

**OFFICIAL NOTICE AND AGENDA MEETING** of the **North Central Community Services Program Board**  
to be held at **North Central Health Care, 1100 Lake View Drive, Wausau, WI 54403,**  
**Wausau Board Room, at 12:00 pm on Thursday, December 12, 2019**

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 – Limited to 15 Minutes
3. Chairman’s Report and Announcements – J. Zriny
4. Consent Agenda
  - A. ACTION: Approval of 10/31/2019 NCCSP Board Meeting Minutes
  - B. Board Committee Minutes and Reports
    - i. Draft Minutes of the November 13, 2019 Executive Committee Meeting
    - ii. Draft Minutes of the November 21, 2019 Nursing Home Operations Committee Meeting
  - C. Monitoring Reports
    - i. CEO Work Plan Review and Report – M. Loy
    - ii. Executive Updates - Executive Team
    - iii. ACTION: Review and Accept the November Quality Dashboard and Executive Summary – M. Loy
  - D. ACTION: Annual Review of Board Policy
    - i. Complaints and Grievance Policy – J. Peaslee
    - ii. Employee Grievance Policy – J. Nickel
  - E. Approve Medical Staff Privileges for Robert Gouthro, MD and Graig Aders, MD – M. Loy
5. Board Education
  - A. Update from the Medical College of Wisconsin Central Wisconsin Psychiatry Residency Program – Dr. Ed Krall
  - B. Overview of the System for Managing Diversions – L. Scudiere
6. Board Discussion and Possible Action
  - A. ACTION: Review and Accept October and November Financial Statements – B. Glodowski
  - B. ACTION: Approval of Operating Agreement between NCHC and North Central Health Foundation, Inc. – M. Loy
  - C. ACTION: Overview and Approval of the 2020 Operational Plan – M. Loy
  - D. ACTION: Overview and Approval of the 2020 Quality, Compliance and Safety Plan – J. Peaslee
  - E. ACTION: Overview and Approval of the 2020 Utilization Review Plan – M. Loy
  - F. ACTION: Overview and Approval of the 2020 Organizational Dashboard – M. Loy
  - G. ACTION: Overview and Approval of the 2020 CEO and Board Work Plan – M. Loy
  - H. ACTION: Overview and Approval of the NCHC Code of Conduct – J. Peaslee
  - I. ACTION: Program Application to the Retained County Authority for Jail Assessments – L. Scudiere
7. 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:
    - i. Report of Investigations related to Corporate Compliance Activities and Significant Events.
8. RECONVENE to Open Session and Report Out and Possible Action on Closed Session Item(s)
9. Review of Board Calendar and Discussion of Future Agenda Items for Board Consideration
10. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion
11. Adjourn

## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

October 31, 2019

12:00 Noon

Wausau Board Room

Present:

X	Eric Anderson	X	Norbert Ashbeck	X	Randy Balk
X	Steve Benson	X	Ben Bliven	X	John Breske
X	Meghan Mattek	X	Bill Metter	EXC	Corrie Norrbom
EXC	Rick Seefeldt	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Also Present: Michael Loy, Jarret Nickel, Brenda Glodowski, Tom Boutain, Kim Gochanour, Jennifer Peaslee, Zach Ziesemer, Jason Hake, Nancy Bergstrom, Lance Leonhard, Dr. Rick Immler

1. Call to order

- Meeting was called to order at 12:05 p.m. by J. Zriny.

2. Public Comment for Matters appearing on the Agenda

- No public comment
- J. Zriny introduced and welcomed Eric Anderson as a new member of the Board.

3. Mount View Care Center and Pine Crest Recognized by Newsweek as among the Best Nursing Homes in Wisconsin for 2020

- Congratulations to Mount View Care Center and Pine Crest Nursing Homes being identified from a survey conducted by Newsweek as two of the best nursing homes (#6 and #7) in Wisconsin; 15% is based on reputation and 85% on performance scores.
- K. Gochanour introduced Zach Ziesemer, new Administrator for Pine Crest Nursing Home.

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

- Overview of Oct. 29, 2019 Nursing Home Operations Committee Meeting – J. Zriny
  - The second Nursing Home Operations Committee meeting was held. Committee agreed to alternate between Wausau and Pine Crest. Timeline of transitioning activities is on schedule. Pine Crest staff have been participating in training sessions and orientation in Wausau as part of the integration for staff. Both facilities struggle with staffing for dietary, CNA's and nurses. All staff are working hard to make the transitions successful.

## 5. Consent Agenda

- **Motion**/second, Metter/Weaver, to approve the consent agenda which includes:
  - Approval of 9/26/19 NCCSP Board Meeting Minutes
  - Draft Minutes of the 10/10/19 Executive Committee Meeting
  - CEO Work Plan Review and Report
  - Quarterly Operational Plan Update
  - September Quality Dashboard and Executive Summary
  - Chief Financial Officer's Report including September Financial Statements
  - Human Services Operations Report
  - Nursing Home Operations Report
  - Board Policy – Recruitment, Retention and Removal of the CEO
  - Approval of Medical Staff Privileges for Dileep Borra, MD, Kimberly Hoenecke, DO, Richard Immler, MD, Michael Lance, MD, George Manatta, MD, Gbolahan Oyinloye, MD, Brian Smith, MD, David Tange, MD, Gabriel Ticho, MD, Susan Tran, MD
- J. Zriny noted that the financial loss is a serious concern and staff continue to address the areas that are significantly contributing to the loss particularly in the areas of health insurance, diversions, and psychiatry.
- **Motion** carried.

## 6. Board Education

- Update on Medical Staff Initiatives – Dr. Rick Immler
  - M. Loy introduced Dr. Immler who has been under a contract for a couple of years now. He is well regarded in the State and very active in the Department of Health Services. He is an incredible asset, especially to NCHC most recently as Interim Chief Medical Officer. He has been instrumental in the quality improvement at NCHC as well as for M. Loy. Dr. Robert Gouthro will begin as the Chief Medical Officer on Nov. 4, 2019 and will be a great asset as well following Dr. Immler.
  - Dr. Immler shared that a lot of progress was made in 2019 some of which included beginning the process to replace TIER (electronic medical records [EMR] system), improved nurse staffing, occurrence reporting and response, and physician onboarding. Zero Suicide Initiative was launched, expanded use of PACT Model in Community Treatment, Clinical Leadership teams continue to meet regularly, and MCW PGY3 was implemented.
  - Some challenges that persist and continue to be addressed are the increase in regional substance abuse, homelessness, and child and family stress, reduction of Behavioral Health Services in regional health care systems and limited outpatient services, poor Medicaid reimbursement, serious recruitment challenges, the current inefficient EMR, substantial increase in diversions, rapid expansion of MMT Program, etc.
  - Areas of opportunity include timely and clinically appropriate access to outpatient care, high quality outpatient care that addresses targeted needs, and identification/ collaborative intervention of higher risk clients to prevent admissions, as well as more alternatives to hospitalization.
- Update on 2019 Quality and Compliance Plan Progress – J. Peaslee
  - Each year the Board approves the Quality and Compliance Plan. J. Peaslee reviewed the Memorandum provided in the Board packet which provided a look at the work completed in 2019 as well as what 2020 will bring.

## 7. Board Discussion and Possible Action

### A. Results of Board Competency Self-Evaluation and Next Steps for Board Development

- At last month's Board Meeting the 8 step process on Board Competency was reviewed.
- A survey of the Board was conducted to identify competency strengths and possible knowledge gaps which will help strengthen Board competencies through recruitment and board development.
- The Executive Committee will review the feedback and develop a 3-5 year recruitment and education plan to bring back for Board discussion.

### B. Amend the 2020 Capital Plan

- There was an oversight on page 100 of the 2020 Budget Book in that the detail for approved technology capital requests was inadvertently omitted. The budget itself does not change. The Board will receive a final copy of the 2020 Budget in December after all three counties have approved it.
- **Motion**/second, Wagner/Bliven, to approve the use of the update Capital Plan (replacing page 100 of the 2020 proposed Budget) as presented. Motion carried.

### C. Consideration of Revision to Board Per Diems

- This is in response to a question and clarification in the Bylaws whether Board Per Diem stipends were on a monthly or committee basis for community members serving on the Board. The Executive Committee recommends the current Board Per Diem policy be revised as follows: *Per Diem stipends for community members serving on the NCCSP Board will be \$100 per each meeting attended for all official meetings of the Board or any Board authorized Committee. Per Diem stipends for a County Board Supervisor or County Employee serving on the Board will be determined according to each County's policy, but shall be paid/reimbursed by NCHC as requested by each County, if applicable. Per Diems will not be paid to Board or Board Committee members who are current employees of NCHC or community members who are not also appointed NCCSP Board of Directors.*
- **Motion**/second, Weaver/Ashbeck to approve the amendments to the Policy Governance Manual as indicated above. Motion carried.

### D. NCCSP Board Input into the Update to the Joint County Agreement

- Tri-county agreement requires that the Retained County Authority (RCA) begin a review of the agreement in 2020 and present any recommended revisions or termination of the Agreement to the County Boards by July 1, 2020. The RCA has already begun discussing the agreement and there is no desire to terminate the agreement. Discussions are to strengthen the Agreement for overall success of NCHC.
- Specific areas of discussion include legal service costs, the representation from each county on the NCCSP Board considering the new partnership with Pine Crest Nursing Home, contracting with counties other than within the tri-county agreement, possibly incorporating RCA representation within the NCCSP Board, etc. NCCSP Board Members have expressed frustration with the current decision-making authority of the NCCSP Board if the RCA has final authority.
- RCA will discuss with and present the amended agreement to each of the three County Boards by March 2020.

8. MOTION TO GO INTO CLOSED SESSION

- **Motion**/second, Ashbeck/Metter, to move into Closed Session pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: Report of Investigations related to Corporate Compliance Activities and Significant Events and Annual CEO Succession Plan Exercise. Roll Call. All ayes. Motion passed 12-0. Meeting convened in closed session at 1:30 p.m.

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

- **Motion**/second, Benson/Weaver, to reconvene into Open Session. All Ayes. Motion passed 12-0. Meeting convened in Open Session at 2:08 p.m.
- No action or announcements on the Closed Session Item(s) were made.

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

- Next meeting is Thursday, December 12, 2019 at Noon in the Wausau Board Room. November and December meetings are being combined.

11. Assessment of Board Effectiveness: Board Materials, Preparation and Discussion

- Work is cut out for the Board with the documents being developed/revised, working with the RCA, and Policy Governance. There will be much homework for the Board.
- Deficit of the budget is very concerning and cannot continue. With changes in health insurance and plans for reducing diversions Leadership will need to keep a close watch so these high costs do not continue. If financial outlook does not improve in first quarter tough decisions will be necessary.

12. Adjourn

- **Motion**/second, Balk/Breske, to adjourn the meeting at 2:11 p.m. Motion carried.



## NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD EXECUTIVE COMMITTEE

**November 13, 2019**

**12:00 PM**

**NCHC – Wausau Board Room**

Present:	X	Jeff Zriny	X	Steve Benson
	X	Corrie Norrbom	X	Bob Weaver

Others present: Michael Loy, Jarret Nickel

### Call to Order

- Meeting was called to order at 12:08 p.m.

### Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

### ACTION: Approval of 10/10/19 Executive Committee Meeting Minutes

- **Motion**/second, Weaver/Benson, to approve the 10/10/19 Executive Committee meeting minutes; motion passed.

### CEO Report

- Renovation Update: Exterior walls are going up. All walls and central utility should be in place in early December. Continue to anticipate grand opening of aquatic pool in March/April 2020. Youth Hospital and Crisis CBRF are also well under way with anticipated opening in June 2020. Nursing Home Tower bids are due tomorrow, Nov. 14.
- Recruitment for Chief Nursing Officer continues. Currently working on a short term contract with a candidate who we feel has great leadership skills and experience to help develop the role.
- Dr. Rob Gouthro, Chief Medical Officer, came on board last week and is getting familiar with the organization and roles he is filling.
- Retained County Authority Committee (RCA) is working on updating the Tri-County Agreement; they have asked M. Loy to recommend changes around the Board, parameters to pursue business opportunities, etc. Goal is to provide a draft for review in November and finalize the revised agreement by February 2020.
- RCA would like to hire an attorney as a Marathon County employee but house the position at NCHC. Waiting for Marathon County Corporation Counsel to render an opinion which will then be brought before the Board for consideration. There will be separate Lease and Maintenance Agreements.
- North Central Health Foundation approved the hiring of an Executive Director to coordinate resource gathering and identify resources both in the community and outside of the community. An agreement for this shared position between NCHC and the Foundation will be brought before the Board in December for consideration.
- HSRI will be in the community this week meeting with area hospital representatives, law enforcement, RCA, etc. gathering additional information for the mental health system study.

- Sober Living facility in Langlade County is progressing. Anticipate opening the facility in the second quarter of 2020.
- Recruitment for the Chief Financial Officer (CFO) has begun. We are working with PeopleFirst on recruitment with a goal to have initial interviews in January with a selection by February and to have 1-2 month overlap with B. Glodowski before her last date of April 30, 2020.
- October financials continue to struggle with a loss YTD of approximately \$3 million. Adjustments have been made to the 2020 budget however we continue to work to reduce expense:
  - We need to build clinical capacity and ensure renovations support these changes.
  - The committee also felt having additional information on number of diversion and average length of stay would be helpful as well as what population we're addressing and why diversions were necessary. A decrease in jail population in January and February correlates perfectly with the increase we experienced. We continue to investigate and have a better understanding of the changes that are occurring including a high utilizer population.
  - The Board will be updated regularly on diversions, treatment needs in community (not necessarily NCHC provided)
  - We are contracting with Marathon County for Dr. Immler to meet with Social Services to review/consult about complex cases.
  - Some of the expense is due to onboarding and recruitment costs of several providers as well as the cost of locums to fill coverage needs. One significant factor that impacted two physicians in their decision was the inadequacy of the current medical record. Demos are being conducted this month with vendors to replace the medical record system in 2020.

#### Administration of the Performance Based Pay System for 2020

- An unwritten policy has existed that if the organization ended the year with a negative bottom line, the performance based pay system is not implemented for the next year.
- A 2% increase has been included in the 2020 budget, however, considering the current need to fill vacancies, administration believes it would be extremely detrimental to enforce the policy and asks the Executive Committee to remove the stipulation of a performance based pay system based on a positive bottom line from the previous year, and approve pay increases as identified in the budget and based on a performance based pay system.
- **Motion**/second, Weaver/Benson, to administer the performance based pay system as recommended. It was also noted that the organization should consider a discussion on variable pay programs in the future. Motion carried.

#### Board Development – Competency Gaps Analysis and Recruitment Goals

- M. Loy and J. Zriny will review the competency gaps analysis and provide a 3-5 year recruitment plan for Board members based on the gaps analysis and identify potential candidates of Board members. Other possibilities would be to include the Medical Staff on the Board as well as the three highest administrative officials from the three counties.
- Will plan to identify board education topics at the January Board meeting to fill competency needs.

#### Consideration of a Motion to Adjourn into Closed Session

- Weaver moved for consideration of a motion to adjourn into closed session pursuant to §19.85(1)(g) to confer with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved, to wit: Potential Administrative Proceedings Regarding the Medically Monitored Treatment Program. Benson seconded. Roll call taken; all ayes. Motion carried. Meeting convened in Closed Session at 1:05 p.m.

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

- **Motion**/second, Weaver/Benson, to move into Open session at 1:34 p.m. Roll call. All ayes. Motion carried.
- **Motion**/second, Weaver/Benson, to pursue Option 1 discussed in closed session. Motion carried.

#### Adjourn

- **Motion**/second, Weaver/Benson, to adjourn the meeting at 1:35 p.m. Motion carried.

*Minutes prepared by Debbie Osowski, Executive Assistant to CEO*



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

**November 21, 2019**

**3:00 PM**

**Wausau Board Room**

Present: X Jeff Zriny X Paul Gilk X Bob Weaver  
X Bill Metter X Cindy Ridder X Pat Voermans  
X Romey Wagner

Staff: Michael Loy, Brenda Glodowski, Kim Gochanour, Jarret Nickel, Kristin Woller, Connie Gliniecki

Guests: Laura Zaucha, Grace Crass, and Kevin Stevenson, Pine Crest Employee Advisory Committee Representatives

### Call to Order

Meeting was called to order at 3:01 p.m.

### Public Comment for Matters Appearing on the Agenda

No public comments

### Approval of October 29, 2019 Minutes of the Nursing Home Operations Committee

- **Motion**/second, Weaver/Wagner, to approve the October 29, 2019 minutes of the Nursing Home Operations Committee Meeting. Motion carried.

### Financial Report – B. Glodowski

- Financial reports for Mount View Care Center (MVCC) and Pine Crest Nursing Home were reviewed.
  - Mount View Care Center experienced a loss of \$23,866 for the month of October; however, YTD actual is showing a gain of \$118,598 keeping in mind \$100,000,000 of this was from the Certified Public Expenditure Funds (CPE) that was not included in the budget.
  - Mount View Care Center resident days through October are down by 1410 days, which resulted in a negative variance of (\$322,000). The anticipated Medicaid rate adjustments are more favorable than budgeted which is resulting in a positive rate variance of \$215,000. The overall resident day variance is negative at (\$107,000).
  - We are waiting for the final Medicaid adjusted rates for MVCC for July and October; these have been accrued for and we will adjust when final rates are received.
  - Pine Crest had a gain just over \$170,000. Final Medicaid rates for July and October have been received for Pine Crest which was an increase of about 7.7%. Year to Date there is about \$264,000 loss. Already included are the CPE funds of about \$670,000.

- Pine Crest resident days through October are down 1855 days, which results in a negative variance for volume of (\$355,000). However, the Medicaid rate adjustments for July and October are very favorable, which results in a \$908,000 positive variance for rates of \$573,000. The overall resident day variance is positive.
- At year end we will need to build into Pine Crest for sick balances for staff which had not been included in the audit and anticipate \$400,000 will need to be accounted for.
- More detail has been added for a breakdown of expenses.
- In a review of the Pine Crest budget, prepared prior to NCHC's involvement, we have found a number of items not included in the budget which have been added back in. It was noted that the budget is based on full staff and does not include contracted staff.
- Occupancy target was budgeted at 160 and is currently 149.
- Moving forward, Loy noted that challenges will be with rehab, and anticipates the specialty unit remaining stable.
- In the future a reduction in long term care beds may be considered for both MVCC and Pine Crest.

#### Nursing Home Operations Report

- K. Woller reviewed the MVCC nursing home report for the month of October.
  - Recruitment has been affected with the ability to provide CNA classes at MVCC currently suspended. Several Respiratory Therapists are trained CNA's and are picking up CNA shifts.
  - Patient Experience scores increased from 89.6% to 94.2 for November.
  - With the number of falls that occurred in October, staff did an indepth review to understand the falls data and identified inconsistent staffing, terminal restlessness, and additional care/assistance needed for specific residents as contributing factors.
  - October was a poor month for readmissions with 2-3 of the 6 readmissions identified as not having been appropriate for discharge to the nursing home in the first place. Conversations occur regularly with the hospital so that situations like this can be avoided in the future.
  - The current Overall Star Rating is at 2 which is due to the Payroll Based Journal (PBJ) discrepancies found during an audit. The discrepancies relate to how lunch breaks were being counted. Changes have been implemented but the star rating is in effect for 90 days (Oct-Dec.)
  - C. Rider noted that when the hospital discharges an individual they provide information for multiple facilities in the area which includes the star rating data. She is working to improve the information provided so the individuals and their families are better informed on the Star ratings and what impacts each area, and that looking at the Quality Stars is more important than the other star rating categories.
  - The window for State Survey begins in December. MVCC is already preparing for surveyors to arrive. It was also noted there was a complaint survey that was found to be unsubstantiated.
- Pine Crest Nursing Home Report was provided by K. Gochanour in the absence of Z. Ziesemer and R. Hanson who are attending a Focus conference.
  - Pine Crest staff vacancies are dropping.
  - Pine Crest staff are completing an application on the NCHC website simply to create an employee file necessary in transitioning to becoming NCHC employees as of 1/1/20. Open positions are being posted on the NCHC website for both facilities. NCHC Human Resources is helping with recruitment.
  - A recruitment and retention committee is being reintroduced which will be called Employee Appreciation Committee in an effort to improve employee engagement.

- It was noted that pay increases for Pine Crest would not have happened if it were not that Pine Crest is being combined with NCHC.
- Activities have included Halloween window decorating contest and now will be Deck the Halls for Christmas.
- No new information on Quality data from last month.
- Annual state survey window opening. Pine Crest could be receiving a Red Hand logo on the Nursing Home Compare website in December as a result of a resident to resident self-report in August. Following the incident a new crisis process was created and staff have been educated. The Red Hand logo is in place for one year and will not allow the facility to have more than a 3 Star rating for that year. We've talked with the State and are reaching out legislatively also.
- There is a decrease in referrals to Pine Crest. K. Gochanour will provide additional information on referrals not being accepted at next meeting.
- Financial review has already been provided.

#### Pine Crest Transition Updates – K. Gochanour

- Purchase of therapy equipment was approved this week.
- Pharmacy transition cannot be implemented until July.
- Health Fair takes place tomorrow where Pine Crest employees can complete an online application in order to create a record as an NCHC employee – they are not applying for a job but rather are creating a record as employee records cannot be transferred between entities. HR needs all Pine Crest employees in its system, with emails, by 1/1/20.
- Pine Crest is working on improving data tracking.
- No changes will occur in the billing set-up for Pine Crest.
- On Shift for Pine Crest is anticipated for a January start-up date.
- Vehicle is being purchased for laundry services. New Laundry Supervisor will be meeting with Pine Crest.
- IT is working on getting copiers, phones, computers, etc.
- Sysco will become the primary vendor for Pine Crest. The Assistant Dietary Supervisor will be providing an analysis of the kitchen process, etc.
- Loy noted that the Pine Crest Board of Trustees will continue to meet through 2019 and possibly until April when they anticipate closure on the audit which would lend to dissolving the Board.

#### Discussion of Future Agenda Items

- New service offerings; how the services are paid for
- Share audit reports from Pine Crest
- C. Rider provide report/update on barriers that exist when discharging patients from hospital
- Discussion from Post-Acute Care group and current/potential future needs from Aspirus
- Hospice Care at Pine Crest i.e. family requests vs educating/promoting hospice unit
- Next meeting December 19, 2019 at Pine Crest, Merrill

#### Adjourn Meeting

- **Motion**/second, Metter/Weaver to adjourn the meeting at 4:04 p.m. Motion carried.

## MEMORANDUM

DATE: December 6, 2019  
TO: North Central Community Services Program Board  
FROM: Michael Loy, Chief Executive Officer  
RE: CEO Report

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

- 1) **Campus Renovations**: The pool construction continues on schedule with the roofing being installed currently. The tentative completion date for the pool remains March, 2020. The Youth Hospital and Crisis CBRF project are progressing with footings and foundations in place. The exterior envelopes for the buildings should be up before the end of the year. The move of the Medically Monitored Treatment program is still awaiting State approval on the licensure. Any prolonged delay on the approval past mid-January would likely hold up the necessary demolition of the “E” wing to prepare the site for the new skilled nursing tower. The bids for the new skilled nursing tower were very favorable and the project is slated to begin in February. Overall the project remains on-time and within budget.
- 2) **Physician Recruitment**: Our new Chief Medical Officer, Dr. Robert Gouthro began in early November and has been busy learning his new role. We are interviewing a candidate the week of December 16<sup>th</sup> for an open Inpatient Psychiatrist position.
- 3) **Strategic Plan for a Modern and Effective Mental Illness and Addiction System**: The Human Services Research Institute (HSRI) was onsite in November for stakeholder input sessions and will be here again in December for interviews with consumer focus groups. Our request for Medicaid data from the State was approved finally. We are on track for a final report delivery date in May of 2020.
- 4) **Adult Protective Services Transition to the Aging & Disability Resource Center**: The ADRC Board did finally give the go-ahead on the transition at their November meeting.
- 5) **Recruitments**: We were remain unsuccessful in filling our Chief Nursing Officer position. The recruitment for a new Chief Financial Officer is underway and we expect initial interviews to occur in early January.
- 6) **Aspirus Network**: NCHC was accepted into the top tier in the Aspirus Network which means that they will have signatory authority and oversight for all of NCHC’s commercial contracts within their network. Any non-network insurers can still have a direct contracts with NCHC.
- 7) **Updates to the Joint County Agreement**: The Retained County Authority Committee met in late November to review an initial draft of updates to the Joint County Agreement. The discussion was productive and optimism remains that a proposed update to the Agreement can be forwarded to the County Boards in February.

2019 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
Develop NCHC into a Learning Organization	NCCSP	Jan-19	Board approved Roadmap for Learning Organization	Discussions with post-secondary partners is ongoing. Clinical career tracks are developed for nursing and counseling.	Open												
Build Medical Staff Leadership Capacity	NCCSP	Jan-19	All budgeted FTEs are filled. Physician roles defined and development plans in place. MCW PGY3 implemented.	We have transitioned all locums to direct contract and continue to work on filling our open Inpatient Psychiatry positions. An objective to get the Medical Staff President to be included on the NCCSP Board still continues. Our new Chief Medical Officer has started and the Medical Staff Bylaw updates were approved at the Medical Staff Executive Committee in November.	Open												
Refresh Information Services Platform	NCCSP	Jan-19	By the end of 2021, have upgraded all of our five core systems.	The MatrixCare implementation is complete. The new HR and Learning platform is actively being implemented in the 4th quarter of 2019 and will include Pine Crest and Lincoln Industries. We have completed the first review of our TIER replacement and have narrowed it down to two finalists.	Open												
CEO Appraisal	NCCSP	Bi-annually	Completed Appraisal forwarded to the RCA semi-annually	CEO mid-year evaluation with the RCA has been completed.	Complete												
Annual Audit	NCCSP	Jan-19	Acceptance of annual audit by NCCSP Board and RCA	Audit is complete and will be presented to the Board in March.	Complete												
Policy Governance for the NCCSP Board	NCCSP	Jan-19	Policy Governance Board Effectiveness Review	Policy Governance Manual acceptance and Board Self-Evaluation processes have been completed.	Complete												
Nursing Home Governance	NCCSP	Jan-19	Approved Management Agreement	Sent to Marathon County Corporation Counsel for initial review.	Open												
Pool Management Governance	NCCSP	Jan-19	Approved Management Agreement	A Management Agreement for the pool will be fashioned and drafted after the Mount View Care Center Management Agreement has been approved.	Pending												
Prepare Local Plan	NCCSP	Jan-19	Adopted 3 Year Local Plan	Contract has been signed with the Human Services Research Institute which will deliver a strategic plan for behavioral health programs. The 2020 Budget will present rolling two year forecast.	Open												
Develop Training Plan for Counties	NCCSP	Jan-19	Adopted Annual Training Plan	NCHC is preparing for an annual stakeholder summit in May of 2020.	Open												
County Fund Balance Reconciliation	NCCSP	Apr-19	Fund Balance Presentation	Presented at the March NCCSP Board meeting.	Complete												
Facility Use Agreements	NCCSP	Jan-19	Signed agreements with each of the three Counties	Draft Lease Agreement was expected to be completed by Marathon County in October. Met with Marathon County leadership in early October. Was told this was close to being completed in early December.	Open												
Develop Conflict Resolution Protocol	NCCSP	Jan-19	Board adoption of Conflict Resolution Protocol	Final approval slated for next RCA meeting.	Pending												
Reserve Policy Review	RCA	Apr-19	CFO will meet with County Finance Directors annually to review Audit and Financial performance relative to reserve policy and status	CFO has delivered the reports and is meeting with County Finance Directors.	Complete												
Annual Report	NCCSP	Apr-19	Annual Report Released and Presentations made to County Boards	Released in August.	Complete												
Programs and Services Report	NCCSP	Bi-annually	RCA Accepts Report	A general report was provided to the RCA in September.	Complete												

2019 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
Financial Review	NCCSP	Bi-annually	Meeting held between the County Finance Directors and CFO and follow-up items addressed	Ongoing, as needed.	Open												
Substance Abuse Strategy	NCCSP	Jan-19	A strategic plan for substance use treatment services will be approved by the NCCSP Board	See Prepare local plan item above.	Open												
Develop a Comprehensive Youth Crisis Stabilization Continuum	RCA	Jan-19	A clearly defined and communicated 24/7 Youth Crisis stabilization program.	Working on one-page overview of current resources. Recruitment for a Youth Behavioral Health Director continues. Finalizing youth hospital design. Construction for the youth hospital is underway. We are touring other Youth Hospitals.	Open												
Clarification and Communication of Services	RCA	Jan-19	A marketing and outreach plan will be approved by the NCCSP Board. Communication mediums will be updated and/or enhanced.	Identifying scope of the plan and resources to support its development. Working on a short resource guide for partner county agencies.	Open												
Improved Data Sharing	RCA	Jan-19	Essential crisis plan information is shared to improve care coordination while remaining protected.	Discussions on solutions to achieve success are pending.	Open												
Proposal for County Treatment Housing Needs	RCA	Jan-19	A written proposal for NCHC's service expansion in treatment focused housing.	The community fundraising for the remaining \$130,000 in needed funds is nearing completion. Langlade County has purchased the building and renovations are being initiated. Site remediation work has delayed the process.	Complete												
Annual Budget	RCA	May-19	Adopted Budget within Budgetary Direction of the RCA and NCCSP Board	The 2020 Budget has been adopted by all three counties. A final budget document will be provided to the Board in January.	Complete												
CEO Appraisal & Compensation	RCA	Jan-19	Completed Appraisal	See "CEO Appraisal" item above.	Complete												
Performance Standards	RCA	Jul-19	Adopted Annual Performance Standards	Updated standards have been completed for 2020.	Complete												
Tri-County Contract Annual Review	RCA	Jan-19	Revision Recommendation to County Boards if necessary	Initial meeting held in November where an draft of proposed changes was discussed. Next meeting is slated for mid-December.	Open												



North Central Health Care  
Person centered. Outcome focused.

**MEMORANDUM**

DATE: December 6, 2019  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, HSO Executive  
RE: Monthly HSO Report

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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:

1. **DHS Complaint Survey for Hospital:** On 12/3/19 a DHS surveyor came to review a hospital complaint that they had received via their online form regarding a potential quality of care issue. The surveyor did not give us additional details on the specific complaint, but did review several cases, discharge planning, toured the unit, and reviewed occurrence reports and the related investigation summaries. On exit, the surveyor let us know that they would provide documentation to CMS that states the details of the investigation and that no citations were issued. The surveyor mentioned that we had a really fast and coordinated response to her requests and called our occurrence reporting process and investigations “stellar.”
2. **Wisconsin Attorney General Summit on Emergency Detention:** On October 31, 2019, NCHC was invited to attend Attorney General Kaul’s summit to participate in discussions regarding emergency detention. Law enforcement agencies from all over the state participated, and there were several breakout sessions that were focused on key areas including medical clearance, transportation, and access to services. NCHC was invited to participate due to our experience with implementing a Crisis Assessment Response Team C.A.R.T. team, which is a collaborative project shared between NCHC, Wausau Police Department, and the Marathon County Sheriff’s Department.
3. **Outpatient Counseling Services:** North Central continues to evaluate the case loads of existing providers and is exploring how to provide the highest quality of care with the staff we currently have. Please note that while our intakes may be reduced, NCHC hasn’t stopped intakes entirely and continue to add them to providers who do not have full case loads. We are unable at this time to accept new intakes for counselors who are booking over 6 weeks out.
4. **Marathon County Exploration of Jail Medically Assisted Treatment Program:** NCHC is using the [NIATx model](#) for program design and implementation. One jail inmate has been identified as being a possible candidate for the program. We’ve had recent turnover in the MAT Coordinator position, and are actively recruiting for this role.

5. **Joint Commission:** NCHC staff attended the Joint Commission conference in Chicago in October. NCHC is officially in our survey window, so surveyors could come at any time to review the quality and compliance of our programming. NCHC spends many hours every year ensuring compliance with very strict program standards to maintain this credential. Surveyors have very specific standards when it comes to everything NCHC does, including patient and staff safety, programming, patient care, facility safety and design, as well as our leadership and overall quality. Joint Commission certification is considered the gold standard of healthcare quality.
6. **Langlade County Sober Living:** After discussions with the architects, the new implementation date for this program is in the 2<sup>nd</sup> quarter of 2020. Donations of sheets, pillows, and other household goods have been trickling in and are being stored in the Langlade County Health Department until the house is renovated and ready to be set up.
7. **North Central Recovery Coaching Collaborative:** Four coaches received the Connecticut Community for Addiction Recovery ([CCAR](#)) since the start of this program at NCHC. One coach was recently removed from the program due to inactivity, but the other three are still actively participating and coaching. Referrals for the program can be directed to the RecoveryCorp Warm Line at 715-221-8504. The RecoveryCorp staff will speak with the client and determine the best match for them based on their needs and the geographic location. NCHC is working to educate the public that recovery coaches are a support mechanism to get someone into treatment and support services. Staff have been receiving referrals for individuals who are interested or are in need of a sponsor, which are generally peers that can provide longer term emotional support, and not the same model as recovery coaches.
8. **Lincoln Industries:** In November, Toni Kellner assumed leadership over the Lincoln Industries programs. She has reported a smooth transition and staff are acclimating to all the changes. An additional Town Hall for parents, guardians, and funders was held on November 18. Members have expressed a great deal of positivity in response to the change to community-based programming.



# North Central Health Care

Person centered. Outcome focused.

## MEMORANDUM

DATE: December 5, 2019  
TO: North Central Community Services Program Board  
FROM: Thomas Boutain, Information Services Executive  
RE: Monthly IS Report

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

1. **Replacement of our Human Resources Management System (HRMS)**: We currently are live with the new HRMS (UltiPro) that replaced Sage. We still have 2 modules to complete and are planning on going live with those 2 modules in January. This project included replacement of our Learning Management System (LMS), payroll, recruiting, onboarding time clocks, benefits, with compensation and performance to be completed in January.
2. **Behavioral Health EHR Update**: We have completed the first round of demos and have narrowed the list down to Cerner and Sigmund software. We are scheduling more multiday demos with the appropriate teams. We should have a finalist in January with a project timeline shortly after.



## MEMORANDUM

DATE: December 5, 2019  
TO: North Central Community Services Program Board  
FROM: Kim Gochanour, Nursing Home Operations Executive & Administrator  
RE: Nursing Home Operations Report

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

- 1) **Pine Crest Transition:** October and November continues to be busy with the Pine Crest Transition. Focus has primarily been on Manager training, employee onboarding and the transition of contracts to NCHC for therapy, supplies and main food vendor. Continued focus for December is on ensuring all staff are transitioned for payroll and benefits. October and November all staff meetings focused on core values, shout out program and benefit overview. December training will include Code of Conduct and HIPPA for NCHC.
- 2) **PDPM Transition:** Patient Driven Payment Model (PDPM) transition has gone fairly well. We have been able to submit timely. Hold up on payments is on the CMS (government side) due to not being ready for the new process. We have seen some payments come through recently. Mount View is continuing to see a positive impact financially with the new system capturing more of the nursing component than prior payment model showed. Will be doing a deeper analysis when we have a few months of data to compare.
- 3) **Aquatics program:** During November we brought in an therapy consultant to do an operational assessment, review of our billing practices and determine if there are additional billing opportunities we have not identified. Final report will be presented in December for us to begin implementation of recommendations. Productivity continues to show an uptick with the addition of the full time Physical Therapist and additional PTA hours.
- 4) **Regulatory Update for Pine Crest:** Due to the recent Pine Crest self-report, Pine Crest received a citation and the citation has created a civil money penalty that is substantial. We are actively working on reducing the fee for this event with our Regional Field Operations Director and with CMS directly based upon that no negative outcome occurred and the financial hardship. If this appeal is unsuccessful, we will lose the ability for Nurse Aide Training at Pine Crest for 2 years.

- 5) **Regulatory Update Mount View:** From our previous April 22, 2019 survey, we have filed an appeal for loss of nurse aide training with the administrative law judge. A hearing is scheduled January 9, 2020 for a sharing of information. We are hoping to reach a settlement with the state prior to this date. Our request is that we continue to be a clinical site for Northcentral Technical College for nurse aide training. The second issue that you have been briefed on initially is a self-report from 11/26/19 when we became aware of an allegation of abuse to a resident on our vent unit. Further discussion on this issue will be shared at the December Board meeting.
  
- 6) **Employee Engagement Updates:** In November Mount View held their quarterly Town Hall meetings with a theme of '*Thankful for all that you do*'. The main theme for this meeting was survey preparation and feedback from our staffing meetings. In December we are busily preparing our annual holiday potlucks. Mount View's will be December 17<sup>th</sup> all day. On December 19<sup>th</sup> we will be doing pancakes and pj's to prepare breakfast for our night staff. Pine Crest will hold their holiday open house on December 19<sup>th</sup> featuring baked potato bar and walking tacos.

<b>Name of Document:</b> <b>Complaints and Grievances Policy</b>		 <b>North Central Health Care</b> <small>Person centered. Outcome focused.</small>
<b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/>		
Document #: 0200-1	Department: Corporate Compliance	
Primary Approving Body: Corporate Compliance Officer	Secondary Approving Body: NCCSP Board of Directors	

**Related Forms:**

[Grievance Form](#)

Deleted: [TBD](#)

**I. Document Statement**

North Central Health Care (NCHC) is responsible for protecting the rights of all Consumers utilizing NCHC services. Further, NCHC fully supports a Consumer's right to voice Complaints or Grievances without discrimination or fear of reprisal. Included in these rights is the provision for an effective and timely mechanism to resolve Complaints and Grievances. The NCCSP Board of Directors delegates responsibility for ensuring an effective program for the resolution of Complaints and Grievances to the Corporate Compliance Officer and generally NCHC's Management Team.

**II. Purpose**

This policy provides guidance for utilizing NCHC's centralized structure to report and respond to Consumer Complaints, and Grievances. The policy prescribes guidelines and requirements for compliance with regulatory requirements related to Consumer rights and the successful resolution of NCHC's Grievance investigation process through this policy and its related policies. Responding to Complaints and Grievances effectively is critical to delivering good customer service and service recovery and a method for identifying opportunities for improvement.

**III. Definitions**

**Chief Executive Officer (CEO)** - the person appointed to administer NCHC's programs.

**Complaint** – a verbal concern raised by a Consumer, on their own behalf or by a representative, regarding the quality of care or services during or after the episode of care provided by staff, practitioners or contracted agents of the organization that can be immediately resolved by staff present at the time the concern is raised. This can also include information obtained from patient satisfaction surveys, unless written with request for resolution.

**Consumer** - means any individual patient, client or resident receiving services or care from NCHC.

**Emergency-** means a situation in which, based on the information available at the time, there is reasonable cause to believe that a Consumer or a group of Consumers is at significant risk of physical or emotional harm due to the circumstances identified in a Grievance or concern.

**Formal Grievance Process** – the process of formally addressing Grievances through the formal process as outlined in this and other applicable policies, following the prescribed time frames and processes.

**Founded** - means there has been a determination by the person conducting the review at any level of the Grievance process that a concern is substantiated or that a violation of a right guaranteed under applicable regulation or law has occurred.

**Grievance** - an oral or written Complaint that is not immediately resolved at the time of the Complaint by staff present. A Grievance may be made by the Consumer on their own behalf or by a patient's representative.

**Grievant** - the individual that is expressing the Complaint or Grievance. This may or may not be the Consumer.

**Grievance Committee** - an ad hoc committee whose focus is the resolution of an individual Grievance. The committee consists of individuals pertinent to the Grievance. The committee is created as needed by the Grievance Official.

**Grievance Official** - refers to the person(s) designated by NCHC to oversee the Formal Grievances Process; receive and track Grievances to resolution; lead any necessary investigations; maintain the confidentiality of all individuals and information associated with Grievances as necessary or requested; issuing Grievance decisions; and coordinating with state and federal agencies as necessary in light of specific allegations. The individual serving in this position is employed in an area that is not directly involved in service delivery. In the event of any conflicts of interest, there will be another Grievance Official assigned.

**Informal Resolution Process** – the process which offers Consumers and persons or Representatives on their behalf, the option of seeking informal resolutions of their Complaints. The Formal Resolution Process may be resumed or started at any time.

**Representative** – could be any of the following:

- An individual chosen by the Consumer to act on behalf of the Consumer in order to support decision-making; access medical, social or other personal information; manage financial matters; or receive notifications; or

- A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the Consumer in order to support the Consumer in decision-making; access medical, social or other personal information; manage financial matters; or receive notifications. Staff must verify the validity of these types of representatives.

**Program Manager** - refers to the individual in charge of the operation of any NCHC program who has the authority to approve and implement decisions made through the Complaint and Grievance Process.

**Staff present** - any NCHC staff present at the time of the Complaint or Grievance who can immediately address the patient's Complaint or others including administration, supervisors or other appropriate staff that can quickly be at the patient's location to resolve the Complaint.

**Unfounded** - means there has been a determination by the person conducting the review at any level of the investigation process that the concern is without merit, or that guaranteed rights have not been violated.

#### IV. General Procedure

1. During the admission process all Consumers and/or their Representatives are given a Patient's Rights & Responsibilities brochure and will be informed of NCHC's internal Grievance process including whom to contact, and how to initiate a Complaint.
2. Staff must take reasonable and appropriate steps upon receiving a Complaint or Grievance to mitigate the issue, especially in Emergency situations, to ensure the Consumer's immediate safety and to address it in a timely, reasonable and consistent manner.
3. A Complaint immediately becomes a Grievance when the Complaint is in regards to or includes the items below and must follow the formal process:
  - A. The Complaint involved potential abuse, neglect or patient harm. Staff are to immediately follow the Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct Policy;
  - B. The Complaint is a Medicare beneficiary billing and the Complaint is related to rights and limitations provided by 42 CFR 489. Staff are to immediately contact the Corporate Compliance Officer;

- C. The Complaint raises issues related to compliance with CMS Conditions of Participation. Staff are to immediately contact the Corporate Compliance Officer;
- D. The Complaint is related to potential discrimination on the basis of race, color, national origin, gender, age or disability, Staff are to immediately contact the Corporate Compliance Officer;
- E. Any written Complaints (including emails and faxes);
- F. When a patient writes or attaches a written Complaint to a satisfaction survey and requests resolution; or
- G. Whenever a patient or representative requests the Complaint be handled as a formal Complaint/Grievance or requests a response

4. Informal Resolution Process for Complaints

- A. All Staff shall encourage Consumers and/or their Representatives to express any Complaints to the individual involved or present. Complaints that do not require the use of the Formal Grievance Process as described above, may be resolved directly by Staff or Program Managers.
- B. If Staff or the Program Manager present are able to resolve the patient Complaint immediately, it is not a Grievance. A Complaint is considered resolved when the Consumer and/or their Representative are satisfied with the immediate actions taken or the explanation given. Staff must report all Complaints to their Program Manager.
- C. In situations where appropriate and reasonable actions on the Consumer and/or Representative's behalf are taken in order to resolve a Complaint and the Consumer and/or Representative remains unsatisfied with the action taken, the Formal Grievance Process can be initiated.

5. Formal Resolution Process for Grievances

- A. Grievances can be initiated verbally or in writing or by any alternative method of communication ordinarily used by the Consumer. The intake of any Grievance must follow policy and use the Grievance Form to intake the Grievance. The Formal Grievance Process is initiated by completing the Grievance Form. This form can be completed by the Consumer, Staff or the Representative.

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B. All NCHC Staff must immediately notify their Program Manager of any Grievance.

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- i. If available, the Program Manager will initiate the Formal Grievance Process.
- ii. If the Program Manager is not immediately available, Staff should contact the Administrator On-Call through the Occurrence Hotline – Extension 4488. During normal business hours, the Administrator On-Call will attempt to locate the Program Manager. If the Program Manager is unavailable or it is after normal business hours, the Administrator On-Call will initiate the Formal Grievance Process.

C. Once the Grievance Form is completed, the individual receiving the Grievance will complete an Occurrence Report [in the occurrence reporting system using the Complaint Form](#). The individual must retain the completed Grievance Form until contacted by a Grievance Official [and can be uploaded to the occurrence reporting software](#).

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D. The Program Manager or Administrator On-Call will then notify the Grievance Official within the next business day or as required by policy.

#### 6. Investigation Process for Formal Process/Grievances

A. If the Grievance involves potential liability or includes allegation of personal injury, property loss or damage, or threat of a lawsuit it must be referred to Administration by calling the Administrator On-Call. The investigation will then be handled by [legal counsel](#).

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B. If the Grievance alleges the potential release of protected health information or violation of privacy, the Privacy Officer must be notified and the investigation will be handled by the Privacy Officer.

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C. When the Grievance involves a nursing home resident or resident's Representative, it must be referred to the Nursing Home Grievance Official to follow the MVCC Complaint Resolution Process.

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- D. For all other Grievances, the Grievance Official will initiate the investigation and contact the Consumer or Representative to address the Grievance within seven calendar days. The Consumer or their Representative will be informed of an expected follow-up time to address the resolution and will be kept informed of the progress at regular intervals, but not less than weekly during the investigation. All Grievances will be resolved as soon as possible, with the goal of seven (7) calendar days but no more than thirty (30) days. Certain Grievances may have quicker resolution requirements by regulation or law.
- E. The Grievance Official will work with the Program Manager to conduct the necessary investigation and to draft the written response.
- F. A Grievance Committee may be convened to assist with the Formal Grievance Resolution Process if necessary.
- G. At the conclusion of the Formal Grievance Process, the Grievance Official will send written correspondence to the Consumer or Representative. The correspondence will include the contact information for the Grievance Official, steps taken in the Grievance investigation and date investigation was completed. The decision shall contain findings of fact, conclusions based upon the findings, and a determination of whether the issues are Founded or Unfounded. If Founded, discussion of corrective action will be detailed to the furthest extent permitted by law or organizational policy. If the Grievance is Unfounded, the decision shall be considered a dismissal of the Grievance. [The written correspondence will also include information to make an appeal should the Consumer or Representative not be satisfied with the response to the Grievance.](#)
- H. The Grievance is considered resolved when the Consumer or Representative is satisfied with the actions taken. If the Consumer or Representative is dissatisfied, the Grievance is considered resolved when the organization has taken all appropriate and reasonable actions on behalf of the Consumer and the Grievance Officials decision is not appealed as outlined below.

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## 7. Appeals

- A. If the Consumer or Representative is not satisfied with the response to the Grievance, the Grievance Official will notify the individual of the appeals process. The Chief Executive Officer (CEO) is responsible for handling the appeals process.

- B. The request for appeal should be requested within 10 days, but will be waived for good cause.
- C. The Consumer or Representative is required to provide a written statement requesting an appeal of the Grievance that includes why they are not satisfied with the initial decision by the Grievance Official.
- D. The CEO will review the Grievance and written appeal statement. During the review process, the CEO may conduct further investigation and efforts can be made with the Grievant to resolve the issue during the process through mutual agreement between the parties.
- E. Upon conclusion of the review of the appeal, the CEO will send a letter to the Consumer or Representative and Grievance Official within thirty (30) business days of the receipt of the appeal. The appeal decision shall contain findings of fact, conclusions based upon the findings, and a determination of whether the issues are Founded or Unfounded. If Founded, discussion of corrective action will be detailed to the furthest extent permitted by law or organizational policy. If the Grievance is Unfounded, the decision shall be considered a dismissal of the Grievance.
- F. The Grievance is considered resolved when the organization has taken all appropriate and reasonable actions on behalf of the Consumer, including providing the opportunity to appeal. If the Grievant remains unsatisfied, the Grievance Official will work to refer the Consumer or Representative to an external source, if applicable. If the Grievance is taken up by any outside regulatory body or agency, NCHC will participate in any required review and/or appeal process.

8. Compliance Reporting and Data Trending

- A. Data trending and compliance with this policy will be audited and analyzed by the Director of Quality and Clinical Transformation on an ongoing and regular basis.
- B. Current and closed Complaints and Grievances along with their disposition will be reported monthly to the [Corporate Compliance Committee](#) and Bi-Monthly to the [NCCSP](#) Board of Directors.

V. **Program-Specific Requirements:**

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**References:**

Joint Commission: RI.01.07.01, Rights of the Individual

CMS: 42 CFR 482.13(a)(2), Patient's Rights

DHS 94

DHS 51.61

**Related Documents:**

Abuse, Neglect, Misappropriation, Exploitation, [Resident to Resident Altercation, Injury of Unknown Origin](#) and Caregiver Misconduct Policy

Affordable Care Act Discrimination Grievance Procedure

Complaint Resolution Procedure, Nursing Home Operations



**COMPLAINT / GRIEVANCE FORM**

Today's Date: \_\_\_\_\_

Please describe your concern so we can address and work towards a resolution:

Date of Occurrence	
Location of Occurrence	
Staff or Department/Program involved	

Description/Summary of Concern

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Name of Individual Filling out this form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Program Manager Signature/Date Received: \_\_\_\_\_

<b>Name of Document:</b>		 <b>North Central Health Care</b> <small>Person centered. Outcome focused.</small>
<b>Employee Grievance Policy</b> <b>Policy:</b> <input checked="" type="checkbox"/> <b>Procedure:</b> <input type="checkbox"/>		
Document #: 0205-01	Department: Human Resources (HR)	
Primary Approving Body: Operations Executive	Committee Approvals: NCCSP Board of Directors	

Related Forms:

- Employee Grievance Form 0205-01

**I. Policy Statement**

In compliance with Section 66.0509(1m), Wis. Stats., North Central Health Care (NCHC) will provide a grievance procedure for addressing issues concerning employee discipline, termination and workplace safety.

**II. Purpose**

To provide a mechanism where employees can file a grievance related to issues or concerns of employee discipline, termination or workplace safety.

**III. Definitions**

**Grievance** - Any dispute or misunderstanding regarding the actions of NCHC officials which relate to employee discipline, termination, and work place safety

**Employee Discipline** - May result when an employee's actions do not conform to generally accepted standards of good behavior, an employee violates a policy or rule, an employee's performance is not acceptable, or the employee's conduct is detrimental to the interests of the NCHC. Disciplinary action may call for any of the following steps depending on the problem and the number of occurrences:

- o Level II Warning
- o Level III Warning
- o Suspension (with or without pay)
- o Termination of employment

There may be circumstances when one or more steps are bypassed. Certain types of employee problems are serious enough to justify either a suspension or termination of employment without going through progressive discipline steps. North Central Health Care reserves the right, in its sole discretion, to impose disciplinary action as may be appropriate to the particular circumstances.

"Employee Discipline" shall not include the following items:

- o Placing an employee on administrative leave pending an internal investigation;
- o Counseling, meetings or other pre-disciplinary action;
- o Actions taken to address work performance, including use of a performance improvement plan or job targets;
- o Demotion, transfer or change in job assignment; or
- o Other personnel actions taken by NCHC that are not a form of progressive discipline.

**Employee Termination** - An involuntary separation from employment as a result of action taken by the employer to terminate or discharge an employee from employment for rule misconduct or performance reasons.

“Employee Termination” shall not include the following personnel actions:

- Voluntary quit;
- Layoff or failure to be recalled from layoff at the expiration of the recall period;
- Reduction in workforce or job transfer;
- Completion of temporary employment, seasonal employment, contract employment, or assignment;
- Retirement;
- Job abandonment, “no-call, no-show”, or other failure to report to work;
- Termination of employment due to medical condition, lack of qualification or license, or inability to perform job duties.

**Workplace Safety** - Conditions of employment affecting an employee’s physical health or safety, the safe operation of workplace equipment and tools, safety of the physical work environment, personal protective equipment, workplace violence, and training related to the same

#### **IV. General Procedure**

Employees should first discuss complaints or questions with their immediate supervisor. Every reasonable effort should be made by supervisors and employees to resolve any questions, problems or misunderstandings that have arisen before filing a grievance.

##### **Steps of the Grievance Procedure**

Any written grievance filed in Step 1 of the grievance procedure must be filed with the Employee’s Executive using the *Written Grievance Form* attached to this policy.

##### **Step 1 – Written Grievance Filed with the Executive**

The employee must prepare and file a written grievance with their Executive or his/her designee with a copy to the Operations Executive, within ten (10) business days of when the employee knows, or should have known, of the events giving rise to the grievance. The written grievance shall be submitted using the *Written Grievance Form* and give a detailed statement concerning the subject of the grievance, the facts of which the grievance is based and indicate the specific relief sought. The Executive or his/her designee will investigate the facts giving rise to the grievance and inform the employee and the Operations Executive of his/her decision, in writing, within five (5) business days of receipt of the grievance if possible. The written response shall contain a statement of the date the meeting between the Executive or his/her designee and the Grievant occurred, the decision to sustain or deny the grievance, and the deadline for the Grievant to appeal the grievance to the next step of this procedure. In the event the grievance involves the Executive, the employee may initially file the grievance with the Operations Executive or his/her designee, thereby waiving Step 1 of the procedure moving directly to Step 2. Any request to waive Step 1 must be made to the Operations Executive and approved.

## **Step 2 – Review by the Operations Executive**

If the grievance is not settled at Step 1, the employee may appeal the grievance to the Operations Executive, in writing to the Operations Executive or his/her designee, within five (5) business days from the Executive or his/her designee's decision at Step 1. The notice of appeal shall contain a statement of appeal and why further consideration is being sought. The Operations Executive or his/her designee will review the matter and inform the employee and the Executive of his/her decision, in writing, within five (5) business days of receipt of the grievance.

## **Step 3 – Impartial Hearing Officer**

If the grievance is not settled at Step 2, the employee may request in writing, within five (5) business days from the Operations Executive decision, a request for a hearing by an Impartial Hearing Officer. The appeal should be sent to the Operations Executive. North Central Health Care shall select the Impartial Hearing Officer with the expenses of the hearing being split evenly between NCHC and the grievant. The Impartial Hearing Officer shall not be a NCHC employee. The hearing shall be held at a mutually agreeable time in a public building. All reasonable efforts will be made to schedule the hearing within 90 days of receipt of hearing request. Employees may be accompanied by a representative of their choice during the Impartial Hearing process. All testimony shall be taken under oath. In all cases, the Grievant shall have the burden of proof to support the grievance. The rules of evidence shall not be strictly followed, but no factual conclusions may be based solely on hearsay evidence.

### **Hearing Procedure:**

Neither the complainant nor NCHC can discuss the case with the Impartial Hearing Officer in advance of the formal hearing. If oral arguments are heard, a court reporter or audio recording will be obtained, with any costs shared between NCHC and Grievant. Oral arguments will be allowed a maximum of one hour for Grievant and NCHC each to present necessary information at the hearing. The Grievant will go first for both the initial statement and presentation of witnesses. The Impartial Hearing Officer has discretion to allow additional witnesses with time given to both parties equally. The Impartial Hearing Officer will only consider information provided to both parties and at the hearing.

After receiving the evidence and closing the hearing, the Impartial Hearing Officer shall issue a written response to the parties involved. The Impartial Hearing Officer shall have the power to issue a written response to the grievance. The response shall contain findings of fact, analysis and recommendation, and decision whether NCHC acted in a manner that was arbitrary and capricious. The Impartial Hearing Officer shall have no power to issue any remedy and shall only determine whether NCHC acted in an arbitrary and capricious manner.

## **Step 4 – Review by the Governing Body**

If the grievance is not resolved after Step 3, the employee or NCHC shall request within fourteen (14) business days of receipt of the written decision from the Impartial Hearing Officer a written review by the NCHC Board. No formal hearing will be required and the NCHC Board shall not take testimony or evidence; it may only determine whether the Impartial Hearing Officer reached an arbitrary or incorrect result based on a review of the

written record before the hearing officer. The NCHC Board may request additional written submittals of the parties on matters which were raised before the Impartial Hearing Officer or, at its discretion, meet with the parties to review the matter. The preparation of the written record shall be at the expense of the party seeking appeal and the appealing party shall supply a copy of the written record to the other party without charge. The matter will be scheduled for the NCHC Board's next regularly scheduled meeting. The Impartial Hearing Officer's determination may be affirmed, modified, or reversed by a majority vote of the NCHC Board. The NCHC Board's decision shall be final and binding on the parties. There shall be no subsequent right of appeal.

The NCHC Board will inform the employee of its findings and decision in writing and provide a copy of the decision to the Operations Executive within five (5) business days of the NCHC Board meeting.

An employee may not file a grievance outside of the time limits set forth in the procedure above without mutual agreement of the parties involved. If the employee fails to meet the deadlines set forth above, the grievance will be considered resolved. If it is impossible to comply with the deadlines due to meeting notice requirements or meeting preparation, the grievance will be reviewed at the next possible meeting date. An employee must process his/her grievance outside of normal work hours, unless the employee elects to use accrued paid time (vacation, comp time etc.) in order to be paid for time spent processing his/her grievance during normal work hours through the various steps of the grievance procedure.

#### **V. Program-Specific Requirements:**

##### **References:**

Section 66.0509(1m), Wis. Stats.



**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Robert V. Guthro, M.D. Appoint/Reappoint 12-12-2019 to 03-31-2021  
Time Period

Requested Privileges  Medical (Includes Family Practice, Internal Medicine)  
 Psychiatry  Medical Director  
 Mid-Level Practitioner  BHS Medical Director

Medical Staff Status  Courtesy  Active

Provider Type  Employee  
 Locum Locum Agency: \_\_\_\_\_  
 Contract Contract Name: \_\_\_\_\_

**MEC PRIVILEGE RECOMMENDATION**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

[Signature]  
(MEC Committee or Designee Signature)

11-21-19  
(Signature Date)

**MEC ACTION**

MEC recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

[Signature]  
(MEC Committee or Designee Signature)

11-21-19  
(Signature Date)

**GOVERNING BOARD ACTION**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



North Central Health Care  
Person centered. Outcome focused.

**PRIVILEGE AND APPOINTMENT RECOMMENDATION**

Appointee Graig A. Aders, M.D. Appoint/Reappoint 01-01-2020 to 12-31-2021  
Time Period

Requested Privileges  Medical (Includes Family Practice, Internal Medicine)  
 Psychiatry  Medical Director  
 Mid-Level Practitioner  BHS Medical Director

Medical Staff Status  Courtesy  Active

Provider Type  Employee  Locum  Contract  
Locum Agency: \_\_\_\_\_  
Contract Name: Aders + Associates

**MEDICAL EXECUTIVE COMMITTEE**

The Credentials file of this staff member contains data and information demonstrating current competence in the clinical privileges requested. After review of this information, I recommend that the clinical privileges be granted as indicated with any exceptions or conditions documented.

Comments: \_\_\_\_\_

[Signature]  
(Medical Executive Committee Signature)

11-21-19  
(Signature Date)

**MEDICAL STAFF**

Medical Staff recommends that:

- He/she be appointed/reappointed to the Medical Staff as requested
- Action be deferred on the application
- The application be denied

[Signature]  
(Medical Staff President Signature)

11-21-19  
(Signature Date)

**GOVERNING BOARD**

Reviewed by Governing Board: \_\_\_\_\_  
(Date)

Response:  Concur  
 Recommend further reconsideration

\_\_\_\_\_  
(Governing Board Signature)

\_\_\_\_\_  
(Signature Date)

\_\_\_\_\_  
(Chief Executive Officer Signature)

\_\_\_\_\_  
(Signature Date)



**OPERATING AGREEMENT BETWEEN  
NORTH CENTRAL HEALTH CARE  
AND  
NORTH CENTRAL HEALTH FOUNDATION, INC.**

This Operating Agreement (“Agreement”) is dated effective October 24, 2019, by and between North Central Health Care (“NCHC”) and the North Central Health Foundation, Inc. (“Foundation”) and collectively as the “Parties”.

**WHEREAS**, the Foundation was organized and incorporated in 1983 and has as one of its primary purposes to operate exclusively for charitable, scientific, or educational purposes, and generally engage in all activities intended for the betterment of health care and its effect upon the physical and mental well-being of all inhabitants;

**WHEREAS**, the Foundation is a charitable organization that exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended;

**WHEREAS**, The Foundation is created with authority to engage in the broadest range of transactions (whether in its own right, in behalf of or in conjunction with any other charitable organization similarly qualifying for such status); to promulgate programs, encourage improvements, develop procedures, examine and research methods, educate and enlighten persons, assimilate institutions and resources, and generally to engage in all activities intended for the betterment of health care and its effect upon the physical and mental well-being of all inhabitants (irrespective of social, economic, ethnic condition or derivation and irrespective of creed or heritage), primarily within the Langlade, Lincoln and Marathon Counties, but generally within the North Central area of the State of Wisconsin;

**WHEREAS**, NCHC recognizes that the Foundation’s development and fundraising efforts will financially benefit and support NCHC and its Mission; and

**WHEREAS**, NCHC and the Foundation expect that NCHC will benefit many times over the support provided to the Foundation under this Agreement through future Foundation support, including through grants, capital campaigns, and fundraising.

**NOW THEREFORE**, in consideration of the mutual promises set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged, the Parties desire to formalize their relationship to achieve an agreement on their respective roles in advocating support from the private sector as follows:

## **I. Purpose of the Agreement**

1. NCHC and Foundation recognize the importance of voluntary private support and encourage grants and contributions for the benefit of NCHC and those it serves. The Foundation is intended to be one of the primary means through which private support will be provided to assist NCHC.
2. The close association between NCHC and the Foundation and the Foundation's use of NCHC's name and logo make it prudent and beneficial for the Parties to have a clear statement of the relationship between the Parties regarding the responsibilities, authority, and obligations of NCHC and the Foundation.
3. Although the Foundation has determined to identify itself with NCHC, it is a private Section 501(c)(3) organization, and the Parties wish to agree on standards of operations to preserve the privacy and tax-exempt status of the Foundation and to convey these standards to donors and others.
4. NCHC, including its governing Board of Directors, acknowledges and accepts the separate tax-exempt 501(c)(3) status of the Foundation; and the Foundation, including its governing Board of Directors, acknowledges and accepts the separate tax-exempt status of NCHC.
5. NCHC and the Foundation wish to set forth the manner in which the Foundation will operate for the benefit of, in performance of the functions of and otherwise in connection with NCHC and furtherance of the tax exempt purposes of NCHC.

## **II. The Foundation's Commitment to NCHC**

1. The Foundation will conduct its activities in a manner that maintains its tax exempt status under Section 501(c)(3) of the Code.
2. The President of the Foundation will consult annually with the Chief Executive Officer (CEO) and other NCHC leaders during the unit planning and budgeting process to develop fundraising activities for the Foundation that are consistent with the mission, purpose, and scope of the Foundation.
3. The President of the Foundation will consult with the Chief Executive Officer (CEO) or the CEO's designee before any changes are made in the nature, scope, or purpose of the Foundation. The Foundation will provide the CEO or the CEO's designee with an advance copy of amendments or additions to the Foundation's Articles of Incorporation or Bylaws.
4. The Foundation Board of Directors is responsible for the control, investment, and management of all assets of the Foundation, including the prudent management of all gifts in a manner consistent with donor intent and applicable law. All Foundation assets will be managed, invested, and expended consistent with donor intent, the Uniform Prudent Management of the Institutional Funds Act ("UPMIFA"), as applicable, and Section 501(c)(3) of the Code.

5. The Executive Director of the Foundation, subject to the oversight from the Foundation Board of Directors, will be responsible for the day-to-day management of the operations of the Foundation.
6. The Foundation Board of Directors is responsible for the performance and oversight of all aspects of the Foundation's operations. Such performance and oversight is guided by the Foundation's Bylaws that address the Foundation's fiduciary responsibilities, including expectations of individual Board members based upon ethical guidelines and policies. The Foundation Board is responsible for approving an operating budget each year.
7. The Foundation Board of Directors will be appointed/selected and/or elected in a manner consistent with the Foundation's Bylaws. The Foundation's Board of Directors is vested with the authority to make all decisions regarding the business and affairs of the Foundation.
8. The Foundation agrees to refrain from any conduct, practice, business, or activity that would harm NCHC's reputation or be inconsistent with NCHC's mission and/or tax exempt purpose. The Foundation will clearly disclose in its promotional and advertising material that donations are being provided to the Foundation.
9. The Foundation will undertake fundraising and development activities for the benefit of NCHC and those served, including to fulfill strategic initiatives of NCHC. The Foundation agrees to cooperate with NCHC in the advancement and support of NCHC's programs and services and to maintain strategic alignment with NCHC.
10. The Foundation agrees to pay an Annual Management Fee to NCHC as specified in the Memorandum of Understanding in exchange for NCHC providing certain management and administrative support services to the Foundation, including but not limited to the cost of employing an Executive Director of the Foundation and providing any other necessary staff/administrative support. The Annual Management Fee recognizes the expense paid by NCHC on behalf of the Foundation is offset by the services provided by the Foundation to NCHC. The Annual Management Fee will be set at fair market value, considering reciprocal service support provided between the parties. The Foundation will consult with NCHC in determining the appropriate Annual Management Fee (based on costs associated with Personnel, technology, office space, etc.), if the term of this Agreement is renewed or extended under Section 1 of Article V.

### **III. NCHC's Commitment to the Foundation**

1. The CEO of NCHC is responsible for communicating NCHC's priorities and long-term plans, as provided by the Board of Directors, to the Foundation.
2. NCHC recognizes that the Foundation is a private and independent corporation with the authority to keep records and data confidential as consistent with law.
3. NCHC values the Foundation's unique ability to carry out a variety of community-related activities that advance the mission and vision of NCHC.

4. NCHC agrees to cooperate with the Foundation in the advancement and support of NCHC's programs and to maintain strategic alignment with the Foundation.
5. NCHC recognizes that the Foundation will have primary responsibility for private fundraising for the benefit of NCHC. NCHC executives, managers, and staff may coordinate fundraising activities for the respective program areas with the Foundation, but the Foundation will manage funds raised from such efforts.
6. The NCHC CEO and other executives will share annually with the Foundation the NCHC strategic plan, institutional priorities, projects and resource requirements so that the Foundation may represent the direction and needs of NCHC to donor prospects and do its best to align its programs and fundraising campaigns with the objectives of NCHC.
7. NCHC will have the following additional duties and responsibilities to the Foundation under this Agreement ("Services"):
  - a. Personnel. NCHC will offset the costs associated with salary and fringe benefits that support the mission and functions of the Foundation.
  - b. Office Space. NCHC will insure and maintain in good condition for use by the Foundation office space located at 1100 Lake View Drive, Wausau Wisconsin. The office space will include usual and customary utilities (including water, heat, air conditioning, telephone service, technical support and broadband internet connectivity).
  - c. Office Equipment. NCHC will furnish and maintain in good working condition office furniture and equipment in the office space as is reasonable and appropriate to support the Foundation's purposes.
  - d. Electronic Support. NCHC will allow the Foundation to use NCHC's web domain for email and other applicable electronic services, including hosting of website pages for the Foundation. Such electronic services are covered by the NCHC cyber liability policy.
  - e. Access to Records. Subject to compliance with all applicable privacy laws, NCHC will provide the Foundation with access to data and records reasonably necessary to support the Foundation's purposes, including, but not limited to, the names and contact information of current and retired NCHC employees (except for those who indicate they opt-out of communication, solicitation, and event programs). The data will be transferred on a regular basis through electronic means as mutually agreed upon by the Parties.
  - f. Advertising and Use of NCHC's Name and Logo. The Foundation is granted a royalty-free, limited, nonexclusive and nontransferable right to use the name of the NCHC, logo, and other marks to identify the Foundation as an organization whose mission is to support NCHC, provided the Foundation acts in accordance with the terms and provisions of this Agreement and its Articles of Incorporation and Bylaws. Use of NCHC proprietary information shall only be in furtherance of the Foundation's activities supporting NCHC. NCHC retains the right to terminate the Foundation's rights to use NCHC's proprietary information if it deems any such use to be objectionable.

#### IV. Operational Guidelines

1. Separation of Liabilities. NCHC and the Foundation are independent entities and neither will be liable for the other's contracts, torts, or other actions or omissions, or those of the other's Directors, officers, employees, or agents. This agreement will not be construed to constitute either party as a partner, agent, joint venture or representative of the other Party. The Parties will not make any contract or representation, nor incur any liability or obligation whatsoever, on behalf of or in the name of the other Party.
2. Non-Assumption of Liabilities. Neither Party will, by entering into this Agreement, assume or become liable for any of the existing or future obligations, liabilities, or debts directly or indirectly attributable to the other Party, except as otherwise expressly provided by this Agreement.
3. Separation of Foundation and NCHC Funds. Foundation funds will be kept separate from NCHC funds. No institutional funds, assets, or liabilities may be transferred directly or indirectly from one part to the other without prior notice to applicable representatives of the other Party, except as otherwise provided in this Agreement or under other prior agreements, operating policies, or past practices of the Parties. The Parties agree to cooperate and provide documentation and information on any transfers on reasonable request.
4. Separation of Annual Financial Statement and Audit. NCHC and Foundation will separately prepare their annual financial statements in accordance with the Government Accounting Standards Board (GASB) for NCHC and Generally Accepted Accounting Principles (GAAP) for the Foundation. NCHC and Foundation will have separate annual audits prepared by an independent auditor.
5. Working Relationship. The Executive Director of the Foundation will maintain a close working relationship with the NCHC Executive Leadership Team and other management staff and employees as appropriate. NCHC will be represented on the Foundation Board by the CEO of NCHC and a member of the NCCSP Board of Directors. The CEO and member of the NCCSP Board of Directors will serve as voting members of the Foundation Board but will not be designated as Officers of the Foundation.
6. Transfers to NCHC. The Foundation is the primary depository of private gifts and will transfer funds to the designated entity or division within NCHC in compliance with applicable laws, NCHC policies, and gift agreements.
7. Foundation Disbursements on Behalf of NCHC. The Foundation's disbursements on behalf of NCHC must be reasonable business expenses that support NCHC, are consistent with donor intent, Uniform Prudent Management of the Institutional funds Act ("UPMIFA") and Section 501(c)(3) of the Code, and do not conflict with applicable laws.
8. Investment Policy. The Foundation's investment policy is the sole responsibility of and is approved by the Foundation Board of Directors.

V. **Term**

1. Term and Amendment. The term of this Agreement will commence on January 1, 2020 and end December 31, 2022. After such term, this Agreement will automatically renew for successive one-year periods, on the same terms and conditions. If either Party believes that the Agreement should be amended during the Agreement term (including after an automatic renewal), that Party may give written notice to the other Party of such belief and the Parties then agree to meet within 30 days of the date of such notice to discuss amending this Agreement. Either Party may terminate this Agreement at all other times by giving the other Party prior written notice of not less than six (6) months before the desired termination date.
2. Termination. In the event either Party terminates this Agreement, the Parties agree to promptly return any tangible or intangible property in their possession, custody or control to the owner thereof.

VI. Miscellaneous Provisions

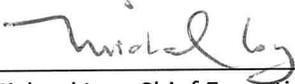
1. Notices. All notices, demands, and communications provided for in or made under this Agreement will be given in writing and will be deemed given to a Party at the earlier of:
  - a. When actually delivered to a Party;
  - b. When facsimile or email transmitted to a Party to the facsimile number or email address indicated for a Party below (or to other facsimile number or email for a Party as the party may have substituted by notice pursuant to this Section); or
  - c. When mailed to a Party by registered or certified U.S. mail (return receipt requested) or sent by overnight courier, confirmed by receipt, and addressed to the Party at the address designated below for the party (or to such other address for a Party as the Party may have substituted by notice pursuant to this Section).

However, notice sent by email is not valid if sent to an email address when the person had actual knowledge that the person at the email address was no longer in the position of President of the Foundation or CEO of NCHC.

- a. If to Foundation:  
North Central Health Foundation  
Attn: Don Grade, President  
1100 Lake View Drive  
Wausau WI 54403  
Email: [dgrade@charter.net](mailto:dgrade@charter.net)
- b. If to NCHC:  
North Central Health Care  
Attn: Michael Loy, Chief Executive Officer  
1100 Lake View Drive  
Wausau WI 54401  
Email: [mloy@norcen.org](mailto:mloy@norcen.org)

2. Entire Agreement. This Agreement constitutes the entire agreement between the Parties. Modifications, amendments or additions to this Agreement must be made in writing and signed by both Parties to be effective.
3. Non-Waiver. Inaction or failure to demand performance of the terms of this Agreement will not be deemed a waiver of any provision of this Agreement.
4. Authority. The Parties represent that each has the authority to execute this Agreement, to enter into transactions contemplated by this Agreement, and to perform its obligations under this Agreement.
5. Binding Agreement and Assignment. This Agreement will be binding on, and inure to the benefit of the Parties and their respective permitted successors and assigns. Neither Party will assign any of the duties, rights or obligations of this Agreement without the written consent of the other Party.
6. Severability. If, for any reason, any provision of this Agreement is held invalid, such invalidity will not affect any other provision of this Agreement not held invalid, and every other provision will continue in full force and effect. If any provision of this Agreement will be held invalid in part, the invalidity will in no way affect the rest of the provision not held invalid, and the rest of such provision, together with all other provisions of this Agreement, will continue in full force and effect.
7. Governing Law. This Agreement will be construed to the internal laws of the State of Wisconsin.
8. Counterparts/PDF Signatures. This Agreement may be executed in counterpart originals, each of which when duly executed and delivered will be deemed an original and both of which taken together will constitute one and the same Agreement.
9. Headings. Paragraph and Section headings in this Agreement are for convenience only and will not be relied upon in construing the intent of this Agreement.

The Parties through their authorized representative(s), have executed this Agreement.

  
 \_\_\_\_\_ 11.4.19  
 Michael Loy, Chief Executive Officer      Date  
 North Central Health Care

  
 \_\_\_\_\_ 11/4/19  
 Don Grade, President      Date  
 North Central Health Foundation

\_\_\_\_\_  
 Jeff Zriny, Chair      Date  
 NCCSP Board of Directors

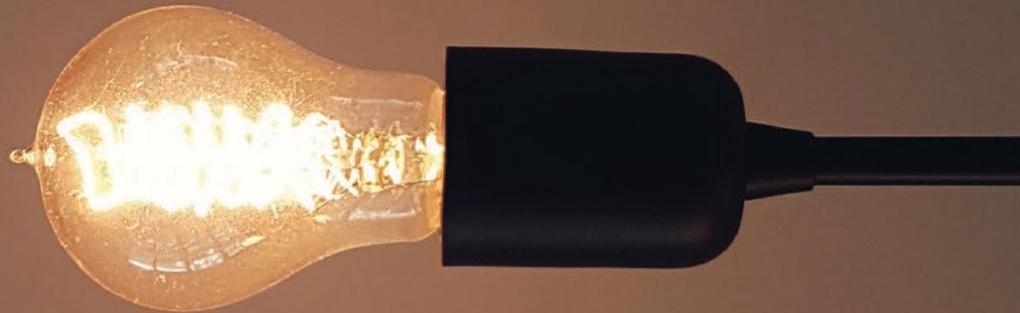


North Central Health Care  
Person centered. Outcome focused.

2020

# Quality, Safety & Compliance Plan

ideas that will transform our care



“ **Without**  
Continual Growth and Progress,  
such words as *Improvement*,  
*Achievement*, and *Success*  
have no meaning. ”

*Benjamin Franklin*

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## Scope of the Quality, Safety & Compliance Plan

This Quality, Safety & Compliance Plan covers all services and programs provided by North Central Health Care in Langlade, Lincoln and Marathon Counties, including locations in Wausau, Merrill, Antigo and Tomahawk.

The North Central Community Services Program Board retains the ultimate responsibility for the quality of care at North Central Health Care and the population it serves. The Board's accountability for quality is delegated in part through a mix of responsibilities assigned to the Executive Management Team and Medical Staff through the quality oversight structure and this plan.

The quality structure has robust monitoring and evaluation systems necessary to keep the NCCSP Board informed. The Quality, Safety & Compliance Plan overviews a number of these structures as well as outlining planning and quality improvement initiatives in the spirit of the furtherance of quality at NCHC.

**All staff at North Central Health Care are required to fully support and participate in this plan, and devote their expertise to patient safety and the healthcare quality improvement processes in pursuit of excellent outcomes.**

NCHC has developed this Quality, Safety & Compliance Plan to challenge and revise the current structures of the organization to better serve patients and the workforce. This plan is action orientated and solution focused. It aims to focus on process rather than on the individual, recognizes both internal and external partners, and facilitates the need for analyzing and improving processes.

### The Core Principles of This Plan Include:

- ✓ Instilling in all staff a unified goal of achieving our Vision of *Lives Enriched and Fulfilled* by contributing their knowledge, vision, skills and insight to improve processes
- ✓ Making decisions based on data and facts and encouraging staff to learn from their experiences
- ✓ Being Person-Centered
- ✓ Promoting systems thinking
- ✓ Recruiting and retaining well-trained, competent staff to maintain the highest quality of care provided
- ✓ Committing to a goal of Zero Harm and consistently achieving excellence

# Our Mission

Langlade, Lincoln and Marathon Counties  
partnering together to provide  
compassionate and high quality care  
for individuals and families  
with mental health, recovery  
and skilled nursing needs.

# Our Vision

Lives Enriched and Fulfilled.

# Our Core Values

Moving Forward Together.



## DIGNITY

We are dedicated to providing excellent service with acceptance and respect to every individual, every day.



## INTEGRITY

We keep our promises and act in a way where doing the right things for the right reasons is standard.



## ACCOUNTABILITY

We commit to positive outcomes and each other's success.



## PARTNERSHIP

We are successful by building positive relationships in working towards a system of seamless care as a trusted community and county partner.



## CONTINUOUS IMPROVEMENT

We embrace change through purpose-driven data, creativity and feedback in pursuit of the advancement of excellence.



# North Central Health Care's Five End Statements

North Central Health Care is committed to providing quality, safe care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

## People .....*"I'm proud to work at NCHC because*

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

*I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."*

*"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."*

## Service.....

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

## Quality.....*"I feel safe in NCHC's care. I would*

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

*personally seek care here for my family or myself...my first choice."*

*"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."*

## Community .....*"We could never get a better value*

Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

*than what we receive from NCHC. It's affordable care."*

## Financial.....

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

## Strategic Direction

**OVERALL STRATEGY – We take care of people who others are unwilling or unable to take care of and do it better than anyone else.**

- Better understand the needs of the community and individuals we serve and improve agility to respond effectively.
- Develop ourselves into a learning organization (systems thinking, personal mastery, mental models, shared vision and knowledge sharing).
- Achieve financial viability through decreasing reliance on tax levy and ability to pay for capital investments.

# 2019 Highlights

## Improved Occurrence Reporting & Response

SafetyZone, an incident reporting system, was implemented in September 2019. Updates have resulted in an increased culture of transparency surrounding harm events occurring in NCHC programs to staff and clients. There has been increased focus on follow-up into these events through a more thorough investigation process aimed at developing actions that target the root cause of the occurrence. This will hopefully lessen the likelihood that the event will reoccur.



## Zero Suicide Launch

Zero Suicide is a practical framework for system-wide transformation toward safer suicide care. The foundational belief of Zero Suicide is that the suicide deaths for individuals under the care of health and behavioral health systems are preventable.

## Updated Ongoing & Focused Professional Performance Evaluating Results and Launch of Physician Dashboard

Physician led quality improvement was supported this year through the enhancement of evaluations specific to physician practice. Additionally, new physician dashboards were launched. The results provide real-time information and data to NCHC physicians, helping them to improve and recognize success.

## Dialectical Behavioral Therapy Training

Several NCHC therapists were trained in Dialectical Behavioral Therapy (DBT). This evidenced-based therapy, was designed to help people suffering from mood disorders as well as those who need to change patterns of behaviors that are not helpful, such as self-harm, suicidal ideation and substance abuse.

## Campus Phasing & Construction

NCHC has already experienced success in the first phases of construction and renovation which began with the relocation of 50 Mount View Care Center residents. Work has continued with the ground breaking for the new Aquatic Therapy Pool, Youth Hospital and CBRF. These programs are slated for April 2020.



Central WI Psychiatry Residency Program 2019 - welcome ceremony

## Medical College Wisconsin Residency Program

NCHC welcomed the third round of psychiatry residents to the Wausau campus. Through a collaborative effort with Medical College of Wisconsin, NCHC aims to address the psychiatry shortage by providing opportunities for residents to train on our campus while also helping meet the growing demand for mental health services in our community. There are now nine psychiatry residents training at NCHC and in the community.

## Langlade County Sober Living Facility

A new sober living house was approved and purchased to serve the residents of Langlade County. This came in response to the growing need for more support for those in recovery from substance abuse. The program is slated to open in 2019.

## Marathon County Jail Medically Assisted Treatment Program

NCHC continues to convene with community partners to start a Medically Assisted Treatment program at the county jail, with the intent to grow slowly in 2020. Two different medications will be offered, Suboxone and Vivitrol.

## Community Treatment Individual Placement & Support (IPS) Wins Award for Exemplary Performance

IPS is an evidenced-based practice that supports individuals with severe and persistent mental illness find and secure employment and education. This award recognizes teams that reach "Exemplary Fidelity" meaning that the team has demonstrated the highest quality of services by the International IPS Learning Community.





## United Way's Partners In Caring Award Recognizes C.A.R.T.

C.A.R.T., a partnership between NCHC, the Marathon County Sheriff's Department and Wausau PD, pairs a full-time crisis professional with a law enforcement officer to provide crisis assessment and response. While the numbers of mental health calls have increased in Marathon County, the numbers of calls resulting in hospitalizations have significantly been reduced.

## Recognizing Adult Protective Services and MVCC Administrators and Staff:

When an area nursing home closed unexpectedly, Mount View Care Center and Adult Protective Services staff worked together to relocate dozens of residents to new homes in MVCC and area nursing homes.



## Alvin – NCHC Therapy Dog

In 2019, NCHC welcomed Alvin to the staff as their first certified therapy dog. Alvin assists in helping deescalate crisis situations. His presence has been beneficial for not only clients and residents but also staff!

## Cycling Without Age

Cycling Without Age Marathon County was created in 2019 to enhance the lives of older adults and adults with differing abilities in Marathon County. It gives them the opportunity to remain an active part of the local community while enjoying the excitement of being outdoors. Volunteer drivers transport residents in a trishaw, a 3 person rickshaw bicycle, around the Wausau campus. We're pleased that our residents have access to this wonderful opportunity!



## NCHC in the News

Over 2019, several NCHC staff and providers were featured in multiple opportunities to provide education and outreach to our surrounding community. Some examples are the "Stop, Starting It" dementia care training, "How Depressed Are They? Assessment of Depression and Suicidal Ideation" (an advanced program highlighting the latest information in the diagnosis and treatment of mental disorders and the newest research areas in clinical psychiatry) and "The Doctor is In," featuring NCHC doctors highlighting various topics on-air.

## Mass Flu Clinic Exercise

Together with the Marathon County Health Department, a Mass Flu Clinic Functional Exercise was held. Goals were exceeded when 104 NCHC staff and 23 Marathon County Health Department employees were vaccinated. All involved worked together under an Incident Command System Structure that offered a valuable opportunity to practice a mass clinic in real-time.



## Recovery Coaching Collaborative

In partnership with AmeriCorps RecoveryCorp, Marshfield Clinic and Aspirus, the Recovery Coaching Collaborative fosters an evidence-based approach to recovery from substance use. Recovery coaches have a lived experience; and while in their own recovery, they are helping those in our community find support and connections.



## Supporting a Culture of Excellence

### Supportive Organizational Structure and Culture

Best practice outcomes are dependent upon organizational structures and a culture that supports excellence. A culture of excellence is a commitment to excel, a commitment to be excellent. "Excellence" is a way of being and thinking that impacts how people interact with each other and how work is carried out. It requires a willingness to step outside our comfort zones and is based on an organization-wide sense of striving, rather than settling.

### Driving Excellence: Critical Components

- Shared Mission, Vision and End Statements;
- Clearly stated and aligned values and related behaviors that support excellence;
- Consistent and effective communication processes that aligns with our shared vision;
- Performance systems that recognize and reward high performance and hold all employees accountable to competency, outcome, and behaviors that support excellence;
- Systems and structures that protect the safety of those we serve and all employees;
- Processes to ensure compliance with ethical standards of corporate and clinical practices; and
- Systems that allow for open and non-punitive reporting of quality and/or compliance concerns.

### Quality, Safety and Compliance Oversight: Duties of the NCCSP Board of Directors

The NCCSP Board of Directors is ultimately responsible for the quality of the care and services provided by all North Central Health Care programs and services. The following outlines the Board's direction and structure for quality, safety and compliance oversight:

1. Delegates day-to-day oversight responsibility to the Executive Management Team and Medical Staff.
2. Responsible to provide the resources and systems to ensure quality of care and services.
3. Reviews and remains current with quality, safety and compliance information and trends.
4. Approves the annual Quality, Safety & Compliance Plan.
5. Monitors the quality measures and outcomes within individual programs/services, as well as, the overall organizational outcomes.
6. Monitors the quality process to ensure that progress on integration of the evidence-based strategies are effectively deployed to drive best-practice outcomes.
7. Annually evaluates the effectiveness of the quality, safety and compliance plan and outcomes.

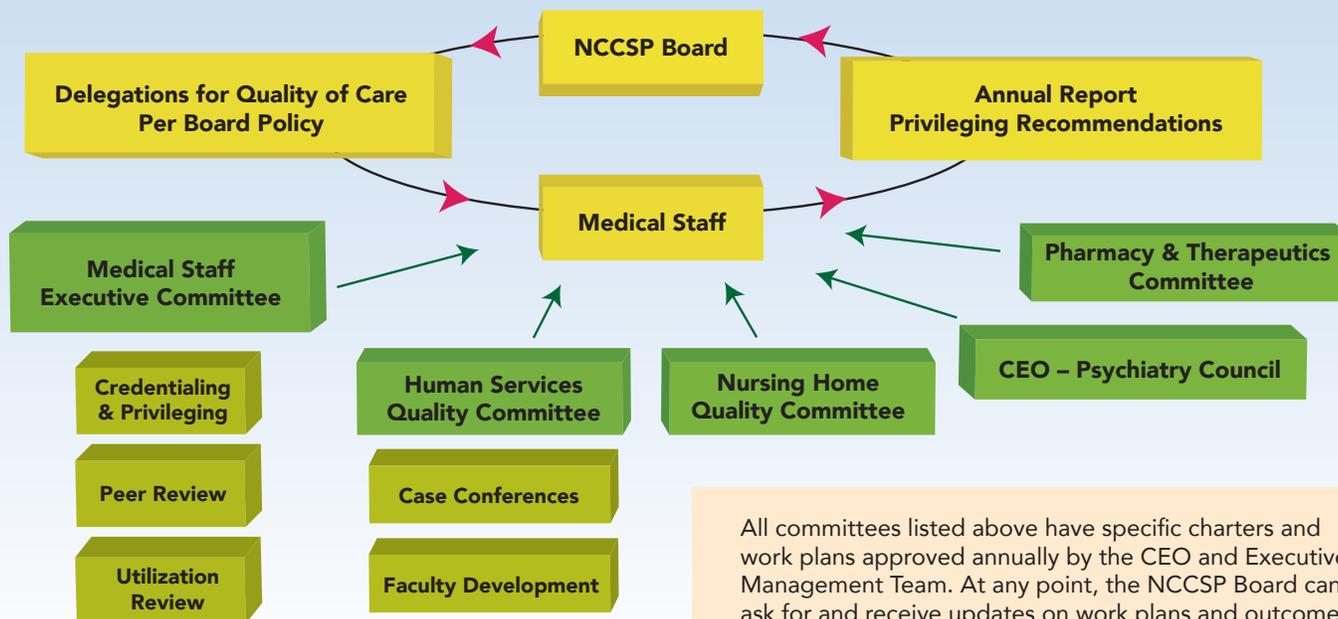


## Medical Staff

Privileges for membership to the Medical Staff are granted by the NCCSP Board. The organized Medical Staff function and authority, is prescribed within the Medical Staff by-laws, as approved by the NCCSP Board.

The following outlines the structure for clinical quality improvement and oversight – once delegated to the Medical Staff.

### Governance Structure for Clinical Quality at NCHC



All committees listed above have specific charters and work plans approved annually by the CEO and Executive Management Team. At any point, the NCCSP Board can ask for and receive updates on work plans and outcomes related to these committees.



**Quality**

# Quality

## Defining Quality

Consistent with the Mission and Vision for North Central Health Care, our goal is to provide care and services that meet the following guidelines:

**Safe:** avoiding injuries to our consumers from the care that is intended to help them.

**Effective:** providing services and treatment that incorporates evidence-based, effective practice.

**Person-Centered:** providing care that is respectful, healing in nature, proactive, and responsive to individual needs, preferences, and values while also ensuring that the individual has the opportunity to participate in decisions regarding treatment whenever possible.

**Timely:** reducing waits and potentially harmful delays.

**Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy.

**Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and/or socioeconomic status.

**Ethical:** adhering to all corporate and professional standards of conduct and practice.

# Organizational Dashboard

Excellence can only be achieved when all levels of the organization share the same goals, effectively measure performance against those goals and consistently perform their work in a way that contributes to those goals.

**The Purpose of Measurement is to:**

- Assess the stability of processes and outcomes to determine whether there is an undesirable degree of variation or a failure to perform at an expected level;
- Identify opportunities to improve the performance of processes;
- Assess the outcome of the care provided; and/or
- Assess whether a new or improved process produces improved outcomes.

Setting clear quality outcome goals provides focus and clear direction for the efficient and effective achievement of those goals.

**This is Achieved Through the Following:**

- Clearly defined organizational goals in each of our pillars of excellence (People, Service, Quality, Community, Financial);
- A system for cascading organizational goals to clearly define and measure goals pertaining to the individual responsibility, at all levels of the organization;
- The incorporation of comparative data to effectively assess current performance; and
- A performance system that holds assigns accountability for achievement of these goals.



## 2020 APPROVED ORGANIZATION DASHBOARD

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2019

PRIMARY OUTCOME GOAL	TARGET (Range)	↑	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2019 YTD	2018 YTD
<b>PEOPLE</b>																
Vacancy Rate	5-7%	↓														
Retention Rate	78-82%	↑														
<b>SERVICE</b>																
Patient Experience	TBD	↓														
<b>CLINICAL</b>																
Readmission Rate	8-10%	↓														
Nursing Home Star Rating	4+ Stars	↑														
Adverse Event Rate	2.9 events per 1000 days	↓														
Total Hospital Days	735 or less per month	↓														
<b>COMMUNITY</b>																
Access to NCHC programs	90-95%	↑														
<b>FINANCE</b>																
Direct Expense/Gross Patient Revenue	60-64%	↓														
Indirect Expense/Direct Expense	36-38%	↓														
Net Income	2-3%	↑														

KEY: ↑ Higher rates are positive  
↓ Lower rates are positive

\* Monthly Rates are Annualized

2020 Approved Organization Dashboard

\*\*placeholder only\*\*

# Components & Methods

## System and Process Improvement

Through system and process improvement, we seek to learn what causes things to happen. That knowledge can be used to reduce variation and remove activities that have no value to the process. It can also remove processes that have the potential of producing error thereby improving outcomes.

Improvements within the organization work best within a structured approach that enables a team of people (involved in, and knowledgeable about the process) to focus on a problem and generate solutions utilizing a standardized methodology. This standardized methodology should incorporate the use of data to ensure that decisions are not made on assumptions and/or guesswork.



### The Effective Integration of System and Process Improvement Should Include the Following Steps:

1. The use of Statistical Process Control and Process Improvement Methodology;
2. Identification of key processes for ongoing assessment and improvement; and
3. Benchmarking with best-practice organizations to explore additional opportunities for improvement and the integration of evidence-based practices and processes.

## Root Cause Analysis

### Definition

A Root Cause Analysis is a process for identifying the root causes of the problem(s). It focuses on the process, instead of individuals.

Defining problems based on facts and data, before analyzing the root causes, is essential for successfully conducting root cause analysis.

### Framework & Action Plan

North Central Health Care utilizes Root Cause Analysis and Action Plan Framework, introduced by the Joint Commission, which guides the organization through the steps in a root cause analysis.

### RCA 2020

In 2020, NCHC will work to improve the effectiveness of our Root Cause Analysis and actions to prevent harm. Standardizing how we perform analyses at NCHC for system level causal issues, and not blame-worthy events, will result in the identification and implementation of sustainable and effective systems-based improvements as well as actions to make delivery of the health care we provide safer.

# Model for Improvement – Plan-Do-Study-Act

The Model for Improvement is a collaborative and ongoing effort to improve process and systems. It provides guidance from identification of the root causes, conducts the best tests to assess possible changes and works in collaboration for the implementation of new approaches and solutions. It guides the test of a change to determine if the change is an improvement.

The model utilized at North Central Health Care is called Plan-Do-Study-Act. The cycle is defined as follows:

**PLAN:** Collect data and establish appropriate goals. Identify the problems and possible root causes and answer the following questions:

- What are you trying to accomplish?
- What are the steps? Who, What, When?
- How will you measure the impact?
- What is your plan to collect the data needed?
- What do you predict will happen?

**STUDY:** Study the effect of the changes on the situation. Data should be collected on the new process and compared to the baseline or expected results. Results should be evaluated by using the following as guidance:

- Did the results match your prediction?
- What did you learn?
- What do you need to do next?

**DO:** Make Changes designed to correct or improve the situation. Use the following questions for guidance.

- What were the results?
- Was the cycle carried out as designed or planned?
- What did you observe?

**ACT:** If the result is successful or desirable, standardize the changes and then work on the next prioritized problem or further improvements. If the outcome is not yet successful, look for different ways to identify the causes or change the testing process

## Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



## Committees for Quality Improvement

### OPERATIONAL QUALITY IMPROVEMENT COMMITTEES

To ensure quality, safety, and continuous improvement, the Human Services and Nursing Home Operations Quality Committees are responsible for monitoring the outcomes and improvement activities specific to their assigned programs.

#### This is Accomplished Through the Following Activities:

- Ensuring the Board of Directors are well-informed about the quality of care and services at North Central Health Care and opportunities for improvement;
- Monitoring program/department-specific outcome dashboards as well as safety and compliance data for progress in achieving targeted outcomes;
- Ensuring programs are continuously applying PDSA methods to improve processes;
- Monitoring specific survey findings and follow-up to ensure improvement;
- Reviewing any significant/sentinel events to ensure appropriate follow-up; and
- Reviewing the findings from ongoing proactive auditing to ensure consistency in quality.

### INFECTION CONTROL & PREVENTION COMMITTEE

The Infection Control & Prevention Committee shall ensure that NCHC develops, implements and maintains an active, organization-wide program for the prevention, control and investigation of infections and communicable disease. The goal of such a program is to reduce the risk of endemic and epidemic infections in patients/clients/residents, visitors and healthcare workers.

#### Intended Results:

- Provide a forum for discussion of infection prevention and control related issues and strategies.
- Oversee the infection control program and develop recommendations intended to minimize the risks of acquiring and transmitting healthcare associated infections.
- Surveillance and monitoring of health care associated infections including; surgical site infections, blood stream infections, ventilator-acquired pneumonia infections, multi-resistant organisms; occupational exposure management and other identified clinical risks.
- Support NCHC Antibiotic Stewardship Program.
- Develop policies and standards relevant to infection control, re-evaluation, and implementation of policies.
- Support education and training programs for healthcare workers of all aspects of infection prevention and control
- Monitor compliance with standards and other requirements for the control of infection, such as competency and compliance with hand hygiene standards.
- Establish subcommittees to develop and implement infection control elements during construction, renovation or demolition.

## 2020 Strategic Aims to Support Quality

For 2020, NCHC has strategic goals outlining opportunities for improvements and growth in the quality of care we currently provide.

- ✓ Development of an enhanced and comprehensive psychology function to provide additional clinical resources and leadership
- ✓ Outpatient strategic aims that provide the following:
  - ◆ Higher adoptions of evidence-based practices
  - ◆ Psychotherapy that delivers the necessary frequency of care and flexibility in scheduling
  - ◆ Improved assessment, referral and access to care
  - ◆ A collaborative union amongst all providers
  - ◆ Evaluation of sub-specialty clinic options that facilitate team-based care (e.g. Youth & Family, Suboxone/Medically Assisted Treatment and Geriatric)
- ✓ Continued implementation of Zero Suicide framework and work plan to reduce suicides to zero
- ✓ Re-imagining of targeted case management to our current service array to deliver a complete system of care; and matching those referred to the right level, through a centralized referral process
- ✓ Connecting short-term case management services with individuals not in need of ACT/CSP or CCS services offered through Community Treatment
- ✓ Effectively managing length of stay and access to our Crisis CBRF
- ✓ Achievement of Joint Commission accreditation through our triennial re-accreditation survey expected in 2020
- ✓ Implementation of a new behavioral health electronic medical record system
- ✓ Opening of the new Aquatic Therapy Pool, Youth Hospital, Sober Living and Crisis CBRF facilities
- ✓ Bolstering competency and skill sets of all leaders through comprehensive and robust process improvement methodology to further promote and ensure high reliability and zero harm



**Safety**

## North Central Health Care's **Vision for a Culture of Safety**

As a regionally, unequaled, behavioral health and skilled nursing provider, we care for the most vulnerable. They deserve our best attention to achieve a goal of Zero Harm. Everyone we care for should have a fair opportunity to attain their highest version of health and abilities; and no one should be disadvantaged from achieving their potential because we fail to address disparities that exist in our community.

As a learning organization, we are able to achieve more when our evidence-based care, data, performance and culture are all aligned for continuous improvement and innovation.

Our vision for a culture of safety aligns with the definition provided by the Agency for Healthcare Research and Quality, as one in which NCHC employees, are held accountable for unprofessional conduct, yet not punished for human mistakes; errors are identified and mitigated before harm occurs; and systems are in place to enable staff to learn from errors and near-misses to prevent recurrence."

By adopting a commitment to Zero Harm, we are committed to putting patient's well-being and adopting practices and processes that protect them from harm. By consistently performing at high levels of safety over time, we will achieve high reliability in healthcare.

# Safety

**One of the most crucial responsibilities we have as a healthcare provider is to ensure the safety of those who we serve, who entrust their lives to our care.**

As an employer, we also have an obligation to make sure that our workforce is safe. It is the ultimate responsibility of the Board and of all staff to make sure that we are addressing the need for safe working environments and providing safe care. Together we need to strive to identify and resolve safety issues and improve processes that prevent adverse events from occurring in the first place.

**We have numerous responsibilities for ensuring the quality of care provided including quality indicators, overall patient experience, staff engagement and financial viability.**

## Achieving the Goal of Zero Harm

As we work to improve safety, we can utilize successful concepts and practices such as High Reliability to assist us in achieving the goal of Zero Harm.

### To Achieve Zero Harm and High Reliability We Must Have:

1. **Committed Leadership.** NCHC Leadership must be committed to the goal of Zero Harm – without this, we cannot achieve success. Commitment starts with the Board of Directors and is shared by Leadership at all levels. Improving the culture of safety is essential to prevent or reduce errors and to improve overall healthcare quality. Embedding this into our culture and vision sets the tone for the organization.
2. **Trust in Team Members.** NCHC must maintain a Safety Culture that is built upon trust amongst team members and that is demonstrated throughout the organization. In order to report safety concerns, employees must trust each other. Likewise, employees need to trust that when they report an issue, management will follow up and fix the problem without a fear of retaliation or repercussions. Trust leads to regular information flow and reports of safety issues that allow for the opportunity to fix them prior to harm reaching staff or patients.
3. **Robust Process Improvement** – systematic approach to identify the problems that are often complex and determining the root causes of that problem(s), identify and implementing highly effective solutions and ensuring sustained improvement

### Additionally it Requires:

- An acknowledgment of the high-risk nature and complexity of our organization's activities and the determination to achieve consistently safe operations
- Engaged and Empowered employees that are vigilant and acutely aware that any deviation from safety protocols and processes can lead to adverse events and harm; and also be willing to seek to resolve the issue
- A blame-free environment where individuals are able to report errors or near misses without fear of retaliation or punishment = **Just Culture**



## Additional Committees for Safety Improvement

### ENVIRONMENT OF CARE (EOC) COMMITTEE

The purpose of this committee is to protect the health and safety of North Central Health Care's patients, visitors, employees and students by insuring a regulatory compliant environment free of hazards.

#### Intended results:

- Manage risk
- Coordinate risk reduction activities in the physical environment
- Disseminate summaries of actions and results

#### Work Plan includes:

- Write, review, and approve annual management plans and provide regular reviews
- Plan, direct, implement, and improve the organization's performance of the EOC activities
- Identify and interpret the regulatory EOC requirements which apply to North Central Health Care
- Evaluate and assess existing conditions, operations, and practices to determine the impact of and general compliance with regulatory standards
- Establish and maintain risk assessment and evaluation criteria to identify the priority of performance improvements and process changes

### EMERGENCY MANAGEMENT COMMITTEE

This committee will analyze emergency management initiatives and evaluate their effectiveness for emergency preparedness, response, recovery, and mitigation at North Central Health Care. The purview of the committee shall be limited to such matters pertaining to emergency preparedness, response, and business continuity planning.

#### Intended results:

- Promote the exchange of knowledge and resources among members of the Emergency Management Committee and key members of the community
- Develop resources and tools to be used by North Central Health Care to further emergency communications efforts
- Leverage and promote training and exercise opportunities
- Analyze emergency management initiatives for growth opportunities through Root Cause Analysis.

#### Work Plan Includes:

- Collaboratively develop, maintain, and enhance the North Central Health Care Emergency Management Program to ensure the safety and well-being of all staff, patients, students and visitors
- Provide a means by which the North Central Health Care community can communicate questions and concerns during emergency management
- Offer an opportunity for issue processing and resolution requiring decision-making or input.
- Collectively promote and support the implementation of new programs, initiatives or efforts of the Committee

In 2020 we also will be implementing the following:

### Daily Check-In for Safety: Safety Huddles

A conversation about safety involving all senior leaders and department leaders across the organization that occurs at the beginning of the day and is structured for a brief 5 minute meeting that covers:

- Look back on important safety or quality concerns that arose over the previous 24 hours. Should include any harm, significant near misses, patient experience concerns, process/equipment problems and so on
- Look ahead to potential safety or quality issues that might arise over the next 24 hours. In this, leaders anticipate any barriers or threats that could impact safety or quality such as staffing issues, equipment, or conditions
- Follow up by hearing status reports on issues identified that day or previously.

### Culture of Safety Survey

Our last workforce survey on culture of safety was conducted in 2017. Surveys are recommended to be completed regularly to determine if progress made on safety initiatives has made a difference.

In 2020, we will once again survey staff, review the data and determine appropriate follow-up and action steps to improve the overall quality of safety. The survey is adopted from AHRQ and aims to collect staff opinions on patient safety issues and event reporting.



# Compliance

# Compliance

Healthcare compliance is the continuous process of abiding by legal, ethical, and professional standards applicable to a healthcare organization. Healthcare compliance requires the effective development of processes, policies, and procedures to define appropriate conduct, educate staff, and monitor adherence to these guidelines.

## Corporate Compliance Committee

The purpose of the Compliance Committee is to allow NCHC and the Compliance Officer (CO) to benefit from the combined perspectives of individuals with diverse responsibilities and experiences to establish accountability, credibility, and the structure of the Compliance Program.

**The Corporate Compliance Committee is responsible for providing support to the CO in planning, overseeing, implementing, operating and enforcing the various components of the Compliance Program.**

### Intended results:

1. Development and oversight over NCHC's Corporate Compliance Plan and related policies.
2. Completion of annual Corporate Compliance Work Plan.
3. Monitoring compliance related activities and reporting to resource compliance activities to address compliance risk areas.
4. Support a culture who embraces compliance best practices, the Code of Conduct and an active reporting system for compliance concerns.
5. Empower and support the Corporate Compliance Officer in discharging their duties.

The Corporate Compliance Committee will also be responsible to monitor the activities and practices of NCHC to ensure compliance with all appropriate ethical and legal business standards through adherence to the Corporate Compliance Plan.

### Compliance will be Furthered Through the Following:

- **Implementing Written Policies, Procedures and Standards of Conduct** designed to help employees remain in compliance while carrying out their job duties
- **Enhanced Compliance Structure** to increase effectiveness of the compliance function. In addition to our new compliance auditor, and with the addition of Pine Crest and Lincoln Industries, and an emphasis through the Mega Rule on Nursing Home Compliance, Compliance Liaisons will be an extension of the Compliance Officer within the Nursing Home to further align the programs.
- **Due Diligence** is exercised in screening and evaluation of employees, physicians, vendors and other agents
- **Conducting Effective Training and Education** to decrease risk liability for violation of laws, regulations and policy and procedures
- **Strengthening of an Internal Monitoring and Auditing Function** to help to develop a risk profile for our organization that will inform auditing and monitoring functions. This will help us be even more proactive in our efforts by identifying issues earlier, therefore minimizing the potential impact to the organization
- **Enforcing Standards Through Well Publicized Disciplinary Guidelines**, creating a culture that encourages ethical behavior
- **Timely, Effective Investigations and Remedial Measures** with the goal to respond consistently to all detected deficiencies and develop correction action plans
- **Supporting a more robust Ethical Committee and Consultation Program in 2020.**



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# North Central Health Care

Person centered. Outcome focused.



North Central Health Care

Person centered. Outcome focused.

**HOSPITAL  
UTILIZATION REVIEW  
PLAN  
2020**

## **PURPOSE**

The Utilization Review Plan of North Central Health Care (NCHC) is developed by the Utilization Review Committee to provide for a review of Inpatient Psychiatric services provided to patients entitled to benefits under the Medicare and Medicaid programs by medical and professional staff providing services at NCHC and to identify trends in utilization.

## **AUTHORITY**

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

## **SCOPE OF SERVICE**

The Utilization Review Committee of NCHC is a standing committee of the Medical Staff with oversight by the Governing Board. Oversight of the Utilization Review Committee 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 regular basis. The Committee reviews services provided to patients in NCHC's Psychiatric Inpatient Hospital. This includes, but is not limited to, the medical necessity of admissions, duration of stay, professional services provided, including medications, discharge planning, patients sent for medical clearance outside suggested policy parameters, and the efficient use of personnel and facilities in order to promote maximum treatment benefit. All admissions are reviewed in accordance with regulations governing utilization review for Medicare and Medicaid beneficiaries. Review of admissions can be performed before, or after the admission. The UR Committee must review all cases reasonably assumed by the hospital to be outlier cases because the extended length of stay exceeds the threshold criteria for diagnosis. 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. The Chief Executive Officer and hospital administrative staff shall ensure that the plan is effectively implemented.

## **CONFLICT OF INTEREST**

No member of the Utilization Review Committee participates in the review of a case in which he/she has been professionally involved in the care of the patient whose case is being reviewed. No review may be conducted by any person who has direct financial interest (for example, an ownership interest) in the hospital.

## **CONFIDENTIALITY**

The proceedings of the Utilization Review Committee and documents are protected under the Wisconsin Peer Review Statutes to assure confidentiality that patient references will be only by 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 must consist of two or more Physicians and shall also include the following additional members:

- Chief Medical Officer (Chair)
- Outpatient Staff Psychiatrist
- Chief Executive Officer
- Human Services Operations Executive
- Behavioral Health Services Director
- Quality & Clinical Transformation Director
- RN Case Manager
- Inpatient Social Worker
- Director of Patient Accounts

## **FREQUENCY OF MEETINGS**

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

## **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. The primary focus for the program in 2020 is on length of stay and denials related to medical necessity.

## **RECORDS AND REPORTS**

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. Approved 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 charged with reporting back the activities and outcomes of Utilization Review back to the Medical Staff.

## **UTILIZATION REVIEW COORDINATOR**

The RN Case Manager acts as the Utilization Review Coordinator. The Inpatient Nurse Manager is responsible for supervising the screening activities performed by the Utilization Review staff which includes the Utilization Review Coordinator, social workers 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:

- Admission
- Level of care
- Utilization of resources
- Length of stay
- Discharge/post hospital care referrals
- Intervention to prevent or resolve utilization problems adversely affecting the balance between quality and minimized risk in care delivery
- The following measurements will be monitored by the Utilization Review Committee:
  - Readmissions
  - Evaluation of specific cases, patterns, and trends indicating over-utilization
  - Excessive resource use
  - Performance improvement activities will be delegated in an effort to improve systems and processes associated with inefficient or inappropriate delivery of care and services

## **SOCIAL WORK DISCHARGE PLANNING RESPONSIBILITIES**

- Discharge planning begins at the 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.

## **LENGTH OF STAY MONITORING**

Documentation of medical necessity for length of stay 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 2 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 2 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 retrospective denials will be reviewed by the Utilization Review Committee. The Patient Accounts Director and the RN Case Manager will notify the Behavioral Health Services Director of all inpatient denials. Denials will be monitored for trends and feedback will be provided to medical staff based on outcomes.

**This Utilization Review Plan is hereby approved as of December 12, 2019, by:**

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Michael Loy  
Chief Executive Officer, NCHC

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Jeff Zriny  
Chair, NCCSP Board of Directors

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Dr. Robert Gouthro, Chief Medical Officer

North Central Health Care



# 2020 CODE of CONDUCT

North Central Health Care  
Person centered. Outcome focused.



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- 14-15** Frequently Asked Questions

## Acknowledgment

As stated in our Code of Conduct, obeying the law and meeting the highest ethical standards is the foundation of everything we do. Meeting this standard and following all applicable laws and regulations does not just happen; it requires a commitment from each of us.

All employees will complete an electronic acknowledgment form that states they have read and understand our Code of Conduct and agree to abide by its guidelines. That electronic acknowledgment form states that the employee will:

- Abide by the standards of conduct contained in the Code and in company policies.
- Complete all required training courses on ethics and compliance topics including training on the Code.
- Speak up, using the resources listed in the Code, if I am in doubt as to the proper course of conduct or I become aware of possible violations of our standards or the law.

The electronic acknowledgment file will be saved in the employee's personnel file at North Central Health Care.



## A Message from Your CEO

Corporate Compliance refers to the formal system that guides our daily activities and choices to ensure we remain in compliance with the laws and regulations that govern our operations. This document gives you an overview and connection to our Compliance Program. Every single employee at North Central Health has a duty and responsibility to ensure we do all things within the law. To fulfill this responsibility, each employee must understand our Compliance Program to ensure it is active in our organization.

Our Core Value of Integrity is at the center of our Corporate Compliance program. Integrity at North Central Health Care means that we keep our promises and act in a way where doing the right things for the right reasons is standard. The second Core Value inherent in our Corporate Compliance Program is Continuous Improvement in that we embrace change, value feedback, creativity and the advancement of excellence. Our Compliance Program is in service to these values.

Here at North Central Health Care we have a strong Compliance system and you have a strong partner in Jennifer Peaslee, our Compliance Officer. As a Compliance Officer, you have to be passionate about preventing, finding and fixing problems. Jennifer has this passion and as a result she can effectively lead our organization in preventing, finding, and fixing problems. We all have to audit, educate, analyze the law, conduct risk assessments, develop policies and have an effective reporting system. Further, we must build a culture where people do the right thing for the right reasons and create a belief system where people are convinced we all need to address issues, especially ethical concerns. It is a major commitment of resources on our part to get it right. At the end of the day, what we need to have a truly successful Compliance Program, is your eyes and ears. Know our Compliance Program in and out. As you look out in the organization and listen, remain cautious of allowing rationalization to occur. Remain vigilant, and remain committed to ethical behavior. Most of all, expect it of others.

I'm committed to a vision of a culture where compliance is alive and well, I'm asking you to join me in this important work. Thank you for making this commitment to our organization and the people we serve.

**Michael Loy**  
Chief Executive Officer  
North Central Health Care



## A Message from Your Board

Everyone at North Central Health Care must remain committed not only to providing those we serve with high quality and caring services, but also to providing those services pursuant to the highest ethical, business and legal standards. These high standards apply to our interactions with everyone we interact with. This includes our residents, patients and clients, the community, other healthcare providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services is sought and received. Our community is defined broadly and there are a lot of stakeholders impacted by our choices. In this regard, all personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. We must hold ourselves to the highest of ethical standards. I believe our Compliance Program provides the necessary framework to accomplish this worthy objective.

As part of North Central Health Care's commitment to ethical dealings, and in an effort to assist North Central Health Care's personnel in meeting their compliance obligations, North Central Health Care has established our Compliance Program. The Compliance Program is designed to implement the Code of Conduct and prevent violations of applicable laws and regulations and, where such violations occur, to promote their early and accurate detection and prompt resolution through education, monitoring, disciplinary action and other appropriate remedial measures. As a Board, we are counting on every member of the NCHC team to help insure we are doing the right thing. We thank you for your commitment to compliance.

**Jeff Zriny**  
Executive Committee Chair  
North Central Community Services  
Program Board



**Jennifer Peaslee**  
Compliance Officer  
715.848.4507

## A Message from Your Compliance Officer

At North Central Health Care, we are committed to high quality health care and dedicated to the health and well-being of the people we serve. We are also committed to fully complying with all federal, state, and local laws and regulations. This includes state and federal insurance regulations, employment laws, and the federal healthcare rules and regulations.

My goal as your Compliance Officer is to provide support to YOU. I'm here to help you with the situations created by today's confusing and complex health care environment. This Code of Conduct will provide guidance to you for appropriate conduct that is expected of everyone at North Central Health Care and also offer the way to get the answers within the organization with more challenging situations that you may face.

### Four Simple Things to Remember:

1. Uphold our Core Values in all that you do
2. Understand and follow our Code of Conduct, policies and procedures
3. Obey applicable laws, rules and regulations
4. Report all suspected violations of the Code of Conduct without fear of retaliation

Everyone at North Central Health Care is responsible for maintaining an ethical environment. Your actions in the workplace must demonstrate your commitment to integrity and accountability every day. Thankfully, you don't have to do this alone – my door is always open and I'm here to help

*Jennifer Peaslee*

## A Message from Your Privacy Officer

In my time here at North Central Health Care, I have been amazed at the commitment to privacy and respect for those we serve. The high moral standards shown here promote our Core Values and Vision for *Lives Enriched and Fulfilled*. My role here as the Privacy Officer can be summed up by saying that I am an advocate for our patient/client/consumer/resident's rights to privacy of their health information. We have done really great work but we continue to strive to be better every day. When I am asked what all of these privacy laws and regulations mean, and why they are in place to begin with, I go back to a very simple statement, "Keep it safe." Together we can keep health information safe and secure in our daily routines.

If you are unsure what you can or cannot release, remember, "When in doubt, don't give it out." We can always answer your privacy questions by contacting Health Information at 715.848.4391.

*Ashley Downing*



**Ashley Downing**  
Privacy Officer

“This Code of Conduct will provide **GUIDANCE** for appropriate **CONDUCT**.”

# North Central Health Care's Five End Statements

North Central Health Care is committed to providing quality, safe care that meets the current community need and is provided in a fiscally responsible manner. We measure progress and outcomes in every department and program in five domains: People, Service, Quality, Community and Financial. Goals have been set in all five domains with each having an End Statement that is the result of our efforts in that particular domain.

## People ..... *"I'm proud to work at NCHC because I get to contribute to something bigger and I can make a difference. It's an honor to work here. I'm trying to get my friend or family member a job at NCHC."*

Individuals served by North Central Health Care will have excellent outcomes as a result of a stable, highly-qualified, competent staff who take pride in their work and the organization.

North Central Health Care will be an employer of choice with a strong caring culture, fostering a learning environment, providing careers with opportunities for growth and development, and ensuring a best practices focus.

*"I'm so grateful for the care we received. NCHC has a friendly and welcoming culture. You provide the best experience possible. I feel listened to, part of the care decisions and I trust you."*

## Service ..... *"I feel safe in NCHC's care. I would personally seek care here for my family or myself...my first choice."*

We exceed our consumer and referral source expectations and satisfaction as a result of our readiness, clarity of communication, and superb ability to follow through.

*"A great community partner. NCHC enhances the community and improves people's quality of life. NCHC employees are actively involved in our community and really value being a strong community partner."*

## Quality ..... *"We could never get a better value than what we receive from NCHC. It's affordable care."*

North Central Health Care meets or exceeds established regulatory requirements and best practice guidelines. We are a leader in our ability to assess and develop a comprehensive treatment plan, deliver excellent services and measure outcomes in real-time.

*"We could never get a better value than what we receive from NCHC. It's affordable care."*

## Community ..... *"We could never get a better value than what we receive from NCHC. It's affordable care."*

Our community will be able to access our services through a highly responsive seamless integration of services. We have strong affiliations with both public and private partners, proactively collaborating, and developing a continuum of care both prior to and after delivering services, constantly aware of our collective impact on the health of the population we serve.

## Financial ..... *"We could never get a better value than what we receive from NCHC. It's affordable care."*

We are a financially viable organization providing increasing value by driving efficiency, growth and diversification, being highly adaptable to changing conditions, and futuristic in our perspective.

## Strategic Direction

**OVERALL STRATEGY – We take care of people who others are unwilling or unable to take care of and do it better than anyone else.**

- Better understand the needs of the community and individuals we serve and improve agility to respond effectively.
- Develop ourselves into a learning organization (systems thinking, personal mastery, mental models, shared vision and knowledge sharing).
- Achieve financial viability through decreasing reliance on tax levy and ability to pay for capital investments.

# Understanding Your Responsibility

## MANAGEMENT RESPONSIBILITIES

### ● EDUCATE

Training and educating staff on how to spot and report misconduct

Learn the policies and procedures, rules and regulations that are relevant to your specific daily responsibilities

Ensure employees know they can always report suspected violations of applicable laws, this code of conduct and/or policies and procedures without fear of retaliation

### ● LEAD

Not revealing the identity of staff members who wish to report misconduct anonymously

Protecting staff members from retaliation for reporting misconduct

Creating a work environment in which concerns can be raised and openly discussed without fear of retaliation

Promote honesty and integrity and model it for others

### ● COMMUNICATE

Responding properly to employee reports of misconduct

Immediately inform the Corporate Compliance Officer if you receive or suspect a violation of the Code of Conduct, policies and/or applicable laws

### ● MONITOR

Develop methods to monitor adherence to rules, regulations and policies



## STAFF RESPONSIBILITIES

### ● LEARN

Be familiar with and understand and uphold our Code of Conduct

Learn the policies and procedures, rules and regulations that are relevant to your specific daily responsibilities

Know how to spot and report misconduct

### ● BE AWARE

Report any suspected violations of our Code of Conduct, policies or the law

Cooperate in any NCHC investigations related to these

### ● COMMIT

Complete required trainings

Speak up if you are in doubt as to the proper course of conduct or I become aware of possible violations

Abide by the standards outlined in this code of conduct and in company policies and with the law



## Reporting a Concern

To report a concern about a possible violation of the Code of Conduct, or for clarification of any law or regulation that is unclear, please begin by speaking with your Supervisor. In the event that you and your supervisor cannot resolve the issue, then proceed to your Department Director.

If discussions are not satisfactory, you have several other options such as speaking with a member of the Executive Team, submitting a written concern via the integrity boxes located around the campus or online, or by contacting the Compliance Officer directly.

### NCHC Compliance Officer: Jennifer Peaslee

email: [NCHCcompliance@norcen.org](mailto:NCHCcompliance@norcen.org)

phone: **715.848.4507**

mail: **North Central Health Care  
Attn: Compliance Officer  
1100 Lake View Drive  
Wausau, WI 54403**

online: [www.norcen.org/Compliance](http://www.norcen.org/Compliance)

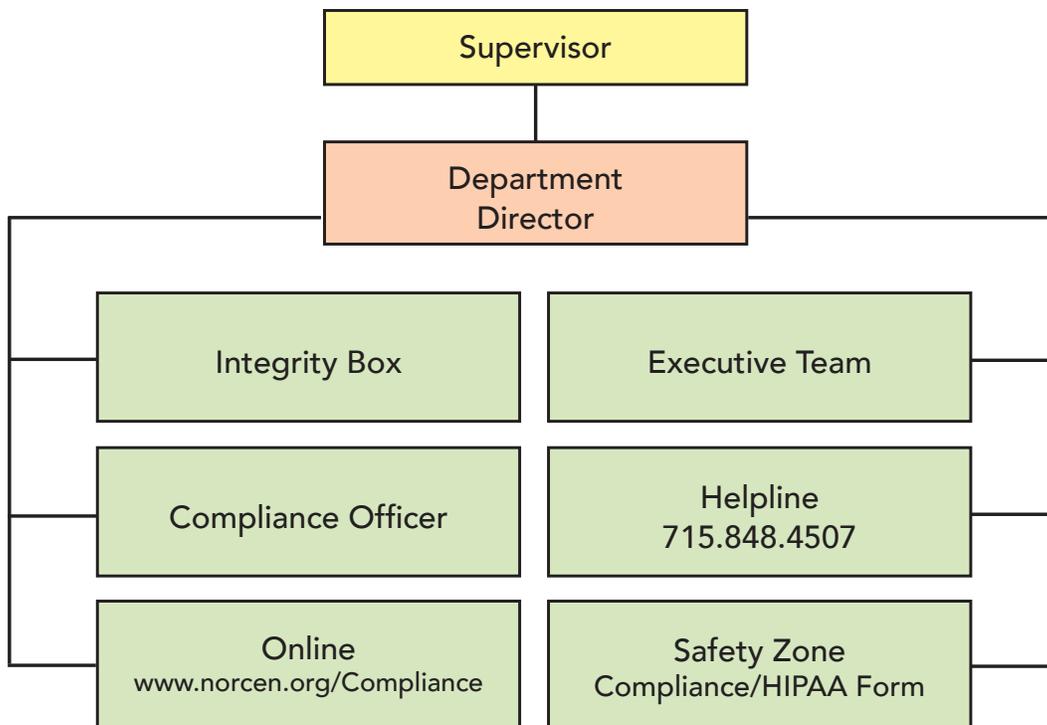
To make a report by telephone outside of regular business hours, please contact the Administrator On-call by phone at **715.848.4488**.

## NON-RETALIATION

NCHC is committed to ensuring that you do not face retaliation for reporting concerns about actions that may violate or be inconsistent with our Code of Conduct or the law.

Prohibited acts of retaliation include discharge, demotion, suspension, harassment, threats, or any other action that discriminates against an individual who submits a report.

If you suspect retaliation for making a report, contact the Compliance Officer immediately.



## Commitment to the People We Serve

# Privacy, Ethics & Patient Rights

### ► Safeguarding Patient Information/Records

We are required by our own policies, as well as by state and federal laws and regulations, to protect the confidentiality, integrity, and availability of Protected Health Information (PHI) and all other confidential information. Regarding PHI, the Health Insurance Portability and Accountability Act (HIPAA) establishes rules that restrict who can access and/or receive PHI and sets limits on how PHI can be used and disclosed. We treat our patient's information with care, respecting our patient's privacy. We will only use patient information for treatment purposes, to obtain payment, and for other health care operations, including administrative purposes and evaluation of the quality of care that our patients receive.

Employees must never use or disclose confidential patient information in a manner that violates the privacy rights of our patients.

### ► Patient Rights and Choice

All patient care at North Central Health Care is administered in accordance with the Patient's Bill of Rights. Every patient is provided with a statement of these rights and with a Notice of Privacy Practices. We are responsible for informing patients about their proposed plan of care, including the risks, benefits and alternatives available to them. We respect their rights to make informed decisions about treatment, as well as to establish and have followed advance directives.

### ► How We Use Patient Information

We collect information, including a patient's medical condition, history, medication, and family illnesses in order to provide the best possible care. Although there may be emergent or other situations where it is necessary to disclose a patient's information (such as instances where the disclosure is required by law), we take care to maintain the confidentiality of our patients' information by sharing patient information only with those individuals who have a need to know for the purposes of treatment, payment or other healthcare operations.

We discuss or share protected patient information only with those who have a right or need to know, only if necessary authorizations have been received, and only in a manner consistent with legal requirements. We will avoid discussing protected patient information in public areas. We pro-actively safeguard patient information by keeping in line with the HIPAA regulations and our privacy and security policies and procedures.

Violation of this policy may result in disciplinary action up to and including termination.

For more information, please refer to our policies regarding HIPAA\*



# HIPAA Privacy – Basic Dos & Don'ts

The Health Insurance Portability and Accountability Act (or "HIPAA") was enacted in 1996 to protect health insurance coverage for workers and their families when they change or lose their jobs (Portability) and to protect health data integrity, confidentiality, and availability (Accountability). Storing and transmitting electronic records makes the health care system more efficient, simpler, and less costly but it also comes with the added responsibility to maintain patient privacy. Here are some guidelines on best practices in affording privacy to all whom we serve.

## ● Please Do

Avoid discussions about patients in elevators, cafeteria lines, waiting rooms, or public areas
Keep your voice low when in a public setting
Return medical records to their appropriate location
Close the door or curtains when discussing patient care
Shred notes with protected health information (PHI) on them
Lock your workstation when you need to leave your area for a moment or more
Turn computer screens away from the view of the public (or use privacy screens)
Keep papers on desks face down
Ask patients to step back when waiting in line where there might be PHI discussed
E-mail PHI to only secured email addresses
Properly manage your password
Log off your computer when not using it
Call the help-desk if you receive an unfamiliar or suspicious e-mail
Create a password that would be difficult for someone to guess/replicate

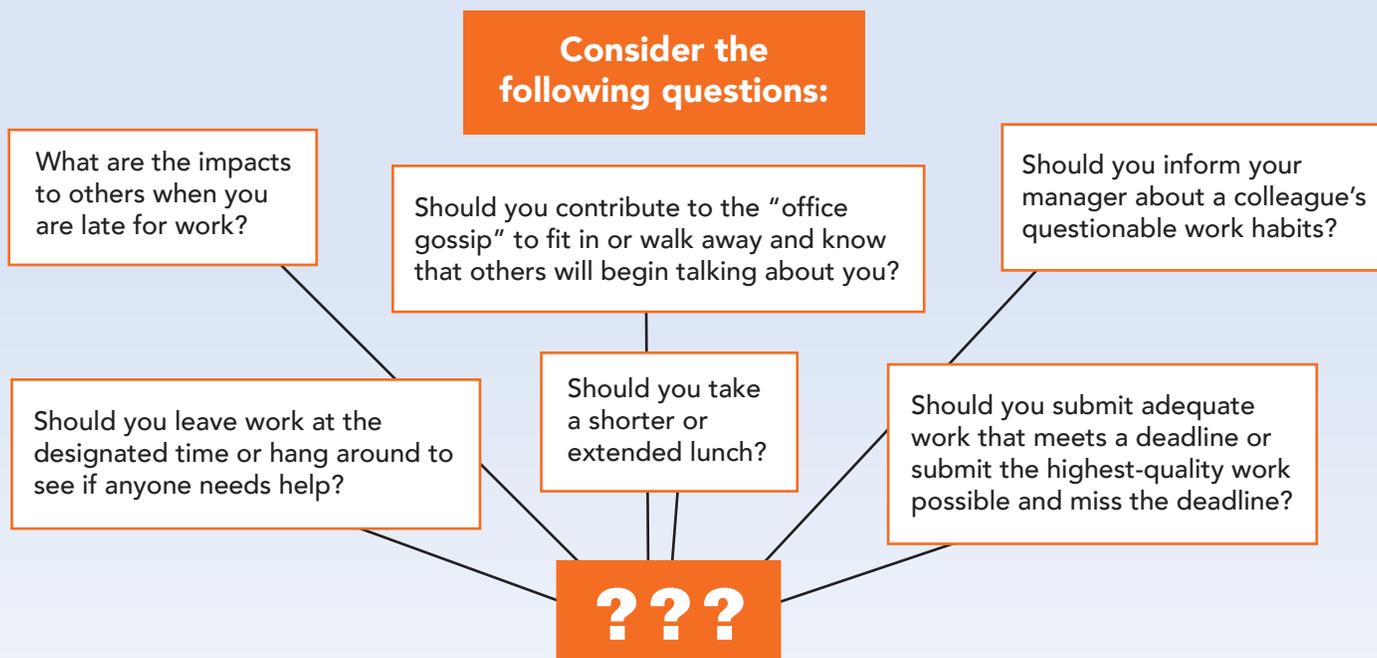
## ● Please Don't \*

Don't take medical records off premise unless instructed to do so
Don't discuss patients with anyone that doesn't need to know
Don't leave medical records unattended in non-locked areas
Don't throw notes with PHI on them in the trash or recycle bin
Don't access information of your family, friends, acquaintances, or anyone you are not caring for
Don't e-mail PHI to anyone with a unsecured e-mail address
Don't give out your password to anyone, at any time, for any reason
Don't write your password down and place it where someone could easily find it
Don't open up e-mails and click on links if they look suspicious or you don't recognize the sender contact the HelpDesk by emailing IT_HELPDESK@co.marathon.wi.us or 715.261.6710
Don't forward work e-mails to your personal accounts (Examples: @yahoo.com, @hotmail.com, @charter.net)
Don't access personal e-mail accounts while you are at work

\*If you do see anything happening in the "don't" category, please fill out an occurrence report so it can be properly investigated.

# Ethical Decision Making

We experience multiple ethical dilemmas each day because almost every decision we make and every action we take impacts other people. Often we do not consider the ethical nature of our decisions until we become aware that our actions have negatively impacted someone.



When faced with having to answer questions such as these, do you consider the ethical impacts of your decisions?

**What we decide to do matters to others and to the organization.**

**When facing a possible ethical dilemma, please use the following questions as a guide during any decision-making process.**

- ✓ **Is it legal?**
- ✓ **Does it comply with our rules, regulations and guidelines?**
- ✓ **Is it in-line with our Mission, Vision and Core Values?**

If you answered "no" to any of these questions or are unsure, stop and seek help before proceeding.

We must *hold* ourselves to the **HIGHEST** of ethical **STANDARDS**.

# Patient's Right to Protective Care

Defining Abuse, Neglect, Misappropriation, Exploitation, Resident to Resident Altercation, Injury of Unknown Origin and Caregiver Misconduct

## Abuse:

- Physical – hitting, slapping, pinching, kicking, or intentionally causing harm\*
- Sexual – harassment, inappropriate touching, assault
- Verbal – threats of harm, saying things intentionally to frighten the client
- Mental – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions

**Neglect:** Intentionally withholding care; failure to carry out a plan that could reasonably be expected to cause pain, injury or death of a client

**Misappropriation of property:** theft of money, identity, credit cards, jewelry, misuse of property, such as using a client's phone without consent

**Exploitation:** Defined as taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion

**Resident to Resident Altercation:** Incidents that occur between residents in the nursing home must also be reported

**Injury of unknown origin:** An injury should be classified as an injury of unknown origin when both of the following conditions are met:

1. The source of the injury was not observed by any person or the source of the injury could not be explained by the resident

**AND**

2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.

**Your Response:** If you witness any of these abuses to a client, resident or patient it is your responsibility to make sure the following protocol is carried out:

## Witness Responsibility

- ✓ **Immediately protect the person**
- ✓ Notify your manager
- ✓ Fill out an occurrence report in SafetyZone
- ✓ Contact Administrator on Call
- ✓ For any situation that could include a potential criminal offense, contact law enforcement

## Manager Responsibility

- ✓ **Immediately protect the person**
- ✓ Investigate all allegations of misconduct
- ✓ Document the results of your investigation
- ✓ Report allegations/incidents to the Division of Quality Assurance (DQA) as appropriate

## Manager or Witness Responsibility

- ✓ For any situation that could include a potential criminal offense, contact law enforcement
- ✓ Adult Protective Services aids elder adults and adults-at-risk who have been or are currently being abused, neglected or exploited. APS: 715.841.5160.



## You can learn of an incident from:

- Receiving a verbal or written statement from a patient/client/resident
- Receiving a verbal or written statement of someone in a position to have knowledge of the incident
- Discovering an incident after it occurred
- Hearing about an incident from others
- Observing injuries to a patient/client/resident (physical, emotional or mental)
- Observing misappropriation of a patient/client/resident's property
- Otherwise becoming aware of an incident

# Patient's Right to File a Grievance

Many patients complaints can be addressed quickly. When complaints cannot be resolved quickly and easily, patients have the right to file a grievance. A grievance is a formal complaint. Patients have the right to complain about the quality of their healthcare. Common causes for complaints include:

- Waiting time
- Operating hours
- Conduct of staff
- Adequacy of staff

## Non-Retaliation

A patient/client/resident, surrogate decision maker, or any person acting on their behalf (including a NCHC staff member) may initiate or file a complaint or grievance without discrimination and/or the fear of reprisal.

## Handling a Grievance

- ▶ During the admission process staff will inform patient/client/residents, verbally and in writing of their rights which includes their right to make complaints and grievances and the process to do so.
- ▶ All staff shall encourage patients/clients/residents to express any complaints or concerns to the individual involved or present. These may be resolved by the individual involved or by an appropriate nearby staff member or service manager/supervisor.
- ▶ If the patient/client/resident presents the complaint to persons other than direct care staff and has not tried to resolve the issue with the involved unit or department involved, the contacted staff should immediately call the unit or department involved so that the concern/complaint may be addressed.
- ▶ If the staff present is able to resolve the patient complaint at the time, it is not a grievance.
- ▶ A complaint is considered resolved when the complainant is satisfied with the actions taken or the explanation given.
- ▶ Resolution of the complaint will be documented in the patient/client/resident electronic health record.

Please refer to the policy "Complaints and Grievances" for more details. \*

**\*You can access the NCHC policy database through MyPolicies at <https://northcentralhealthcare.mypolicies.com>**

## Commitment to Our Colleagues

### Gifts, Conflicts of Interest, Health & Safety

It is the expectation that employees, board members, medical staff and agents remain free of conflicts of interest in the performance of their responsibilities and services at North Central Health Care. Further, we are committed to a diverse workforce and a safe work environment.

- **Gifts and Gratuities** We do not solicit, accept or give gifts, payments, fees, services, valued privileges or other favors where these would, or might appear to, improperly influence the performance of our official duties.
- **Conflict of Interest** We do not tolerate any business or financial opportunity which might conflict, or appear to conflict, with the interests of North Central Health Care or those we serve. A conflict exists whenever a trustee, officer, physician or employee (or a related party such as a business or family member) may receive a financial benefit from any decision or action that he/she takes.
- **Health and Safety** We will comply with state and federal laws as it pertains to maintaining a safe working and service environment. We immediately report any unsafe acts or circumstances which may create an unsafe condition.

## Commitment to Government Regulators

### Billing, Fraud, Anti-Kickback, Stark Laws

We are committed to satisfying the payment conditions required by payors with which North Central Health Care transacts business, including Federal Health Care Programs. Further, we are committed to monitor and structure North Central Health Care's relationships with physicians and other healthcare providers to be consistent with relevant federal and state laws and regulations.

- **Coding & Billing** We bill only for those services that are actually provided, medically necessary, appropriately authorized and properly documented, using billing codes that most accurately describe the services and care provided. Up-coding or improperly bundling charges to increase reimbursement is strictly prohibited.
- **Zero Tolerance for Fraud & Abuse** We will not tolerate the submission of any claim for payment or reimbursement that is false, fraudulent, fictitious, or is grossly misleading or inaccurate.
- **Anti-Kickback** We prohibit asking for or receiving anything of value to induce or reward referrals of Federal Health Care program business (Medicare and Medicaid) to include bribes, rebates, cash, in-kind donations-referred to as "kickbacks."
- **Stark Laws (Physician Self-Referral)** The purpose is to prohibit improper referral relationships that can harm Federal Health Care Programs (Medicaid and Medicare) and program beneficiaries. It limits physician referrals where there is a financial relationship (either their own or an immediate family member) with the business entity. For example: referring a patient to a medical equipment company that they own.

**Do you understand the regulations that apply to your department?**

If not, please speak with your manager, supervisor, or Compliance Officer to verify.

**KNOW FRAUD**



## Frequently Asked Questions

While we cannot list every possible violation, we can highlight those that occur most frequently. Here are just some examples of situations that would violate our Code of Conduct.

**Q:** A client or a family member of a client I work with offers me a gift?

**A:** Frequently, relatives of patients wish to provide gifts to departments as a way of saying thank you for the care given. Gifts of candy, cookies and fruit in small quantities may be accepted on behalf of all department personnel and shared among staff. While we do not wish to encourage this practice we do not want to deny someone the opportunity to say thank you. Gifts of this sort may be misinterpreted as a method of gaining favored treatment by the relatives of other patients.

NCHC requires employees and agents not to accept gifts or benefits that could create conflict between their personal interests and NCHC legitimate business interests. Examples of gifts received in connection with his/her job include: all monetary and non-monetary gifts including meals and entertainment. If relatives of patients, service clubs or other persons or organizations indicate a desire to make a donation to NCHC, they should be referred to Administration.

**Q:** My client sent me a friend request on Facebook?

**A:** Avoid blurring the lines between your professional and personal life by steering clear of relationships with clients on social media. Per NCHC Policy, employees of NCHC are "prohibited from seeking out a patient/client/resident on social media and discouraged from accepting friend requests."



**Q:** Can I take a photograph of a resident I work with?

**A:** Staff is prohibited from taking or using photographs or recordings. This would include using any type of equipment (e.g. cameras, smart phones, and other electronic devices) to take, keep, or distribute photographs and recordings on social media. Snapping pictures could be considered caregiver misconduct.

**Q:** What if I report a potential violation involving my supervisor? Can I get in trouble?

**A:** No. Each employee is responsible for reporting any potential or actual violation of our policies, Code of Conduct or laws and/or regulations. You will not get in trouble, if in good faith, you make a report. In addition, we will not tolerate any retaliation against you for your report.

**Q:** I learned that my co-worker who is a nurse is performing patient care with a suspended license. What should I do?

**A:** You should immediately report this occurrence either to your supervisor, Administrator On-Call, Human Resources, or to the Corporate Compliance Officer. Employees must have a valid and current license and any applicable certification that is required for their job at NCHC. Employees, physicians, and other caregivers are responsible for maintaining a current and valid license.

Steer **CLEAR** of relationships with clients on **SOCIAL MEDIA**.



**Q: What is Protected Health Information (PHI)?**

**A:** PHI is any health information that can be used to identify a patient and that relates to the patient's health care services provided to the patient or the payment of these services. PHI includes all medical records and other information that identifies the patient, including demographic, medical, and financial information in any form (electronic, paper or verbal).

**Q:** I just learned that my cousin has been admitted into our inpatient hospital. I am genuinely concerned about her well-being and am not sure she is being honest with me about how she is doing. Although I have access to medical records, is it okay to take a look at my cousin's chart?

**A:** No. All employees, physicians and others who have been granted access to medical records, may only access this confidential information for authorized purposes, including treatment, payment, and/or health care operations.

**Q:** I know someone who has violated our Code of Conduct, should I report this? And what will happen to the employee?

**A:** Yes, you should report any violation of the Code. Employees are responsible and are held accountable for reporting suspected or known violations of our Code of Conduct, policies and procedures, laws and regulations. Any employee found to be in violation of our Code of Conduct, policies and procedures, or laws and regulations, may be subject to disciplinary or corrective action, up to and including termination of their employment with North Central Health Care.



To make a report by phone dial **715.848.4507** or visit [www.norcen.org/Compliance](http://www.norcen.org/Compliance)

**Q:** Government agencies are diligently monitoring for Medicare and Medicaid fraud, waste and abuse. What does the government consider to be fraud and abuse in healthcare?

**A:** Examples of occurrences of fraud, waste and abuse in the healthcare industry that government agencies are investigating include the following:

- Billing for items and services not medically necessary
- Billing for items or services not actually provided
- Duplicate billing
- Upcoding for higher reimbursement than what actually are entitled to receive
- Falsifying information or documentation to maximize reimbursement
- Knowingly failing to report and return overpayment made by Federal Healthcare Programs (Medicare and Medicaid)
- Employing person excluded from participation in Federal Healthcare Programs (Medicare/Medicaid)

**Q:** I work in the medical records department and I have reason to believe that a provider has inaccurate information related to the level of service provided to a patient. What should I do?

**A:** First, you should discuss the issue with the physician and ask for additional information. If you are not satisfied with the answer or believe that inaccurate information is still being provided, then the situation should be immediately discussed with either your Supervisor, Administration, Human Resources or the Corporate Compliance Officer. You should never accuse the provider of wrongdoing. A review will be undertaken and if wrongdoing is proven, it will be handled through the appropriate process.

You may **ONLY** access confidential patient information for **AUTHORIZED** purposes.



# North Central Health Care

Person centered. Outcome focused.

## OUR MISSION

Langlade, Lincoln and Marathon Counties partnering together to provide compassionate and high quality care for individuals and families with mental health, recovery and skilled nursing needs.

## OUR VISION

Lives Enriched and Fulfilled.



[www.norcen.org](http://www.norcen.org)





# North Central Health Care

Person centered. Outcome focused.

## **PROGRAM APPLICATION TO THE RETAINED COUNTY AUTHORITY COMMITTEE**

DATE: December 6, 2019  
TO: North Central Community Services Program Board  
FROM: Laura Scudiere, Human Services Operations Executive  
Michael Loy, Chief Executive Officer  
RE: Alcohol and Other Drug Abuse Assessments in Jails

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### **Purpose**

To provide information regarding the ongoing jail assessments to Marathon, Lincoln, and Langlade County jails for review and determination of next steps.

### **Definitions**

AODA – Alcohol and Other Drug Abuse

Client – Individual in the jail identified as a potential AOD treatment candidate

SAC – Substance Abuse Counselor

## **I. Current Situation and Program Overview**

### ***Background***

About 2 years ago, in an attempt to assist referrals into North Central Health Care (NCHC) treatment options, SACs were extended from NCHC's Medically Monitored Treatment program into the jails to do assessments. The assessment determines what level of AODA treatment an individual needs when they are discharged from jail. This service happened infrequently and only when we had the available staff to provide this service. The service was inconsistent because NCHC didn't have staff specifically assigned to travel to the jails and the use of resources in this way wasn't budgeted. More recently, jail partners including probation and parole, felt that this service needed to be extended. In an effort to meet our partner's needs, staff committed to regular hours in the jails for the purposes of performing assessments.

### ***Current state***

Our main SAC that was performing this service had recently transitioned to the Medically Assistant Treatment (MAT) Coordinator. This position was created through grant funds to provide MAT in the Marathon County jail. At present time, this position's grant-related activities are taking precedence and it's been a struggle to keep up with the schedule that was set for AODA assessments in the jail. In addition, the person in the role recently left the organization, causing NCHC to flex staff from other patient care areas to cover these gaps.

Partners from Langlade and Marathon County including probation and parole and diversion offices, have expressed concern about inconsistency of this service. NCHC staff have worked to educate that this is an unbudgeted service we provide as a support, but additional time and more consistency would require additional resources. The estimated current demand is:

- 8-10 hours per month in the Marathon Jail
- 8-10 hours per month in Langlade County Jail (This was just increased due to a recent request.)
- 4 hours per month in Lincoln County Jail (Several of these referrals are for clients from Marathon County that were transferred to Langlade County)

***Recommendation***

Obtain funding from county partners to add a dedicated employee to meet the demand of the jail systems. In addition to the FTE cost, expansion of this service would require additional operational and travel expenses.

A proposed schedule to provide the service would be as follows:

- Marathon County Jail
  - M-F 8:00 – 11:00 am
- Langlade County Jail
  - M/W 12:30 to 3:30 pm
- Lincoln County Jail
  - T/Th 1- 4pm

**II. Projected Costs/Operating Budget**

***Financial Implications***

Assessments in the jail do not produce revenue as we can not bill for these services. This position would have no associated revenue. The median salary for a 1.0 SAC is approximately \$55,000. Benefits add an additional \$22,000 per year.

Salary and benefits of 1.0 FTE	\$77,000
Computer and IT Cost	\$2,000
Phone	\$600
Mileage reimbursement	\$5,500
Supplies/Travel	\$5,000
<i>Total cost per year:</i>	<i>\$90,100</i>

***Risk Factors***

1. Demand exceeds the proposed FTE’s allocation
2. Funding does not become available or is scaled back
3. Treatment options are not available or there are barriers to access
4. Difficulty hiring the position

### **III. Summary of Other Factors**

#### ***Impact on Other NCCSP Programs***

The current impact is that staff assigned to roles at NCHC engaging patients in treatment are being pulled to perform jail assessments. This takes away from their ability to successfully complete their roles at NCHC causing staffing challenges to programs such as the Medically Monitored Treatment Program.

#### ***Implementation Milestones***

1. Obtain approval from RCA and NCHC Board, pending approval of funding (30 days)
2. Obtain funding from county partners (90 days)
3. Post for SAC position (5 days)
4. Hire SAC (90 to 120 days after posting)
5. Schedule assessment times in the jails (5 days)
6. Determine workflows related to the project (10 days)
7. Determine evaluation metrics and reporting requirements (5 days)

### **IV. Summary of Impact on Member County Programs and Resources**

#### ***Impact on County Programs***

Langlade County is starting a Drug Treatment Pre-trial Diversion program, which assists individuals with a limited criminal record and drug-related or drug-motivated felony charges by offering treatment as an option rather than jail. This program relies on timely substance abuse assessments in the jail, so that identified eligible clients can be diverted from the jail into treatment options like NCHC's MMT program.

Lincoln County is exploring starting an OWI Court, which would use this position to assess the necessary level of substance abuse treatment while the client is in jail as well.

These programs would add to the current workload.

## 2020 NCCSP BOARD CALENDAR – Next Three Months

### Thursday January 30, 2020 – 3:00 PM – 5:00 PM

Educational Presentation: Industry Update – An external resource will present on recent or anticipated changes in the operating environment. This presentation should facilitate the generative topic below.

Defining Diversity and Cultural Competency in Health Care and Ensuring Cultural Competency within the Board, Management Team and Programming

Board Action: CEO Performance Review – Initiate review of Chief Executive’s performance, the method and timing of the executive’s performance review

Board Policy to Review: Procurement Policy; Medical Staff Bylaws

Board Policy Discussion Generative Topic: Facilitated Discussion on the quality of the strategic plan to gain better alignment of expectation and structure of the formal strategic plan.

Identify 5 priorities for Board Development and potential policy for the year. These five priorities should be informed through future Board Educational Presentations and/or Discussion Generative Topics.

### Thursday February 27, 2020 – 3:00 PM – 5:00 PM

Educational Presentation: Financial Review – Review and discuss the past year’s financial reports and how the organization’s financial performance informs the plans for the current year and beyond.

Board Action: Report of recent investigations related to corporate compliance activities and significant events.

Board Policy to Review: Capital Assets Management Policy, Cash Management Policy

Board Policy Discussion Generative Topic: TBD

**NO MEETING IN MARCH – Next Regularly Scheduled Meeting is on Thursday April 16, 2020 (3<sup>rd</sup> Thursday) – 3:00 PM – 5:00 PM**