

**OFFICIAL NOTICE AND AGENDA **ADDENDUM****

of a meeting of the **North Central Community Services Program Board** to be held at **North Central Health Care**  
**1100 Lake View Drive, Wausau, WI 54403, Board Room** at **11:30 am** on **Thursday, March 30<sup>th</sup>, 2017**

In addition to attendance in person at the location described above, Board 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. 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.


A QUORUM OF THE RETAINED COUNTY AUTHORITY COMMITTEE, COMPRISED OF APPOINTEES FROM LANGLADE, LINCOLN, AND MARATHON COUNTIES, MAY BE PRESENT AT THE NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING; HOWEVER, NO VOTE OR ACTION WILL BE TAKEN BY THE RETAINED COUNTY AUTHORITY COMMITTEE.

1. Call to Order
2. Public Comment for Matters Appearing on the Agenda
3. ACTION: Resolution Honoring John Robinson for his 10 Years of Service to the NCCSP Board
4. Welcome New Board Members
5. ACTION: Approval of 2/23/17 NCCSP Board Meeting Minutes
6. Annual Audit Report by Wipfli
  - a. ACTION: NCCSP Board – Approval of 2016 Audit
  - b. ACTION: Accept the Fund Balance Statement
7. Educational Presentation
  - a. Overview and Discussion on Policy Governance – K. Day/M. Loy
8. Chairman’s Report and Announcements– J. Zriny
9. Committee Reports
  - a. Executive Committee Report – J. Zriny
    - i. Review Draft Minutes of the 3/16/17 Meeting
  - b. Finance, Personnel & Property Committee Report – B. Weaver
    - i. Review Draft Minutes of the 2/23/17 Meeting
    - ii. Overview of 3/23/17 Meeting
    - iii. February Financials
      1. CFO Report
      2. ACTION: Accept the February Financial Report and Financial Statements
  - c. Nursing Home Operations Committee Report – J. Burgener
    - i. Review Draft Minutes of the 2/24/17 Meeting
    - ii. Overview of 3/24/17 Meeting
  - d. Quality Committee Report
    - i. Review Draft Minutes of the 3/16/17
    - ii. Organizational Outcomes
      1. ACTION: Accept the Quality Dashboard as Presented
10. ACTION: Appoint Executive Committee as CEO Selection Committee
11. ACTION: Approval for use of Nursing Home Fund Balance to Fund the Operational Assessment and Strategic Plan for Mount View Care Center in an Amount Not to Exceed \$55,000
12. Update on 2017 NCCSP Capital Improvement Budget to Reflect the Modified Cost of the Mount View Care Center’s Boiler Replacement Project – M. Loy
13. Update on Youth Crisis, CBRF, MMT – L. Scudiere/M. Loy
14. CEO Work Plan
15. Retained County Authority Committee Update – M. Loy
16. CEO Report – M. Loy
17. Discussion and Future Agenda Items for Board Consideration or Committee Assignment
18. Adjourn

NOTICE POSTED AT: North Central Health Care

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

DATE: 03/29/17 TIME: 8:30 a.m. BY: D. Osowski

  
Presiding Officer or Designee



# North Central Health Care

Person centered. Outcome focused.

## **RESOLUTION**

### **SERVICE OF**

### **JOHN ROBINSON MARATHON COUNTY**

**WHEREAS**, John Robinson has served North Central Health Care with dedication, distinction and honor for 10 years; and

**WHEREAS**, Mr. Robinson was appointed to the North Central Community Services Program (NCCSP) Board July 2007 to represent Marathon County; and

**WHEREAS**, Mr. Robinson has served on the NCCSP Board of Directors, the Finance, Personnel & Property Committee, the Human Services Operations Committee, and the Nursing Home Operations Committee; and

**WHEREAS**, Mr. Robinson's services to the Board have been of utmost dedication and effort to assure North Central Health Care provides excellent quality services, in a cost-effective manner, to the citizens of Langlade, Lincoln and Marathon Counties;

**NOW, THEREFORE, BE IT RESOLVED** that the North Central Community Services Program Board, assembled on 30<sup>th</sup> day of March 2017, does hereby honor John Robinson for his years of service and express our gratitude for his efforts on behalf of its consumers, families and staff.

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*Jeff Zriny, Chair  
NCCSP Board of Directors*

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*Michael Loy, Interim CEO  
North Central Health Care*

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

February 23, 2017

12:00 p.m.

North Central Health Care-Wausau

### Present:

X	Randy Balk	X	Steve Benson	X	Ben Bliven
X	Jean Burgener	X	Holly Matucheski	X	Bill Metter
X	Bill Miller	EXC	Corrie Norrbom	EXC	Greta Rusch
X	Robin Stowe	EXC	Bob Weaver	EXC	Theresa Wetzsteon
X	Jeff Zriny				

Also Present: Michael Loy, Kim Gochanour, Brenda Glodowski, Laura Scudiere, Becky Schultz, Sue Matis, Sheila Zblewski, Lance Leonhard

Guests/Visitors: Steve Anderson

### Call to Order

The meeting was called to order at 12:02 p.m. by Chairman Zriny; guest was welcomed.

### Public Comment for Matters Appearing on the Agenda

No public comments made.

### Resolution Honoring John Robinson for his 10 Years of Services to the NCCSP Board

- J. Robinson was unable to attend today. A presentation is planned for the March Board meeting.

### Educational Presentation – Patient Experience Indicator and Priority Index Report – B. Schultz

- Clinical Outcomes, People Outcomes, Financial Outcomes, and our Communities are impacted by Patient Experience. Better outcomes directly and positively impact cost effectiveness.
- Our 2016 response rate was 35% or 3390 surveys which is an average response rate in the industry.
- Relationships are what is being built. NCHC continues to develop a Person-Centered Service culture.
- Resources can be maximized by focusing on the correct areas; utilizing effective tools, etc.
- Future reimbursement structures will include patient experience outcomes.

### Consent Agenda

- **Motion**/second, Metter/Burgener, to approve the consent agenda including the 1/26/17 NCCSP Board Meeting minutes. Motion carried.

### Chairman's Report and Announcements – J. Zriny

- Marathon County has appointed Theresa Wetzsteon to fill the unexpired term of Scott Parks. There will be another appointment to fill the unexpired term of John Robinson.
- The Collaborative Care Committee was formed as a means to share information confidentially. The Committee met after an anonymous letter was given to members of the Marathon County Board. NCHC has spent approximately \$30,000 in legal fees to date in the utilization and coordination with Ruder Ware on the project. The Committee has not yet come to closure on this topic but hope to have a final report to the Board next month.

#### Executive Committee Report – J. Zriny

- Nursing Home Operations Committee will continue to meet. Waiting for results of the nursing home RFP. The Committee may have joint meetings with the newly developed Mount View Care Center Committee with the initial meeting to be held at Mount View Care Center on Tues, Feb. 28 at 7 p.m.
- Lance Leonhard will be joining NCCSP Board meetings as part of the new joint county agreement and as chair of the RCA Committee. A work plan has been developed and will be updated and provided each month to the Board.
- Policy Governance pertains to how this board operates and relates to the management team. Additional education will be provided at the March meeting.
- The Marathon County Board will be receiving input from ‘pool experts’ on 3/14 and a listening session is scheduled for 3/20 which will be held in the NCHC Theater.

#### Finance, Personnel & Property Committee Report – R. Balk

- Audit is in progress. Presentation by Wipfli will be provided at the March Board meeting.
- Capital improvement budget regarding the boiler replacement was discussed.
- 2017 budget performance for January looked favorable. There was a small loss of about \$9,000 compared to a targeted loss of \$43,000. The work done by the teams on expense management last fall is seeing positive results occurring now.
- **Motion/second**, Miller/Stowe to approve the January Financial Report and Financial Statements. Motion carried.

#### Human Services Operations Committee Report – L. Scudiere

- Committee received an educational session on OWI Recidivism by Laura Yarie.
- Daniel Shine provided an educational session on the Medically Monitored Treatment program (MMT) sharing both the successes and challenges.
- Reviewed and discussed the current status of the Aquatic Therapy Pool. Moved to support the recommendation to continue the operation of the pool and to build a new Aquatic Therapy Pool. Committee requested to revisit the topic should the County not pass a successful bonding resolution.
- An update on the Human Services Outcome Reporting was provided. Refer to the ‘Changes in Crisis Services 2015/2016’ in the packet. Many community partners participated on the team which resulted in both internal and community changes. Sub-committees continue to work on specific areas of concern in the community.
- NCHC is working with AOD Partnership and other counties to strategize more treatment options including transitional housing. There continues to be high waiting lists for substance abuse services. Dr. Benson added that the needs have increased but options have decreased in the community and feels that in order to retain providers in the area there needs to be more positive coverage and communication of our community. One potential area is to build better relationships with the Universities in Madison and Milwaukee to educate students on the opportunities in Wausau i.e. wage and cost of living, etc.

#### Nursing Home Operations Committee Report – J. Burgener

- Mount View Care Committee meets for the first time on 2/28 in the Terrace Room at MVCC. Members include: Supervisor John Robinson as Chair, Supervisor Katie Rosenberg as Vice-Chair, Supervisor Allen Drabek, Supervisor Tim Buttke, and supervisor Jack Hoogendyke, as well as Deb Hager and possibly another non-County Board member. NHOC members will be in attendance also.
- Downsizing of the long term care unit will be completed today ahead of schedule.

#### Quality Committee Report – B. Schultz

- The Organizational Quality Dashboard was provided in the Board Packet; there were no questions.
- **Motion**/second, Stowe/Bliven, to approve Organizational Quality Dashboard. Motion carried.

#### General Counsel Role and Fee Proposal with Ruder Ware

- Direction at the February Board meeting was to establish a retainer with Ruder Ware for legal services but if unsuccessful to pursue the search for a staff attorney. A retainer has been developed for 15 hours/week which will provide a significant increase in legal support. There is no long term commitment and the agreement can be reevaluated at the end of the year.
- **Motion**/second, Balk/Benson, to accept and approve the Agreement for General Counsel with Ruder Ware as presented. Motion carried.

#### Resolution of the North Central Community Services Program Board in Support of the Construction of a New Warm Water Aquatic Therapy Pool

- Marathon County Board Members have received calls which have been very positive.
- At the February meeting the Board asked management to provide a position statement for review and consideration at today's meeting which was distributed and reviewed.
- We have received about 100 referrals last month for 1 physical therapist. We were unsuccessful in recruiting another therapist due to the uncertainties of the future of the pool.
- It is felt the investment in the pool would be open to other service areas and increase usage.
- **Motion**/second, Metter/Burgener, to approve the resolution as provided. Discussion followed:
  - An individual with Multiple Sclerosis would not be walking if not for the therapy pool; another would not manage pain without the use of the pool.
  - Majority of users are seniors; options for seniors are limited in the area.
  - We have the only therapy pool in the area; nearest therapy pool is in Madison.
  - The North Central Health Foundation will be discussing opportunities for matching funds, etc.
  - The resolution expresses that it is in the best interest of Marathon County for NCHC to continue to manage the pool and that there be a new structure. A Management Agreement would provide details clarifying financial support.
  - Marathon County requires a super majority to pass the bonding.
  - Nursing home would benefit with the pool closer; improved traffic flow for increased utilization.
- Motion carried.

#### Consider Amending the 2017 NCCSP Capital Improvement Budget to Reflect the Modified Cost of the Mount View Care Center's Boiler Replacement Project

- After discussion and additional information provided at the Finance Committee meeting this topic will be placed on next month's agenda. The original cost of the project was miscalculated plus new Life Safety Codes became effective 11/1/16 causing additional costs for the project.

#### Overview of Youth Crisis Group Home Program Service Line Expansion – M. Loy

- Program is specifically for addressing diversions and meeting the needs of adolescents with mental health issues with a targeted start date of 7/1/17.
- Governor's budget includes money for this type of program.
- Key to success is for families to be involved; having youth out of community makes success extremely challenging.
- NCHC would make a recommendation to the RCA to determine future programming.

Update on Long-Term Facility Master Plan – M. Loy

- Long Term Facility Master Plan is delayed as the County Board Chair indicated he wants to wait for the results of the nursing home study. However, we will continue to pursue minor programs in the 51.42 systems and will be working with Capital Facilities Management to move programs around in order to enhance programs and reduce diversion issues. Michael indicated he would meet with the County Board Chair to discuss further.

CEO Work Plan – M. Loy

- Each month the Work Plan will be included in the packet.
- Will continue to work with the RCA on the Work Plan.

Consideration of Modification to NCHC's Mission, Vision and Core Values Statements – M. Loy

- Presentation provided by M. Loy asking approval to modify the Mission, Vision and Core Values Statements as provided.
- Suggestion made to include statutory requirements and retain corporate and fiscally responsibility in addition to person-centered.
- **Motion**/second, Bliven/Burgener, to approve the modified NCHC Mission, Vision and Core Values Statements. Motion carried.

Discussion and Future Agenda Items for Board Consideration or Committee Assignment

- None noted.

**Motion**/second, Burgener/Metter, to adjourn the Board meeting at 1:51 p.m. Motion carried.

*dko*

North Central Health Care  
Fund Balance Review  
As of December 31, 2016

	Marathon	Nursing Home	Langlade	Lincoln	Total
Total Operating Expenses-2016	\$28,682,586	\$29,421,187	\$3,980,880	\$4,225,814	\$66,310,467
General Fund Balance Target -Minimum (20% of operating expense)	\$5,736,517	\$5,884,237	\$796,176	\$845,163	\$13,262,093
General Fund Balance Target-Maximum (35% of operating expenses)	\$10,038,905	\$10,297,415	\$1,393,308	\$1,479,035	\$23,208,663
Risk Reserve Fund	\$250,000	\$0	\$250,000	\$250,000	
Total Fund Balance-Minimum Target	\$5,986,517	\$5,884,237	\$1,046,176	\$1,095,163	\$14,012,093
Total Fund Balance-Maximum Target	\$10,288,905	\$10,297,415	\$1,643,308	\$1,729,035	\$23,958,663
<b>General Fund Balance-Unrestricted at 12/31/16</b>	<b>\$16,914,637</b>	<b>\$6,896,272</b>	<b>\$2,010,202</b>	<b>\$2,544,215</b>	<b>\$28,365,326</b>
General Fund Balance-Contributed Capital at 12/31/16	\$6,724,564	\$3,938,586	\$123,750	\$180,000	\$10,966,900
General Fund Balance-Pension Benefit at 12/31/16	\$0	\$0	\$0	\$0	\$0
<b>Total Net Position at 12/31/2016</b>	<b>\$23,639,201</b>	<b>\$10,834,858</b>	<b>\$2,133,952</b>	<b>\$2,724,215</b>	<b>\$39,332,226</b>
<b>Unrestricted Fund Balance-Above (Below) Minimum Target</b>	<b>\$10,928,120</b>	<b>\$1,012,035</b>	<b>\$964,026</b>	<b>\$1,449,052</b>	<b>\$14,353,233</b>
<b>Unrestricted Fund Balance-Above (Below) Maximum Target</b>	<b>\$6,625,732</b>	<b>(\$3,401,143)</b>	<b>\$366,894</b>	<b>\$815,180</b>	<b>\$4,406,663</b>
County Percent of Total Net Position	60.10%	27.55%	5.43%	6.93%	100.00%
Share of Invested Cash Reserves (based Net Position %)	\$5,889,933	\$2,699,608	\$531,695	\$678,764	\$10,300,000
Days Invested Cash on Hand	75	33	49	59	57
Targeted Days Invested Cash on Hand	90	90	90	90	90
Required Invested Cash to meet Target	\$7,072,418	\$7,254,539	\$981,587	\$1,041,982	\$16,350,526
<b>Share of Invested Cash Reserves Above (Below) Target</b>	<b>(\$1,182,486)</b>	<b>(\$4,554,931)</b>	<b>(\$449,892)</b>	<b>(\$363,217)</b>	<b>(\$6,050,526)</b>

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

**March 16, 2017                              4:00 PM                              North Central Health Care – Board Room**

Present:            X            Jeff Zriny                              X            Jean Burgener  
                        X            via            Robin Stowe                         X            Bob Weaver  
                                    phone

Others present:            Michael Loy  
 Guests:                         Bill Metter

Chairman Zriny called the meeting to order at 4:05 p.m.

### Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

### ACTION: Approval of 2/16/17 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Stowe, to approve the 2/16/17 Executive Committee meeting minutes; motion passed 4-0.

### CEO Report – M. Loy

- Audit presentation is scheduled for the Board meeting March 30 with a Joint meeting of the Finance Committee and Board beginning at 11:30 a.m. There will be several adjustments this year. RCA Committee will be invited.
- Financials for February as positive showing a gain. Both the nursing home and 51.42 programs have had a positive gain. Medicare census averaging in March about 17 and an average nursing home census at 184 so far for the month. Hospital census this month is at budget with an average of 14. State Institutes utilization is trending down.
- The County Health & Human Services meeting this week received expert testimony about the Aquatic Therapy Pool. Their next meeting is a public listening session on March 20 in the Theater at NCHC.
- Received six responses to the nursing home RFP requests. Will be interviewing the firms next week Friday.
- There was a good first meeting of the new Mount View Care Committee.
- Recent leadership changes occurring. Recruiting for a Director of Outpatient Services and Director of Nursing. Becky Schultz will be the Interim DON temporarily.
- A full investigation occurred after receiving an anonymous letter from residential services. Results and action plan will be reviewed with J. Zriny next week. A letter of response will be sent to employees.
- We are moving forward with the potential expansion of the Youth Crisis, CBRF, and MMT. There are complex licensing issues with this change. The RCA Committee will be reviewing these areas soon.
- The Marathon County Board will be appointing Supervisor Rick Seefeldt to replace the unexpired term of John Robinson. Theresa Wetzsteon is planning to attend her first Board meeting on March 30.



- With the recent changes to the Board, the Human Services Operations Committee has lost several members. It is being recommended to temporarily suspend HSOC meetings pending potential restructuring of the Board. Any issues that the HSO Committee would have discussed will be brought directly to the Board during this time.
- We have been notified by the Medical College of Wisconsin that we have three matches confirmed for the Psychiatry Residency Program beginning in July 2017.
- Bellewood Group Home has been targeted as the location for a Youth Crisis CBRF. Similar to the difficulties with staffing the nursing home, residential services has been experiencing the same challenges in recruitment and retention of staff. Therefore, the six individuals currently living at Bellewood will be moved to other locations. A new location on Andrea Street where the residents of Bellewood were going to move, will not be used at this time as the licensing has been delayed by the State. We are also working with Family Care to increase reimbursement in an effort to improve the salary of residential workers which should help retain staff. The plan is to open Andrea Street as planned once staffing improves.
- Marathon and Langlade Counties are interested in operating a Drug Court and feel it is important for NCHC to be involved and provide treatment. A meeting is slotted to occur in June to review options in Langlade County. Representative Pat Snyder has also expressed high interest in this project in Marathon County. RCA will be discussing.
- Continue to work on the Facility Master Plan.

#### Agenda for 3/30/17 Board Meeting

- Audit Presentation
- Updates on youth crisis, CBRF, MMT
- Facility Master Plan
- Education on Policy Governance
- RCA Update i.e. identify substantially modify, BHS Update

#### Adjourn

- **Motion**/second, Stowe/Weaver, to adjourn the Executive Committee meeting at 4:32 p.m.  
Motion carried.

*dko*

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

**February 23, 2017                      11:00 AM              North Central Health Care – Badger Room**

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

Others Present: Brenda Glodowski, Michael Loy, Troy Torgerson

Meeting was called to order at 11:05 a.m.

Public comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 01/26/17 Finance, Personnel & Property Committee Meeting Minutes

- **Motion**/second, Stowe/Balk, to approve the 01/26/17 Finance, Personnel & Property Committee meeting minutes. Motion carried.

January Financials – B. Glodowski

- January showed an overall deficit just under \$9,000 compared to a budgeted loss of \$42,813 resulting in a positive variance of \$33,815.
- Nursing home census averaged 187 compared to the target of 203. Medicare census averaged 18 compared to a target of 20. February nursing home census is currently averaging 189 and Medicare is closer to target.
- The Hospital is extremely busy with an average census of 16 compared to a target of 14. February continues to see an average census of 16.
- Outpatient revenues are overall on target. Revenues for January are over target by \$30,000.
- Expenses are over budget by \$4,300 overall.
- Health insurance is below target by \$113,000 and February is stable. Will be meeting with the health insurance company to look at trending for first quarter.
- State institutes continue to exceed budget in January.
- Plans are in place to address the areas over budget; several are back in target in February.
- We have projected a loss in the nursing this year; however we have downsized the Long Term Care unit to 190 beds which is right at target. We are also at targeted census on Legacies and above the target of 43 on Post-Acute at 46.
- 51.42 programs are performing very well which has offset the increase in cost of contracted services. Community Treatment is performing well.
- We are competitive with the daily rate of area nursing homes; Medicare and Medicaid pays a fixed amount regardless of our fee structure. Private nursing homes tend to have a higher self-pay and Medicare due to premier atmosphere
- **Motion**/second, Miller/Stowe, to approve the January Financial Statements and Financial Report. Motion carried.
- Write-offs are included in packet. No additional discussion.

#### CFO Report – B. Glodowski

- No additional updates.

#### 2016 Audit Update – B. Glodowski

- 2016 Audit will be presented in March.
- A significant adjustment to be aware of, that will be explained in detail during the audit presentation, is that last year the Wisconsin Retirement System had a new change called GASB 68 which required a modification to our financial statements. Adjustments are not known until February and can vary from year to year. This year's adjustment is \$1,871,000. This adjustment is a non-cash item but must be reported on financial statements. Moving forward it will always be an audit adjustment.
- Two minor adjustments occurring for expenses: depreciation and utility adjustments.
- Additional revenue is being recorded in 2016 due to the revenue cut off review.
- Recommending backing off on allowances since we are showing improvement in Accounts Receivable.

#### Consider Amending the 2017 NCCSP Capital Improvement Budget to Reflect the Modified Cost of the Mount View Care Center's Boiler Replacement Project – M. Loy/T. Torgerson

- \$425,000 was approved in the 2017 capital budget for a boiler replacement in MVCC. According to the letter from Marathon County, included in the 2/23/17 Board packet, the architect Angus Young and Associates shows a Preliminary Cost Estimate of \$595,349 requiring \$170,000 more for the project.
- It is being recommended to complete this year to avoid the risk of a system failure.
- Another revised estimate has since been received with an estimated project cost of \$648,422 to add an ultra violet treating system. The new Life Safety Code requires this for all hospitals, nursing homes, residential homes, etc.
- **Motion/second**, Miller/Stowe, to amend the NCCSP Capital Improvement Budget to \$648,422. Discussion continued.
- **Motion amended/second**, Miller/Stowe, to delay the request to amend the Capital Improvement Budget to March, 2017 to allow for further review. Motion carried.
- Committee requested M. Loy to speak with B. Karger, Marathon County Administrator, regarding this matter and request direction from Marathon County.

#### Tour of the Pharmacy and Demonstration of the Packaging System – S. Merbach

- Tour of Pharmacy is deferred to March.

#### Discussion of Future Agenda Items

- None noted.

#### Adjourn

**Motion/second**, Stowe/Miller, to adjourn the Finance, Personnel & Property Committee meeting at 11:56 a.m. Motion carried.

*dko*

## MEMO

**TO:** North Central Health Care Finance Committee  
**FROM:** Brenda Glodowski  
**DATE:** March 24, 2017  
**RE:** Attached Financials

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

### **BALANCE SHEET**

Most accounts remain consistent. Cash continues to be strong and Accounts Receivable continues to improve.

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

The month of February shows a gain of \$332,454 compared to the budgeted gain of \$34,324 resulting in a positive variance of \$298,129.

Overall revenue exceeded budget targets again in February by \$72,389. The hospital averaged 16 patients per day, compared to the target of 14. The nursing home census improved a bit from January, averaging 188 per day. The target is 203. The Medicare census improved in February, averaging just below the target of 20. Some Outpatient areas saw increases in revenues, especially Community Treatment.

Overall expenses were below targets by \$219,070. There were three notable single items that had an impact. Health insurance was under target by \$76,557, drugs were below target by \$37,377, and other institutes were over by \$168,530. Most programs stayed below target for the month, which contributed to the overall results. In January, there were some programs that exceeded their salary budget, but by the end of February, most of them were back in line.

Through February, the organization is seeing an overall gain of \$323,456.

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

Thank you.

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
FEBRUARY 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	3,589,414	1,943,649	5,533,063	5,667,480
Accounts receivable:				
Patient - Net	3,223,905	2,205,602	5,429,508	7,175,430
Outpatient - WIMCR	545,000	0	545,000	485,000
Nursing home - Supplemental payment program	0	300,000	300,000	300,000
Marathon County	77,884	0	77,884	74,235
Appropriations receivable	0	0	0	0
Net state receivable	656,105	0	656,105	88,559
Other	496,555	0	496,555	195,265
Inventory	0	305,373	305,373	303,535
Other	<u>642,238</u>	<u>507,284</u>	<u>1,149,522</u>	<u>971,215</u>
Total current assets	<u>9,231,102</u>	<u>5,261,908</u>	<u>14,493,010</u>	<u>15,260,719</u>
Noncurrent Assets:				
Investments	10,300,000	0	10,300,000	9,800,000
Assets limited as to use	2,016,204	775,074	2,791,278	3,079,520
Contingency funds	500,000	0	500,000	0
Restricted assets - Patient trust funds	18,228	36,298	54,526	65,900
Net pension asset	0	0	0	4,846,938
Nondepreciable capital assets	58,044	872,720	930,764	686,126
Depreciable capital assets - Net	<u>7,136,308</u>	<u>3,273,274</u>	<u>10,409,582</u>	<u>11,190,333</u>
Total noncurrent assets	<u>20,028,784</u>	<u>4,957,367</u>	<u>24,986,151</u>	<u>29,668,817</u>
Deferred outflows of resources - Related to pensions	<u>9,786,591</u>	<u>7,730,129</u>	<u>17,516,720</u>	<u>4,851,842</u>
<b>TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES</b>	<u><b>39,046,477</b></u>	<u><b>17,949,404</b></u>	<u><b>56,995,881</b></u>	<u><b>49,781,378</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF NET POSITION  
FEBRUARY 2017**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Liabilities:				
Current portion of related-party note payable	154,310	0	154,310	151,257
Accounts payable - Trade	726,535	573,868	1,300,403	1,074,186
Appropriations advances	497,593	141,667	639,260	752,147
Accrued liabilities:				
Salaries and retirement	1,068,958	844,337	1,913,295	1,892,009
Compensated absences	850,918	672,114	1,523,032	1,552,529
Health and dental insurance	445,843	352,157	798,000	857,000
Other Payables	203,819	160,990	364,809	410,380
Amounts payable to third-party reimbursement programs	225,920	0	225,920	383,333
Unearned revenue	<u>135,281</u>	<u>0</u>	<u>135,281</u>	<u>496,928</u>
Total current liabilities	<u>4,309,177</u>	<u>2,745,133</u>	<u>7,054,310</u>	<u>7,569,769</u>
Noncurrent Liabilities:				
Net pension liability	1,747,267	1,380,112	3,127,379	0
Related-party note payable	481,871	0	481,871	636,181
Patient trust funds	<u>18,228</u>	<u>36,298</u>	<u>54,526</u>	<u>65,900</u>
Total noncurrent liabilities	<u>2,247,365</u>	<u>1,416,411</u>	<u>3,663,776</u>	<u>702,081</u>
Total liabilities	<u>6,556,542</u>	<u>4,161,544</u>	<u>10,718,086</u>	<u>8,271,850</u>
Deferred inflows of resources - Related to pensions	<u>3,713,701</u>	<u>2,933,339</u>	<u>6,647,040</u>	<u>84,873</u>
Net Position:				
Net investment in capital assets	6,558,171	4,145,995	10,704,166	11,876,459
Unrestricted:				
Board designated for contingency	500,000	0	500,000	0
Board designated for capital assets	2,016,204	872,720	2,888,924	3,079,520
Undesignated	19,293,029	5,921,180	25,214,209	26,843,968
Operating Income / (Loss)	<u>408,829</u>	<u>(85,374)</u>	<u>323,455</u>	<u>(375,292)</u>
Total net position	<u>28,776,233</u>	<u>10,854,521</u>	<u>39,630,754</u>	<u>41,424,655</u>
<b>TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION</b>	<u><b>39,046,476</b></u>	<u><b>17,949,404</b></u>	<u><b>56,995,881</b></u>	<u><b>49,781,378</b></u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING FEBRUARY 28, 2017**

<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>
Revenue:						
Net Patient Service Revenue	<u>\$3,552,472</u>	<u>\$3,482,955</u>	<u>\$69,517</u>	<u>\$7,266,235</u>	<u>\$7,212,938</u>	<u>\$53,297</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	649,007	650,239	(1,232)
Grant Revenue	196,734	197,183	(449)	389,291	394,367	(5,075)
County Appropriations - Net	637,040	639,260	(2,220)	1,278,520	1,278,520	0
Departmental and Other Revenue	<u>291,759</u>	<u>285,602</u>	<u>6,157</u>	<u>626,915</u>	<u>571,204</u>	<u>55,711</u>
Total Other Revenue	<u>1,450,036</u>	<u>1,447,165</u>	<u>2,872</u>	<u>2,943,733</u>	<u>2,894,329</u>	<u>49,403</u>
Total Revenue	5,002,509	4,930,120	72,389	10,209,968	10,107,267	102,701
Expenses:						
Direct Expenses	3,489,075	3,613,922	(124,848)	7,542,387	7,509,841	32,547
Indirect Expenses	<u>1,195,984</u>	<u>1,290,206</u>	<u>(94,223)</u>	<u>2,375,234</u>	<u>2,622,582</u>	<u>(247,348)</u>
Total Expenses	<u>4,685,058</u>	<u>4,904,129</u>	<u>(219,070)</u>	<u>9,917,621</u>	<u>10,132,422</u>	<u>(214,801)</u>
Operating Income (Loss)	<u>317,450</u>	<u>25,991</u>	<u>291,459</u>	<u>292,347</u>	<u>(25,155)</u>	<u>317,502</u>
Nonoperating Gains (Losses):						
Interest Income	10,479	8,333	2,146	23,021	16,667	6,354
Donations and Gifts	602	0	602	4,166	0	4,166
Gain / (Loss) on Disposal of Assets	<u>3,923</u>	<u>0</u>	<u>3,923</u>	<u>3,923</u>	<u>0</u>	<u>3,923</u>
Total Nonoperating Gains / (Losses)	<u>15,003</u>	<u>8,333</u>	<u>6,670</u>	<u>31,109</u>	<u>16,667</u>	<u>14,442</u>
Income / (Loss)	<u>\$332,454</u>	<u>\$34,324</u>	<u>\$298,129</u>	<u>\$323,456</u>	<u>(\$8,488)</u>	<u>\$331,944</u>

**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING FEBRUARY 28, 2017**

<b>51.42/.437 PROGRAMS</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>
Revenue:						
Net Patient Service Revenue	<u>\$1,951,817</u>	<u>\$1,798,269</u>	<u>\$153,548</u>	<u>\$3,932,327</u>	<u>\$3,712,191</u>	<u>\$220,136</u>
Other Revenue:						
State Match / Addendum	324,504	325,120	(616)	649,007	650,239	(1,232)
Grant Revenue	196,734	197,183	(449)	389,291	394,367	(5,075)
County Appropriations - Net	495,374	497,593	(2,219)	995,188	995,186	1
Departmental and Other Revenue	<u>141,771</u>	<u>149,059</u>	<u>(7,287)</u>	<u>323,552</u>	<u>298,118</u>	<u>25,434</u>
Total Other Revenue	<u>1,158,383</u>	<u>1,168,955</u>	<u>(10,572)</u>	<u>2,357,038</u>	<u>2,337,910</u>	<u>19,128</u>
Total Revenue	3,110,200	2,967,224	142,976	6,289,365	6,050,101	239,264
Expenses:						
Direct Expenses	2,205,400	2,235,525	(30,126)	4,764,078	4,642,699	121,379
Indirect Expenses	<u>587,211</u>	<u>641,426</u>	<u>(54,215)</u>	<u>1,147,139</u>	<u>1,303,816</u>	<u>(156,677)</u>
Total Expenses	<u>2,792,611</u>	<u>2,876,952</u>	<u>(84,340)</u>	<u>5,911,217</u>	<u>5,946,515</u>	<u>(35,298)</u>
Operating Income (Loss)	<u>317,589</u>	<u>90,272</u>	<u>227,317</u>	<u>378,148</u>	<u>103,585</u>	<u>274,562</u>
Nonoperating Gains (Losses):						
Interest Income	10,479	8,333	2,146	23,021	16,667	6,354
Donations and Gifts	355	0	355	3,739	0	3,739
Gain / (Loss) on Disposal of Assets	<u>3,923</u>	<u>0</u>	<u>3,923</u>	<u>3,923</u>	<u>0</u>	<u>3,923</u>
Total Nonoperating Gains / (Losses)	<u>14,757</u>	<u>8,333</u>	<u>6,423</u>	<u>30,682</u>	<u>16,667</u>	<u>14,015</u>
Income / (Loss)	<u>\$332,346</u>	<u>\$98,606</u>	<u>\$233,740</u>	<u>\$408,829</u>	<u>\$120,252</u>	<u>\$288,577</u>



**NORTH CENTRAL HEALTH CARE  
COMBINING STATEMENT OF REVENUES AND EXPENSES  
FOR PERIOD ENDING FEBRUARY 28, 2017**

<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>
Revenue:						
Net Patient Service Revenue	\$1,600,655	\$1,684,686	(\$84,031)	\$3,333,909	\$3,500,747	(\$166,838)
Other Revenue:						
County Appropriations - Net	141,666	141,667	(1)	283,332	283,333	(1)
Departmental and Other Revenue	<u>149,987</u>	<u>136,543</u>	<u>13,444</u>	<u>303,363</u>	<u>273,086</u>	<u>30,277</u>
Total Other Revenue	<u>291,653</u>	<u>278,210</u>	<u>13,444</u>	<u>586,695</u>	<u>556,419</u>	<u>30,275</u>
Total Revenue	1,892,308	1,962,896	(70,587)	3,920,603	4,057,166	(136,563)
Expenses:						
Direct Expenses	1,283,675	1,378,397	(94,722)	2,778,309	2,867,142	(88,833)
Indirect Expenses	<u>608,772</u>	<u>648,780</u>	<u>(40,008)</u>	<u>1,228,095</u>	<u>1,318,765</u>	<u>(90,671)</u>
Total Expenses	<u>1,892,447</u>	<u>2,027,177</u>	<u>(134,730)</u>	<u>4,006,404</u>	<u>4,185,907</u>	<u>(179,503)</u>
Operating Income (Loss)	<u>(139)</u>	<u>(64,281)</u>	<u>64,143</u>	<u>(85,800)</u>	<u>(128,740)</u>	<u>42,940</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	247	0	247	427	0	427
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>247</u>	<u>0</u>	<u>247</u>	<u>427</u>	<u>0</u>	<u>427</u>
Income / (Loss)	<u>\$108</u>	<u>(\$64,281)</u>	<u>\$64,389</u>	<u>(\$85,374)</u>	<u>(\$128,740)</u>	<u>\$43,367</u>

NORTH CENTRAL HEALTH CARE  
 REPORT ON AVAILABILITY OF FUNDS  
 February 28, 2017

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Collateralized
People's State Bank	395 Days	3/28/2017	0.65%	\$250,000	X
CoVantage Credit Union	455 Days	3/30/2017	1.00%	\$500,000	X
CoVantage Credit Union	578 Days	5/7/2017	1.05%	\$500,000	X
BMO Harris	365 Days	5/28/2017	0.80%	\$500,000	X
People's State Bank	395 Days	5/29/2017	0.75%	\$350,000	X
People's State Bank	395 Days	5/30/2017	0.75%	\$500,000	X
Abby Bank	365 Days	7/19/2017	0.85%	\$500,000	X
CoVantage Credit Union	578 Days	7/28/2017	0.85%	\$300,000	X
People's State Bank	365 Days	8/21/2017	0.75%	\$500,000	X
BMO Harris	365 Days	8/26/2017	0.80%	\$500,000	X
Abby Bank	365 Days	8/29/2017	0.85%	\$500,000	X
Abby Bank	365 Days	9/1/2017	0.85%	\$500,000	X
Abby Bank	730 Days	10/29/2017	1.10%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2017	1.10%	\$500,000	X
PFM Investments	365 Days	11/29/2016	1.13%	\$500,000	X
Abby Bank	730 Days	12/30/2017	1.10%	\$500,000	X
CoVantage Credit Union	487 Days	1/1/2018	1.10%	\$500,000	X
Abby Bank	365 Days	2/25/2018	1.10%	\$500,000	X
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
PFM Investments	517 Days	4/30/2018	1.12%	\$500,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X

TOTAL FUNDS AVAILABLE \$10,300,000

WEIGHTED AVERAGE 505.18 Days 0.984% INTEREST

# NCHC-DONATED FUNDS

## Balance Sheet

As of February 28, 2017

### ASSETS

#### Current Assets

##### Checking/Savings

##### CHECKING ACCOUNT

Adult Day Services	4,917.65
Adventure Camp	1,425.79
Birth to 3 Program	2,035.00
Clubhouse	39,986.60
Community Treatment	9,541.02
Fishing Without Boundries	3,963.00
General Donated Funds	61,053.48
Housing - DD Services	1,370.47
Langlade HCC	3,352.28
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,066.42
Total Legacies by the Lake	6,024.67
Marathon Cty Suicide Prev Task	14,347.25
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	2,921.82
Nursing Home - General Fund	6,575.79
Outpatient Services - Marathon	101.08
Pool	10,967.39
Prevent Suicide Langlade Co.	2,444.55
Resident Council	771.05
United Way	95.00
CHECKING ACCOUNT - Other	-24.00

Total CHECKING ACCOUNT 175,046.26

Total Checking/Savings 175,046.26

Total Current Assets 175,046.26

**TOTAL ASSETS 175,046.26**

### LIABILITIES & EQUITY

#### Equity

Opening Bal Equity	123,523.75
Retained Earnings	53,757.13
Net Income	-2,234.62

Total Equity 175,046.26

**TOTAL LIABILITIES & EQUITY 175,046.26**

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

Month Ending February 28, 2017

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<b><u>REVENUE:</u></b>					
Total Operating Revenue	<u>5,002,509</u>	<u>4,930,120</u>	<u>10,209,968</u>	<u>10,107,267</u>	<u>102,701</u>
<b><u>EXPENSES:</u></b>					
Salaries and Wages	2,084,796	2,338,942	4,634,422	4,928,495	(294,073)
Fringe Benefits	800,140	892,857	1,717,129	1,881,268	(164,139)
Departments Supplies	441,562	492,235	848,671	984,471	(135,799)
Purchased Services	410,284	394,450	835,404	766,900	68,504
Utilitites/Maintenance Agreements	453,589	372,653	762,927	745,305	17,622
Personal Development/Travel	16,311	37,985	46,916	75,970	(29,053)
Other Operating Expenses	113,910	108,966	212,621	217,931	(5,310)
Insurance	36,924	37,708	73,847	75,417	(1,569)
Depreciation & Amortization	136,383	139,583	273,537	279,167	(5,629)
Client Purchased Services	<u>191,160</u>	<u>88,750</u>	<u>512,146</u>	<u>177,500</u>	<u>334,646</u>
<b>TOTAL EXPENSES</b>	<b>4,685,058</b>	<b>4,904,129</b>	<b>9,917,621</b>	<b>10,132,422</b>	<b>(214,801)</b>
Nonoperating Income	<u>15,003</u>	<u>8,333</u>	<u>31,109</u>	<u>16,667</u>	<u>14,442</u>
<b>EXCESS REVENUE (EXPENSE)</b>	<b><u>332,454</u></b>	<b><u>34,324</u></b>	<b><u>323,456</u></b>	<b><u>(8,488)</u></b>	<b><u>331,944</u></b>

**North Central Health Care  
Write-Off Summary  
February 2017**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<b><i>Inpatient:</i></b>			
Administrative Write-Off	\$6,837	\$7,672	(\$1,746)
Bad Debt	\$30	\$461	\$1,943
<b><i>Outpatient:</i></b>			
Administrative Write-Off	\$466	\$7,646	(\$17,888)
Bad Debt	\$219	\$396	\$1,512
<b><i>Nursing Home:</i></b>			
Daily Services:			
Administrative Write-Off	\$0	\$0	(\$22,989)
Bad Debt	\$0	\$1,954	\$2,661
Ancillary Services:			
Administrative Write-Off	\$6,465	\$11,547	(\$5,041)
Bad Debt	\$0	\$0	(\$136)
<b>Pharmacy:</b>			
Administrative Write-Off	\$0	\$0	\$0
Bad Debt	\$0	\$0	\$0
<b>Total - Administrative Write-Off</b>	<b>\$13,768</b>	<b>\$26,866</b>	<b>(\$47,664)</b>
<b>Total - Bad Debt</b>	<b>\$249</b>	<b>\$2,811</b>	<b>\$5,980</b>

**North Central Health Care  
2017 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	6,293	5,784	(509)	84.58%	77.74%
	Hospital	434	502	68	87.50%	101.21%
<b>February</b>	Nursing Home	5,684	5,267	(417)	92.27%	85.50% ***
	Hospital	392	441	49	87.50%	98.44%
<b>March</b>	Nursing Home Hospital					
<b>April</b>	Nursing Home Hospital					
<b>May</b>	Nursing Home Hospital					
<b>June</b>	Nursing Home Hospital					
<b>July</b>	Nursing Home Hospital					
<b>August</b>	Nursing Home Hospital					
<b>September</b>	Nursing Home Hospital					
<b>October</b>	Nursing Home Hospital					
<b>November</b>	Nursing Home Hospital					
<b>December</b>	Nursing Home Hospital					
<b>YTD</b>	Nursing Home Hospital					

\*\*\* Licensed beds decreased from 240 to 220

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD NURSING HOME OPERATIONS COMMITTEE

**February 27, 2017**                      **8:00 AM**                      **North Central Health Care – Board Room**

Present:                      X                      Jean Burgener                      X<sup>via</sup><sub>phone</sub>                      Margaret Donnelly  
   X                      Bill Metter                      X                      Bill Miller

Also Present:                      Kim Gochanour, Brenda Glodowski  
Attending by phone:                      Sue Matis, Becky Schultz  
Guest:                      John McEwen

Meeting was called to order at 8:00 a.m.

### Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

### Approval of 01/27/17 Nursing Home Operations Committee Meeting Minutes

- **Motion**/second, Metter/Miller, to approve the 01/27/17 Nursing Home Operations Committee meeting minutes. Motion carried.

### Financial Report

- Census averaged 187; target was 203. Target will be revised with the closing of one unit.
- Targeted loss was \$65,000, but actual loss was \$81,000.
- Although census was down, variances related to volume were also down which resulted in a positive rate variance. Received approximately \$2 Medicaid rate increase which helps offset revenue mix. We also had a better private pay mix for January which has helped.
- Medicare census was 18 with target of 20.
- Volumes for February have picked up; average census has been 189 and Medicare about 20.
- Expenses are reducing as changes occur in the nursing home.
- Although 2017 is budgeted for a loss, we are working to avoid any loss.
- Health insurance for the organization was under target by \$120,000.

### Senior Executive Nursing Home Operations and Quality Report – K. Gochanour

- The decision to reduce bed capacity and transition residents have been accomplished. We have been able to improve staffing due to the consolidation and have been at or above targeted census following these changes. Experiencing a turnaround in the rehab census as well.
- Right-sizing the nursing home to get the census level stable with the proper payer mix helps to offset the Medicaid reimbursement. Governmental facilities do not limit the number of Medicaid beds as do private providers.
- Analysis of referrals for the month were provided. Additional information has been included. We have had a spike in referrals, and had 39 admissions for the month.
- We have expanded details of why someone wasn't admitted i.e. acuity too high, aesthetics, expired, etc.

- Have been working with billing and enrollment specialist on the new system which is helping to improve accounts receivables and the billing progress. Days in accounts receivable for the overall organization is 45-48 days which has greatly improved after implementing system changes.

#### Use of Contracted Labor

- Hours used: Contracted labor for nurses in Dec. 2016 was 412 hours utilized (not budgeted), Jan. 2016 was 292 hours, and Feb. 2016 was 300 through the 14<sup>th</sup>.
- Biggest opportunity area is Post-Acute Care staff vacancies.
- Aegis therapy is providing rehab services.

#### Staffing/Star Rating/Citation Analysis – K. Gochanour

- Biggest opportunity for improving staffing is with the CNA night shift.
- In October the starting wage for CNA's with experience was raised. Since that time 27 CNA's have been hired of which 6 have left (slightly over 25% turnover) which is an improvement from 63% turnover in a 3-6 month period in 2016. Changes have occurred in new employee education, onboarding and indoctrinating onto the nursing home units which can be attributed to improved turnover rate. A decrease in turnover helps to offset costs as well as the need for overtime and training more staff.
- Committee asked about reimbursement for the increase in wages. Reimbursement considers the case mix index, Medicaid targets for direct care, etc. We receive a supplemental payment given only for governmental facilities which is intended to help offset direct care costs.
  - Committee asked for more details about these costs i.e. specific dollar amounts related to the increase in wages and the effect on contracted labor used.
  - Brian Shoeneck, LeadingAge, has completed an analysis from July 2015 to June 2016. Governmental loss is \$73.38/day and slightly lower for other nursing homes.
  - Presentation may be beneficial on what goes into the Medicaid daily rate and how changes will impact the rate moving forward.
  - Would be helpful to include PPD on the income statement to better understand costs per day.
- Except for the one situation of the individual who stole credentials and was operating under a false license, we had a good survey with 4 low level cites. The one citation was an administrative tag and not for substandard level of care. Following an unsuccessful Informal Dispute Resolution (IDR) results, we pursued an appeal process and were recently notified of a penalty of about \$6700 if we dropped the appeal process. The Bureau of Quality Assurance (at the federal level) then notified us recently that they completed a total desk review, disagreed with the State determination indicating they were wrong in citing the past non-compliance, dropped the citation completely, and issued an amended nursing home statement of deficiency.
- We have implemented multiple checks to verify this situation doesn't happen again and have also implemented a full nurse competency assessment during the first quarter of employment.

#### Hospital Bed Utilization Due to Nursing Home Bed Limits – K. Gochanour/M. Donnelly

- M. Donnelly indicated that Aspirus Wausau Hospital has experienced excess days in the hospital as a result of not having nursing home beds in Marathon County.
- Have been informed that St. Clare's hospital is seeing the same trends mostly with medically complex, behavioral issues, and family dynamics.



#### Update on Nursing Home Strategic Plan with Marathon County – K. Gochanour

- RFP submissions will be opened on 3/13/17. They will be ranked and evaluated in order to make recommendations on selecting who will provide the study.
- Ultimately the new Mount View Care Center Committee will be making the recommendation on whether the County should be operating a skilled nursing facility, how it fits into the overall County plan, how to make it financially viable, and what level of support the County would provide both strategically and financially.

#### Education Plan/Material for New Nursing Home Committee Discussion

- Committee discussed the purpose of the committee and duties now that there is the new Marathon County Mount View Care Center Committee. This Nursing Home Operations Committee will continue to oversee and operate the current operation of the nursing home on behalf of the County under the existing management agreement until Marathon County decides to do something different.
- Rep. Pat Snyder, who is on the State Long Term Care Aging Committee, met with M. Loy about the inadequacy of Medicaid reimbursement. The meeting was very productive. While the Governor's budget provides for an increase in Medicaid reimbursement next year and the year after, it doesn't make a dent in the loss that is incurred. It is important to educate those involved in decision-making about how the funding and payment system works, the limit in the number of Medicaid residents private facilities accept which ultimately leads to the probability of residents receiving care out of county, and that the cost of the out of county care remains the responsibility of Marathon County.
- Will continue to have discussion at the March 24 meeting regarding clarification of committee responsibilities.
- Suggestion made to begin to build a binder for the new committee and include items such as: case mix index, CMS, difference between Medicare and Medicaid, etc.

#### Resident Council Meeting Update – K. Gochanour

- County Board Supervisor Rosenberg was invited to attend the Resident Council Meeting in February. Supervisor Robinson also attended.
- The residents were educated about the new committee.
- No questions from the Council but they wanted to be updated on their home.

**Motion**/second, Metter/Miller, to adjourn the Nursing Home Operations Committee meeting at 9:15 a.m. Motion carried.

*dko*

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM  
QUALITY COMMITTEE MEETING MINUTES – OPEN SESSION**

**March 16, 2017**

**10:30 a.m.**

**NCHC – Wausau Campus**

Present: X	Steve Benson	via phone	Darren Bienvenue	X	Ben Bliven
X	Kue Her	EXC	Heidi Keleske	X	Holly Matucheski
X	Corrie Norrbom	via phone	Jeannine Nosko		

Others Present: Michael Loy, Laura Scudiere, Becky Schultz, Kim Gochanour, Jessica Meadows

The meeting was called to order at 10:35 a.m.; roll call noted; a quorum declared.

Public Comment for Matters Appearing on the Agenda

- No public comments were made.

Consent Agenda

- **Motion**/second, Bliven/Her, to approve the consent agenda which includes the 1/19/17 Quality Committee Meeting Minutes. Motion carried with a correction noted in the date of the December Quality minutes approved under the Consent Agenda to read 12/16/16 rather than 12/16/17. Motion carried.

Outcomes Review – B. Schultz

- Executive Summary was reviewed. Several notable items are:
  - Nursing home turnover improved 38% as a result of improvements made in the CNA onboarding.
  - Aggressive recruitment efforts are in process to connect with upcoming graduates.
  - Patient experience is seeing progress and being monitored on a weekly basis. Attribute improvement to increased focus on very specific action plans. B. Bliven congratulated staff; this is something to be excited about and celebrate for reaching 70% threshold.
  - Access to Community Treatment and Outpatient Services continues to be below target. Priority access to Outpatient and Community Treatment in efforts to reduce hospital readmissions are established. Have prioritized discharged from the hospital for admission into Community Treatment and Outpatient. Dr. Norrbom suggested a warm handoff with family also.
  - Patient/resident adverse events: A team is analyzing data after seeing an increase in resident falls in the Legacies Program and Nursing Home. Will provide additional information at the next meeting.
- **Motion**/second, Benson/Matucheski, to approve the Outcomes Review including the Executive Summary, Organizational Outcomes, Program-Specific Outcomes and Adverse Event Data. Motion carried.

### Process Improvement Team Reports – Person-Centered Service Team – J. Meadows

- A review of team's progress and current activities was provided.
- 'I Am the Patient Experience' video was viewed. A link to the video will be provided to the Committee members.
- Current Patient Experience Data was reviewed and indicates that listening to the feedback and helpfulness are areas that we can focus on.
- Priority Analysis indicates that we are listening to the feedback from patient and clients.
- Committee will continue to review patient and employee engagement satisfaction data to identify key strategies to ensure integration of the Person-Centered Service model.

### CLOSED SESSION

- **Motion**/second, Bliven/Norrbom, to move 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. Roll call taken: Yes=7, No=0 Motion carried and moved into closed session at 11:26 a.m.
  - Report of Investigations:
    - i. Corporate Compliance and Ethics
    - ii. Significant Events
- **Motion**/second, Benson/Norrbom, to come out of closed session. Motion carried unanimously.

### Possible Announcements Regarding Issues Discussed in Closed Session

- No announcements necessary.

### Joint Commission Accreditation Education – B. Schultz

- Joint Commission is an accreditation we voluntarily seek for Behavioral Health Services and Inpatient Hospital. Accreditation gives us 'deemed status' with CMS which means CMS accepts the Joint Commission accreditation and will not complete additional Medicare and Medicaid surveys.
- We were successfully accredited in June 2015 and as of 12/1/16 are now in our '18 month window' for re-accreditation.
- Joint Commission Accreditation is the gold standard of quality in health care industry.
- The survey process can include speaking with Quality Committee members as well as other Board members.
- Additional education on Joint Commission Accreditation will be provided in upcoming meetings to help members feel comfortable with the process.

### Discussion and Future Agenda Items

- B. Bliven will not be at the May meeting. S. Benson, Vice-Chair, was asked to lead the Committee meeting in May.

**Motion**/second, Norrbom/Benson, to adjourn the meeting at 11:54 a.m. Motion carried.

**Quality Executive Summary**  
**March 2017**

**Organizational Outcomes**

**People**

❖ **Employee Retention Rate**

*The YTD employee retention rate exceeded target for January and February at 95.3. Turn-over in the first 90 days in the Nursing Home improved 38% as a result in improvements made in the C.N.A. onboarding. Employee Engagement survey results are being analyzed and actions to address opportunities identified will be deployed beginning this month.*

❖ **Vacancy Rate**

*The vacancy rates remained flat at 13.1%. Human Resources is preparing for aggressive recruitment of graduates from a variety of programs this Spring.*

**Service**

❖ **Patient Experience**

*Improvement was made in the percent of patients ranking their overall experience at a 9 or 10 (10 point scale) at 70.6 % in February. Individual Programs achieving the target of 77- 88% in January and February included: Adult Protective Service, Lakeside Recovery (MMT), Aquatic Services, Birth-3, and Community Treatment. The target was achieved in February in Residential Services and Outpatient Services as well. Programs continue to integrate specific actions based on the priority analysis data specific to the Program.*

**Clinical**

❖ **Nursing Home Readmissions**

*The rate of readmissions to the hospital within 30 days has been outside of target but remains below the industry benchmark for January and February. Analysis indicates all readmissions to the hospital within 30 days were from the post-acute care units. Review of all cases did not reveal any specific opportunities for improvement. Participation in the SNF coalition with Aspirus allows for ongoing review and action to control readmissions.*

❖ **Hospital Readmissions**

*The rate of readmissions within 30 days is slightly outside of target YTD, however, a significant increase in the rate was experienced in February. Analysis YTD indicates that 56% of readmissions occur within the first 10 days of discharge. Priority access to Outpatient and Community Treatment services to ensure successful transition of care has been established and specific actions for this are being developed (see Access Rate comments).*

❖ **AOD Relapse Rate**

*The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 15.4 significantly better than industry benchmark 36-40%.*

## Community

### ❖ Access Rate for Behavioral Health Services

*Access rates remain below target for January and February. Analysis indicates Outpatient and Community Treatment programs did not meet target. Both programs have initiated process improvement teams to identify specific strategies for improvement. Improvement is anticipated in Outpatient with the filling of one counseling position in the Antigo center. An additional 1.0 full time position to meet growing Community Treatment needs has been posted.*

## Finance

### ❖ Direct Expense/Gross Patient Revenue

*January expense to revenue ratio was slightly out of target range. Contributing factors included hospital diversions to other facilities, payroll variance related to holiday pay, and contracted psychiatry services.*

## Safety Outcomes

### Patient/Resident Adverse Events

*Rates remain consistent with 2016 at 4.2 adverse events/1000 patient days/visits. An increase in falls in the Legacy Program in the Nursing Home was noted in January and February. A completion of a root cause analysis revealed opportunities for improvement in monitoring of residents at shift change, removal of environmental trip hazards, and monitoring for condition changes. An increase in medication errors caught prior to administration was noted and attributed to temporary process issues with the conversion to the new packaging system. These issues have resolved.*

### Employee Adverse Events

*Rates are slightly above 2016 at .15 adverse events/1000 employee hours. Several falls on ice in January and February were noted. Employees continued to be encouraged to use the product provided to reduce ice. No serious injuries have occurred.*

## Program-Specific Outcomes-items not addressed in analyses above

The following elements reported are highlights of focus elements at the program-specific level. They do not represent all data elements monitored by a given department/program.

### Human Service Operations

**Outpatient Services:** *Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement in the rate of post-hospital visits within 4 days was made in February. Year-to-date a 61% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.*

**Inpatient Behavioral Health:** *Initiated monitoring of immediate follow-up for post-hospital patients to ensure smooth transition and reduce risk of readmission. Improvement in the rate of post-hospital visits within 4 days was made in February. Year-to-date a 61% success rate has been achieved which remains well below target of 90-95%. A collaborative action team to revise discharge processes to ensure smooth transition has been established.*

**Community Treatment:** *Access within best practice timeframes continues to be significantly below target. A process improvement team has been established to address this. An additional 1.0 full time position has been posted to address immediate needs. Process evaluation to identify efficiency opportunities is in progress.*

**Lakeside Recovery (MMT):** *The rate of patients who complete the treatment program who reuse substances within 7 days year-to-date is 15.4 significantly better than industry benchmark 36-40%.*

**Aquatic:** *The presence of patients who meet pain control goals is meeting the target range of 90% or better.*

**Birth-3:** *A system to measure availability for early intervention visits is being established to ensure access and positive financial productivity. To begin reporting in March.*

**Residential and Pre-Vocational Services:** *Identified employee vacancy rate in residential services as a critical opportunity. The year-to-date is at 20% with a target of 6-9% or below. Actions being taken include improvements in recruiting strategies, onboarding and retention. Human Resources staff have met with all employees to identify specific barriers to employee engagement with action plans being developed. Leadership is temporarily controlling admissions of new residents and relocating residents to reduce the total number of facilities in response to current staffing shortages. All residents are being assessed for care requirements and staffing needs.*

## **Nursing Home**

*Quality Indicators reported to the CMS met the highest ranking (5 stars). These measures include falls, pain control, urinary tract infections, pressure ulcers, use of anti-psychotic medications, discharge preparation, and resident functional levels.*

## **Support Departments**

**Communication and Marketing:** *Year-to-date, a 16.50% increase in the number of "hits" on the NCHC employment page has been achieved.*

**Health Information:** *Achieved 94.8% completion of health records within 25 days post-discharge exceeding target.*

**Nutritional Services:** *Achieved a 100% patient/resident satisfaction rating with food temperatures year-to-date.*

**Pharmacy:** *Dispensing error rates remain stable and within target at .13%*

**Volunteers:** *Progressing toward target to recruit 35 or more new volunteers in 2017.*

**Adult Protective Services:** *The percent of at-risk investigations completed and closed within 30 days is currently at 65%. Process improvements to improve this are underway.*

**Demand Transportation:** *Double occupancy per trip did not meet target of 44-50. Continued process improvements are underway.*



# North Central Health Care

Person centered. Outcome focused.

## QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2017

PRIMARY OUTCOME GOAL	Continuous Improvement Target	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2016
PEOPLE																	
Vacancy Rate	5-7%	N/A	↓	13.1%	13.1%											13.1%	7.1%
Retention Rate	75-80%	N/A	↑	98.0%	95.3%											95.3%	\
SERVICE																	
Patient Experience: % Top Box Rate	77-88%	N/A	↑	69.0%	70.6%											69.8%	\
CLINICAL																	
Nursing Home Readmission Rate	11-13%	17.3%	↓	15.2%	14.8%											15.0%	11.5%
Psychiatric Hospital Readmission Rate	9-11%	15.5%	↓	4.8%	21.8%											12.7%	10.9%
AODA Relapse Rate	36-40%	40-60%	↓	20.0%	12.5%											15.4%	\
COMMUNITY																	
Access to Behavioral Health Services	90-95%	NA	↑	73%	61%											71%	80%
FINANCE																	
*Direct Expense/Gross Patient Revenue	60-64%	N/A	↓	66%	62%											65%	65%

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>Retention Rate</b>	Number of employees onboard on January 1st who remain employed divided the number of employees onboard on January 1st.
SERVICE	
<b>Patient Experience: % Top Box Rate</b>	Percent of level 9 and 10 responses to the Overall satisfaction rating question on the survey. <i>Benchmark: HealthStream 2016 Top Box Data</i>
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 graduated from Lakeside Recovery MMT program and/or Day Treatment program that remain in sobriety 7 days post discharge. <i>Benchmark: National Institute of Drug Abuse: Drugs, Brains, and Behavior: The Science of Addiction</i>
COMMUNITY	
<b>NCHC Access</b>	<p>% of clients obtaining services within the Best Practice timeframes in NCHC programs.</p> <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                             <ul style="list-style-type: none"> <li>* within 4 days following screen by referral coordinator for counseling or non-hospitalized patients,</li> <li>* within 4 days following discharge for counseling/post-discharge check, and</li> <li>* 14 days from hospital discharge to psychiatry visit</li> </ul> </li> <li>• Prevocational Services - within 2 weeks of receiving required enrollment documents</li> <li>• Residential Services - within 1 month of referral</li> </ul>
FINANCE	
<b>Direct Expense/Gross Patient Revenue</b>	Percentage of total direct expense compared to gross revenue.