

**OFFICIAL NOTICE AND AGENDA** of a meeting of the Board or Committee of the  
North Central Community Services Program Board

A meeting of the **North Central Community Services Program Board** will be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403, Wausau Board Room** at **12:00 PM** on **Thursday, August 18<sup>th</sup>, 2016.**

*(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 24 hours prior to the start time of the meeting for further instructions.)*

**AGENDA**

1. Call to Order
  2. Public Comment for Matters Appearing on the Agenda
  3. Committee Reports
    - a. Chairperson's report - J. Zriny
      - 1) Overview of the 8/12/16 Executive Committee meeting
    - b. Finance, Personnel & Property Committee Report - B. Weaver
      - 1) Review Draft Minutes of the 7/28/16 Finance, Personnel & Property Committee Meeting
    - c. Quality Committee Report – J. Kelly
      - 1) ACTION: Accept Organizational Quality Dashboard
      - 2) Overview of the 8/09/16 Quality Committee Meeting
    - d. Human Services Operations Committee Report - J. Robinson
      - 1) Overview of the 8/12/16 Human Services Operations Committee Meeting
    - e. Nursing Home Operations Committee Report: J. Burgener
      - 1) Review Draft Minutes of the 7/29/16 Nursing Home Operations Committee Meeting
  4. Financial Report - B. Glodowski
    - a. ACTION: Motion to Accept the Financial Report and July Financial Statements (available 8/16/2016)
  5. Presentation and Discussion Regarding Marathon County Health and Human Services Committee's Recommendation (J. Zriny)  
*Marathon County shall terminate the existing tri-county agreement with the intention that Marathon County seek to contract for behavioral health and AODA services with service providers through its standard procurement process. For the first three years following the effective date of the termination (calendar years 2018, 2019, 2020), North Central Health Care would be the provider of these services unless equal levels of services can be contracted for at a lower cost. In the event equal levels of care and equal levels of service quality can be obtained at a lower cost from a provider other than North Central Health Care, Marathon County is free to contract with said providers.'*
  6. CEO Report – M. Loy
  7. Discussion of Future Agenda Items for Board Consideration or Committee Assignment
  8. Next Regularly Scheduled Meeting is September 29, 2016
  9. Adjourn
- If time permits, beginning discussions may take place on future agenda items.  
- 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/Michael Loy  
Presiding Officer or His Designee

**COPY OF NOTICE DISTRIBUTED TO:**

Wausau Daily Herald                      Antigo Daily Journal  
Tomahawk Leader                        Merrill Foto News  
Lincoln & Marathon County Clerk Offices

DATE: 08/12/16                      TIME: 4:00 PM  
VIA: X FAX                            X MAIL  
BY: D. Osowski

**THIS NOTICE POSTED AT:**

North Central Health Care  
DATE: 08/12/16                      TIME: 4:00 PM  
By: Debbie Osowski

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

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

July 28, 2016

11:00 a.m.

NCHC – Wausau Campus

Present:

X	Randy Balk	X	Bill Miller	EXC	Robin Stowe
X	Bob Weaver	X	Jeff Zriny		

Others Present: Michael Loy, Brenda Glodowski, Becky Schultz, Sarah Merbach

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

Minutes

- **Motion**/second, Miller/Weaver, to approve the minutes of the 6/30/16 Finance, Personnel & Property Committee meeting. Motion carried.

Pharmacy Medication Packager

- The Pharmacy multi-dose packaging system was approved last year and funded in the 2016 capital budget. When previously brought to the committee staff was requested to do further review as a follow-up.
- A variety of packaging systems have been evaluated from finance, safety, and patient experience perspectives, demonstrations have occurred, and there were two highly potential vendors.
- A consultant reviewed the pharmacy process on site; consultant had no affiliation with any of the potential equipment vendors; two ROI scenarios were reviewed; identified that either vendor was appropriate.
- System would be beneficial to reduce costs, improve quality, and increase revenues in the nursing home, community treatment, residential, and hospital areas.
- **Motion**/second, Balk/Miller, to finalize purchase for approval as motioned in 2015. Motion carried.
- Recommended we receive a tracking update on the progress (by year end) which will help revenue picture.

Financials

- The month of June showed an overall loss of \$491,299.
- Significant items to note include: nursing home census dropped averaging 203 per day (210 budgeted); Medicare census dropped to 19 (23 budgeted); hospital census dropped below 14 (budgeted for 14) but is increasing in July; saw some dips in outpatient areas but not unusual in summer months due to vacations.
- Expenses continue to exceed target and health insurance exceeds target by \$221,000 (2<sup>nd</sup> highest of the year). State institutes exceed targets by \$112,000. Crisis Services continues to be high. Legal was \$52,000 over due to a settlement from a lease agreement from previous years. Also June was a high month for drug expenses as it has varied based on populations.
- Detailed options to address the negative performance for this year's budget will be discussed at the Board meeting.
- Revenue sources have become stagnant; looking at how we can increase revenue sources.
- **Motion**/second, Miller/Balk to accept the June financial statement. Motion carried.

### Write-off's

- **Motion**/second, Weaver/Balk to accept write-offs. In the last year write-off's have gone down; seeing progress with the system. Motion carried.

### CFO Report

- Days in Accounts Receivable are down to 51.
- Moving nursing home billing from TIER to ECS has been completed. Will bill off ECS next week.
- May see a slight increase in Accounts Receivable in July because of getting up and going but expect to be well within target.
- Met with Kristi Kordus as requested to review investment policies. She reached out to PFMS Management who the county works with to review our policy. They will provide a written recommendation; have indicated that what we have right now is an appropriate investment strategy in CD's being under \$10 million. Have requested their recommendations when over the \$10 million mark.
- Investment policy would be updated if determined to move forward with this; policy would require us to go outside of Wisconsin to invest with banks.
- It was proposed to revisit the investment policy following the recommendation from PFMS; take the policy to the three county finance directors; present revised policy at the August meeting. A Joint Finance meeting with the County has been requested.

### Future Agendas

- Marathon County has requested a joint finance meeting with Marathon County Finance Committee which may be on Aug. 29 from 3-5 p.m.
  - Joint agenda will include initiating the process to request the \$475,000 for the increase of mental health services. Must first go to Finance Committee and then to the County Board through contingencies.
  - Joint agenda may also include the investment policy; conversation of maintenance transfer as of 1/1/17; draft 2017 budget; 2016 performance; long term facility plan. Will need to hire someone for the long term facility plan which will incorporate the master facility plan.
- Investment Policy

**Motion**/second, Miller /Balk, to adjourn the Finance, Personnel & Property Committee meeting. Motion carried. Meeting adjourned at 11:55 a.m.

*dko*



**North Central Health Care**  
Person centered. Outcome focused.

QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2016

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2015
<b>PEOPLE</b>																	
Vacancy Rate	6-8%	N/A	↓	8.0%	5.8%	4.8%	5.2%	3.9%	6.2%	4.7%						5.7%	7.6%
Employee Turnover Rate*	20-23%	17%	↓	19.6%	29.2%	29.3%	28.4%	26.3%	27.6%	28.2%						28.2%	28.9%
<b>SERVICE</b>																	
Patient Experience: Satisfaction Percentile Ranking	70-84th Percentile	N/A	↑	53rd	48th	45th	46th	53rd	48th	42nd						47th	51st
Community Partner Satisfaction	75-80%	N/A	↑	\	\	77%	\	\	72%	\						75%	76%
<b>CLINICAL</b>																	
Nursing Home Readmission Rate	11-13%	18.2%	↓	13.8%	6.7%	12.0%	10.7%	14.8%	21.1%	12.5%						12.6%	13.7%
Psychiatric Hospital Readmission Rate	9-11%	16.1%	↓	12.8%	11.1%	3.2%	5.0%	7.2%	11.4%	11.7%						8.9%	10.8%
AODA Relapse Rate	18-21%	40-60%	↓	30.0%	33.3%	20.7%	25.0%	24.3%	27.3%	36.1%						28.2%	20.7%
<b>COMMUNITY</b>																	
Crisis Treatment: Collaborative Outcome Rate	90-97%	N/A	↑	\	\	\	\	100.0%	97.9%							99.1%	N/A
Access to Behavioral Health Services	90-95%	NA	↑	58%	65%	87%	86%	92%	93%							78%	73%
Recidivism Rate for OWI	27-32%	44.7%	↓	22.6%	20.5%	29.2%	28.2%	18.2%	7.7%							22.2%	26.4%
<b>FINANCE</b>																	
*Direct Expense/Gross Patient Revenue	58-62%	N/A	↓	71%	65%	66%	64%	65%	67%							67%	63%
Days in Account Receivable	60-65	54	↓	70	65	64	64	58	51							51	68

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

### PEOPLE

<b>Vacancy Rate</b>	Total number of vacant positions as of month end divided by total number of authorized positions as of month end.
<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>Patient Experience: Satisfaction Percentile Ranking</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</b>	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.

### 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 for Mental Health primary diagnosis. <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>

### COMMUNITY

<b>Crisis Treatment: Collaborative Decision Outcome Rate</b>	Total number of positive responses(4 or 5 response on a 5 point scale) on the collaboration survey distributed to referring partners in each encounter in which a referral occurs.
<b>NCHC Access</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 people that receive their OWI services from NCHC and then reoffend. <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>

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

July 29, 2016

7:00 A.M.

NCHC – Wausau Campus

Present:	X	Jean Burgener	X	Bill Metter	X	Bill Miller
	X	John Robinson	X	Margaret Donnelly		

Also Present: Ben Bliven, Michael Loy, Kim Gochanour, Sue Matis, Brenda Glodowski, Becky Schultz

The meeting was called to order at 7:00 a.m.

Minutes

- **Motion**/second, Donnelly/Metter, to approve the 7/15/16 Nursing Home Operations Committee meeting minutes. Motion carried.

Review of Financial Performance of Mount View Care Center

- Reconcile Nursing Home Change From: Jan-June 2015-2016 was reviewed.
  - This is 'actual to actual' information.
  - Expenses are out of order but it also really speaks to the drop in revenue. Committee requested additional detail on revenue comparisons.
- Currently we are over budget in the nursing home by \$964,000 from January - June. (\$330,000 relates to health insurance costs)
- Labor expenses have changed from 60 open positions last year to 14 open positions currently. Additional information was requested on expense projections resulting when the labor force will begin to normalize.
- Pharmacy expenses are higher due to higher acuity. A new packaging system has been budgeted for which represented an increase in revenue dollars but system has not yet been purchased and implemented. Pricing structure has been changed to be more in line with industry. A report from the pharmacy consultant will be provided at the next Committee meeting.
- The Board approved an increase in CNA salaries which is one of the larger components of salary differences.
- Reporting current financial status of the nursing home to the county should include:
  - Report from Wipfli which predicted a decline in revenue if remodeling of the nursing home did not occur (\$3.7 million by 2018).
  - What the future holds with changes in revenues and the corresponding affects in expenses and impact on the tax levy.
  - Short and long term anticipated revenues and expenses.
  - A comparison of actual to budget to gain a better understanding of the significance of the impact of the current financial picture.
  - A recommendation from the 51 Board on the future of the nursing home for county board consideration.
  - Relay our ability and willingness to adapt and modify behaviors to be within in budget or the reasons for not being in budget.
  - Remind the county of the major changes that have occurred over the last year in nursing home administration and management.

- The Marathon County board representatives on this committee must inform the county board that staff is doing a great job despite the uncertainty of the September decision, and have made great strides in working to improve relationships with community partners, and show them what NCHC has done and is currently doing.
- Explain why NCHC exists and its importance to the community and the county's commitment to meeting the needs of the most vulnerable. What has changed since 2008 when the county realized their responsibility to meet these needs? The county is mandated to meet these needs and if this nursing home goes away, how will the needs be met? Will another solution be more cost effective?
- Information needs to be provided to Marathon County Health & Human Services with financials of Mount View Care Center. Health & Human Services would then take to the County Board. Michael Loy asked for help from the Marathon County Board representatives on the committee for a voice at the county board. Mr. Miller stated he will talk with Mr. Gibbs, Chair of Marathon County Board regarding the nursing home.
- Committee members expressed concern over uncertainty of whether a meeting will be held on August 18 to hear public comments about the future of NCHC and its relationship with Marathon County.
- Langlade County has expressed concern about lack of open communication from Marathon County. Relationships with surrounding counties are at stake as well.
- Next steps:
  - Provide a comparison of actual to budget.
  - County's core mission (what happens if current relationship is dissolved, county's liability remains even if it does not operate the nursing home, etc.)
  - Mr. Miller will request a 15 minute presentation by Michael Loy to the full county board.
- Star Rating handout was provided
  - Our rating changed for health inspection from 2 to 3 Star.
  - There are 6 new Quality Measures; we are doing better than the targets.
- **Motion/second, Miller/Metter to adjourn the meeting 8:12 a.m. Motion carried.**