit are semi-private (2 to 4 beds in a room). If a patient requires "no roommate status" due to clinical need, the other bed is not available for another patient.
  - Due to the mixed population of people ages 13 up through geriatrics, we are not able to admit people with very violent behavior. We cannot safely manage that population.
  - It is always easier, from a logistics point of view, to admit a person to NCHC. The challenges of medical clearance, transportation, coordination of care, and legal proceedings, in addition to the impact for the patient and family always makes admission to NCHC the first choice. Multiple other factors can interfere in that plan.
- A continuous process improvement plan was initiated in an effort to reduce some of the volume from the unit by 1) Emphasizing the use of Ambulatory Detox, and 2) Improving the working relationship and availability of psychiatry services by shifting some outpatient psychiatry to community mental health providers for more timely services until vacant positions can be filled.
- Will monitor and reproduce same report in a few months.

### Future agenda items

- Information from conference B. Glodowski attended i.e. value based purchasing, etc.

### 2016 Budget Presentation (joint with NCCSP Board)

The NCCSP Board meeting was opened at 11:44 a.m. Roll call was taken and a quorum declared. The meeting joined the Finance, Personnel & Property Committee for the budget presentation.

- 2016 budget percent change is 3.71% over last year.
- General budget assumptions relating to revenue and expenses were reviewed.
- County tax levy for 2016 will be 14.7% of budget compared to 15.0% in 2015.
- Priorities in 2016 include:
  - Improve the patient experience
  - Opportunities for revenue enhancements
  - Complete information technology conversion
- Request was made to separate the contingency fund out
- **Motion**/second, Nye/Zriny, to approve the 2016 proposed budget as presented and recommend to the NCCSP Board for approval.
- **Motion** /second, Robinson/Zriny, to amend the budget to increase the capital portion of the 2016 budget by \$45,000 for the pool study for further funding. Following discussion a roll call vote was taken: Yes - 2, No – 3. Amendment defeated.
- Call to vote on original motion. Motion carried.
- **Motion** /second, Nye/Zriny, to adjourn the meeting of the Joint Finance, Personnel & Property Committee. Motion carried.

*dko*



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

October 29, 2015

12:30 p.m.

NCHC – Wausau Board Room

Present:

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

Also Present: Gary Bezucha, Brenda Glodowski, Michael Loy, Becky Schultz, Toni Simonson, John Bandow, Gary Olsen, Kristi Kordus, Brenda Budnik, Linda Haney, Mary Ann Dykes, Debbie Osowski

Guests for discussion on mental health services: Sheriff Scott Parks, Deputy Sheriff Chad Billeb, Deputy Sandra LaDu-Ives

Meeting was opened at 11:44 p.m., roll call noted and quorum declared. The meeting joined the Finance, Personnel & Property Committee for the budget presentation.

2016 Budget Presentation (joint with NCCSP Board)

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- Priorities in 2016 include:
  - Improve the patient experience
  - Opportunities for revenue enhancements
  - Complete information technology conversion
- Request was made to separate the contingency fund out
- **Motion**/second, Nye/Zriny, to approve the 2016 proposed budget as presented and recommend to the NCCSP Board for approval.
- **Motion** /second, Robinson/Zriny, to amend the budget to increase the capital portion of the 2016 budget by \$45,000 for the pool study for further funding. Following discussion a roll call vote was taken: Yes - 2, No – 3. Amendment defeated.
- Call to vote on original motion. Motion carried.
- **Motion** /second, Nye/Zriny, to adjourn the meeting of the Joint Finance, Personnel & Property Committee. Motion carried.

**Motion**/second, Olkowski/Scudiere, to approve the 2016 budget as presented and recommended by the Joint Finance, Personnel & Property Committee.

**Motion**/second, Robinson/Tange, to amend the proposed capital budget by \$45,000 for the pool study. Following discussion a roll call vote was taken on the amendment of the motion. Amendment failed with 8 – No, 4 - Yes.

Vote called for on original motion to approve budget as presented. Motion carried.

Approval granted to reorder agenda to discuss mental health services to the criminal justice system while the guests from the Sheriff's Department are here.

#### Mental Health Services to the Criminal Justice System update

- Sheriff Parks reported on the Independent Mental Health Panel which was tasked to reduce recidivism rate in Marathon County which may help avoid building another correctional facility within the county. The panel was tasked to identify an array of services for the offender population and provide health care partners with the expectations they seek. The panel consisted of civilians, citizen stakeholders, Chair of Health & Human Services Committee, Chair of Safety Committee, Deputy Administrator, and Chief Deputy Chad Billeb.
- Chief Deputy Billeb and Deputy LaDu-Ives provided an update on the services being provided to the jail population with the help of NCHC. Laure Blanchard has done an exceptional job providing services in the jail. A tele-psychiatrist has also been providing services. The number of fights and crisis calls from the jail are down, medication management in last two months is better than before and we anticipate getting even better, a firm will be coming on board to help with the management of the population and medications. We will be a leader in the state if this program continues as well as it is now. Top three outstanding issues to fix:
  - medications and cost of medications (inmates lose all benefits when arriving at jail, then must reapply when released)
  - capacity (jail capacity is maxed)
  - 24/7 'care'
- Looking to address crisis services i.e. bringing Aspirus, Marshfield Clinics, private counseling, ER doc, Chief Deputy Schunke of Langlade County, and Wausau PD to the table. Sheriff's department has transported many individuals to other counties and we need to identify why Marathon County is overrun.

#### Consent Agenda

**Motion**/second, Metter/Burgener, to approve the consent agenda with the exception of the CEO Report. Motion carried.

#### CEO report

- The Speakers Task Force on Alzheimer's and Dementia will be visiting NCHC Nov. 18. They are studying creative and innovative ideas of dementia and our approach is recognized as a leading model in the state.
- The final phase of Joint Commission has been completed with a verification visit in the hospital. The visit resulted in zero findings. The surveyor indicated that even in our initial

survey they found far fewer findings than other facilities in the past 25 years. They were extremely complimentary of our program to achieve Joint Commission Accreditation.

- There will be a site visit today from a psychiatrist who is completing her fellowship in geropsychiatry. She will be available for employment in July 2016.

#### Chairperson's report

**Motion**/second, Nye/Scudiere, to approve the minutes of the 10/13/15 Executive Committee meeting. Motion carried.

#### Quality Committee report

- Organizational Quality Dashboard was reviewed.
- Crisis Process Improvement update
  - Two meetings have occurred and will continue to meet weekly at this time.
  - Charter was adopted.
  - Goal is to develop clear recommendations for the community about crisis services and those being provided by NCHC by end of December.

#### Human Services Operations Committee report

- HSO action plan was reviewed

#### Nursing Home Operations Committee report

- Nursing Home Administrator, Kim Gochanour, begins Nov. 9. She is coming from Sauk County with experience working with county government.
- She will be interviewing DON candidates immediately.

#### Medical Staff Credentialing

- Medical staff reviewed all appointments; no focused reviews; and recommending approval of the following:
  - a. Appointments of:
    - Debra L. Ciasulli, M.D., Psychiatry-Locum Tenens
    - Brigitte G. Espinoza Ugaz, M.D., Psychiatry
  - b. Reappointments of:
    - Juan Fernandez, III, M.D., Psychiatry
    - John Franzen, M.D., Psychiatry
    - Laurence R. Gordon, D.O., Medical
    - Leandrea S. Lamberton, M.D., Psychiatry-Locum Tenens
    - Ikenna E. Obasi, M.D., Psychiatry
    - David B. Tange, M.D., Medical, Medical Director
    - Gabriel Ticho, M.d., Psychiatry, Medical Director

**Motion**/second, Burgener/Scudiere, to approve all appointment. Drs. Tange and Penniman abstained. Motion carried.

### Internal Organizational Changes

- Intent of organizational changes is to allow CEO of organization to focus on strategic and external events of organization while the process of searching for the next CEO is in progress. The only staff who will report to the CEO are members of the executive management team.

### Closed Session

- **Motion**/second, Robinson/Scudiere to move into closed session as allowed by Wisc. Stats. 19.85(1)(c) for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility. Roll call taken, Yes – 12, No - 0. Motion carried.
- **Motion**/second, Burgener/Metter to return to open session. Motion carried.
- **Motion**/second, Robinson/Olkowski, to direct Executive Committee, both current and incoming committee members, to serve as the Search Committee working with the HR Director to obtain proposals from search firms; costs of search firms to come from contingency funds. Motion carried.

### Future meeting agendas

- Transfer to other facilities due to lack of capacity
- \$45,000 transfer of funds.
- Board education on changes in health care

**Motion**/second, Robinson/Scudiere, to adjourn the meeting. Motion carried. Meeting adjourned at 2:23 p.m.

*Minutes prepared by Debbie Osowski, Executive Assistant*

## CEO Report: November, 2015

- 1. Dementia Task Force:** The Wisconsin State Assembly Speaker's Task Force on Dementia and Alzheimer's disease is scheduled to visit North Central Health Care's Legacies by the Lake Program on Wednesday, November 18, 2015. The selection of Mount View Care Center was based on the outstanding reputation that our programs have for the treatment of individuals with dementia. We are quite honored to be selected as a model program for dementia. We should be able to provide a report on this at the board meeting.
- 2. Strategic Plan:** The final phase of information collection is nearing completion. We have provided an opportunity for all members of each of the three county boards to respond to an external stakeholder survey. We expect to have the compiled results of that survey by early December. At the December board meeting, I would like to devote a significant amount of the time to the discussion of all of the inputs we have received in this process and identification of a clear strategic direction with those inputs in mind.
- 3. Nursing Home Administrator:** Kim Gochanour, our new Nursing Home Administrator officially started on Monday, November 9. She was able to have two days of collaboration with Lori Koeppel. Additionally, her first week at NCHC was punctuated with a surprise BQA surveyor visit on Wednesday as a follow up on a self-report that we have recently submitted. The visit went well and no citations resulted.
- 4. Senior Executive Human Services Operations:** Recruitment of a new Senior Executive for Human Services Operations is moving into the final phase. Final interviews were conducted the week of November 9 and we expect to make an offer to one of the two finalists by early in the week of November 16. Hopefully we should be able to report the results of the process at the board meeting.

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

**October 13, 2015**

**8:00 AM**

**NCHC – Wausau Campus**

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

ALSO PRESENT: Gary Bezucha, Jeff Zriny

AGENDA:

1. Call to order: The meeting was called to order at 10:30 AM by Ron Nye and a quorum was noted.
2. Minutes of 10/13/15 meeting: Moved for approval by Lee Olkowski, seconded by Bob Weaver and approved unanimously without change.
3. CEO Selection Process: Telephone interviews were conducted with three executive search firms including: B.E. Smith, Korn-Ferry and Witt-Kieffer. Following the interviews discussion on what strategy to pursue occurred. Moved by Bob Weaver to bring the issue back to the full board to discuss in closed session. Intent is to make a decision between two potential options: hire a search firm immediately and proceed with search for permanent CEO or seek interim leadership. The motion was seconded by Lee Olkowski and approved unanimously.
4. Funding of pool study: Motion by Lee Olkowski to move the issue to the next NCHC Finance Committee on 11/19 and also put it on the agenda for the board meeting that same day. The motion was seconded by Bob Weaver and approved unanimously.
5. Board reappointments: The following board members terms expire at the end of 2015: Jeff Zriny, Joanne Kelly, Lee Olkowski, Laura Scudiere and David Tange. All five of these are Marathon County appointments. Jeff Zriny, Joanne Kelly, Laura Scudiere and David Tange have expressed interest in being reappointed to another term. Lee Olkowski has indicated that he will not accept reappointment. Recommended to put reappointment of existing board members and suggestions for replacement of the seat being vacated by Lee Olkowski on next board meeting agenda for discussion and action in the form of a recommendation to the Marathon County board.
6. CEO Report:
  - a. The State Assembly Task Force on Dementia and Alzheimer's Disease will meet at MVCC on 11/18 from 10:00 to 11:00 AM to learn about our approach to dementia care and tour our facility.
  - b. The external stakeholder survey provided by the strategic planning consultants will be emailed to Marathon County board members for their input. Input has already been obtained from Lincoln and Langlade counties.
  - c. Final interviews are being conducted this week for Senior Executive - Human Services Operations. We expect to be prepared to make an offer by the end of the week.
  - d. The 2016 plan of action will be presented to the board at the December board meeting.
7. Adjournment: Motion to adjourn by Lee Olkowski, seconded by Bob Weaver and the meeting was adjourned by Ron Nye at 12:32 PM.

North Central Community Services  
Program Board

2016 Officers Ballot

CHAIR:

- Jeff Zriny
- \_\_\_\_\_

VICE CHAIR:

- Jean Burgener
- \_\_\_\_\_

SECRETARY/TREASURER:

- Bob Weaver
- \_\_\_\_\_

Name: \_\_\_\_\_

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%	20.0%	18.5%			14.1%	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%	3.8%	11.0%			11.1%	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%	4.5%	20.0%			21.1%	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	5.7	5.2			4.4	4.1
<b>PEOPLE</b>																	
Injury Claims*	50-60	78.95	↓	24	18	24	24	22	20	22	24	25	30			30	n/a
Employee Turnover Rate*	20-23%	17%	↓	21.0%	20.2%	18.4%	19.4%	20.3%	22.6%	23.4%	24.6%	24.5%	25.2%			25.2%	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	29th	52nd			52nd	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%	21.8%	23.4%			24.2%	n/a
NCHC Access Measure	90-95%	NA	↑	98%	98%	91%	83%	70%	59%	59%	65%	58%	66%			73%	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%	21.3%	25.0%			26.6%	31.30%
<b>FINANCE</b>																	
Direct Expense/Gross Patient Revenue	55-59%	N/A	↓	61%	51%	59%	62%	65%	60%	65%	69%	65%	61%			61%	59.7%
Days in Account Receivable	55-60	54	↓	80	79	75	72	71	67	67	66	63	65			65	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%	1.30%	1.90%			0.60%	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 Assistive 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 referral 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  
NURSING HOME OPERATIONS COMMITTEE MEETING MINUTES**

**October 29, 2015**

**9:30 AM**

**NCHC – Wausau Campus**

Present:	X Jean Burgener	EXC Lee Olkowski	X John Robinson
	X Bill Metter	X John Badow	X Bill Miller
Also Present:	X Brenda Glodowski	X Gary Bezucha	X Michael Loy
	X Lori Koeppel	X Vicki McBride	X Becky Schultz
	X Debbie Osowski		

The meeting was called to order at 9:30 a.m.

Minutes

- **Motion** / second, Metter / Robinson, to approve the 9/11/15 minutes of the Nursing Home Operating Committee meeting. Motion carried.

Financial Report

- The nursing home census for September averaged 209 compared to the target of 213. This improved over the prior month.
- The Medicare census averaged 17 compared to the target of 26. The Medicare census was the lowest of the year, but is improving in October.
- The overall revenues were not too far off target.
- The overall expenses are over targets.
- There has been a lot of overtime as we continue to work on stabilizing staff. We continue to pay for a contract DON and Administrator services, which has a higher cost than staff.
- Drugs are continuing to be high also.
- The nursing home showed a loss of \$313,596 for September which brings the year to date loss to \$387,700. We feel there is time to turn this around before the end of the year as it appears there is stabilization with the scheduling of staff and with having a new administrator starting.
- The Committee asked for more detail by category as to the cause of the deficit.

Nursing Home Consultant's Update

- Focus has been on compliance and preparation for the annual survey particularly in the process and work flow areas. Following survey energy has been in addressing the plans of correction first with identified high priority and risk areas and the corrective plans of correction.
- Recommendations for key items of focus moving forward include: to clearly define roles and responsibilities of leaders in the nursing home operations, utilize standardized tools, reinforce support structure to make leaders successful, continue to strengthen staff stability with excellent orientation and training program, continue the CNA mentor program, finalize a licensed nurse mentor program through Nurse Council, improve retention and reduce turnover, work on other partnerships to improve staff level of competency, re-explore non-

certified workforce who can provide support so the CNA can focus on cares, Quality Assurance sub-committee established and meeting regularly.

- Assignments have been given to each leader in the nursing home in preparation for welcoming the new Nursing Home Administrator.
- Additional auditing has been put in place to validate processes. Discovered data and monitoring requirements continue to grow particularly for pay for performance. Therefore, it was determined a Quality Data Specialist was needed.
- Orientation has been reworked.
- Continue to validate skill competencies as staff is hired. Intensive licensed nurse education is needed on an ongoing basis throughout their career.
- Medication administration is of concern. Nurses need to understand expectations, need to know the process, regulatory requirements, etc.
- Variance in documentation puts organization at risk. Have been working with staff to fix areas of the EMR, looking for upgrades in work flow, revamping care plans, etc. and have identified timelines.
- Committee recommended that new Administrator utilize Catalyst Health when needed.
- Administrator will be involved in the interview and selection of the DON position.

#### CNA staffing update

- Transitioned to new scheduling system as of Oct. 11. Significant progress has been made. Single digit vacancies at this time. Response to schedule is positive.
- To support individuals for a work/home life balance, program managers need to be thanking staff regularly, building relationships, and confirming they are an important team member.
- Some of these changes have come with costs but we need to take care of our residents at any cost.

#### Next Steps

- With Kim Gochanour's arrival as Nursing Home Administrator, we will have better stabilized the nursing home along with improved CNA staffing, leadership, good survey, etc.
- NCHC has been recognized by the Speaker's Task Force on Dementia as a leader in dementia services and will be visiting NCHC November 18<sup>th</sup>.
- Committee should get renovation plan back on track as its criticality has not gone away.

#### Future agenda items

- Education on a contemporary model from the for-profit sector.

**Motion**/second, Bandow/Metter to adjourn at 10:52 a.m. Motion carried.

*dko*