

**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 8<sup>th</sup> 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 interventions and potential trends.
- HIPAA (Privacy Violations): Investigations and findings of any of these are reviewed to determine appropriateness of interventions and potential trends.
- Adverse and Sentinel Events: Investigations and findings of any of these are reviewed to determine appropriateness of interventions 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.