

OFFICIAL NOTICE AND AGENDA

**MEETING of the North Central Community Services Program Board to be held at
1100 Lake View Drive, Wausau, WI 54403 at 12:00 pm on Thursday, March 29, 2018**

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. Chairman's Report and Announcements
 - A. Resolution Honoring Jean Burgener for 12 Years of Service
 - B. Resolution Honoring Robin Stowe for 2 Years of Service
4. Board Committee Minutes and Reports
5. Consent Agenda
 - A. ACTION: Approval of 2/22/2018 NCCSP Board Meeting Minutes
 - B. ACTION: Annual Review and Approval of the Board's Fund Balance Policy
 - C. ACTION: Annual Review and Approval of the Board's Write-Off Policy
6. Board Education
 - A. 2017 Audit Presentation – Kim Heller, WIPFLI
 - i. ACTION: Accept the 2017 Audit
 - ii. ACTION: Accept the 2017 Fund Balance Statement
7. Monitoring Reports
 - A. CEO Work Plan Review and Report – M. Loy
 - B. Chief Financial Officer's Report
 - i. ACTION: Review and Accept February Financial Statements
 - C. Human Services Operations Report – L. Scudiere
 - D. Nursing Home Operations Report – K. Gochanour
 - E. Quality Outcomes Review
 - i. ACTION: Review and Accept the Quality Dashboard and Executive Summary
8. Board Discussion and Action
 - A. ACTION: Consideration of Amendment to the 2018 Capital Budget to Replace Network Switch
 - B. ACTION: Approve the Utilization Review Plan
9. MOTION TO GO INTO CLOSED SESSION
 - A. 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, to wit: Report of Investigations
 - i. Corporate Compliance and Ethics
 - ii. Significant Events
10. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
11. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
12. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
13. Adjourn



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RESOLUTION

SERVICE OF

JEAN BURGNER MARATHON COUNTY

WHEREAS, Jean Burgener has served North Central Health Care with dedication, distinction and honor for 12 years; and

WHEREAS, Ms. Burgener was appointed to the North Central Community Services Program (NCCSP) Board August 2006 to represent Marathon County; and

WHEREAS, Ms. Burgener has served on the NCCSP Board of Directors, the Executive Committee, the Nursing Home Operations Committee, and the Quality Committee; and

WHEREAS, Ms. Burgener'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 the 29th day of March 2018, does hereby honor Jean Burgener for her years of service and express our gratitude for her efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, CEO
North Central Health Care*



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RESOLUTION

SERVICE OF

ROBIN STOWE LANGLADE COUNTY

WHEREAS, Robin Stowe has served North Central Health Care with dedication, distinction and honor for 2 years; and

WHEREAS, Mr. Stowe was appointed to the North Central Community Services Program (NCCSP) Board April 2016 to represent Langlade County; and

WHEREAS, Mr. Stowe has served on the NCCSP Board of Directors, the Finance, Personnel & Property Committee, and the Executive Committee; and

WHEREAS, Mr. Stowe'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 29th day of March 2018, does hereby honor Robin Stowe for his years of service and express our gratitude for his efforts on behalf of its consumers, families and staff.

*Jeff Zriny, Chair
NCCSP Board of Directors*

*Michael Loy, CEO
North Central Health Care*

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

February 22, 2018

12:00 Noon

NCHC Wausau Board Room

Present:

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

Also Present: Lance Leonhard, Michael Loy, Brenda Glodowski, Sue Matis, Laura Scudiere

Guests: Ken Day, Kim Heller and Jane Jerzak of Wipfli

Visitors: Steve Anderson, John Robinson, Brenda Budnik, Mary Ann Dykes, Jessica Meadows, Katie Rosenberg

Call to Order

- The meeting was called to order at 12:02 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Chairman's Report and Announcements – J. Zriny

- Mr. Zriny expressed that one of the highlights of his career in public service is the opportunity to announce that over \$3 million has been raised in less than five months for the construction of a new warm water aquatic therapy pool and donations continue to come in. A key group of individuals worked tirelessly on the capital campaign which is reflected in this success. Zriny handed out and congratulated the following members of the capital campaign committee: Steve Anderson, Brenda Budnik, Mary Ann Dykes, Michael Loy, Jessica Meadows, John Robinson, Debbie Osowski, and Anne Flaherty. A celebration for the community will be held on Thursday, March 22 from 4:30-6:00 p.m. with a recognition program at 5:00 p.m. The Warm Water Works Campaign Committee, the grass roots group who also worked tirelessly on fundraising activities and raised over \$250,000 in individual pledges and with organized activities such as pizza sales and bake sales will receive recognition at the event in March. Please refer to the press release you received for additional details of the campaign.

Board Committee Minutes and Reports

- February 14, 2018 Executive Committee Meeting Minutes were provided for review. No discussion.

Board Education:

- **Key Health Care Trends – Jane Jerzak, Wipfli**
 - An overview of key health care trends was provided including the gap between clinical and financial issues, skyrocketing pharmaceutical costs, labor shortages, and the current movement to integrate behavioral health and primary care across the country. NCHC plays an important role in this community and is in a great position as a community leader to drive positive change in these arenas. (Refer to materials in Board Packet)
- **An Update on Efforts Within the Criminal Justice System – Theresa Wetzsteon, Marathon County District Attorney**
 - An overview of the Drug Court, Diversion Program (a program with a 75% success rate for first time offenders in which the individual is not criminally charged but referred by law enforcement), and the evidenced based decision making methods used to make improvements in the criminal justice system was provided.
- **Joint Commission Readiness, What the Board Needs to Know – Laura Scudiere**
 - A Joint Commission Survey Guide was distributed and reviewed (see attached).

Monitoring Reports

- **CEO Work Plan Review and Report – M. Loy**
 - The Master Facility Plan is scheduled to be delivered at the March Board Meeting.
 - An issue we are currently concerned about is with Environment of Care in that with the transition of facilities maintenance to Marathon County the level of service needed is not being met.
- **Chief Financial Officer's Report – B. Glodowski**
 - We showed a very small loss of \$257 in January. We generally experience higher wages due to holidays paid in January. Health insurance was up in January but in February it has come down. Weather typically increases missed appointments which relates directly to a decline in revenue for Outpatient and Community Living Services.
 - We have established new objectives for our internal processes so that financials are completed by the 8th of the month. This way programs may act more quickly to address areas and to better financially stay on track.
 - Auditors completed their audit and will provide their report at the March Board Meeting. At this time there are no audit adjustments noted. The auditors were very complimentary especially to our Accounts Receivable and the internal processes that are in place.
 - **Motion**/second, Metter/Weaver, to accept the financial statements. Motion carried.
- **Human Services Operations Report – L. Scudiere**
 - Jennifer Peaslee was introduced as the Quality and Clinical Transformation Director. She had previously worked in Community Treatment and was recently promoted to the position. She will work closely on Joint Commission, Corporate Compliance, and quality improvement projects.
 - We are ready to begin the Day Treatment Intensive Outpatient Program and will be brought to the Retained County Authority Committee (RCA) for approval. The first staff member hired for the Linkage and Follow-up program will begin in late February. Reaching Recovery Software implementation has begun which will provide real time data to help ensure lives are improving through treatment. Even though we were not selected to represent the area with a Youth Crisis Group Home, we will continue to be involved and have expressed that we could begin this program quickly if needed.

- Nursing Home Operations Report – M. Loy
 - The annual survey in January was very successful. We received five low level sites but the success of this survey positively affected our 5-Star Quality Rating from 3 to a 4 stars.
 - We completed an MDS (Minimum Data Set) audit and were highly complimented on having great ADL (activities of daily living) scores among other items. We continue to focus on accurate documentation.

- Quality Outcomes Review – M. Loy
 - Quality Outcomes were reviewed. Overall we are beginning the year well and hitting targets. The two items without a target identified are new this year and we will build the data collection in our electronic medical record as a baseline for future years. The directional arrow for Vacancy Rate should be corrected (from up to down).
 - **Motion**/second, Benson/Rusch, to accept the Quality Dashboard and Executive Summary. Motion carried.

Board Discussion and Action

- **Motion**/second, Miller/Metter, to approve the 1/25/18 NCCSP Board Meeting Minutes. Motion carried.
- **Motion**/second, Weaver/Stowe, to approve the Medical Staff Appointments as recommended. Motion carried.
- **Motion**/second, Stowe/Balk, to approve the Board Policy for Chief Executive Officer Recruitment, Retention and Removal. Motion carried.
- Overview of the CEO Appraisal Process for 2018 – John Krueger has been asked to assist in developing a CEO appraisal process. Additional updates will be provided.
- **Motion**/second, Metter/Rusch, to approve the 2018 Quality Plan. The Quality Plan is reviewed annually and encompasses plans for quality and compliance in the organization. It describes structure and systems in the quality improvement process. The goal is to strengthen the structure, policies, and support Jennifer Peaslee as the Corporate Compliance Officer. Motion carried.

Policy Development

- Policy Governance – K. Day
 - The manual provided in the packet is the final draft after review by the Executive Committee. The Committee considered all suggestions that were received from Board members. It was noted that committees can be established as needed for specific purposes and additional education can be provided for the entire Board in lieu of having scheduled committee meetings.
 - **Motion**/second, Weaver/Norrbom, to approve the final draft of the NCCSP Board Policy Governance Manual. Motion carried; Miller opposed.
 - **Motion**/second, Weaver/Seefeldt, to adopt the Amended and Restated Bylaws of the North Central Community Services Program. Motion carried.

MOTION TO GO INTO CLOSED SESSION

- **Motion** by Stowe, 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 exercised 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, to wit: Report of Investigations. Second by Rusch. Roll call taken. Motion carried.

RECONVENE to Open Session and Report Out and Possible Action on Closed Session (Item(s))

- **Motion**/second, Miller/Balk, to reconvene in open session at 2:07 p.m. Motion carried.
- No Report Out or Action from the Closed Session.

Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration

- Presentations for the Board Meeting in March will be: Annual Audit and Master Facility Plan

Assessment of Board Effectiveness: Board Materials, Preparation and Discussion – Dr. Steve Benson

- Dr. Benson recommended Board members have a subscription to the magazine Trustee that provided the article in the packet (digital preferred if available).

Adjourn

- **Motion**/second, Benson/Miller, to adjourn the Board meeting at 2:09 p.m. Motion carried.

Joint Commission Survey Guide

The following questions are common questions that the surveyors may ask of the North Central Health Care Board of Directors:

Q: How do you ensure that the quality of care at NCHC is meeting professional standards?

A: The Board of Directors is tasked with evaluating the quality of care on a regular basis and to ensure that the appropriate interventions and/or improvement actions are taken in the event that this is indicated. The Board reviews data and information on the following:

- Quality Outcome Measures: All programs and services are required to report data on key quality measures in the Clinical, Service, People, Community, and Financial domains. This data allows the Committee to evaluate specific information on process outcomes.
- Process Improvement Opportunities and Projects: Progress on specific process improvement projects are presented on a regular basis.
- Care Grievances and Potential Ethics/Misconduct events: Investigations and findings of any of these are reviewed to determine appropriateness of inventions and potential trends.
- HIPAA (Privacy Violations): Investigations and findings of any of these are reviewed to determine appropriateness of inventions and potential trends.
- Adverse and Sentinel Events: Investigations and findings of any of these are reviewed to determine appropriateness of inventions and potential trends.
- Compliance: Reports on compliance with regulatory and licensing requirements are provided on a regular basis.
- The Quality Plan: The Quality plan is updated annually and approved by the Board.

Q: How do you ensure the safety of care provided at NCHC?

A: Proactive risk assessments are done in all program/areas to identify safety action plans. The Board of Directors reviews specific safety information, data, and reports on a monthly basis. These include:

- Adverse Events: Unexpected events with a high potential for harm, injury or adverse outcomes including medication errors, altercations/behavioral events, infections, injuries, falls.
- Sentinel Events: Any adverse event with serious physical or psychological injury or risk thereof is reviewed to ensure that appropriate evaluation and improvement actions are taken.
- Environment of Care and Emergency Management Plans and Actions

Q: How do you ensure that staff and providers at NCHC are competent?

A: Outcome data and adverse event data are analyzed to determine any potential competency concerns. In addition, competency validation reports are reviewed on a regular basis. These reports include:

- credentialing and licensure verification
- required ongoing competency validation reports
- adverse and sentinel event reports

Q: How do you ensure that patient/client/resident rights are protected?

A: The following policies and procedures are in place to protect and address any rights issues:

- All patients/clients/residents are informed of their rights at the time of admission to any service and on a regular basis after that,
- Information on rights is posted in all care areas,
- Staff are educated on rights at orientation and, at a minimum, annually thereafter,
- Staff are encouraged to report any potential rights concerns to their supervisor, through an occurrence report, and/or the occurrence hotline, and
- All formal rights grievances, findings of investigations, and actions taken are reported to the Board

Q: What systems are in place to ensure that employees are able to report safety, quality, and/or compliance concerns without fear of retribution?


A: All policies regarding the reporting of safety, quality, and/or compliance specifically indicate that NCHC supports a non-punitive reporting of these issues/concerns. In addition, staff are provided a hotline on which they can report anonymously if they chose.

Q: How does NCHC ensure that the leaders of the organization are competent to lead the organization effectively?

A: All leaders participate in mandatory leadership development provided by the organization. This development has been offered in the form of coaching and educational sessions and includes required management and leadership training. Education on job specific competencies is provided at orientation, annually, and as needed.

Q: What are the current areas of focus for process improvement?

A: All programs/departments identify process improvement projects based on their outcome data and report these to their senior leader. The Board of Directors monitors these reports on a monthly basis. Also, our 2018 Quality and Compliance Plan has identified key cross-functional processes to focus on. Refer back to your Quality and Compliance plan and feel free to share specifics with the surveyors.

Name of Document: Fund Balance Policy: X <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care <small>Person centered. Outcome focused.</small>
Document #: 0105-1	Department:
Primary Approving Body: NCHC Board	Secondary Approving Body: CEO

Related Forms:

None

I. Document Statement

It is the policy of North Central Health Care to monitor the Fund Balances of each county on a regular basis and report the activity to each County's Finance Director.

II. Purpose

To maintain stable Fund Balances and to secure viability of the continued growth and future of the Tri-County System.

III. Definitions

Net Position – Represents each County's share of ownership in the organization.

Operational Surplus – Excess revenue over expenses from operations.

Operational Deficit – Excess expense over revenues from operations.

Invested Cash Reserves – Cash that has been invested, such as certificates of deposit.

Operating Cash- Cash in the general checking account used for operations such as payroll and accounts payable.

IV. General Procedure

- 1) The Unrestricted Fund Balance for each County will be monitored with a minimum and maximum target applied to review adequacy of the balance. The minimum target is 20% of operating expenses and the maximum is 35% of operating expenses.
- 2) In addition to the targeted Fund Balance, each County's Fund Balance will include a risk reserve of \$250,000.

- 3) Invested Cash Reserves will be applied to each County based on the County's overall net position within the organization. Targeted days of Invested Cash On Hand will be 90 days of budgeted annual operational expense.
- 4) At the end of the fiscal year, the operational surplus or deficit for each County is applied to the Fund Balance. This is outlined in the annual audit report.
- 5) At the completion of the annual audit, the NCHC CFO will provide and review a Fund Balance Report with each County's Finance Director and the NCHC Board.
- 6) The overall target in Unrestricted Fund Balance shall be the higher of the maximum target of operating expenses or 90 Days Invested Cash on Hand.
- 7) If the balance of the Unrestricted Fund Balance exceeds the overall target for two consecutive years, the North Central Health Care CEO and CFO will meet with the County Finance Director to review options for potential utilization of excess reserves. A plan for utilization will be reported back to NCHC Board.
- 8) For planning purposes, the NCHC CFO will provide the County Finance Directors the Fund Balance analysis by March 31st following the finalization of the audit. If any of the Fund Balances exceed the designated targets and the Finance Director of that county opts to utilize a portion of the excess reserves, the Finance Director should notify NCHC by June 30th.

V. Program-Specific Requirements:


None

References:

Joint Commission: None

CMS: None

Related Documents: None

Name of Document: Write-off of Accounts Receivable Policy Policy: x <input checked="" type="checkbox"/> Procedure: <input type="checkbox"/>	 North Central Health Care Person centered. Outcome focused.	
Document #: 0600-1	Department: Patient Financial Services	
Primary Approving Body: NCCSP Board	Secondary Approving Body: CFO	

Related Forms:

- Write-off Form

I. Document Statement

It is the policy of North Central Health Care to write-off certain accounts receivable charges determined to be uncollectable. The write-offs will be classified as bad debt or administrative in nature. Bad debt is defined as those accounts uncollected due to unforeseen circumstances such as bankruptcy, client deceased, or collection agency returns. Administrative write-offs are defined as those items related to internal processes such as administrative error, balances too small to collect, no prior authorization, services not medically necessary and improper documentation.

II. Purpose

To have a write-off process in place that requires authorization of write-offs and allows for an efficient monitoring of the process.

III. Definitions

Write-off: A charge on a client account that is determined to be uncollectable.

IV. General Procedure

- 1) Patient Financial Services Representatives pursue all avenues of collection on an account. Once all collection avenues have been exhausted, a request to write-off the account is completed.
- 2) All write-offs are approved by Patient Financial Services Director and Chief Financial Officer.

- 3) Cash application staff process all write-offs in the system upon receipt of an authorized approval. A detailed analysis of the write-off activity is completed and balanced to the general ledger on a regular basis. This analysis becomes part of the annual audit workflow and is reviewed by the audit firm.

V. Program-Specific Requirements:

References: None



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MEMORANDUM

DATE: March 22, 2018
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: March CEO Report

The following items are general updates and communications to support the Board on key activities and/or updates since our last meeting:

- 1) **Aquatic Therapy Pool:** Pledges are near \$3.4 Million, exceeding the \$3 Million target. We are in the process of initiating pledge conversion to actual donations and hosted an Open House with donors to celebrate the success of the campaign on Thursday, March 22, 2018. Marathon County is requiring verification of pledges through their audit firm and are preparing a timeline for the project completion. Our target is to break ground late fall 2018. It will be important to gain consensus on direction of our Master Facility Plan to ensure we can hit our objective as the pool design is contingent on the final plan.
- 2) **Master Facility Planning:** The original deliverable for final report was the end of January which was amended in December to the first two weeks of February. We are now tentatively planning on presenting the Master Facility Plan to the NCCSP Board at the April meeting and to Marathon County after the new County Board is sat. The final report delivery date is now April 6th. The Master Facility Plan will deliver 2-3 options for the NCCSP Board to consider for recommendation to the Marathon County Board. There will be 2-3 options presented on renovation needs and opportunities over the next 10 year as well as an option of a complete reinvention of the NCHC campus. The policy decision for the Marathon County Board will be to either renovate or reinvent the campus along with the implications of these options.
- 3) **Employee Health & Wellness Clinic:** In partnership with Marathon County, on March 26th we will be opening our new Employee Health & Wellness Clinic here on the NCHC campus. The NCCSP Board had recently approved \$100,000 towards the construction of the space as a 50/50 split with Marathon County. The Clinic is part of Marathon County and NCHC's health plans. Therefore, only health plan members and their families can use the Clinic. The Clinic is not open to the general public. A tour of the new space will be offered following the March 29th NCCSP Board meeting.
- 4) **General Counsel Position:** We have started initial interviews for our newly approved General Counsel position. There have been a number of qualified candidates. Initial interviews are expected to be completed by the end of March with final interviews and selection slated for April.

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appointment of RCA Members	Counties	Apr-18	Appointment	Langlade and Lincoln Counties have reappointed both Robin Stowe and Nancy Bergstrom respectively. Marathon County is expected to make their appointments in April.	Pending												
Appointment of NCCSP Board Members	Counties	Ongoing	Appointment(s)	Robin Stowe and Jean Burgener will attend the last meetings in March. Appointments filling the remainder of Robin Stowe's term will be made by the Langlade County Board in April. Marathon County will make an appointment to fill Jean Burgener's expired term will be made in April as well.	Pending												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process will occur as this initiative develops over the next couple months.	Pending												
Annual Audit	NCCSP	Jan-18	Acceptance of annual audit by NCCSP Board and RCA	The Audit will be presented at the March NCCSP Board meeting.	Pending												
Policy Governance for the NCCSP Board	NCCSP	Jan-18	Policy Governance Manual Approved	The Policy Governance Manual has been adopted and final copies will be provided at the March NCCSP Board meeting.	Complete												
Nursing Home Governance	NCCSP	Jan-17	Decision by Marathon County on the future of MVCC and a decision by both Marathon County and NCCSP on a management agreement with NCCSP	The MVCC will have its final meeting on April 9th to make a recommendation to the Health & Human Services Committee and County Board on the size and scope of MVCC going forward, an updated Management Agreement between Marathon County and NCHC, and recommendation on renovation for MVCC.	Pending												
Pool Management Governance	NCCSP	Jan-17	Decision by Marathon County on the future of the pool and on a future management agreement with NCCSP	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been agreed to. The Pool Management Agreement will be structured similarly to the final Nursing Home Management Agreement. Pledges are being converted and verified by Marathon County. A design RFP for the pool will be issued as soon the Master Facility Plan is finalized.	Pending												
Prepare Local Plan	NCCSP	May-18	Adopted 3 Year Local Plan	The Joint County Agreement requires the NCCSP Board to develop a 3 Year Local Plan to meet the needs of the Communities it serves. We are currently researching this requirement but believe our direction will be to develop a 3 year strategic plan and budget as part of the 2019 Budget development process.	Pending												
Develop Training Plan for Counties	NCCSP	Jan-18	Adopted Annual Training Plan	Prepare plan for RCA approval.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-18	Fund Balance Presentation	Presented to the NCCSP Board for acceptance on March 30th.	Pending												
Facility Use Agreements	NCCSP	Mar-17	Signed agreements with each of the three Counties	We have obtained all facility use agreements from each of the three Counties along with the most recent updated draft of the agreement with Marathon County. Will be reviewing these items and creating a consistent use agreement for all three Counties. Drafting of a new agreement is under way.	Pending												
Develop Conflict Resolution Protocol	NCCSP	Apr-17	Board adoption of Conflict Resolution Protocol	Feedback was given at the November RCA meeting. Updating the final draft for NCCSP Board and RCA approval. We will seek RCA approval first.	Pending												
Reserve Policy Review	RCA	Apr-18	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	Financial policies have been updated and will be presented to the NCCSP Board at their January meeting to consider before the audit is in full swing.	Open												
Annual Report	NCCSP	May-18	Annual Report Released and Presentations made to County Boards	Drafting the report.	Pending												

2018 Board - RCA - CEO Work Plan

Objective	Accountability	Start Date	Measure(s) of Success	Interim Updates	Status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	Drafting the initial report for delivery in April.	Pending												
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed		Pending												
Annual Budget	RCA	May-18	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board		Open												
CEO Annual Work Plan	RCA	Nov-18	Adopted Work Plan for Upcoming Year		Open												
CEO Appraisal & Compensation	RCA	Feb-18	Completed Appraisal	The NCCSP Board Chair and RCA Chair have been engaged in a process to start the development of the annual appraisal process. Input and discussion into the process as this develops.	Open												
Performance Standards	RCA	May-18	Adopted Annual Performance Standards		Open												
Tri-County Contral Annual Review	RCA	Nov-18	Revision Recommendation to County Boards if necessary	The RCA consider an revisions, none were suggested at this time. May consider again later this yerar.	Complete												



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MEMORANDUM

DATE: March 22, 2018
TO: North Central Community Services Program Board
FROM: Brenda Glodowski, Chief Financial Officer
RE: March CFO Report

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: Balance Sheet items continue to be consistent with prior months.

STATEMENT OF REVENUE AND EXPENSES: The month of February shows a loss of (\$44,742), compared to a budgeted gain of \$116,459, resulting in a negative variance of (\$161,201).

The nursing home had a good month, with a gain for the month of \$55,453. The census improved with an average of 183 per day compared to the target of 185. The payer mix was also more favorable than anticipated. Direct expenses are a bit over budget. This is due to high health insurance again in February. Overall, the nursing home is back in line with budget and is even \$19,622 ahead of target.

The Human Services Programs are showing a loss for February of (\$100,195). Revenue for the month is below target. The hospital census averaged 13 compared to the target of 14. Outpatient areas are also below budget. There is some lag with revenue billing related to contract providers; this will be caught up and current in March. There are a number of programs that are below revenue targets. The CBRF and MMT Programs were budgeted to be expanded by the beginning of the year. This has not happened yet so some revenue is behind due to this. Expenses for these programs are also down. Other areas have new staff and are still working to get their staff up to full productivity levels. Expenses are over budget targets. Most of the expense overage is coming from health insurance and State Institutes. This program year to date shows a gain of \$67,205 but was targeted for a gain of \$290,041 resulting in a negative variance of (\$222,836).

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

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2018**

	<u>Human Services</u>	<u>Nursing Home</u>	<u>Total</u>	<u>Prior Year Combined</u>
Current Assets:				
Cash and cash equivalents	4,738,173	2,129,828	6,868,001	5,533,063
Accounts receivable:				
Patient - Net	2,724,827	2,076,399	4,801,225	5,429,508
Outpatient - WIMCR & CCS	1,697,500	0	1,697,500	545,000
Nursing home - Supplemental payment program	0	364,000	364,000	300,000
Marathon County	57,080	0	57,080	77,884
Appropriations receivable	49,747	0	49,747	0
Net state receivable	888,696	0	888,696	656,105
Other	375,850	0	375,850	496,555
Inventory	0	342,220	342,220	305,373
Other	<u>600,993</u>	<u>444,394</u>	<u>1,045,387</u>	<u>1,149,522</u>
Total current assets	<u>11,132,866</u>	<u>5,356,841</u>	<u>16,489,708</u>	<u>14,493,010</u>
Noncurrent Assets:				
Investments	11,749,000	0	11,749,000	10,300,000
Assets limited as to use	1,076,882	296,740	1,373,622	2,791,278
Contingency funds	500,000	0	500,000	500,000
Restricted assets - Patient trust funds	13,771	25,616	39,387	54,526
Net pension asset	0	0	0	0
Nondepreciable capital assets	350,457	498,521	848,979	930,764
Depreciable capital assets - Net	<u>7,110,530</u>	<u>3,794,789</u>	<u>10,905,319</u>	<u>10,409,582</u>
Total noncurrent assets	<u>20,800,640</u>	<u>4,615,667</u>	<u>25,416,307</u>	<u>24,986,150</u>
Deferred outflows of resources - Related to pensions	<u>6,939,524</u>	<u>5,131,313</u>	<u>12,070,837</u>	<u>17,516,720</u>
TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>38,873,031</u>	<u>15,103,821</u>	<u>53,976,852</u>	<u>56,995,880</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF NET POSITION
FEBRUARY 2018**

	<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	0	0	0	154,310
Accounts payable - Trade	842,406	622,903	1,465,309	1,300,403
Appropriations advances	469,386	125,000	594,386	639,260
Accrued liabilities:				
Salaries and retirement	1,056,088	780,906	1,836,995	1,913,295
Compensated absences	806,678	596,484	1,403,163	1,523,032
Health and dental insurance	357,588	264,412	622,000	798,000
Other Payables	137,401	101,599	239,000	364,809
Amounts payable to third-party reimbursement programs	250,118	0	250,118	225,920
Unearned revenue	<u>76,766</u>	<u>0</u>	<u>76,766</u>	<u>135,281</u>
Total current liabilities	<u>3,996,432</u>	<u>2,491,305</u>	<u>6,487,737</u>	<u>7,054,310</u>
Noncurrent Liabilities:				
Net pension liability	909,542	672,546	1,582,088	3,127,379
Related-party note payable	0	0	0	481,871
Patient trust funds	<u>13,771</u>	<u>25,616</u>	<u>39,387</u>	<u>54,526</u>
Total noncurrent liabilities	<u>923,313</u>	<u>698,162</u>	<u>1,621,475</u>	<u>3,663,776</u>
Total liabilities	<u>4,919,745</u>	<u>3,189,467</u>	<u>8,109,212</u>	<u>10,718,086</u>
Deferred inflows of resources - Related to pensions	<u>2,886,978</u>	<u>2,134,726</u>	<u>5,021,704</u>	<u>6,647,040</u>
Net Position:				
Net investment in capital assets	7,460,987	4,293,311	11,754,298	10,704,166
Unrestricted:				
Board designated for contingency	500,000	0	500,000	500,000
Board designated for capital assets	1,076,882	296,740	1,373,622	2,888,924
Undesignated	21,961,234	5,301,781	27,263,015	25,214,209
Operating Income / (Loss)	<u>67,205</u>	<u>(112,204)</u>	<u>(44,999)</u>	<u>323,455</u>
Total net position	<u>31,066,308</u>	<u>9,779,628</u>	<u>40,845,936</u>	<u>39,630,754</u>
TOTAL LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION	<u>38,873,031</u>	<u>15,103,821</u>	<u>53,976,852</u>	<u>56,995,880</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2018**

TOTAL	<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>\$3,564,516</u>	<u>\$3,856,134</u>	<u>(\$291,618)</u>	<u>\$7,407,458</u>	<u>\$7,975,317</u>	<u>(\$567,859)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	648,753	650,239	(1,486)
Grant Revenue	207,012	193,933	13,079	408,701	387,866	20,835
County Appropriations - Net	619,260	635,927	(16,667)	1,238,520	1,271,853	(33,333)
Departmental and Other Revenue	<u>450,338</u>	<u>311,702</u>	<u>138,636</u>	<u>732,296</u>	<u>623,405</u>	<u>108,891</u>
Total Other Revenue	<u>1,600,986</u>	<u>1,466,681</u>	<u>134,305</u>	<u>3,028,269</u>	<u>2,933,363</u>	<u>94,906</u>
Total Revenue	5,165,502	5,322,815	(157,314)	10,435,727	10,908,680	(472,953)
Expenses:						
Direct Expenses	4,023,142	3,896,414	126,728	8,187,285	8,090,401	96,885
Indirect Expenses	<u>1,208,043</u>	<u>1,322,443</u>	<u>(114,400)</u>	<u>2,334,723</u>	<u>2,685,064</u>	<u>(350,342)</u>
Total Expenses	<u>5,231,185</u>	<u>5,218,857</u>	<u>12,328</u>	<u>10,522,008</u>	<u>10,775,465</u>	<u>(253,457)</u>
Operating Income (Loss)	<u>(65,683)</u>	<u>103,959</u>	<u>(169,642)</u>	<u>(86,281)</u>	<u>133,215</u>	<u>(219,496)</u>
Nonoperating Gains (Losses):						
Interest Income	16,157	12,500	3,657	32,381	25,000	7,381
Donations and Gifts	4,784	0	4,784	7,593	0	7,593
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,309</u>	<u>0</u>	<u>1,309</u>
Total Nonoperating Gains / (Losses)	<u>20,941</u>	<u>12,500</u>	<u>8,441</u>	<u>41,282</u>	<u>25,000</u>	<u>16,282</u>
Income / (Loss)	<u>(\$44,742)</u>	<u>\$116,459</u>	<u>(\$161,201)</u>	<u>(\$44,999)</u>	<u>\$158,215</u>	<u>(\$203,214)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2018**

51.42./437 PROGRAMS	<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>\$2,053,014</u>	<u>\$2,373,881</u>	<u>(\$320,867)</u>	<u>\$4,268,688</u>	<u>\$4,887,092</u>	<u>(\$618,404)</u>
Other Revenue:						
State Match / Addendum	324,377	325,120	(743)	648,753	650,239	(1,486)
Grant Revenue	207,012	193,933	13,079	408,701	387,866	20,835
County Appropriations - Net	494,260	494,260	0	988,520	988,520	0
Departmental and Other Revenue	<u>299,357</u>	<u>194,119</u>	<u>105,238</u>	<u>465,072</u>	<u>388,238</u>	<u>76,834</u>
Total Other Revenue	<u>1,325,005</u>	<u>1,207,431</u>	<u>117,574</u>	<u>2,511,045</u>	<u>2,414,863</u>	<u>96,182</u>
Total Revenue	3,378,019	3,581,312	(203,293)	6,779,733	7,301,955	(522,221)
Expenses:						
Direct Expenses	2,863,003	2,752,589	110,414	5,586,408	5,702,034	(115,626)
Indirect Expenses	<u>635,038</u>	<u>657,452</u>	<u>(22,414)</u>	<u>1,165,878</u>	<u>1,334,880</u>	<u>(169,002)</u>
Total Expenses	<u>3,498,041</u>	<u>3,410,042</u>	<u>87,999</u>	<u>6,752,286</u>	<u>7,036,914</u>	<u>(284,628)</u>
Operating Income (Loss)	<u>(120,022)</u>	<u>171,271</u>	<u>(291,292)</u>	<u>27,447</u>	<u>265,041</u>	<u>(237,593)</u>
Nonoperating Gains (Losses):						
Interest Income	16,157	12,500	3,657	32,381	25,000	7,381
Donations and Gifts	3,670	0	3,670	6,068	0	6,068
Gain / (Loss) on Disposal of Assets	<u>0</u>	<u>0</u>	<u>0</u>	<u>1,309</u>	<u>0</u>	<u>1,309</u>
Total Nonoperating Gains / (Losses)	<u>19,827</u>	<u>12,500</u>	<u>7,327</u>	<u>39,757</u>	<u>25,000</u>	<u>14,757</u>
Income / (Loss)	<u>(\$100,195)</u>	<u>\$183,771</u>	<u>(\$283,966)</u>	<u>\$67,205</u>	<u>\$290,041</u>	<u>(\$222,836)</u>

**NORTH CENTRAL HEALTH CARE
COMBINING STATEMENT OF REVENUES AND EXPENSES
FOR PERIOD ENDING FEBRUARY 28, 2018**

NURSING HOME	<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>\$1,511,501</u>	<u>\$1,482,253</u>	<u>\$29,248</u>	<u>\$3,138,769</u>	<u>\$3,088,225</u>	<u>\$50,544</u>
Other Revenue:						
County Appropriations - Net	125,000	141,667	(16,667)	250,000	283,333	(33,333)
Departmental and Other Revenue	<u>150,981</u>	<u>117,583</u>	<u>33,398</u>	<u>267,224</u>	<u>235,167</u>	<u>32,057</u>
Total Other Revenue	<u>275,981</u>	<u>259,250</u>	<u>16,731</u>	<u>517,224</u>	<u>518,500</u>	<u>(1,276)</u>
Total Revenue	1,787,482	1,741,503	45,979	3,655,994	3,606,725	49,268
Expenses:						
Direct Expenses	1,160,139	1,143,825	16,314	2,600,877	2,388,366	212,511
Indirect Expenses	<u>573,005</u>	<u>664,990</u>	<u>(91,985)</u>	<u>1,168,845</u>	<u>1,350,185</u>	<u>(181,340)</u>
Total Expenses	<u>1,733,144</u>	<u>1,808,815</u>	<u>(75,671)</u>	<u>3,769,722</u>	<u>3,738,551</u>	<u>31,171</u>
Operating Income (Loss)	<u>54,339</u>	<u>(67,312)</u>	<u>121,651</u>	<u>(113,728)</u>	<u>(131,826)</u>	<u>18,097</u>
Nonoperating Gains (Losses):						
Interest Income	0	0	0	0	0	0
Donations and Gifts	1,114	0	1,114	1,525	0	1,525
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>1,114</u>	<u>0</u>	<u>1,114</u>	<u>1,525</u>	<u>0</u>	<u>1,525</u>
Income / (Loss)	<u>\$55,453</u>	<u>(\$67,312)</u>	<u>\$122,765</u>	<u>(\$112,204)</u>	<u>(\$131,826)</u>	<u>\$19,622</u>

**NORTH CENTRAL HEALTH CARE
REPORT ON AVAILABILITY OF FUNDS
February 28, 2018**

BANK	LENGTH	MATURITY DATE	INTEREST RATE	AMOUNT	Insured/ Collateralized
Abby Bank	730 Days	3/15/2018	1.20%	\$400,000	X
People's State Bank	395 Days	3/28/2018	1.05%	\$250,000	X
CoVantage Credit Union	365 Days	3/30/2018	1.10%	\$500,000	X
PFM Investments	365 Days	4/3/2018	1.30%	\$492,000	x
PFM Investments	517 Days	4/30/2018	1.12%	\$492,000	X
Abby Bank	730 Days	5/3/2018	1.20%	\$500,000	X
BMO Harris	365 Days	5/28/2018	1.20%	\$500,000	X
PFM Investments	365 Days	6/13/2018	1.50%	\$492,000	X
People's State Bank	365 Days	8/21/2018	1.10%	\$500,000	X
BMO Harris	365 Days	8/26/2018	1.35%	\$500,000	X
Abby Bank	365 Days	8/29/2018	1.20%	\$500,000	X
Abby Bank	365 Days	9/1/2018	1.20%	\$500,000	X
CoVantage Credit Union	457 Days	10/28/2018	1.55%	\$300,000	X
PFM Investments	365 Days	11/30/2018	1.63%	\$490,000	X
Abby Bank	730 Days	1/6/2019	1.30%	\$500,000	X
Abby Bank	365 Days	2/25/2019	1.56%	\$500,000	X
CoVantage Credit Union	679 Days	3/7/2019	1.61%	\$500,000	X
People's State Bank	730 Days	5/29/2019	1.20%	\$350,000	X
People's State Bank	730 Days	5/30/2019	1.20%	\$500,000	X
PFM Investments	545 Days	7/10/2019	2.02%	\$483,000	X
Abby Bank	730 Days	7/19/2019	1.30%	\$500,000	X
CoVantage Credit Union	605 Days	9/8/2019	2.00%	\$500,000	X
Abby Bank	730 Days	10/29/2019	1.61%	\$500,000	X
CoVantage Credit Union	730 Days	11/18/2019	1.50%	\$500,000	X
Abby Bank	730 Days	12/30/2019	1.61%	\$500,000	X
TOTAL FUNDS AVAILABLE				\$11,749,000	
WEIGHTED AVERAGE		537.36 Days	1.392% INTEREST		

NCHC-DONATED FUNDS

Balance Sheet

As of February 28, 2018

ASSETS

Current Assets

Checking/Savings

CHECKING ACCOUNT

Adult Day Services	5,455.71
Adventure Camp	2,161.67
Birth to 3 Program	2,035.00
Clubhouse	45,924.99
Community Treatment - Adult	562.00
Community Treatment - Youth	6,925.37
Fishing Without Boundries	4,952.80
General Donated Funds	59,811.73
Hope House	3,062.35
Housing - DD Services	1,370.47
Inpatient	1,000.00
Langlade HCC	3,156.10
Legacies by the Lake	
Music in Memory	1,958.25
Legacies by the Lake - Other	4,811.05
Total Legacies by the Lake	6,769.30
Marathon Cty Suicide Prev Task	13,728.67
National Suicide Lifeline Stipe	3,176.37
Northern Valley West	6,377.82
Nursing Home - General Fund	7,900.99
Outpatient Services - Marathon	401.08
Pool	27,131.19
Prevent Suicide Langlade Co.	2,444.55
Resident Council	671.05
United Way	1,398.33
Voyages for Growth	33,442.72

Total CHECKING ACCOUNT 239,860.26

Total Checking/Savings 239,860.26

Total Current Assets 239,860.26

TOTAL ASSETS 239,860.26

LIABILITIES & EQUITY

Equity

Opening Bal Equity	123,523.75
Retained Earnings	100,429.88
Net Income	15,906.63

Total Equity 239,860.26

TOTAL LIABILITIES & EQUITY 239,860.26

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

Month Ending February 28, 2018

ACCOUNT DESCRIPTION	CURRENT MONTH ACTUAL	CURRENT MONTH BUDGET	YTD ACTUAL	YTD BUDGET	DIFFERENCE
<u>REVENUE:</u>					
Total Operating Revenue	<u>5,165,502</u>	<u>5,322,815</u>	<u>10,435,727</u>	<u>10,908,680</u>	<u>(472,953)</u>
<u>EXPENSES:</u>					
Salaries and Wages	2,099,406	2,460,547	4,623,989	5,184,718	(560,729)
Fringe Benefits	940,770	898,199	2,093,391	1,892,527	200,864
Departments Supplies	599,567	630,921	1,133,435	1,261,841	(128,406)
Purchased Services	775,119	534,858	1,344,094	1,047,717	296,378
Utilitites/Maintenance Agreements	314,564	267,263	533,011	534,526	(1,514)
Personal Development/Travel	25,346	40,221	60,286	80,442	(20,156)
Other Operating Expenses	80,388	137,931	172,523	275,862	(103,339)
Insurance	41,620	41,000	83,240	82,000	1,240
Depreciation & Amortization	134,710	141,250	276,655	282,500	(5,845)
Client Purchased Services	<u>219,696</u>	<u>66,667</u>	<u>201,384</u>	<u>133,333</u>	<u>68,051</u>
TOTAL EXPENSES	5,231,185	5,218,857	10,522,008	10,775,465	(253,457)
Nonoperating Income	<u>20,941</u>	<u>12,500</u>	<u>41,282</u>	<u>25,000</u>	<u>16,282</u>
EXCESS REVENUE (EXPENSE)	<u>(44,742)</u>	<u>116,459</u>	<u>(44,999)</u>	<u>158,215</u>	<u>(203,214)</u>

**North Central Health Care
Write-Off Summary
February 2018**

	<u>Current Month</u>	<u>Current Year To Date</u>	<u>Prior Year To Date</u>
<i>Inpatient:</i>			
Administrative Write-Off	\$8,509	\$16,454	(\$1,746)
Bad Debt	\$139	\$8,236	\$1,943
<i>Outpatient:</i>			
Administrative Write-Off	\$12,811	\$16,345	(\$17,888)
Bad Debt	\$194	\$1,436	\$1,512
<i>Nursing Home:</i>			
Daily Services:			
Administrative Write-Off	\$6,447	\$12,066	(\$22,989)
Bad Debt	\$0	\$2,122	\$2,661
Ancillary Services:			
Administrative Write-Off	(\$32)	\$88	(\$5,041)
Bad Debt	\$0	\$0	(\$136)
Pharmacy:			
Administrative Write-Off	\$282	\$282	\$0
Bad Debt	\$0	\$0	\$0
Total - Administrative Write-Off	\$28,017	\$45,235	(\$47,664)
Total - Bad Debt	\$333	\$11,794	\$5,980

**North Central Health Care
2018 Patient Days**

<u>Month</u>		<u>Budget</u>	<u>Actual</u>	<u>Variance</u>	<u>Budgeted Occupancy</u>	<u>Actual Occupancy</u>
January	Nursing Home	5,735	5,549	(186)	84.09%	81.36%
	Hospital	434	441	7	87.50%	88.91%
February	Nursing Home	5,180	5,124	(56)	84.09%	83.18%
	Hospital	392	373	(19)	87.50%	83.26%
March	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
April	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
May	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
June	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
July	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
August	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
September	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
October	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
November	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
December	Nursing Home			0	0.00%	0.00%
	Hospital			0	0.00%	0.00%
YTD	Nursing Home	10,915	10,673	(242)	84.09%	82.23%
	Hospital	826	814	(12)	87.50%	86.23%

North Central Health Care
Review of 2018 Services
Langlade County

Direct Services:	2018	2018	Variance	2018	2018	Variance	Variance by Program
	Jan-Feb	Jan-Feb		Jan-Feb	Jan-Feb		
	Actual Rev	Budg Rev		Actual Exp	Budg Exp		
Outpatient Services	\$64,214	\$90,019	(\$25,805)	\$130,808	\$152,588	\$21,780	(\$4,025)
Community Treatment-Adult	\$114,067	\$131,030	(\$16,963)	\$122,098	\$134,719	\$12,621	(\$4,342)
Community Treatment-Youth	\$150,200	\$139,781	\$10,419	\$145,019	\$140,151	(\$4,868)	\$5,551
Day Services	\$54,294	\$65,833	(\$11,539)	\$52,126	\$65,833	\$13,707	\$2,168
	\$382,775	\$426,664	(\$43,889)	\$450,051	\$493,290	\$43,239	(\$649)
Shared Services:							
Inpatient	\$76,005	\$85,320	(\$9,315)	\$111,974	\$110,543	(\$1,431)	(\$10,747)
CBRF	\$7,954	\$18,546	(\$10,592)	\$9,834	\$18,546	\$8,712	(\$1,880)
Crisis	\$5,635	\$6,399	(\$764)	\$41,781	\$48,968	\$7,187	\$6,423
MMT (Lakeside Recovery)	\$1,108	\$9,289	(\$8,181)	\$7,691	\$18,309	\$10,618	\$2,438
Day Treatment	\$1,333	\$1,354	(\$21)	\$1,170	\$1,635	\$465	\$444
Protective Services	\$4,537	\$4,425	\$112	\$10,639	\$15,044	\$4,405	\$4,516
Birth To Three	\$14,963	\$15,080	(\$117)	\$24,343	\$28,327	\$3,984	\$3,867
Group Homes	\$31,740	\$19,345	\$12,395	\$32,342	\$19,345	(\$12,997)	(\$602)
Supported Apartments	\$0	\$24,516	(\$24,516)	\$0	\$24,516	\$24,516	\$0
Contract Services	\$0	\$0	\$0	\$24,356	\$16,609	(\$7,748)	(\$7,748)
	\$143,275	\$184,274	(\$40,999)	\$264,130	\$301,840	\$37,710	(\$3,289)
Totals	\$526,050	\$610,937	(\$84,887)	\$714,181	\$795,131	\$80,950	(\$3,938)
Base County Allocation	\$133,089	\$133,089	\$1				\$1
Nonoperating Revenue	\$1,757	\$1,358	\$400				\$400
County Appropriation	\$49,747	\$49,747	(\$0)				(\$0)
Excess Revenue/(Expense)	\$710,643	\$795,131	(\$84,488)	\$714,181	\$795,131	\$80,950	(\$3,538)

North Central Health Care
Review of 2018 Services
Lincoln County

Direct Services:	2018 Jan-Feb Actual Rev	2018 Jan-Feb Budget Rev	Variance	2018 Jan-Feb Actual Exp	2018 Jan-Feb Budg Exp	Variance	Variance By Program
Outpatient Services	\$62,412	\$71,541	(\$9,129)	\$110,376	\$162,210	\$51,834	\$42,705
Community Treatment-Adult	\$136,541	\$137,181	(\$640)	\$174,086	\$141,044	(\$33,042)	(\$33,682)
Community Treatment-Youth	\$197,065	\$161,370	\$35,695	\$159,414	\$162,226	\$2,812	\$38,507
	\$396,018	\$370,091	\$25,927	\$443,876	\$465,479	\$21,603	\$47,529
Shared Services:							
Inpatient	\$103,639	\$116,346	(\$12,707)	\$152,692	\$150,740	(\$1,952)	(\$14,658)
CBRF	\$10,847	\$25,290	(\$14,443)	\$13,409	\$25,290	\$11,881	(\$2,562)
Crisis	\$7,684	\$8,726	(\$1,042)	\$56,974	\$66,775	\$9,801	\$8,759
Day Treatment	\$1,818	\$1,847	(\$29)	\$1,595	\$2,230	\$635	\$606
MMT (Lakeside Recovery)	\$1,511	\$12,666	(\$11,155)	\$10,487	\$24,967	\$14,480	\$3,325
Protective Services	\$6,187	\$6,035	\$153	\$14,508	\$19,347	\$4,839	\$4,992
Birth To Three	\$22,000	\$25,408	(\$3,408)	\$35,791	\$47,728	\$11,937	\$8,530
Apartments	\$0	\$7,647	(\$7,647)	\$0	\$7,647	\$7,647	\$0
Contract Services	\$0	\$0	\$0	\$33,212	\$22,648	(\$10,564)	(\$10,564)
	\$153,686	\$203,964	(\$50,278)	\$318,668	\$367,372	\$48,704	(\$1,574)
Totals	\$549,704	\$574,055	(\$24,351)	\$762,544	\$832,850	\$70,306	\$45,956
Base County Allocation	\$138,330	\$138,330	\$1				\$1
Nonoperating Revenue	\$2,243	\$1,730	\$513				\$513
County Appropriation	\$118,736	\$118,736	\$0				\$0
Excess Revenue (Expense)	\$809,013	\$832,850	(\$23,837)	\$762,544	\$832,850	\$70,306	\$46,469

North Central Health Care
Review of 2018 Services
Marathon County

Direct Services:	2018	2018	Variance	2018	2018	Variance	Variance by Program
	Jan-Feb	Jan-Feb		Jan-Feb	Jan-Feb		
	Actual Rev	Budget Rev		Actual Exp	Budget Exp		
Outpatient Services	\$208,566	\$283,949	(\$75,383)	\$442,148	\$634,782	\$192,634	\$117,251
Community Treatment-Adult	\$642,430	\$943,835	(\$301,405)	\$823,039	\$961,747	\$138,708	(\$162,697)
Community Treatment-Youth	\$359,513	\$424,241	(\$64,728)	\$409,660	\$425,342	\$15,682	(\$49,046)
Day Services	\$249,550	\$280,876	(\$31,326)	\$245,625	\$280,876	\$35,251	\$3,925
Clubhouse	\$56,177	\$66,542	(\$10,365)	\$80,300	\$81,875	\$1,575	(\$8,790)
Demand Transportation	\$66,682	\$71,873	(\$5,191)	\$63,706	\$71,873	\$8,167	\$2,976
Aquatic Services	\$125,775	\$132,017	(\$6,242)	\$144,180	\$167,703	\$23,523	\$17,281
Pharmacy	\$881,327	\$772,775	\$108,552	\$791,528	\$772,775	(\$18,753)	\$89,799
	\$2,590,020	\$2,976,106	(\$386,086)	\$3,000,186	\$3,396,971	\$396,785	\$10,699
Shared Services:							
Inpatient	\$511,289	\$573,972	(\$62,683)	\$753,279	\$743,652	(\$9,627)	(\$72,310)
CBRF	\$53,510	\$124,762	(\$71,252)	\$66,153	\$124,762	\$58,609	(\$12,643)
Crisis Services	\$37,908	\$43,049	(\$5,141)	\$281,070	\$329,421	\$48,351	\$43,210
MMT (Lakeside Recovery)	\$7,453	\$62,486	(\$55,033)	\$51,736	\$123,172	\$71,436	\$16,403
Day Treatment	\$8,967	\$9,111	(\$144)	\$7,868	\$10,999	\$3,131	\$2,987
Protective Services	\$30,523	\$29,770	\$753	\$71,573	\$95,702	\$24,129	\$24,882
Birth To Three	\$109,183	\$117,950	(\$8,767)	\$177,623	\$221,568	\$43,945	\$35,178
Group Homes	\$294,317	\$303,489	(\$9,172)	\$299,897	\$303,489	\$3,592	(\$5,580)
Supported Apartments	\$429,431	\$354,004	\$75,428	\$402,333	\$354,004	(\$48,330)	\$27,098
Contracted Services	\$0	\$0	\$0	\$163,847	\$111,730	(\$52,117)	(\$52,117)
	\$1,482,581	\$1,618,593	(\$136,012)	\$2,275,379	\$2,418,498	\$143,119	\$7,107
Totals	\$4,072,601	\$4,594,699	(\$522,098)	\$5,275,565	\$5,815,469	\$539,904	\$17,806
Base County Allocation	\$378,821	\$378,821	(\$0)				(\$0)
Nonoperating Revenue	\$28,381	\$21,913	\$6,469				\$6,469
County Appropriation	\$820,037	\$820,037	\$1				\$1
Excess Revenue/(Expense)	\$5,299,840	\$5,815,469	(\$515,629)	\$5,275,565	\$5,815,469	\$539,904	\$24,275



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: March 19, 2018
TO: North Central Community Services Program Board
FROM: Laura Scudiere, Human Services Operations Executive
RE: March Human Services Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of the Human Service Operations service line since our last meeting:

- Joint Commission Survey Preparation:** We anticipate Joint Commission to return to survey in late March/early April. Internal survey preparedness teams have been working hard to ensure a good survey. Board members may be asked to participate in the survey process and discuss governance and quality of service. Board members can refer to the resource distributed at the last meeting (a copy will be made available to Board members participating in the survey).
- MMT Expansion:** The new flooring is down in the Medically Monitored Treatment (MMT) space and the space is freshly painted. Furniture is set to arrive in the next two weeks. We are now waiting on a required form from the architectural firm to finish our submission to DHS for approval. DHS representatives say that approval can take 3-6 months.
- CBRF Expansion:** Crisis Community Based Rehabilitation Facility (CBRF) expansion preparation continues. MMT expansion is required for CBRF expansion to occur, as they are co-located currently.
- Day Treatment and IOP Expansion:** Day Treatment and Intensive Outpatient (IOP) programs are set to begin as of April 1. Staff are being reallocated and we will be meeting with partners to determine optimal referral processes.
- Linkage and Follow-up:** Two staff members are being oriented to the role of Linkage Coordinators. As of 3/12/18 the program started to case manage new commitments and settlement agreements.
- Reaching Recovery Software:** The software has been implemented and providers are collecting data. We are currently learning how to report on this data for the purpose of reviewing the results for the populations that we serve. Providers can use real-time data to inform their discussions with patients.
- Wisconsin County Human Service Association Political Advocacy Committee:** Laura Scudiere was nominated as a candidate to serve on the WCHSA Political Advocacy Committee. There are two candidates for this position and WCHSA will vote on this in April. Current actions include informing decisions around Medicaid payment, researching evidenced-based practices for mental health treatment, identifying gaps in services, and more.
- Aquatic Therapy Pool:** The pool will be closed for the last week of March for regular maintenance.



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: March 22, 2018
TO: North Central Health Care Board
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator
RE: March Nursing Home Operations Report

The following items are general updates and communications to support the Board on key activities and/or updates of the Nursing Home Operations since our last meeting.

- 1. Mount View Care Committee:** Last year Mount View Care Committee, formed by Marathon County, requested a Financial and Organizational Assessment analysis. Clifton Larson Allen was hired and a report was completed last fall. Mount View Administration and the Executive team have been reviewing and implementing their recommendations over the last several months. One of the areas we are currently reviewing is the inefficiencies identified in our technology for call lights and electronic medical records (EMR). Call lights would be addressed through a renovation so our focus at this time is on reviewing other EMRs. We are sending out an RFP to review systems with a goal of implementation in early summer. A more detailed report and request for funding authorization will be brought to the Board in May.
- 2. MDS (Minimum Data Set):** A MDS audit was requested as a means to continue to proactively manage and improve documentation practices to fully capture available reimbursements. The audit was completed and a written report received. We are currently working on implementing the recommendations of adding additional clerical support for the MDS Coordinators along with the creation of a restorative program overseen by a nurse. A review of anticipated increase in revenue is being evaluated to support the additional FTE needed.
- 3. Falls Prevention:** One of our operational goals for 2018 is to reduce the number of falls in our Legacy Program by 10%. During January and February 2017 there were 47 falls. For the same timeframe in 2018 we had 35 falls which is a 25% reduction in falls year to date. We continue to focus on education and review environmental areas for ways to prevent falls.
- 4. The Branch:** This is a partnership program through the Wausau Chamber of Commerce, North Central Technical College, and Church Mutual. College students in their junior and senior years of school are given the opportunity to create an entrepreneurial experience and provided a business challenge from a company. We submitted the following question: How can NCHC incorporate available Internet of Things Technologies (sensor monitoring), Artificial Intelligence (Alexa, Google Home) and potentially robotics to support direct care giving and companionship for our nursing home residents, with fewer available employees, while improving patient experience, safety, quality of care, and maintaining residents' dignity.

Our team is made of up 5 students from different degrees and schools. We created an experience and invited them to “live” at Mount View Care Center for a night. Through this experience they were given a common diagnosis that many of our residents come to us with. They attended activities with the residents, interviewed staff and residents, were assisted with their cares, and even had modified diets. During this 10 week project, they will be working with mentors from our staff and will be given updates on their project. We look forward to see what these bright young students can bring with new innovation to enrich and fulfill our residents’ lives.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2018

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	Benchmark	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD	2017 YTD
PEOPLE																	
Vacancy Rate	5-7%	TBD	↓	8.2%	8.8%											8.8%	9.8%
Retention Rate	78-82%	TBD	↑	99%	98%											98%	75.8%
SERVICE																	
Patient Experience: % Top Box Rate	77-82%	TBD	↑	79.4%	81.7%											80.5%	77.2%
Referral Source Experience: % Top Box Rate	TBD	TBD	↑	TBD	TBD											TBD	\
CLINICAL																	
Nursing Home Readmission Rate	10-12%	16.70%	↓	5.3%	3.4%											4.5%	10.2%
Psychiatric Hospital Readmission Rate	8-10%	TBD	↓	8.8%	13.6%											11.2%	12.6%
COMMUNITY																	
Access to Behavioral Health Services	90-95%	TBD	↑	87%	88%											87%	74.0%
No-Show Rate for Community Behavioral Health Services	TBD	TBD	↓													TBD	\
FINANCE																	
Direct Expense/Gross Patient Revenue	60-64%	TBD	↓	67%	69%											68%	62%
Indirect Expense/Direct Expense	36-38%	TBD	↓	32%	37%											35%	41.80%

KEY: ↑ Higher rates are positive

↓ Lower rates are positive

* Monthly Rates are Annualized

Quality Executive Summary March 2018

Organizational Outcomes

People

❖ **Vacancy Rate**

The vacancy rate has a 5-7% Target for 2018. The month of February Vacancy Rate was 8.8 %, which remains above the 5-7% Target.

❖ **Employee Retention Rate**

Employee Retention Rate Target for 2018 is 78-82%; currently the rate is 98% which is exceeding the target in a positive way. This month NCHC has enhanced and updated its orientation and onboarding by including topics on dementia and behavioral health, Trauma Informed Care, and an additional day of Clinical orientation.

Service

❖ **Patient Experience**

NCHC Patient Experience 2018 Target is 78-82%. In February the % top box (9 or 10 on a ten point scale for overall satisfaction) overall rate was 81.7% within target, the highest monthly result we've ever had. Individual programs within or above target included: Lakeside Recovery (MMT), Inpatient Hospital, Community Treatment-both Adult and Youth, Outpatient Services – Langlade and Lincoln, Aquatic Services, Birth to Three, NCHC Wausau Prevocational Services, Wausau Adult Day Services, Adult Protective Services and Mount View Care Center-Long Term Care and Legacies by the Lake.

❖ **Referral Source Experience: % Top Box Rate**

Percent of level 9 and 10 responses to the Overall satisfaction rating question on a Referral Source Experience survey is still in development. Monitoring and reporting systems are also being developed. Modifications have been made in the records entry systems to start to collect the information.

Clinical

❖ **Nursing Home Readmissions**

The 2018 Nursing Home 30-Day hospital readmission target rate is 10-12%. In February the rate again was better than target at 3.4%, one resident was hospitalized 12 days post hospital discharge. Overall year to date the readmission rate is at 4.5%.

❖ **Hospital Readmissions**

The Hospital rate of readmissions within 30 days target is 8-10%. In February the rate was above target at 13.6%. All readmissions are reviewed and are being put into categories of reason for readmission to analyze major contributing factors. Readmission within the 0-10 day range has continued to decrease as Outpatient and Community Treatment continue to work on best practices for continuum of care standards to avoid hospital readmissions within the first ten days. There are a handful of individuals we are actively working with who are driving our recent readmission experience.

Community

❖ Access Rate for Behavioral Health Services

The 2018 Access Rate Target is 90-95%. In February the Access rate is slightly below target at 88%. Outpatient improved access to 96% in February by offering additional appointments in Wausau. Residential had 4 of 12 referrals in within the designated timeframe; a number of referrals came at the end of the month. Community Treatment continues to work on their access performance but there is a back log and will continue to struggle with current referrals until that is caught up.

❖ No-Show Rate for Community Behavioral Health Services

The percent of clients who no-show or have same day cancellation to Birth to Three, Community Treatment, and Outpatient Services is a new measure for 2018. The systems for this new measure are still being developed. Target is to be determined following 2018 as a baseline period.

Finance

❖ Direct Expense/Gross Patient Revenue

This measure looks at percentage of total direct expense to gross revenue. The 2018 target is 60-64%. For February the rate was 69% above target with the Year to Date rate of 68%

❖ Indirect Expense/Direct Expense

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and 2018 target is 36-38%. The rate for February is 37% which is within target. Overall rate for 2018 is a desirable below target rate of 35%.

Safety Outcomes

Patient/Resident Adverse Events

NCHC Overall Adverse Event rate in February was 3.6 events per 1,000 patient days/visits. Human Services Adverse Event rate was 2.2 events per 1,000 patient days/visits and Nursing Home Adverse Events rate was 11.8 events per 1,000 patient days. In February there was a slight increase in the number of falls and medication errors in Human Services, primarily in residential services. The nursing home had the same number of adverse events and falls for both January and February.

Employee Adverse Events

For February NCHC Employee Adverse Event rate was 0.12 per 1,000 days worked. Three employees required medical attention. The highest incidences were work activity injuries such as cuts. One employee fell on the snow/ice and sustained a wrist fracture.

Program-Specific Outcomes-*items not addressed in analysis above*

The following outcomes 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

❖ Aquatic

During 2018 Aquatic Therapy will be monitoring % of clients meeting treatment goals with a target of 89-95%. In February 93% of clients met their treatment goals.

❖ Community Corner Clubhouse

Clubhouse has a Clinical goal to increase member retention for 2018 with a target of 51-55%. In February the retention rate was 67%.

❖ Residential and Pre-Vocational Services

The Community Living Employee Vacancy Rate in residential services will again be a focus for 2018. Transition of Prevocational sheltered-based members into community-based Prevocational Services is a new measure this year with a target of 50- 60%, February's rate is 39%.

❖ Nursing Home

Financial indicator for the nursing home in 2018 is the Medicare Average Daily Census (ADC). The goal is for an average daily census of Medicare residents to be at or above 17. In February the ADC was 21.

Support Departments

❖ Communication and Marketing:

Increase in social media followers to Facebook and Twitter. In February there was an 18% increase in followers.

❖ Health Information:

Health Information has 98.9 % February scanning accuracy of paper medical records into Laser fiche.

❖ Nutritional Services:

Nutritional Services has upgraded their menus and is now tracking resident satisfaction with food temperatures and quality. In February there was 91% resident satisfaction.

❖ Pharmacy:

Pharmacy will report the % of Pharmacy Consult Recommendations that are reviewed by MD with a response. Rate is set at 95-97%. Currently recommendations reviewed by physicians are at 99.5%.

❖ Volunteers:

Volunteer Services will increase number of volunteers between the ages of 50-65 by 5-10%. Current number of volunteers in that age group is 50 Number of volunteers is up 4%.

❖ Demand Transportation:

Increasing the number of trips provided for 2018 to between 12,400-13,000 trips per year. In February Demand Transportation had 934 trips.

2018 - Primary Dashboard Measure List

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NORTH CENTRAL HEALTH CARE OVERALL	People	Vacancy Rate	↓	5-7%	8.8%	9.8%
		Retention Rate	↑	78-82%	98.0%	75.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
		Referral Source Experience: % Top Box Rate	↑	TBD	TBD	\
	Clinical	Nursing Home Readmission Rate	↓	10-12%	4.5%	10.2%
		Psychiatric Hospital Readmission Rate	↓	8-10%	11.2%	12.6%
	Community	Access to Behavioral Health Services	↑	90-95%	87%	75%
		No-Show Rate for Community Behavioral Health Services	↓	TBD	TBD	\
	Finance	Direct Expense/Gross Patient Revenue	↓	60-74%	68.0%	62.0%
		Indirect Expense/Direct Expense	↓	36-38%	35.0%	41.8%

HUMAN SERVICES OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT DAY/ PREVOCATIONAL/ RESIDENTIAL SERVICES	People	Adult Day/Prevocational Services Improve Leadership Index in Employee Engagement Survey	↑	33.6 - 35.2%	\	28.0%
		Residential Improve Leadership Index in Employee Engagement Survey	↑	20.9 - 23.7%	\	\
	Service	ADS/Prevocational/Residential Services Patient Experience % 9/10 Responses	↑	77-82%	77.4%	88%
		Community Living Program Employee Vacancy Rate	↓	75-80%	NA	74.0%
	Clinical	Reduction in Medication Error Rate and Fall's combined all Community Living Programs	↑	207 or Less	16	
	Community	Transition of Prevocational Sheltered Based Members into Community Based Prevoc Services (Percentage of Community based Billable Hours vs Shelter Based by Dec 2018)		50%-60%	39.0%	\
	Finance	ADS/Prevoc Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,252	-\$159,678	\
		Residential Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	-\$101,861	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
AQUATIC SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 -55%	\	50%
	Service	Aquatic Services Patient Experience Percent 9/10 Responses	↑	77-82%	97%	93%
	Clinical	% Of Clients Meeting Treatment Goals	↑	89-95%	92.0%	\
	Community	Physical Therapy Access	↑	90-95%	96.8%	97.1%
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903- \$373,354	-\$87,138	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BIRTH TO 3	People	Improve Leadership Index in Employee Engagement Survey	↑	34.6 - 36.3%	\	33%
	Service	Birth to 3 Patient Experience Percent 9/10 Responses	↑	77-82%	91.7%	89%
	Clinical	Total Number of Early Intervention Visits/Month	↑	375 - 400	336	241
	Community	Eligible clients are admitted within 45 days of referral (RCA)	↑	2018 Baseline Year	100.0%	\
		Same day cancellation and no-show rate (RCA)	↓	2018 Baseline Year	8.0%	\
		Average days from referral to initial appointment (RCA)	↓	2018 Baseline Year	11	\
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	-\$159,678	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY CORNER CLUBHOUSE	People	Improve Leadership Index in Employee Engagement Survey	↑		\	100%
	Service	Community Corner Clubhouse Patient Experience Percent 9/10 Responses	↑	77-82%	70.8%	73.6%
	Clinical	Increase Member Retention	↑	51%-55%	67%	\
	Community	Increase Evening of Jazz Revenue by 10%	↑	\$ 15,758-\$17,000	\	\
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$215,651	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
COMMUNITY TREATMENT	People	Improve Leadership Index in Employee Engagement Survey	↑	50-52.8%	\	48%
	Service	Community Treatment Patient Experience Percent 9/10 Responses	↑	77-82%	80.3%	90.9%
	Clinical	% of Treatment Plans completed within 30 days of admission (RCA)	↑	90-95%	0.0%	84.4%
		% Treatment Plans reviewed every 6 months (RCA)	↑	2018 Baseline Year	91.8%	\
		Employment rate of Individual Placement and Support (IPS) clients (RCA)	↑	2018 Baseline Year	44.0%	\
	Community	Eligible CCS and CSP clients are admitted within 60 days of referral (RCA)	↑	90-95%	27.4%	24.0%
		Average days from referral to initial appointment (RCA)	↓	2018 Baseline Year	34	\
	Finance	Community Tx -Youth Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$215,651	\
		Community Tx -Adult Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	-\$159,678	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS CBRF	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	0	80%
	Service	Crisis CBRF Patient Experience Percent 9/10 Responses	↑	77-82%	83.3%	76.6%
	Clinical	Patient kept their outpatient appointment, if applicable (RCA)	↑	2018 Baseline Year	0.0%	\
		% of clients connected to a PCP within 7 days of admission	↑	2018 Baseline Year	0.0%	\
	Community	% of eligible patients are admitted within 24 hours (RCA)	↑	2018 Baseline Year	0.00%	\
	Finance	Crisis CBRF Financial Task Force 4 Positive Variance	↑	\$247,354 - \$371,301	\$0	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MMT - LAKESIDE RECOVERY	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	0%	80%
	Service	MMT -Lakeside Recovery Patient Experience Percent 9/10 Responses	↑	77-82%	100.0%	92.8%
	Clinical	MMT Successful completion rate (RCA)	↑	2018 Baseline Year	0.0%	\
	Community	MMT- compliance rate with discharge plan 60 days post-discharge (RCA)	↑	2018 Baseline Year	0.0%	\
	Finance	Crisis CBRF/MMT Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	\$0	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
CRISIS SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	82.9 - 86.9%	0.0%	79.0%
	Service	Crisis Services Patient Experience Percent 9/10 Responses	↑	77-82%	0.0%	70.9%
	Clinical	Crisis & Suicide Prevention Hotline: % of callers who are linking with services within 72 hours (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old) (RCA)	↓	2018 Baseline Year	TBD	\
		Youth Crisis: avoid diversions of less than 72 hours. (RCA)	↓	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended (RCA)	↑	2018 Baseline Year	78%	\
	Community	Mobile Crisis: Ratio of voluntary to involuntary commitments (RCA)	↑	2018 Baseline Year	13:8	\
		Mobile Crisis: % of crisis assessments with documented linkage and follow- up within 24 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of crisis assessments with documented linkage and follow- up within 72 hours of service (RCA)	↑	2018 Baseline Year	TBD	\
		Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information. (RCA)	↑	2018 Baseline Year	TBD	\
		Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy [to be created] (RCA)	↑	2018 Baseline Year	89.0%	\
		Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (RCA)	↑	2018 Baseline Year	TBD	\
		Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$87,138

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
INPATIENT BEHAVIORAL HEALTH	People	Improve Leadership Index in Employee Engagement Survey	↑	63.4 - 66.4%	0%	40%	
	Service	Inpatient BH Patient Experience Percent 9/10 Responses	↑	77-82%	72.2%	54.7%	
	Clinical	Percent of NCHC BHS Hospital patients that have a post discharge therapy scheduled within 4 business days (RCA)		↑	90-95%	0.0%	72.9%
		Percent of NCHC BHS Hospital patients that have a post discharge psychiatry appointment scheduled within 14 business days (RCA)		↑	2018 Baseline Year	0.0%	\
		Detox: Length since previous admission (RCA)		↑	2018 Baseline Year	0	\
		Detox: % of detox patients admitted to substance abuse programming within 4 days of discharge (RCA)		↑	2018 Baseline Year		\
	Community	Ratio of patient days served at NCHC vs. Out of County placements (RCA)	↑	2018 Baseline Year	0:0	\	
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	\$0	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD	
OUTPATIENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	67.3 - 70.5%	\	65%	
	Service	Outpatient Services Patient Experience Percent 9/10 Responses	↑	77-82%	77.3%	78.7%	
	Clinical	% of NCHC BHS Hospital patients that have a post discharge therapy visit scheduled within 4 days of discharge. (RCA)		↑	90-95%	97.6%	78.0%
		% of patients who have a post-discharge psychiatry appointment within 14 days of discharge (RCA)		↑	90-95%	98.7%	\
		OWI Recidivism Rate (RCA)		↓	27-32%	28.3%	23.6%
		Day Treatment: Successful completion rate (RCA)		↑	2018 Baseline Year	21.4%	\
	Community	Offered an appointment within 4 days of screening by a referral coordinator (RCA)		↑	90-95%	96.7%	\
		Hospitalization rate of active patients (RCA)		↓	2018 Baseline Year	2.2%	\
		Same day cancellation and no-show rate (RCA)		↓	2018 Baseline Year	21.0%	\
		Criminal Justice Post-Jail Release Access Rate (RCA)		↑	2018 Baseline Year	100.0%	\
		Day Treatment: % of eligible patients are admitted within 24 hours (RCA)		↑	2018 Baseline Year	TBD	\
Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$77,556	\		

2018 NURSING HOME OPERATIONS

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
MOUNT VIEW CARE CENTER OVERALL	People	Improve Leadership Index in Employee Engagement Survey	↑	45.2 - 47.3%	\	41%
	Service	MVCC Overall Patient Experience Percent 9/10 Responses	↑	77-82%	78.3%	74.6%
		Activities - Patient Experience % Top Box	↑	64 -67%	65.0%	60.9%
	Clinical	Post Acute Care 30-Day Rehospitalization Rate	↓	11 - 13 %	4.4%	83.0%
		Long Term Care Decreased Number of Falls by 10%	↓	36 -38	19	42
		Legacies by the Lake 10% Decreased Number of Falls	↓	275 -280	35	308.0
		Adverse Event Rate / 1000 pt days	↓	12-12.3	11.3	14.3
	Community		↓			
	Finance	Medicare ADC	↓	17	21	\
		Nursing Home Patient Accounts - % of gross changes	↓	0.15% - 0.21%	0.4%	\
		Administration /Rehab/ Ancillary Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$77,556	\
PAC / LTC Financial Task Force 3 Positive Variance		↑	\$248,903 - \$373,354	-\$87,138	\	
Legacies by the Lake Financial Task Force 5 Positive Variance		↑	\$247,354 - \$371,301	-\$28,571	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - HOUSEKEEPING	People	Improve Leadership Index in Employee Engagement Survey	↑	54.07 - 57.3%	\	46%
	Service	Housekeeping Patient Experience Percent Excellent Responses	↑	67-70%	62.2%	65.2%
	Clinical	Weekly room checks pass/fail	↑	90-95%	92.0%	86.0%
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$249,472 - \$374,207	-\$28,571	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ESS - LAUNDRY	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Laundry Patient Experience Percent Excellent Responses	↑	51-54%	50.0%	48.9%
	Clinical	Personal items missing per month	↓	70-75 per month	39	97
	Community					
	Finance	Financial Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$87,138	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
NUTRITIONAL SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	52.5 - 55%	\	50%
	Service	Nutritional Services Patient Experience Percent Excellent Responses	↑	67-70%	56.8%	53.2%
	Clinical	Resident Satisfaction with Food Temperature and Quality		90-95%	96.0%	\
	Community					

	Finance	Finanical Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$87,138	\
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Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PHARMACY	People	Improve Leadership Index in Employee Engagement Survey	↑	74.5 -78.1%	\	71%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical	Pharmacy Consult Recommendations % Complete (MD review and response)	↓	95-97%	99.5%	\
	Community					
	Finance	Finanical Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$77,556	\

2018 SUPPORT SERVICES

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
ADULT PROTECTIVE SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	70 - 73.7%	\	67%
	Service	Adult Protective Services Patient Experience Percent 9/10 Responses	↑	77-82%	91.7%	88.2%
	Clinical	% Of At Risk Investigations closed within 30 days. (RCA)	↑	70-80%	63.0%	64%
		Comprehensive Eval informtion entered in TIER within 24 hours of date report sent out to initial parties. (RCA)		75-85%	68%	87.0%
		% Of Risk Case Opened within 1 month of closure (RCA)		5% or below	0%	4%
	Community					
	Finance	Finanical Task Force 3 Positive Variance	↑	\$248,903 - \$373,354	-\$87,138	\

Department	Domain	Outcome Measure		Target Level	2017	2016 YTD
COMMUNICATION & MARKETING	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	79.4%	77.2%
	Clinical					
	Community	Increase in social media followers to Facebook and Twitter	↑	50%	18%	\
	Finance	Finanical Task Force 3 Positive Variance	↑	\$248,903- \$373,354	-\$113,734	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HEALTH INFORMATION	People	Improve Leadership Index in Employee Engagement Survey	↑	66- 69.3%	\	63%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical	Medical Record Retention (Charts per month destroyed)	↑	50-55	64	\
		Scanning Accuracy (25% audit, percent complete without error)	↑	95-98%	96.1%	\
		Code final diagnosis for inpatients within 72 hours after discharge (number of days)	↑	2-4	2	\
	Community					
Finance	Finanical Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	-\$28,571	\	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
HUMAN RESOURCES	People	Improve Leadership Index in Employee Engagement Survey	↑	90 - 100%	\	100%
		Vacancy Rate for 2018	↓	5-7%	8.8%	9.8%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 5 Positive Variance	↑	\$247,354 - \$371,301	-\$28,571	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
QUALITY	People	Improve Leadership Index in Employee Engagement Survey	↑	70 -73.7%	\	67%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$77,556	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
VOLUNTEER SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	90-100%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical					
	Community	Increase volunteers between the ages of 50-65 over current number of 50	↑	5-10%	4%	\
	Finance	Financial Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$215,651	\

2016 - FINANCIAL DIVISION

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
BUSINESS OPERATIONS	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	\	56%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical					
	Community					
	Finance	Financial Task Force 2 Positive Variance	↑	\$249,472 - \$374,207	\$151,901	
Financial Statements Deadline (9 out of 11 months)		↑	by 8th of month	MET	Met	

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
DEMAND TRANSPORTATION	People	Improve Leadership Index in Employee Engagement Survey	↑	78.7-82.5%	\	75%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical	Performing at least 2 Special Request duties a day	↑	40- 44 per month	73	\
		Number of trips	↑	12,400 - 13,000	1808	\
	Community					
	Finance	Finanical Task Force 1 Positive Variance	↑	\$251,912 - \$377.869	-\$215,651	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
INFORMATION SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑		\	50%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical	Provide 2,400 hours of IMS training	↑	200 hours per month	205.00	\
	Community					
	Finance	Finanical Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	-\$159,678	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PATIENT ACCOUNTS and ENROLLMENT SERVICES	People	Improve Leadership Index in Employee Engagement Survey	↑	21-22%	\	20%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
	Clinical					
	Community					
	Finance	Finanical Task Force 1 Positive Variance	↑	\$251,912 - \$377,869	-\$215,651	\
		Days in Accounts Receivable	↓	30-35 days	23	\

Department	Domain	Outcome Measure		Target Level	2018	2017 YTD
PURCHASING	People	Improve Leadership Index in Employee Engagement Survey	↑	58.8-61.6%	\	100%
	Service	Patient Experience: % Top Box Rate	↑	77-82%	80.5%	77.2%
		Accurate paperwork from storekeepers	↑	95-97%	97%	\
	Clinical					
	Community					
	Finance	Financial Task Force 4 Positive Variance	↑	\$248,835 - \$373,253	-\$159,678	\
		Reduction of Budgeted Supplies and Nursing S	↓	8-15%: \$57,339 - \$107,510	\$98,099	\



City-County IT Commission
407 Grant Street
Wausau, WI 54403-4734
(715) 261-6700

From: CCITC – Dale Schirmacher, Network Manager
To: NCCSP Board Members
Subject: NCHC Switch Replacement

SUMMARY

CCITC is recommending that the NCCSP board approve the capital expenditure of \$53,377 for the replacement of a Cisco switch within the NCHC campus that is nearing end of support. A network switch is a hardware device that centralizes communications among multiple connected devices in one local area network. This switch is currently providing network connectivity to more than 300 devices within NCHC. These device are a mixture of Wireless Access Points, Desktops, Printers and Phones. Cisco's contract with the state guarantees a 35% discounts to customers in Wisconsin. CCITC has partnered with CDW to obtain a quote that provides a 43.6% discount

JUSTIFICATION

Once a Cisco switch reaches end of support, CCITC cannot obtain replacement parts from Cisco within the current support timeframe. In addition, we cannot obtain technical advice in the event of a failure. If a failure were to occur, CCITC does not have spares that would provide the needed connectivity for the number of devices currently attached to the existing switch. Without Cisco support, we would be physically removing the entire existing switch and replacing it with a smaller, less capable switch. This smaller switch would require in excess of 12 hours to install and configure.

LESSONS LEARNED

CCITC understand that this is an unexpected expenditure. We are improving our processes to determine when any component of our network nears end of life by working more closely with our vendors and devoting more time to the review of contract renewals. In addition we are pursuing software that would automate the discovery and inventory of network assets. This switch was identified by Cisco as nearing end of life when we received our support contract renewal pricing.



North Central Health Care

Person centered. Outcome focused.

**HOSPITAL
UTILIZATION REVIEW
PLAN**

NORTH CENTRAL HEALTH CARE PSYCHIATRIC HOSPITAL UTILIZATION REVIEW PLAN

PURPOSE

The Utilization Review Plan of North Central Health Care (NCHC) is developed by the Utilization Review Committee to review services provided to patients by NCHC medical and professional staff and identify trends in utilization.

AUTHORITY

The development and implementation of the Utilization Review Program has been authorized by the Governing Board and approved by the Medical Staff Bylaws.

MISSION

Langlade, Lincoln, and Marathon Counties partnering together to provide compassionate and specialized care for people with complex behavioral and skilled nursing needs. The behavioral health programs serve patients who have psychiatric or substance abuse illnesses and whose adaptive functioning is moderately to severely impaired. These patients require continuous nursing supervision for response to treatment and can be expected to benefit from active treatment designed to improve their adaptive functioning, to prepare the patient for placement in a less restrictive level of care, and/or to prevent further deterioration.

SCOPE OF SERVICE

The Utilization Review Committee of NCHC is a standing Committee of the Hospital with oversight by the Governing Board. Oversight of Utilization Review is one of the functions provided by the Medical Staff. A summary of the Utilization Review Committee is provided to the Medical Staff on a quarterly basis. The Committee reviews services provided to patients by NCHC medical and professional staff. This includes, but is not limited to, the medical necessity of admissions, duration of continued stay, professional services provided, including medications, discharge planning, diversions, patients sent for medical clearance outside suggested parameters, and the efficient use of personnel and facilities in order to promote maximum treatment benefit. All admissions are reviewed in accordance with federal and state regulations governing utilization review for Medicare and Medicaid beneficiaries. The written measurable criteria to be used in reviews will be approved by the medical staff. Non-physician health care professionals may participate in the development of review criteria for their professional fields

CONFLICT OF INTEREST

No member of the Utilization Review Committee participates in the review of a case in which he/she has been directly responsible for the care of the patient. No review may be conducted by any person who has a proprietary interest in any hospital.

CONFIDENTIALITY

The proceedings of the Utilization Review Committee and documents are protected under the Wisconsin Peer Review Statutes, 146.37 and 146.38 to assure confidentiality that patient references will be only a medical record number, and physician references will be only an assigned confidential code number. This includes any findings and recommendations. The Utilization Review Committee follows all HIPAA requirements.

MEMBERSHIP

The Membership of the Utilization Review Committee consists of the following members:

- Chairperson - Medical Director Behavioral Health Services
- Medical Director Outpatient Services
- Outpatient Psychiatrist
- Director of Behavioral Health Services
- Human Service Operations Executive
- Quality & Clinical Transformation Director
- RN Case Manager
- Social Worker
- Quality Data Analyst
- Director of Patient Accounts
- RN Case Manager

The Committee reports ultimately to the Board of Directors as a subcommittee and through the Medical Staff. The Chief Executive Officer and hospital administrative staff shall ensure that the plan is effectively implemented and resourced.

FREQUENCY OF MEETINGS

The Utilization Review Committee meetings are held quarterly with the date/time determined by the Chairperson. Additional meetings may be called at the discretion of the Chairperson.

RECORDS AND REPORTS

The following reports are kept:

1. Minutes of each meeting are prepared after each meeting, distributed, reviewed at the next meeting, and approved by the Committee. Minutes will include the names of committee members present, date and duration of the meeting, a summary of review of admissions, continued stays, number of avoidable bed days, cases discussed (identified by patient number), any focused reviews, and the recommendations of reviews/actions of the Committee.
2. Quarterly Utilization Review minutes are reviewed at the next meeting of the Medical Staff.

CHAIRPERSON

The Chairperson is a member of the Medical Staff and is responsible for signing the meeting minutes of the Utilization Review Committee. The Chair also reports back to the Medical Staff Committee.

UTILIZATION REVIEW COORDINATOR

The RN Case Manager acts as the Utilization Review Coordinator and is responsible for supervising the screening activities performed by the Utilization Review staff, which includes the social work staff and nursing staff.

UTILIZATION REVIEW ASSESSMENT BY THE UTILIZATION REVIEW COORDINATOR

The process of measuring and assessing the use of professional care, services, procedures and facilities including the medical necessity and appropriateness of:

- Necessity of admission
- Level of care
- Appropriate utilization of resources
- Continued stay/multiple encounters
- Discharge/post hospital care referrals
- Readmissions
- Evaluation of specific cases, patterns, and trends indicating over-utilization
- Excessive resource use
- Intervention to prevent or resolve utilization problems adversely affecting the balance between quality and minimized risk in care delivery.
- Performance improvement team activities to improve systems and processes associated with inefficient or inappropriate delivery of care and services.

CASE MANAGEMENT/DISCHARGE PLANNING ACTIVITIES

- Screens patients from time of admission for potential discharge and aftercare needs.
- Assesses the patient's ability to participate after discharge in activities of daily living and maintenance of functional status, and the family's ability to provide assistance
- Develops a post discharge plan that will support the gains made during hospitalization that can be adjusted as appropriate.
- Arranges for post discharge follow-up and continuity of care as needed.

UTILIZATION REVIEW PROCEDURE

Defines the specific procedure for Utilization Review processes. The procedure is reviewed annually and attached to the Utilization Review Plan.

CONTINUED STAYS

Documentation of medical necessity for continued stays will be reviewed by the RN Case Manager or designee Monday-Friday. Determinations regarding the medical necessity and appropriateness of care provided shall be based upon information documented in the medical record. The attending physician shall be notified whenever it is determined that an admission or continued stay is not medically necessary, and shall be afforded the opportunity to present his or her views before a final determination is made. At least two physician reviewers not associated with the care of the patient during the inpatient stay shall concur on the determination when the attending physician disagrees. Written notice of any decision that an admission or continued stay is not medically necessary shall be given to the appropriate hospital department, the attending physician and the patient no later than two days after the determination.

UTILIZATION-RELATED CONCERNS

The following activities shall be incorporated into the process to identify and resolve utilization-related problems:

- An analysis of profiles and patterns of care;
- Feedback to the medical staff of the results of profile analysis;
- Documentation of specific actions taken to correct aberrant practice patterns or other utilization review problems; and
- Evaluation of the effectiveness of action taken;

DENIALS

All psychiatric hospital denials will be reviewed by the Utilization Review Committee. Patient accounts will notify the Director of Behavioral Health Services. Denials will be monitored for trends and feedback will be provided to medical staff based on outcomes.

EVALUATION OF THE UTILIZATION REVIEW PROGRAM

The Hospital Utilization Review Program must be reviewed annually and updated, or modified as necessary, based upon ongoing evaluation of the utilization review and quality improvement activities. The evaluation of the Utilization Review Program and its effectiveness in allocating resources must be documented and the results reported to the Medical Staff, Administration, and the Governing Board. Based on data review and analysis, the focus for 2018 is on readmissions and documentation for continued stays. Each readmission within 30 days will be reviewed to determine the cause within 72 hours of admission. The readmission cause will be categorized by:

- Non-compliance with medications
- Non-compliance with treatment plan, including scheduled follow-up
- Substance Use
- Psychosocial stressors
- Other

Based on the primary causative factor, the plan of care and discharge plan will include strategies to avoid a readmission. Readmission data will be shared quarterly with each provider.

North Central Health Care Utilization Review Plan

Date: February 25, 2018

Approved By:

Michael Loy, CEO

**Jeff Zriny, Chair,
Board of Directors**

Dr. Anne Dibala, Medical Director

2018 NCCSP BOARD CALENDAR – As of March, 22, 2018

Thursday March 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: None due to Audit Presentation.

Board Action: Annual Financial Audit Presentation.

Board Policy to Review: Fund Balance Policy, Write-off Policy

Board Policy Discussion Generative Topic: None due to Audit Presentation.

Thursday April 29, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Report & Program Review – Presentation of the Annual Report from prior year. Review and discuss the organization's major programs and how the organization's programmatic performance informs the plans for the current year and beyond.

Board Action: NCHC Master Facility Plan Presentation and Recommendation to the Marathon County Board.

Board Policy to Review: Strategic Planning Policy

Board Policy Discussion Generative Topic: None due to Master Facility Plan Presentation.

Thursday May 31, 2018 – 12:00 PM – 8:00 PM

Board Policy Discussion Generative Topic: Focus on the environment, competition, and opportunities for collaboration.

Review Mission and Vision – Reflect on the organization's mission, vision and end statements and compare them against its activities and strategy going forward.

Review Strategic Plan – Review progress on the strategic plan, update as necessary.

Board and Committees – Review the board's composition; appoint and authorize committees, as necessary; delegate duties; discuss board training/development; determine adequacy of oversight and planning activities.

Budget Assumptions & Priorities – Develop the upcoming budget assumptions and priorities in collaboration with the Retained County Authority Committee.

Capital Projects – Review capital budget and forecast for the organization.

Information Technology Systems and Strategy Review – An overview of key systems and strategy for technology.

2018 NCCSP BOARD CALENDAR – As of March, 22, 2018

Thursday June 28, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Approve Corporate Compliance Plan for the upcoming year.

Board Policy to Review: Business Associate Agreements Policy, Investment Policy

Board Policy Discussion Generative Topic: Risk Management, Legal and Corporate Compliance Review – Evaluate past and potential issues regarding employment practices, internal policy compliance, required licenses and permits, nonprofit and 501(c)(3) compliance, facilities and real property, and intellectual property. Review board policies, risk areas, and insurance coverage.

Thursday July 26, 2018– 12:00 PM – 2:00 PM

Educational Presentation: Review Employee Compensation, Recruitment and Retention Strategies – Review current practices and performance around the human capital management of the organization.

Board Action: Performance Expectations – Review and approve the performance expectations in conjunction with the Retained County Authority Committee. Develop Dashboard measures for upcoming year.

Board Policy to Review: Employee Compensation Policy

Board Policy Discussion Generative Topic:

Thursday August 30, 2018– 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Budget – Review and approve the budget and dashboard for the coming year.

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic: TBD

2018 NCCSP BOARD CALENDAR – As of March, 22, 2018

Thursday September 27, 2018 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: CEO and Board Work Plan– Develop Board and CEO work plans for the upcoming year. CEO Performance Review – Review performance to date and report evaluation and progress to the Retained County Authority Committee.

Board Policy to Review: Policy Governance Manual

Board Policy Discussion Generative Topic: Focus on the board’s performance and areas for improvement.

Thursday October 25, 2018 – 12:00 PM – 2:00 PM

Educational Presentation: Annual Quality Audit – Review the performance of the quality programs and metrics.

Board Action: Approve the Quality Plan for the upcoming year.

Board Policy to Review: Complaints and Grievances, Employee Grievance Policy

Board Policy Discussion Generative Topic:

Thursday November 29, 2018 (Annual Meeting of the Board) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: Elections – Hold elections of directors and officers consistent with applicable provisions in the bylaws. Operational Plans – Review year to date process and develop, as necessary, the organization’s programmatic plans for the upcoming year.

Board Policy to Review: Board – CEO Succession Planning

Board Policy Discussion Generative Topic: TBD

Thursday December 20, 2018 (Third Tuesday of the Month) – 12:00 PM – 2:00 PM

Educational Presentation: TBD

Board Action: TBD

Board Policy to Review: Purchasing Policy

Board Policy Discussion Generative Topic: TBD