



OFFICIAL NOTICE AND AGENDA

Notice is hereby given that the **North Central Community Services Program Board** will hold a meeting at the following date, time and location shown below.

Thursday, July 30, 2020 at 3:00 pm
North Central Health Care - Wausau Board Room
1100 Lake View Drive, Wausau, WI 54403

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, North Central Health Care encourages Committee members and the public to attend this meeting remotely. To this end, instead of attendance in person, Committee members and the public may attend this meeting by telephone conference. If Committee members or members of the public cannot attend remotely, North Central Health Care requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees.

Persons wishing to attend the meeting by phone may call into the telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:

Meeting number (access code): 1-408-418-9388 Access Code: 146 519 0705 Passcode: 1234

AGENDA

1. CALL TO ORDER
2. CHAIRMAN'S ANNOUNCEMENTS
3. PUBLIC COMMENT FOR MATTERS APPEARING ON THE AGENDA
(Limited to 15 Minutes)
4. PATIENT IN THE BOARD ROOM (5 Minutes)
5. CONSENT AGENDA AND MONITORING REPORTS
 - A. Board Minutes and Committee Reports
 - i. ACTION: *Motion to Approve the June 25, 2020 NCCSP Board Minutes*
 - ii. Draft and Approved Minutes of Recent NCCSP Board Committees
 - B. Policy Governance Monitoring Reports
 - i. Executive Monthly Reports
 - ii. Dashboards and Dashboard Executive Summary
 - C. ACTION: *Motion to Approve the Recommendation of the Medical Executive Committee to Approve Medical Staff Privileges for Shamim Anwar, M.D., Robert Vickrey, M.D., David Tange, M.D., Edward Krall, M.D., Tiffany Pluger, APNP*

6. BOARD EDUCATION
 - A. Perspectives and Opportunities for Engagement with the Hispanic and Latino Community (15 Minutes) - T. Gonzalez

7. BOARD DISCUSSION AND ACTION
 - A. Annual Review of Employee Compensation, Recruitment, and Retention Strategies
 - i. ACTION: *Motion to Approve Direction on Merit and Market Based Adjustment Budget for 2021* (20 Minutes) – Michael Ritter, Gallagher Human Resources & Compensation Consulting
 - ii. EDUCATION: Health Plan Performance and Projections for 2021 (15 Min) – Scott Schultz, Gallagher Benefits

 - B. CEO Report (5 Minutes) – M. Loy

 - C. ACTION: *Motion to Accept the June Financial Statements* (5 Minutes) – J. Meschke

 - D. Chief Medical Officer’s Update on Quality Improvement (5 Minutes) – R. Gouthro

 - E. Operational Plan Update (5 Minutes) – J. Nickel

 - F. Discussion and Possible Action on Strategic Initiatives
 - i. Digital Strategy and Relationship with the City-County Information Technology Commission (15 Minutes) – T. Boutain
 - ii. Leading a Culture of Safety Towards Zero Harm (10 Minutes) – M. Loy

8. MOTION TO MOVE INTO CLOSED SESSION
 - A. Pursuant to Section 19.85(1) (c) and (f) Wis. Stats. for the purpose of considering employment and performance evaluation of any public employee over which the governmental body exercises responsibility, and preliminary consideration of specific personnel problems, which if discussed in public, would likely have a substantial adverse effect upon the reputation of any person referred to in such problems, including specific review of performance of employees and providers of service and review of procedures for providing services by Agency, to wit: *Report of Investigations related to Corporate Compliance Activities and Significant Events* – J. Peaslee


9. RECONVENE TO OPEN SESSION AND REPORT OUT OR POSSIBLE ACTION ON CLOSED SESSION ITEM(S)

10. BOARD CALENDAR AND FUTURE AGENDA ITEMS – M. Loy

11. BOARD EXPERIENCE OPTIMIZER

12. ADJOURN

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


 Presiding Officer or Designee

DATE: 07/24/2020 TIME: 4:00 PM BY: D. Osowski

NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD MEETING MINUTES

June 25, 2020

3:00 p.m.

Wausau Board Room

Present: (Present via conference phone due to Covid19.)

X	Eric Anderson	X	Randy Balk	EXC	Ben Bliven
ABS	John Breske	X	Kurt Gibbs	X	Jason Hake
X	Lance Leonhard	EXC	Robin Stowe	EXC	Gabe Ticho
X	Pat Voermans	X	Romey Wagner	X	Bob Weaver
X	Theresa Wetzsteon	X	Jeff Zriny		

Staff Present: Michael Loy, Dr. Rob Gouthro, Jarret Nickel, Jill Meschke, Tom Boutain, Kim Gochanour, Jennifer Peaslee, Zach Ziesemer

Call to order

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

Chairman's Announcements

- Grand Opening event of the new Aquatic Therapy Pool is scheduled for July 16 at 1:00 p.m.

Public Comment for Matters Appearing on the Agenda

- None

Consent Agenda

- **Motion**/second, Anderson/Leonhard, to approve the Consent Agenda which includes:
 - May 28, 2020 NCCSP Board Minutes
 - Board Policies up for Annual Review:
 - Contract Review and Approval Policy
 - Contracting with Excluded Individuals and Entities Policy
 - Business associate Contract Management Policy
- Motion carried.

Board Discussion and Action

- CEO Report – M. Loy
 - Chief Nursing Officer position has been filled; start date is 7/13/20.
 - Pursuing a candidate for the attorney position in partnership with Marathon County; hope to have the individual on board by August 2020.
 - Interviewing a physician for a child psychiatry position who is a Wausau native.
 - Moving forward in the due diligence discussion with Northern Valley Industries.
 - Grand Opening of the Aquatic Therapy Pool July 16. Have not opened to the broader public yet as several facility-related items are still being corrected. Hope to open for more activities by end of July.

- Continue to report no positive COVID19 test results of our residents. An employee has tested positive but has not been in the building since being symptomatic, had limited to no contact with residents, minimal contact with staff; working with staff for voluntary testing. Good example that our process is working.
- Action: Motion to Acknowledge Temporary Suspension of the Medically Monitored Treatment, Intensive Outpatient, Day Treatment and Sober Living Programs
 - The changes to these programs were reviewed.
 - **Motion**/second, Leonhard/Wagner, to approve the temporary suspension of the Medically Monitored Treatment, Intensive Outpatient, Day Treatment, and Sober Living Programs. Motion carried.
- Action: Motion to Close Hospice Unit at Pine Crest Nursing Home – K. Gochanour
 - Z. Ziesemer, Administrator of Pine Crest Nursing Home, provided an overview of the Hospice Unit and the reasoning for recommending closure of the unit.
 - **Motion**/second, Voermans/Weaver, to approve the recommendations of the Nursing Home Operations Committee and close the Hospice Unit at Pine Crest Nursing Home. Motion carried.
- Chief Medical Officer’s June Executive Report – R. Gouthro
 - A detailed review of the Chief Medical Officer’s report was provided.
 - Of special note, the Psychiatry Residency Program is in its 4th year. Of the three residents joining the program this year, Dr. Boris Berman, Dr. Ania Fida, and Dr. Joshua Shupe, two of them are graduates of the Medical College of Wisconsin (MCW). Also, NCHC has become the largest psychiatric rotation site of the local medical college.
- Action: Motion to Accept the May Financial Statements – J. Meschke
 - May’s financial results were reviewed. The \$557,000 gain is directly related to receipt of the \$1.1 million in federal stimulus money.
 - For May the Pine Crest balance sheet has been incorporated into the overall NCHC balance sheet accounts.
 - **Motion**/second, Balk/Wagner, to accept the May Financial Statements. Cares Act funding is no longer being received in automatic payments, which we were then required to attest for the funds. We now must apply for Cares Act funding and include the justification with the request. L. Leonhard has talked with Facilities Maintenance to see if there are any funding streams that can be used for eligible expenditures of facility projects (which must be incurred by Nov. 1). Motion carried.
- Operational Plan Update – J. Nickel
 - Highlights of the Operational Plan were provided.
- Action: Motion to Approve Updated Compensation Policy – J. Nickel
 - Policy is reviewed annually by the Board. Recommended changes were reviewed.

- **Motion**/second, Wetzsteon/Leonhard, to approve the revised policy. Motion carried.
- Action: Motion to Approve the Agreement Between North Central Health Care and Wausau Community Development Authority for Personal and Supportive Living, Meal and Nursing Services – M. Loy
 - The contract was approved by the Wausau Community Development Authority. The management agreement coincides with the authority to enter these Agreements in the Joint County Agreement and provides favorable termination terms. If approved, management of the property would begin 8/3/2020.
 - Board asked that the contract be reviewed by our insurance provider.
 - Following discussion, **motion**/second, Leonhard/Gibbs, to approve the contract in principle unless there are further changes made to the contract by the City of Wausau at which time the agreement should come back to the Board for additional review. Motion carried.
- Discussion and Possible Action on Strategic Initiatives – M. Loy
 - The Board in approving the 2020 Quality, Safety & Compliance Plan, endorsed the vision of Achieving Zero Harm and Leading for a Culture of Safety. A vision for a culture of safety was identified with a robust safety plan developed in 2019. Improving quality of care in outcomes and experiences is of high priority as well.
 - The importance of Board Engagement along with goals and engagement strategies was reviewed. The Board will incorporate Patient stories at the beginning of Board meetings and dedicate time each month on the Board agenda for quality and safety discussions.
 - Defining strategic initiatives in furthering success with Diversity, Equity and Inclusion (DEI) and their importance to the organization's long term viability and success were discussed.
 - Board expressed interest in keeping DEI as ongoing monthly education, training, and discussions as well as to work to identify gaps in policies, procedures, and practices. T. Wetzsteon requested that the Board hear from members of diverse communities to learn more about how they are being engaged in our services and the perceptions they have about NCHC services.
- Board Education: Corporate Compliance and Quality Obligations of the NCCSP Board – J. Peaslee
 - Overview of the Corporate Compliance Program, updated guidance from the Department of Justice, and the key areas of Board oversight was provided.
 - Corporate Compliance Program Policy was provided for review.
 - **Motion**/second, Anderson/Balk, to approve the Corporate Compliance Program Policy as presented. Motion carried.

Board Calendar and Future Agenda Items - M. Loy

- Board meeting in July has been moved to *Thursday, July 30 at 3:00 p.m.*
- Future agenda items requested: Zero Harm, Diversity, Equity and Inclusion

Board Experience Optimizer

- In a continued effort around improving governance, effectively using time, and providing a positive experience, your feedback is appreciated. Please complete the form after each meeting and return to NCHC CEO Office.

Adjourn

Motion/second, Leonhard/Wetzsteon, to adjourn at 4:42 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO

DRAFT

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM BOARD
EXECUTIVE COMMITTEE**

July 16, 2020

3:00 PM

NCHC – Wausau Board Room

(Present via conference phone due to Covid19 and recommendation of social distancing)

Present: X Jeff Zriny X Jason Hake
 X Lance Leonhard X Robin Stowe

Others Present: Michael Loy, Jarret Nickel

Call to Order

- Meeting was called to order at 3:00 p.m.

Public Comment for Matters Appearing on the Agenda

- No public comment(s) made.

ACTION: Approval of 6/18/2020 Executive Committee Meeting Minutes

- **Motion**/second, Stowe/Leonhard, to approve the 6/18/2020 Executive Committee meeting minutes. Motion carried.

Overview of Draft July 30, 2020 NCCSP Board Agenda

- The draft NCCSP Board Agenda for July 30, 2020 was reviewed.

Review Dashboard and Work Plan

- Dashboard was reviewed. Highlights included: retention rate is dipping below target affected particularly by higher turnover in those with less than one year of service; diversions for May exceed target in a positive way which also reflects positively in financials for the month; staff have been working to improve the no show rate with the implementation of an Open Access Clinic in the near future, and financials, with funding and reductions, are doing well relative to what it could be. A status of the referral source indicator will be provided at the next meeting of the Committee.
- There are no major updates. Closed items have been moved to the bottom of the report.
- It was recommended to delay the RFP for audit services until 2021 due to the onboarding of a new CFO in 2020. The Executive Committee agreed with this recommendation.

CEO Report

- We have an accepted offer from a Child/Adolescent Psychiatrist who will be joining NCHC in the summer of 2021.
- An Adult Outpatient Psychiatrist is also being interviewed and could potentially join NCHC in the summer of 2021.
- The position for legal counsel is being negotiated.
- Jaime Bracken has been hired as Chief Nursing Officer and began at NCHC this week. She will be introduced at the July Board meeting and as part of the Executive Team will participate in future meetings.
- Renovations Update - J. Nickel
 - Aquatic Therapy had a soft opening in June and is now accepting physical therapy appointments; floor drains in the shower rooms are being fixed yet
 - Youth Hospital is scheduled for completion at the end of August; some equipment delays have occurred due to COVID
 - CBRF is also scheduled for completion at the end of August
 - Skilled nursing tower 3rd floor poured scheduled for 7/17 and on scheduled for the building to be enclosed before winter 2020
 - Retention pond had to be moved due to a WPS line which also delayed the parking lot renovation
 - Behavioral Health Services renovation design plans are in progress with renovation to begin this fall
 - Off campus renovations of Heather Street Group Home is complete and nearing completion for the Chadwick Street Group Home
- R. Stowe provided an update on the Sober Living facility in Langlade County. The project has been temporarily suspended due to funds available for remodeling the facility. A meeting is scheduled in August to continue to discuss the continuation of the project including the involvement and direction for the NCCSP Board.

Motion to Approve 2021 Performance Expectations and Outcomes for Community Programs

- The Executive Committee is to articulate the expectations and outcomes for community service programs. Expectations and outcomes then become part of the dashboards.
- The Executive Management Team discussed performance dashboards and measurements to verify what is being measured is important. The Team identified opportunities to get to a higher level by improving the quality indicator measurements by moving from process/structure measures to service expectation/outcome i.e. quality measures that are person-centered, and focus on high reliability and consistency.
- Committee agreed with the direction of the changes to more service expectation measures and asked for additional information to be reviewed next month with the goal to finalize the measures by the end of October. Committee would like the overall measures to be able to be broken down by county; and felt process measures have value in continuing to monitor as well.

Discussion on Variable Pay Program Proposal

- NCHC has lost candidates given the structure of our management pay program. The proposed variable pay program would be for senior management only (about 20-25 individuals) in which they could earn variable pay each year based on dashboard measures set by the Board and would only be paid if there was a positive bottom line at year end. The program would not be budgeted for. The program could engage and/or improve collaboration from the senior management team as well as achieve higher levels of outcomes set directly by the Board. We see this as a valuable tool in recruitment, retention, and engagement within the senior management team. This would not be a budgeted item and only available if funding was available.
- The Committee felt this was a program was worth further exploration.

Preparation for Annual CEO Succession Plan Exercise

- Last year, through the survey of effectiveness of governance, the Board identified a gap in not having a CEO succession plan in place should the CEO leave the organization whether by a planned or unplanned departure.
- A CEO succession plan is important in how to immediately operate the organization, seek a replacement, and the process for succession.
- CEO succession planning exercise is slated to occur in October which could be facilitated in three levels of conversation: 1) with the Executive Management Team as part of the exercise, 2) with the CEO only, and 3) Board only; and would consist of three scenarios: 1) Unexpected temporary succession due to incapacitation, 2) Unexpected Immediate Succession, and 3) Succession upon 60 day notice by CEO.
- Committee liked this ‘playbook’ and that the Board should also review what competencies and the priorities of the competencies they want in a CEO. They also felt this discussion should be in-person and not via WebEx if at all possible.

Future Agenda Items for Executive Committee or Board Consideration

- None noted.

Adjourn

- **Motion**/second, Leonhard/Hake, to adjourn the meeting at 4:15 p.m. Motion carried.

Minutes prepared by Debbie Osowski, Executive Assistant to CEO



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: July 22nd, 2020
TO: North Central Community Services Program Board
FROM: Jarret Nickel, Operations Executive
RE: Monthly Operations Report

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:

- Workforce Status:** June saw the highest number of recruitments for a month year to date at 43. Turnover also picked up with 31 people leaving our organization resulting in a positive variance of 12 which continues to improve our vacancy rate. We began a significant push in the month of June and into July on retention; making this a priority of our leadership and management teams. As we continue to implement strategies around retention we anticipate bringing our rate back into alignment and still see our 2020 goal as achievable.
- Certified Nursing Assistant Program:** We received confirmation from Headmaster which is the selected agency to conduct all Certified Nursing Assistant testing that Pine Crest will be an approved location beginning in August. With this news it will continue to set our organization apart from our competitors for Certified Nursing Assistant training and recruitment. At this point we plan to run this program indefinitely with a continuous need in the communities we operate in for these direct care positions, we will make adjustments to the frequency as determined by our vacancy rate.
- Marketing & Communications:** As the State of Wisconsin and locally we experience unprecedented times with Covid-19, Marketing & Communications has been vital to communicating with our partners and community. We have had a number of press releases and requests for interviews due to our successful response and infection prevention processes related to Covid-19. We did have to delay our Aquatics grand opening but have been able to facilitate tours by request and will look for a virtual environment to present our new facility and operations. The communications around our Campus Renovations have been superb.
- Community Living:** Our Community Living programs continue to progress towards opening at the highest capacity while maintaining social distance and protective equipment requirements. We experienced an increase for demand from our manufacturing partners for the month of June and have adjusted our operations to meet these demands. We remain close to full occupancy at our residential homes with NCHC remaining the organization of choice for our community members.

5. **Food Services & Environmental Support Services:** Effective July 13th we transitioned Pine Crest Food Services and Environmental Support Services (ESS) under the NCHC system. This transition allows for more efficient operations as well as consistency in food services and sanitation procedures. Food Services at our Wausau Campus continue to adapt to new service offerings including the opening of our Youth Hospital in fall. ESS has released system wide procedures related to Covid-19 sanitation and provided kits to offsite locations to ensure proper cleaning at all of our locations.

6. **Pine Crest Pharmacy Services:** On July 21st NCHC began providing pharmacy services to Pine Crest Nursing Home. This was a vision of NCHC when the management of Pine Crest was transitioned however wasn't possible due to prior contract obligations. In the eyes of both Pine Crest & NCHC Pharmacy leadership this transition has been viewed as a success with Pine Crest staff already seeing a positive impact. We will continue to evaluate this transition to ensure no negative impact as well as improved staff work flows.

7. **Skilled Nursing Operations:** Our skilled nursing facilities continue to have census challenges during the pandemic, however over the past two weeks our short term rehabilitation census has grown which provides a positive outlook for the upcoming months. We continue to adjust operations and restrictions based on CDC & DHS guidance with the majority of changes occurring in protective equipment and visitation restriction. MVCC will be having a major parking lot upgrade as part of the campus renovation project which is anticipated to impact our "front lot" through September with interim plans in place to accommodate this project.



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MEMORANDUM

DATE: July 23, 2020
TO: North Central Community Services Program Board
FROM: Thomas Boutain, Information Services Executive
RE: Monthly IS Report

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. **Behavioral Health EHR Update:** The project teams continue to gather the information to build the core environment. The project is on time to be completed by January 2021.
2. **Network Integration at Pine Crest and Lincoln Industries:** CCIT will be completing the migration of Pine Crest users and computers to the NCHC network by 7/24/2020. With the completion of this migration, all users will now have a norcen.org email, access to NCHC shared files and access to NCHC core applications.

DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2020

PRIMARY OUTCOME GOAL	↑	TARGET	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	2020 YTD	2019
PEOPLE																
Vacancy Rate	↘	7-9%	10.3%	8.0%	8.1%	8.9%	6.5%	7.3%							8.2%	9.6%
Retention Rate	↗	82-84%	97.9%	96.7%	94.9%	93.7%	90.8%	88.1%							76.2%	85.1%
SERVICE																
Patient Experience	↗	81-83%	84.1%	90.5%	88.0%	89.8%	86.3%	85.9%							87.5%	81.0
QUALITY																
Hospital Readmission Rate	↘	10-12%	20.0%	8.2%	6.6%	7.0%	8.1%	7.4%							9.7%	11.9%
Nursing Home Readmission Rate	↘	10-12%	14.8%	4.2%	12.8%	16.7%	9.1%	6.3%							10.8%	11.4%
Nursing Home Star Rating - MVCC	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★							★★★★	★★★
Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★							★★★★	★★★★
Zero Harm - Patients	↘	Monitoring	0.69	0.65	0.49	0.78	1.07	0.81							0.75	0.64
Zero Harm - Employees	↘	Monitoring	1.08	0.00	4.70	3.16	3.27	3.16							2.45	3.60
Out of County Placements	↘	220 per month	483	360	229	232	287	185							296	320
Hospital Length of Stay - NCHC	↘	Monitoring	6.34	6.15	5.99	5.88	5.78	4.68							5.80	5.86 Days
Hospital Length of Stay - Diversions	↘	Monitoring	10.85	13.39	12.74	10.07	7.38	17.06							11.92	7.45 Days
COMMUNITY																
No Show Rate (OP/Psychiatry)	↘	8-10%	20.1%	18.1%	18.1%	18.9%	17.8%	19.9%							18.8%	12.9%
Hospitalization Rate	↘	Monitoring	1.36%	1.19%	1.29%	1.05%	1.31%	1.26%							1.25%	/
FINANCE																
Direct Expense/Gross Patient Revenue	↘	60-62%	71.8%	70.2%	70.0%	76.2%	72.3%	66.8%							71.2%	71.1%
Indirect Expense/Direct Expense	↘	39-41%	35.8%	38.8%	37.9%	40.1%	42.1%	41.9%							39.3%	33.5%
Average Cost Per Day	↘	\$67,000-\$70,000	\$81,197	\$82,542	\$73,304	\$94,807	\$79,437	\$75,220							\$81,025	\$76,395
Net Income	↗	2-3%	-3.8%	-2.6%	-2.5%	7.4%	8.4%	-0.2%							0.9%	-4.5%

↗ Higher rates are positive
 ↘ Lower rates are positive

DASHBOARD MEASUREMENT OUTCOME DEFINITIONS AND DETAILS

PEOPLE

Vacancy Rate

Monthly calculation: total number of vacant FTE at month end divided by the total authorized FTE as of month end.
YTD calculation: Average of each monthly vacancy rate.

Retention Rate

Monthly calculation: total number of employees onboard as of January 1 divided by the number of the same employees employed at month end.
YTD calculation: Projected ending balance as of year end based upon assumed same percentage decline as average of prior months.

SERVICE

Patient Experience

Press Ganey - Likelihood of your recommending this facility to others
Mean Score

QUALITY

Hospital Readmission Rate

Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital for Mental Health primary diagnosis.
Benchmark: American Health Care Association/National Center for Assistive Living (AHCA/NCAL) Quality Initiative

Nursing Home Readmission Rate

Number of residents re-hospitalized within 30 days of admission to nursing home / total admissions.
Benchmark: American Health Care Association/Centers for Medicare & Medicaid Services (AHCA/CMS)

Nursing Home Star Rating

Star rating as determined by CMS Standards for both Pine Crest and MVCC.

Zero Harm Patients

Patient Adverse Event Rate: # of actual harm events that reached patients/number of patient days x1000

Zero Harm Employee

Monthly calculation: # of OSHA reportables in the month x 200,000/payroll hours paid within the month.
YTD calculation: # of OSHA reportables YTD x 200,000/payroll hours paid YTD.

Out of County Placement

Number of involuntary days that patients spend in out of county placements who have discharged in month of report.

Hospitalization Length of Stay - NCHC

Average length of stay for patients on the NCHC psychiatric hospital unit who have discharged in month of report.

Hospitalization Length of Stay - Diversions

Average length of stay for patients on out-of-county placements that have discharged in month of report.

COMMUNITY

No Show Rate

Average daily same day cancellation and no-show rate for outpatient counseling or psychiatry patients.

Hospitalization Rate

The number of active patients of any mental health service (Crisis, Community Treatment, Counseling, Psychiatry, IOP/Day Treatment, MMT, Crisis CBRF) who are hospitalized for psychiatric needs within current month, divided by all active patients for those services.

FINANCE

Direct Expense/Gross Patient Revenue

Percentage of total direct expense compared to gross revenue.

Indirect Expense/Direct Revenue

Percentage of total indirect expenses compared to direct expenses.

Average Cost Per Day

Total expenses less net patient revenue (billed revenue) divided by the total days in the specified period.

Net Income

Net earnings after all expenses have been deducted from revenue.

2020 - Primary Dashboard Measure List

↗ Higher rates are positive
↘ Lower rates are positive

Department	Domain	Outcome Measure	↕	2019	Benchmark	Target Level	2020 YTD
North Central Health Care	People	Vacancy Rate	↘	9.6%		7-9%	8.2%
		Retention Rate	↗	85.1%		82-84%	76.2%
	Service	Patient Experience	↗	81.0		81-83%	87.5%
	Quality	Hospital Readmission Rate	↘	11.9%		10-12%	9.7%
		Nursing Home Readmission Rate	↘	11.4%		10-12%	10.8%
		Nursing Home Star Rating - MVCC	↗	★★		4 Stars	★★★
		Nursing Home Star Rating - Pine Crest	↗	★★★★		4 Stars	★★★
		Zero Harm - Patients	↘	0.64		Monitoring	0.75
		Zero Harm - Employees	↘	3.60		Monitoring	2.45
		Out of County Placements	↘	320	/	220 per month	296
		Hospital Length of Stay - NCHC	↘	5.86 Days		Monitoring	5.80
		Hospital Length of Stay - Diversions	↘	7.45 Days		Monitoring	11.92
		Community	No Show Rate	↘	12.9%		8-10%
	Hospitalization Rate		↘	/	/	Monitoring	1.25%
	Finance	Direct Expense/Gross Patient Revenue	↘	71.1%	/	60-62%	71.2%
		Indirect Expense/Direct Expense	↘	33.5%	/	39-41%	39.3%
		Average Cost Per Day	↘	\$76,395	/	\$67,000-\$70,000	\$81,025
Net Income		↗	-4.5%	/	2-3%	0.9%	

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Clubhouse	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	50.0%
	Service	Patient Experience	↗	81-83%	93.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.02
		Zero Harm - Employees	↘	Monitoring	2.45
Finance	Net Income	↗	\$652 - \$978 per month	(\$3,062)	

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Community Treatment	People	Vacancy Rate	↘	7-9%	2.2%
		Retention Rate	↗	82-84%	83.4%
	Service	Patient Experience	↗	81-83%	91.2%
	Quality	Zero Harm - Patients	↘	Patients	0.09
		Zero Harm - Employees	↘	Employees	2.45
	Community	Hospitalization Rate	↘	Monitoring	1.60%
Finance	Net Income	↗	\$21,802 - \$32,703 per month	\$95,273	

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Crisis & CBRF	People	Vacancy Rate	↘	7-9%	6.5%
		Retention Rate	↗	82-84%	72.2%
	Service	Patient Experience	↗	81-83%	78.8%
	Quality	Zero Harm - Patients	↘	Patients	7.13
		Zero Harm - Employees	↘	Employees	2.45
	Community	Hospitalization Rate	↘	Monitoring	2.65%
	Finance	Net Income	↗	\$6,091 - \$9,136 per month	\$11,894

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Hospital	People	Vacancy Rate	↘	7-9%	20.8%
		Retention Rate	↗	82-84%	53.0%
	Service	Patient Experience	↗	81-83%	81.1%
	Quality	Hospital Readmission Rate	↘	10-12%	9.7%
		Zero Harm - Patients	↘	Monitoring	5.28
		Zero Harm - Employees	↘	Monitoring	2.45
		Out of County Placements	↘	220 per month	296
		Hospital Length of Stay - NCHC	↘	Monitoring	5.80
		Hospital Length of Stay - Diversions	↘	Monitoring	11.92
	Finance	Net Income	↗	\$11,341 - \$17,012 per month	(\$163,393)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MMT	People	Vacancy Rate	↘	5-7%	11.2%
		Retention Rate	↗	82-84%	64.8%
	Service	Patient Experience	↗	81-83%	83.0%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.45
		Hospitalization Rate	↘	Monitoring	5.63%
	Finance	Net Income	↗	\$2,594 - \$3,892 per month	(\$44,895)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Outpatient	People	Vacancy Rate	↘	7-9%	6.4%
		Retention Rate	↗	82-84%	64.8%
	Service	Patient Experience	↗	81-83%	95.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.13
		Zero Harm - Employees	↘	Monitoring	2.45
	Community	No Show Rate	↘	8-10%	20.7%
		Hospitalization Rate	↘	Monitoring	0.80%
	Finance	Net Income	↗	\$5,774 - \$8,661 per month	(\$9,296)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Psychiatry	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	70.2%
	Quality	Zero Harm - Patients	↘	Monitoring	0.00
		Zero Harm - Employees	↘	Monitoring	2.45
	Community	No Show Rate	↘	8-10%	16.5%
		Hospitalization Rate	↘	Monitoring	1.17%
	Finance	Net Income	↗	\$10,386 - \$15,578 per month	(\$44,707)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Day Services	People	Vacancy Rate	↘	7-9%	0.0%
		Retention Rate	↗	82-84%	86.2%
	Service	Patient Experience	↗	81-83%	98.8%
	Quality	Zero Harm - Patients	↘	Monitoring	0.92
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$6,481 - \$9,721 per month	(\$27,880)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Group Homes	People	Vacancy Rate	↘	7-9%	11.6%
		Retention Rate	↗	82-84%	92.4%
	Service	Patient Experience	↗	81-83%	94.4%
	Quality	Zero Harm - Patients	↘	Monitoring	0.40
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$3,463 - \$5,195 per month	\$27,420

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Residential Services	People	Vacancy Rate	↘	7-9%	12.0%
		Retention Rate	↗	82-84%	100.0%
	Service	Patient Experience	↗	81-83%	95.0%
	Quality	Zero Harm - Patients	↘	Monitoring	1.20
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$3,845 - \$5,768 per month	(\$6,090)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Aquatic	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	81.8%
	Service	Patient Experience	↗	81-83%	98.3%
	Quality	Zero Harm - Patients	↘	Monitoring	0.25
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$2,275 - \$3,413 per month	(\$5,702)

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
MVCC	People	Vacancy Rate	↘	7-9%	12.9%
		Retention Rate	↗	82-84%	75.8%
	Service	Patient Experience	↗	81-83%	89.4%
	Quality	Nursing Home Readmission Rate - MVCC	↘	10-12%	10.7%
		Nursing Home Star Rating - MVCC	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	0.55
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$38,717 - \$58,705 per month	\$105,977

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pine Crest	People	Vacancy Rate	↘	7-9%	8.1%
		Retention Rate	↗	82-84%	85.4%
	Service	Patient Experience	↗	81-83%	85.0%
	Quality	Nursing Home Readmission Rate - Pine Crest	↘	10-12%	13.8%
		Nursing Home Star Rating - Pine Crest	↗	4 Stars	★★★
		Zero Harm - Patients	↘	Monitoring	1.31
		Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Net Income	↗	\$24,836 - \$37,253 per month	\$46,616

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Housekeeping and Laundry	People	Vacancy Rate	↘	7-9%	6.6%
		Retention Rate	↗	82-84%	86.6%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$374,310 - \$393,025 per month	\$354,335

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Nutrition Services	People	Vacancy Rate	↘	7-9%	9.0%
		Retention Rate	↗	82-84%	60.6%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$307,271 - \$319,410 per month	\$263,669

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Business Operations	People	Vacancy Rate	↘	5-7%	1.5%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$79,051 - \$83,004 per month	\$75,089

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Human Resources	People	Vacancy Rate	↘	5-7%	2.8%
		Retention Rate	↗	82-84%	60.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$66,540 - \$69,867 per month	\$51,628

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Informatics	People	Vacancy Rate	↘	5-7%	5.4%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$233,098 - \$244,753 per month	\$220,042

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Marketing & Communication	People	Vacancy Rate	↘	5-7%	1.7%
		Retention Rate	↗	82-84%	100.0%
	Quality	Zero Harm - Employees	↘	Monitoring	2.45
	Finance	Indirect Expense/Direct Expense	↘	\$30,969 - \$32,518 per month	\$28,583

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Organizational Development	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.45	
	Finance	Indirect Expense/Direct Expense	↘	\$48,344 - \$50,751 per month	\$28,184

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Access Services	People	Vacancy Rate	↘	5-7%	1.2%
		Retention Rate	↗	82-84%	80.0%
	Quality	↘	Monitoring	2.45	
	Finance	Indirect Expense/Direct Expense	↘	\$57,705 - \$60,590 per month	\$50,965

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Patient Financial Services	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.45	
	Finance	Indirect Expense/Direct Expense	↘	\$70,757 - \$74,295 per month	\$66,417

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Pharmacy	People	Vacancy Rate	↘	5-7%	1.6%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.45	
	Finance	Net Income	↗	\$10,804 - \$16,206 per month	\$60,106

Department	Domain	Outcome Measure	↕	Target Level	2020 YTD
Transportation	People	Vacancy Rate	↘	5-7%	0.0%
		Retention Rate	↗	82-84%	100.0%
	Quality	↘	Monitoring	2.45	
	Finance	Net Income	↗	\$720 - \$1,080 per month	\$9,292



North Central Health Care

Person centered. Outcome focused.

Dashboard Executive Summary

July 2020

Organizational Dashboard Outcomes

People

❖ Vacancy Rate

The Vacancy Rate target range for is 7.0-9.0%. We achieved our vacancy target for the month of June at 7.3% as well as YTD at 8.2%. We continue to have strong recruitment numbers, averaging 30 hires per month. We continue to be focusing on ways to retain those who join our organization especially within the first year where turnover has increased recently.

❖ Employee Retention Rate

The Employee Retention Rate target range for 2020 is 82.0 – 84.0%. We appear to be hitting target on the Dashboard but overall we are tracking towards a 76.2% Retention Rate YTD which is below target. We continue to develop initiatives to increase retention and have brought these strategies to our Management Team to implement. Employee pulse surveys are a tool to find out engagement level and health of our workforce, we completed a pulse survey in May with plans to conduct them more frequently going forward to check progress of our strategies.

Service

❖ Patient Experience

NCHC Patient Experience target is 81-83%. We are measuring patient experience via mean score of responses to the likelihood of recommending this facility to others. Patient Experience remains a bright spot on our dashboard and for our organization as once again for the month of June, we have exceeded our patient experience score at 85.9% which gives us a year to date total of 87.5%. We have seen recent survey volume and low scores in our nursing homes that are in the process of being addressed.

Quality

❖ Hospital Readmission Rate

The Readmission Rate is a percentage of patients who are re-hospitalized within 30 days of admission from the inpatient behavioral health hospital for patients with mental illness as primary diagnosis. For the month of June, we exceeded the target for the fifth month in a row at 7.4%. Overall year to date, hospital readmissions are in the target range at 9.7% which is lower than 2019's rate of 11.9%.

❖ Nursing Home Readmission Rate

The nursing home readmission rate is based on the number of residents re-hospitalized within 30 days of admission to the nursing home. The combined rate for June between the two facilities was a readmission rate of 6.3% and year to date we are within target with a 10.8% readmission rate.

❖ **Nursing Home Star Rating - MVCC**

We have a target of 4 Stars for both buildings using the Nursing Home Star Rating as determined by CMS Standards. The current rating is a 3 Star as of July. Due to new Covid-19 guidelines, CMS and the State have suspended all recertification surveys at this time which will eliminate our ability to impact this rating until the moratorium is lifted. Mount View remains in its annual certification window with no updated timeframe for when they will resume normal survey activities.

❖ **Nursing Home Star Rating – Pine Crest**

Pine Crest is rated as a 3 Star facility as well. Due to a recent change in CMS regulations that a facility with an abuse tag at a G level or higher would be kept at a 2 Star for a year from the survey; therefore, we do not anticipate Pine Crest's Star rating to change in 2020.

❖ **Zero Harm – Patient**

The Zero Harm rates are a monitoring measure for the organization. The Patient Adverse Event Rate is calculated by the number of actual harm events that reached patients/number of patient days x1000. For the month of June, our rate was at 0.81, down from the previous month leading to a year to date rate of 0.75, which is comparable but slightly higher than the 2019 results. Safety Huddles are continuing and our next step is to cascade this into the department and program level where departments can lead specific safety initiatives to positively impact our patients, residents and clients.

❖ **Zero Harm – Employees**

We've remained relatively stable over the past three months with June experiencing a rate of 3.16. Compared to 2019 where we averaged a 3.60 harm rate we have greatly improved to 2.45 YTD for 2020. Efforts in 2020 have included close relations with our workers compensation carrier for a safer work environment as well as frequent employee education and access to resources.

❖ **Out of County Placements**

We had 296 days in June, largely due to once-again-increasing "No Roommate" statuses being placed on NCHC hospital patients, resulting in more diversions. Additionally, we continued to have to work through "COVID test results pending" issues rooming of patients. The Fourth of July weekend resulted in a large influx of patients and diversions spiked. We are now tracking involuntary admission rates by law enforcement jurisdiction to start look at potential variances in commitment philosophies.

❖ **Hospital Length of Stay – NCHC**

Overall, the Hospital Length of Stay at NCHC is reasonable at 4.68 days in June, down from 5.78 in May leading to a 5.80 YTD rate which is comparable to 2019 rate of 5.86 days.

❖ **Hospital Length of Stay – Diversions**

There are two longer term stays for individuals with challenging psychiatric needs who are at a higher level of dangerousness to themselves outside of institutional care. Overall the length of stay is still being impacted by these two instances, which brought the rate for June to 17.06. One individual has since discharged, one remains.

Community

❖ **No Show Rate (OP/Psychiatry)**

The No Show Rate is reflective of the average daily same day cancellation and no show rate for outpatient counseling and psychiatry patients. The target established for 2020 is 8-10%. June's rate was 19.9% leading to a YTD rate of 18.8%. Data gathering efforts shows that currently outpatient therapy has a higher no show rate than psychiatry. A policy and procedure has been developed to allow for alternate service options for clients who repetitively do not show for their scheduled appointments and we have begun the Open Access Clinic which accepted its first patient on 7/20/20.

❖ **Hospitalization Rate**

Hospitalization Rate is a new monitoring measure which measures the percentage of active patients of any mental health service who are hospitalized for psychiatric needs within the current month, divided by all active patients for those services. June's monitoring outcome was consistent with previous months at 1.26% with a YTD rate of 1.25%.

Finance

❖ **Direct Expense/Gross Patient Revenue**

This measure looks at percentage of total direct expense to gross patient revenue. The 2020 target is 60-62%. This measure for June is 66.8%. This outcome is not within target range. Contracted provider and staff expenses continue to be high in June as well as gross revenue being well under budget. The diversions expense for June is favorable compared to prior months.

❖ **Indirect Expense/Direct Expense**

Indirect Expense/Direct Expense is the percentage of total indirect expenses compared to direct expenses and the 2020 target is 39-41%. The outcome for June is 41.9%, which is unfavorable to the target. This has been trending favorably prior to May. Gross revenue reductions are the driver for this measure being unfavorable for May and June. Support areas continue to stay below the budget targets on an expense basis.

❖ **Average Cost Per Day**

The measure is the total expenses less net patient billed revenue divided by the total days in the period. This helps to evaluate the cost per day that remains after all billed revenue is applied, as the remaining balance is covered by grants and levy. Volumes not hitting targets also negatively impact this outcome when expense reductions don't follow to the same degree. The target is \$67,000-\$70,000 per day. For June, the average cost per day outcome is \$75,220. This is the lowest for 2020 due to improvement in diversions, but remains unfavorable as billed revenue has not kept pace with expenses for June.

❖ **Net Income**

Net Income is the net earnings after all expenses have been deducted from revenue. The target for 2020 is 2-3% and year to date we are at 0.9%. For June the measure is -0.2%. Fewer CARES Act stimulus dollars were received in June compared to April and May.

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

The following outcomes reported are measures that were not met at the program-specific level. They do not represent all data elements monitored by a given department/program, only the targets that were not met for the month.

Human Service Operations

❖ **Clubhouse:**

- Retention Rate: Clubhouse continues to operate with three staff at this time. Clubhouse member statistics continue to be low due to Covid-19 – although we have seen a slight increase in participation. Clubhouse continues to have one vacant position and we are keeping it available and possibly hiring a future staff member to help offset revenue losses.

- Net Income: Clubhouse revenue continues to be below target. Target is \$652 to \$978 current deficit is \$3,062. Participation continues to be lower due to Covid-19 and the majority of members participating are non-CCS clients and not billable under CCS regulations. Average recent attendance has increased to 18-20 per day, and we have hit a high day of 32 members participating. We did receive 7 referrals and had 9 tours for the month of June. Future plans are continued collaboration with referral sources and Community Treatment to refer CCS consumers who need our services to increase revenues. Our deficit has remained fairly consistent even with staff billing their productivity.

❖ Crisis & CBRF

- Retention Rate: In June, our Crisis Admin/Diversion Coordinator position became vacant when the individual left for a position elsewhere. Recruitment for this position has started and we've identified two individuals internally, both with strong work history as well as external candidates applying. Therefore, we anticipate this position will be filled this month.
- Patient Experience: We continue to see opportunities for patient experience and have implemented strategies for each of the programs. For Crisis, we determined that educating patients about the process as they are going through it is an area of opportunity for growth. We also will provide training for Crisis Professionals surrounding patient education and communication about the process.

❖ Hospital

- Vacancy Rate: We have several new nurses and behavioral health techs in orientation for June and July, which is a great improvement. However, our unit therapist and SAC positions remain open. This month we brought on an additional social worker as our existing masters level social worker expressed interest in transitioning to the therapist position. Also, we will be hiring a third social worker to be split between hospital and crisis, to cover the .4 SAC position in the hospital and offer increased social work support for improved discharge planning, and a .6 Master's level clinician on the crisis team.
- Retention Rate: Retention remains a challenge with both voluntary and involuntary turnover occurring. We've identified the morale of the unit as an opportunity and will be working with charge nurses to define areas of improvement that will improve job satisfaction. We will also be working with Chief Nursing Officer to develop a full plan of action items for the hospital work flow, staff support, and nurse manager recruitment.
- Out of County Placements: We had 296 days in June, this monthly largely due to issues with "COVID test results pending" rooming obstacles. We have put a plan in place to add to our capability to take in "results pending" patients, utilizing the seclusion room as an additional bedroom and a different space for the seclusion room overnight when needed, which should significantly alleviate diverting patients unnecessarily.
- Net Income: Census has been lower in June, averaging around 11 to 12 patients per day, again largely due to no-roommate obstacles due to "COVID results pending" and other no roommate status patients. We continue to work to call off staff when appropriate and have salaried staff take PLT when possible. We have put a plan in place to add to our capability to take in "results pending" patients, utilizing the seclusion room as an additional bedroom and a different space for the seclusion room overnight when needed, which should significantly alleviate diverting patients unnecessarily.

❖ **Medically Monitored Treatment (MMT)**

- The Medically Monitored Treatment program has been temporarily suspended due to Covid-19. The data being reported is prior to or as lag due the temporary suspension.

❖ **Outpatient**

- Retention Rate: The 64.8% outcome is a calculated rate that is forecasting based on what the final year to date would be if the vacancies are not filled. We have a new employee starting orientation in July. We have an offer out to a second candidate for a therapist position.
- No Show Rate: The target is 8-10%, with June being 22.5% and YTD being 20.7%. Starting in April we are able to separate the no show data for therapy and psychiatry which provides more specific data. The data shows that therapy has a higher no show rate than psychiatry. A No Show policy and procedure have been developed with initial implementation starting on 7/20/20.
- Net Income: The target is \$5,774-\$8,661, with June being \$55,777. YTD remains below target. The management of expenses has improved. The impact of no shows continues to have a negative impact on revenue. The implementation of the enhanced No Show policy on 7/20/20 is anticipated to have a positive impact on managing resources.

❖ **Psychiatry**

- Patient Experience: The target is 81-83%, with June being 57.5%. The low percentage is believed to be due to a low return rate that exacerbates a low score survey's impact. Typically, those dissatisfied are more motivated to return their surveys. The typical process is for surveys to be handed out at the time of the appointment. Due to Covid-19, we're having to send surveys to patients at their home. This is believed to be impacting the poor return rate. This trend will continue to be monitored.
- No Show Rate: The target is 8-10%, with June being 16.2% and YTD being 16.5%. Starting in April we were able to separate the no show data for therapy and psychiatry which provides more specific data. An enhanced No Show policy and procedure have been developed with initial implementation starting on 7/20/20.
- Net Income: The target is \$10,386-\$15, 578, with June being (\$33,178). Expenses are being managed with a positive variance, but revenue is below target, but is improving each month. The ratio of revenue to expenses has improved for two consecutive months. We will continue to monitor this trend.

❖ **Day Services**

- Net Income: Day Services continued to be impacted by COVID-19 with guidelines and recommendations for smaller gatherings and social distancing. We opened our operations up in June and as a result saw a positive impact on net income at \$1,963. We plan to continue our same operations for July and will not increase due to a high number of cases both at the state and local levels.

❖ **Residential Group Home**

- Vacancy rates overall improved to 11.0% in June from 18.5% in May. Projections show the vacancy rate improving for July and August with continued success of recruitment for open positions. YTD we remain off target at 11.6% with a goal of 7-9%.

❖ **Residential Services**

- Residential Services vacancy rate improved in June to 10.2% from 13.6% in May. Residential Services utilizes the same applicant pool of Residential Group Homes which has increased month over month. Retention rate has remained 100% year to date allowing for positive movement in vacancy rates month over month.
- Net Income: Residential Services monthly net income target is \$3,845 to \$5,768 and in June we had a net income of \$1,963 just missing our goal. This is positive movement from the month of May which experienced a loss of \$23,132. Forest Jackson continues to be our opportunity area and as operations continue to adjust we anticipate hitting our goal for the month of July and future months to come.

Nursing Home Operations

❖ **Aquatic Services:**

- Retention Rate: Aquatics retention rate goal for 2020 is 82% to 84% with YTD numbers trending at 81.8%. Due to the size of the program experiencing a turnover in the department greatly impacts the rate and we had one turnover in June. With a new facility and workflow; retention will be our primary focus in order to retain quality staff and provide a consistent experience for our clients.
- The Net Income target for Aquatic Services is \$2,275 - \$3,413 per month. For June net income was off target with at -\$8,884. Net income YTD remains negative at -\$5,702 below target; this is due to the COVID-19 shutdown. Aquatic Services slowly began on June 1 as a result in July we anticipate an increase in revenue by adding back a Physical Therapist who was out on leave and a new Physical Therapy Assistant to increase our number of patients we can serve. We are limiting access to no more than 10 people in the pool area at a time under Covid-19 guidelines.

❖ **MVCC Overall:**

- Vacancy Rate: The month of June showed a 9.6% vacancy rate with a target range of 7-9%. Year to date we reduced our rate to 12.9% which is above target. Our next round of Certified Nursing Assistant classes has full rosters which will continue to improve vacancy rate. Focus remains on determining changes with student's full time equivalent statuses when returning to school and ongoing recruitment to fill those openings in September.
- Retention Rate: We had 7 resignations for the month of June; of those 1 was a retirement, 2 involuntary resignations and 4 voluntary resignations. June's retention rate is at 87.9% and YTD we are at 75.8%. The Mount View team continues to focus on retention looking for ways to reduce caregiver burnout and improve work life balance for these high turnover positions.
- Nursing Home Star Rating: Nursing Home Star Rating for Mount View remains a 3 Star. At this time with the Covid-19 pandemic, there is a suspension of all health care surveys. Mount View was due for its annual survey and with this suspension, the opportunity to improve health surveys star rating is on hold at this time.
- Average Net Income: The goal is \$38,717 to \$58,075 per month. For June we showed a loss of \$136,798 which was driven by reduced census and payer mix for the facility. We continue to work with local hospitals on accepting of admissions but still see choices being made for lesser care environments with less stringent visitation restrictions. The team continues to reduce their staffing and their expenses to be in line with current census versus the budgeted census.

❖ **Pine Crest Overall:**

- **Readmission Rate:** Annual average target is 10%-12%. Pine Crest experienced a 9.1% readmission rate for the month of June, which exceeds the established target. YTD remains slightly off track at 13.5%. Readmissions rates are a quality metric with an active action plan in place to assist with its improvement. Favorable improvement has been seen since the end of 2019. Most recent opportunities identified from our committee working on this action plan consist of two cases of staff/agency education.
- **Nursing Home Star Rating:** Pine Crest will remain at a 3 star until at least early 2021. This is based on the survey activity over the past couple of years. The staffing component of the star rating that is based on facility provided Payroll Based Journal (PBJ) entries was put on hold this past spring based on Covid-19. Submissions reconvene in August, which may affect the staffing star rating. As a general review the star ratings are typically updated the third week to follow the close of a quarter.
- **Average Net Income:** Target is \$24,836-\$37,253 per month. For the month of June a net income of \$19,169 was achieved, with a positive net income of \$279,699 YTD. June's number does include \$120,000 in Covid-19 related government funding that was accounted for in the month. General census has continued to be less than budgeted throughout the year. Since the start of COVID Medicare and Medicare Advantage caseload has been consistently less than pre-pandemic numbers. Efforts are ongoing with reducing agency within the building. The hospice dedicated unit was approved to be closed in June and the unit officially closed at the start of July. This will assist with decreasing both labor and physical plant based costs.

Support Programs

❖ **Nutrition Services**

- **Retention Rate:** Nutrition Services retention rate is 22% off target year to date. March through May experienced a higher retention rate bringing us back to target however in June we experienced a number of turnovers. Turnovers continue to vary between people being promoted internally and external losses usually to non-healthcare organizations. As stated in the overall NCHC dashboard a new strategy has been formulated and implementation started early July which will improve these numbers.

❖ **Human Resources**

- **Retention Rate:** Human Resources had one employee turnover our Human Resources Coordinator; as a result the retention rate was not achieved. This position has been filled and the program has no further vacancies, with no further vacancies the retention number should improve over the course of the remainder of the year.

❖ **Patient Access Services**

- **Retention Rate:** Due to a voluntary termination earlier in the year, and the relative small size of the Patient Access Services group, it is projected that another employee may resign prior to the end of the year.



PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Shamim Anwar, M.D. Appoint/Reappoint 08-01-2020 to 07-31-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Locum Agency: Jackson + Coker
 Contract Contract Name: _____

CMO 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]
(Chief Medical Officer or Designee Signature)

7/8/20
(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

B. [Signature]
(MEC Committee or Designee Signature)

7/10/20
(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)



PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee Robert J. Vickrey, M.D. Appoint/Reappoint 08-01-2020 to 07-31-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

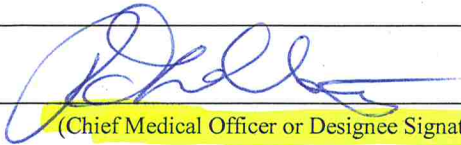
Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee Locum Contract
Locum Agency: _____
Contract Name: Wisconsin Forensic Services

CMO 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: _____

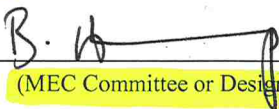

(Chief Medical Officer or Designee Signature)

7/8/20
(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


(MEC Committee or Designee Signature)

7/10/20
(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)



PRIVILEGE AND APPOINTMENT RECOMMENDATION

Appointee David B. Tange, M.D. Appoint/Reappoint 09-01-2020 to 08-31-2022
Time Period

Requested Privileges Medical Mid-Level Practitioner
 Psychiatry Medical Director

Medical Staff Category Courtesy Active
 Provisional Consulting

Staff Type Employee
 Locum Locum Agency: _____
 Contract Contract Name: Aspirus

CMO 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: _____

 (Chief Medical Officer or Designee Signature) 7/8/20
 (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

B. A. [Signature] 7/10/20
 (MEC Committee or Designee Signature) (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/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Edward Krall, M.D. Appointment Period 08-29-2019 to 06-30-2021
 Time Period

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

Medical Staff Category Courtesy Active
 Provisional Consulting

Provider Type Employee Locum Contract
 Locum Agency: _____
 Contract Name: Medical College of Wisconsin

AMENDMENT TYPE(S) REQUESTED:

Privilege Reason: _____

Category Reason: Change from provisional to courtesy on 08-29-2020

Type Reason: _____



PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

CMO 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 amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____

(Chief Medical Officer or Designee Signature)

7/8/20

(Signature Date)

MEC ACTION

MEC recommends that:

- The amendment(s) be approved
- Action be deferred on the amendment(s)
- The amendment(s) be denied

B. [Signature]

(MEC Committee or Designee Signature)

7/10/20

(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/OR APPOINTMENT AMENDMENT RECOMMENDATION

Provider Tiffany A. Pluger, APNP Appointment Period 08-29-2019 to 02-28-2021
 Time Period

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

Medical Staff Category Courtesy Active
 Provisional Consulting

Provider Type Employee
 Locum Locum Agency: _____
 Contract Contract Name: _____

AMENDMENT TYPE(S) REQUESTED:

Privilege Reason: _____

Category Reason: Change from provisional to active on 08-29-2020

Type Reason: _____

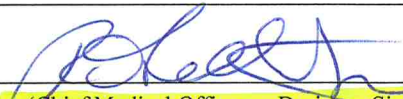


PRIVILEGE AND/OR APPOINTMENT AMENDMENT RECOMMENDATION

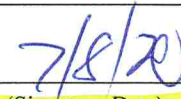
CMO RECOMMENDATION

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 amendment(s) as indicated with any exceptions or conditions documented.

Comments: _____



(Chief Medical Officer or Designee Signature)

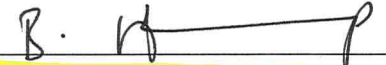


(Signature Date)

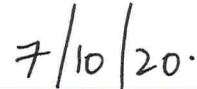
MEC ACTION

MEC recommends that:

- The amendment(s) be approved
- Action be deferred on the amendment(s)
- The amendment(s) be denied



(MEC Committee or Designee Signature)



(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)

2020 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
Annual Review of Board Policy	Board	Jan-20	Board reviews and approves all Board Policies by December 31	Ongoing, Policies have been dispersed equally and timely throughout the year.	Open												
Establish Facility Use Agreements with Each County	Board	Jan-20	Signed Facility Use and/or Lease Agreements with each of the three Counties	The base Lease Agreement is close to being finalized. Supporting Exhibits to the Agreement are still in development.	Open												
Prepare Local Plan	Board	Aug-20	Adopt a 3 Year Local Plan at the Annual Board Retreat	The Human Services Research Institute is preparing an initial draft report after concluding data work. The report completion and presentation to the Board is on hold until travel from Boston is permitted.	Pending												
Approve Training Plan for Counties	Board	Jan-20	Hold Inaugural Stakeholder Summit	The Inaugural Stakeholder Summit is postponed until such time that a large group gathering would be permissible given the COVID-19 public health emergency.	Pending												
CEO Appraisal	Executive Committee	Jan-20	Completed CEO Appraisal by the Executive Committee by March	The written evaluation has been completed but the in-person review of the evaluation has not been completed.	Pending												
Annual Report	Board	Apr-20	Annual Report Released and Presentations made to County Boards	The 2019 Report is still being developed as communication resources have been reprioritized to the COVID-19 response.	Open												
Recommend Annual Budget to Counties	Board	Apr-20	Budget recommendation to the Counties by October 1st	The Budget process for 2021 has begun in April.	Open												
Develop a Board Recruitment Plan	Governance Committee	Jun-20	Board Recruitment Plan reviewed and approved by the NCCSP Board	Governance Committee was appointed at the May Board meeting and will have their first meeting scheduled in August.	Open												
Review and Approve Performance Standards	Executive Committee	Jul-20	Adopted Annual Performance Standards	The Executive Committee is working on reviewing and proposing new performance standards for 2021. This work will likely continue through October.	Open												
Facilitated Discussion on Diversity and Inclusion	Board	Jul-20	Adopted strategy and/or policy as it relates to the implications of diversity and inclusion for the Board, Management Teams and workforce	Initial presentation made at June Board meeting. Subsequent Board presentations will continue as the Board works to articulate a Diversity, Equity, and Inclusion strategy for the organization. An internal team is also working on developing supporting structure to these initiatives.	Open												
Evaluate NCCSP Board Effectiveness	Board	Sep-20	Conduct and Annual Review of the Effectiveness of Board's Policy Governance Model	Performed annually at the September NCCSP Board meeting. The pre-meeting survey will go out in August.	Pending												
Approve Annual Quality, Compliance and Safety Plan	Board	Sep-20	Approve plan in December	Board will review current plan performance and approve the plan for the upcoming year in December.	Pending												
Review and Approve Policy Governance Manual	Board	Aug-20	Approve manual at the September Board meeting	Review of the current manual will occur in August with the Governance Committee.	Pending												
Annual CEO Succession Exercise	Board	Oct-20	Approve a one-page succession document	The Executive Committee is working to prepare the Annual CEO Succession Exercise for the Board's October meeting.	Open												
Review and Approve CEO Compensation Plan	Executive Committee	Nov-20	Approve CEO Compensation Plan for the upcoming year by December	The Executive Committee will review the plan in November.	Pending												
Approve Utilization Review Plan	Board	Nov-20	Approve plan in December	Board will review current plan performance and approve the Utilization Review Plan for the upcoming year in December.	Pending												
Board Development Plan and Calendar	Governance Committee	Nov-20	Approved Board Development Plan and Calendar for the upcoming year at the December meeting	Following the Board Self-Evaluation in September, a development plan and calendar for 2021 will be developed for the December Board meeting.	Pending												
Provide Monthly Program and Service Report	Executive Committee	Monthly	CEO provides a monthly Programs and Services report to the Executive Committee	Developing new format for the monthly reporting to be in congruence with the recently adopted Joint County Agreement.	Open												

2020 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
Accept the Annual Audit	Board	Jan-20	Acceptance of the annual audit by the NCCSP Board in April	Accepted at May NCCSP Board meeting.	Complete												
County Fund Balance Reconciliation	Board	Apr-20	Fund Balance Presentation and Adoption by NCCSP Board	Fund Balance Policy has been reviewed and Fund Balance Statements have been sent to the counties.	Complete												
Reserve Policy Review	Board	Apr-20	The Board will review and approve the Reserve Policy after the CFO has met with the County Finance Directors to receive input following the annual audit	Approved.	Complete												
Determine Budget Guidelines and Priorities	Executive Committee	Apr-20	Budget Guidelines and Priorities of the member Counties are communicated to the Board by June 1st	Budget Guidelines and Priorities were provided at the May Board meeting.	Complete												
Nomination and Election of Board Officers	Governance Committee	Apr-20	The Governance Committee will send a slate of Officers to the Board to be elected at the Annual Meeting in May	The slate of Officers was voted on and seat at the May Board Meeting	Complete												
Annual Review of Board End Statements	Board	May-20	Adoption of End Statements with any modifications by June 1st	Reviewed at May Board Meeting. May need to be reviewed again as the Performance Standards are reviewed.	Complete												
Selection of Independent Certified Public Accounting Firm	Executive Committee	Jun-20	5 year contract established with an accounting firm	Staff is recommending that the RFP be delayed until next year given the risk related to the Cerner implementation.	Complete												

MEMORANDUM

DATE: July 14, 2020
TO: North Central Community Services Program Board
FROM: Jill Meschke, Chief Financial Officer
RE: Monthly CFO Report

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

1) Financial Results:

The financials show a loss for June of (\$12,936), compared to the targeted gain of \$36,113 resulting in a negative variance of (\$49,048). June's results would have been slightly less favorable without the receipt of federal CARES Act stimulus dollars in the amount of \$125,000 in Pine Crest Nursing Home. Without this additional funding June would have shown a loss of (\$137,936).

2) Revenue Key Points:

- Overall revenue for June was short of budgeted target by (\$843,703). Without the CARES Act payments revenue would have been short to budget by (\$968,703).
- MVCC census averaged 158 compared to the target of 183. Pine Crest census averaged 123 compared to the target of 155.
- Volume is the primary driver of the June net patient revenue shortfall in the nursing homes accounting for (\$179,803) in Mount View and (\$179,971) in Pine Crest.
- The hospital census averaged 11 to a budget of 15 for the month of June resulting in a shortfall from net patient revenue plan of (\$57,893).
- Net patient revenue for the outpatient areas combined is short from plan by (\$479,861) in June.

3) Expense Key Points:

- Overall expenses for May were favorable to plan \$414,361. Expense savings are driven by temporary program closures, strategic cost savings measures, and favorable health insurance expenses.
- Salaries are \$856,546 favorable to budget for June partially due to suspension of merit increases and utilization of contract staff and providers.
- Benefits are meeting targets. Health insurance was slightly below target for the month. As the year progresses and employees utilize health care this cost will increase.
- Purchased services represent the greatest unfavorable variance to plan at (\$164,734). This overage partially offsets the favorability in salaries expense.
- Diversions were favorable to plan \$12,783.

4) COVID-19 Financial Considerations:

- CARES Act receipts totaled \$125,000 for June.
- In June, purchasing and staffing expenses related to COVID-19 totaled \$80,364.

North Central Health Care
Balance Sheet
For the Period Ending June 30, 2020

	<u>Current YTD</u>	<u>Prior YTD</u>
ASSETS		
Current Assets		
Cash and Cash Equivalents	5,090,805	2,916,405
Accounts Receivable		
Net Patient Receivable	5,737,555	5,263,207
Outpatient WIMCR & CCS	3,882,500	3,231,000
Nursing Home Supplemental Payment	107,700	600,000
County Appropriations Receivable	(1)	(1)
Net State Receivable	453,384	383,052
Other Accounts Receivable	868,241	332,870
Inventory	446,283	427,687
Prepaid Expenses	1,017,672	980,097
Total Current Assets	<u>17,604,138</u>	<u>14,134,319</u>
Noncurrent Assets		
Investments	12,065,000	13,642,000
Contingency Funds	1,000,000	1,000,000
Patient Trust Funds	94,588	40,680
Pool Project Receivable	1,732,590	3,213,262
Net Pension Assets	-	5,559,798
Nondepreciable Capital Assets	15,504,575	991,155
Net Depreciable Capital Assets	20,755,684	10,435,012
Total Noncurrent Assets	<u>51,152,438</u>	<u>34,881,907</u>
Deferred Outflows of Resources (Pensions)	<u>22,152,585</u>	<u>10,270,680</u>
TOTAL ASSETS	<u><u>90,909,161</u></u>	<u><u>59,286,906</u></u>

	<u>Current YTD</u>	<u>Prior YTD</u>
LIABILITIES		
Current Liabilities		
Current Portion of Capital Lease Liability	29,249	29,249
Trade Accounts Payable	892,961	656,092
Accrued Liabilities		
Salaries and Retirement	2,914,929	1,959,904
Compensated Absences	2,885,667	1,759,748
Health and Dental Insurance	670,000	847,000
Bonds	360,000	-
Interest Payable	140,801	-
Other Payables and Accruals	1,996,547	717,512
Payable to Reimbursement Programs	220,000	220,000
Unearned Revenue	(982,851)	(1,415,502)
Total Current Liabilities	<u>9,127,302</u>	<u>4,774,003</u>
Noncurrent Liabilities		
Net Pension Liability	9,445,451	944,541
Long-Term Portion of Capital Lease Liability	60,428	87,588
Long-Term Projects in Progress	13,321,306	343,429
Long-Term Debt and Bond Premiums	9,155,779	-
Patient Trust Funds	64,870	40,680
Total Noncurrent Liabilities	<u>32,047,835</u>	<u>1,416,238</u>
Deferred Inflows of Resources (Pensions)	<u>11,508,078</u>	<u>10,993,103</u>
TOTAL LIABILITIES	52,683,214	17,183,343
NET POSITION		
Net Investment in Capital Assets	36,240,980	11,426,167
Pool Project Restricted Capital Assets	1,732,590	3,213,262
Unrestricted		
Board Designated for Contingency	1,000,000	1,000,000
Board Designated for Capital Assets	1,578,142	392,015
Undesignated	(2,727,734)	27,256,979
Net Income / (Loss)	401,968	(1,184,862)
TOTAL NET POSITION	38,225,947	42,103,563
TOTAL LIABILITIES AND NET POSITION	<u><u>90,909,161</u></u>	<u><u>59,286,906</u></u>

North Central Health Care
Income Statement
For the Period Ending June 30, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>\$ Variance</u>	<u>% Variance</u>
Direct Revenues								
Patient Gross Revenues	6,994,318	8,581,229	(1,586,911)	-18.5%	43,456,038	50,452,750	(6,996,712)	-13.9%
Patient Contractual Adjustments	<u>(2,616,889)</u>	<u>(3,167,645)</u>	<u>550,756</u>	<u>-17.4%</u>	<u>(15,128,445)</u>	<u>(18,481,392)</u>	<u>3,352,947</u>	<u>-18.1%</u>
Net Patient Revenue	4,377,429	5,413,584	(1,036,155)	-19.1%	28,327,592	31,971,358	(3,643,766)	-11.4%
County Revenue	417,915	418,151	(236)	-0.1%	2,507,487	2,508,903	(1,416)	-0.1%
Contracted Service Revenue	54,724	71,167	(16,442)	-23.1%	322,548	427,000	(104,452)	-24.5%
Grant Revenues and Contractuals	304,563	183,767	120,797	65.7%	3,714,498	1,102,600	2,611,898	236.9%
Appropriations	457,755	457,755	-	0.0%	2,746,531	2,746,531	-	0.0%
Other Revenue	<u>779,042</u>	<u>690,708</u>	<u>88,333</u>	<u>12.8%</u>	<u>4,327,122</u>	<u>4,144,250</u>	<u>182,872</u>	<u>4.4%</u>
Total Net Revenue	6,391,428	7,235,131	(843,703)	-11.7%	41,945,780	42,900,642	(954,862)	-2.2%
Direct Expenses								
Personnel Expenses	3,094,481	3,829,595	735,114	19.2%	19,488,309	22,773,890	3,285,581	14.4%
Contracted Services Expenses	712,077	547,343	(164,734)	-30.1%	5,791,870	3,277,391	(2,514,479)	-76.7%
Supplies Expenses	50,753	84,765	34,012	40.1%	343,794	502,924	159,130	31.6%
Drugs Expenses	437,950	367,152	(70,798)	-19.3%	2,553,230	2,201,750	(351,480)	-16.0%
Program Expenses	124,888	117,812	(7,076)	-6.0%	476,744	696,878	220,133	31.6%
Land & Facility Expenses	18,644	26,727	8,083	30.2%	117,856	160,360	42,504	26.5%
Equipment & Vehicle Expenses	36,397	41,916	5,519	13.2%	236,051	246,097	10,046	4.1%
Diversions Expenses	62,217	75,000	12,783	17.0%	1,010,122	450,000	(560,122)	-124.5%
Other Operating Expenses	<u>137,153</u>	<u>151,435</u>	<u>14,283</u>	<u>9.4%</u>	<u>913,263</u>	<u>903,671</u>	<u>(9,591)</u>	<u>-1.1%</u>
Total Direct Expenses	4,674,560	5,241,745	567,185	10.8%	30,931,240	31,212,961	281,721	0.9%
Indirect Revenues								
County Revenue	171,635	171,635	-	0.0%	1,029,811	1,029,811	-	0.0%
Contracted Service Revenue	2,250	2,500	(250)	-10.0%	19,642	15,000	4,642	30.9%
Other Revenue	<u>31,920</u>	<u>56,250</u>	<u>(24,330)</u>	<u>-43.3%</u>	<u>303,762</u>	<u>337,500</u>	<u>(33,738)</u>	<u>-10.0%</u>
Total Net Revenue	205,805	230,385	(24,580)	-10.7%	1,353,315	1,382,311	(28,996)	-2.1%
Indirect Expenses								
Personnel Expenses	1,107,228	1,228,660	121,432	9.9%	6,669,982	7,414,635	744,653	10.0%
Contracted Services Expenses	5,000	5,000	-	0.0%	29,494	30,000	506	1.7%
Supplies Expenses	74,413	123,616	49,204	39.8%	422,062	741,697	319,635	43.1%
Drugs Expenses	469	4,167	3,697	88.7%	(90)	25,000	25,090	100.4%
Program Expenses	33,088	20,671	(12,418)	-60.1%	161,062	124,025	(37,037)	-29.9%
Land & Facility Expenses	289,517	309,619	20,102	6.5%	1,754,308	1,857,712	103,403	5.6%
Equipment & Vehicle Expenses	115,246	124,554	9,309	7.5%	717,572	747,325	29,754	4.0%
Other Operating Expenses	<u>334,496</u>	<u>404,706</u>	<u>70,210</u>	<u>17.3%</u>	<u>2,388,546</u>	<u>2,493,234</u>	<u>104,688</u>	<u>4.2%</u>
Total Indirect Expenses	1,959,456	2,220,992	261,536	11.8%	12,142,936	13,433,628	1,290,692	9.6%
Total Operating Expenses	6,634,016	7,462,737	828,721	11.1%	43,074,176	44,646,589	1,572,413	3.5%
Metrics								
Indirect Expenses/Direct Expenses	41.9%	42.4%			39.3%	43.0%		
Direct Expense/Gross Patient Revenue	66.8%	61.1%			71.2%	61.9%		
Non-Operating Income/Expense								
Interest Income/Expense	(22,388)	(30,833)	8,445	-27.4%	(157,859)	(185,000)	27,141	-14.7%
Donations Income	(2,119)	-	(2,119)	0.0%	(22,194)	-	(22,194)	0.0%
Other Non-Operating	<u>661</u>	<u>(2,500)</u>	<u>3,161</u>	<u>-126.4%</u>	<u>3,004</u>	<u>(15,000)</u>	<u>18,004</u>	<u>-120.0%</u>
Total Non-Operating	(23,846)	(33,333)	9,487	-28.5%	(177,049)	(200,000)	22,951	-11.5%
Net Income (Loss)	(12,936)	36,113	(49,048)	-135.8%	401,967	(163,635)	565,603	-345.6%

North Central Health Care
Statement of Cash Flows
For Month Ending June 30, 2020

Cash, Beginning of Period (May 31, 2020)		5,891,518
Operating Activities		
Net Income (Loss)	(12,936)	
Adjustments to Reconcile Net Income		
Depreciation	(222,275)	
(Increase) or Decrease in Current Assets		
Inventories	-	
Accounts Receivable	(646,300)	
Prepaid Expenses	57,676	
Transfer from Pine Crest	(35,148)	
Increase or (Decrease) in Current Liabilities		
Accounts Payable	270,255	
Accrued Current Liabilities	142,589	
Net Change in Patient Trust Funds	8,005	
Unearned Revenue	<u>(676,675)</u>	
Net Cash from Operating Activities		(1,114,809)
Investing Activities		
Net Change in Contingency Funds	-	
Purchases of Property and Equipment	9,555,649	
Pool Project Receivable	-	
Net Change in Long-Term Projects in Progress	<u>(8,740,753)</u>	
Net Cash from Investing Activities		814,896
Financing Activities		
Appropriations Advancement	-	
Bonds and Interest	(500,801)	
Net Change in Purchase/Sale of Investments	<u>-</u>	
Net Cash from Financing Activities		<u>(500,801)</u>
Net Increase (Decrease) in Cash During Period		<u>(800,713)</u>
Cash, End of Period (June 30, 2020)		5,090,805

North Central Health Care
Statement of Revenues and Expenses
For the Period Ending June 30, 2020

	<u>MTD Actual</u>	<u>MTD Budget</u>	<u>MTD Variance</u>	<u>YTD Actual</u>	<u>YTD Budget</u>	<u>YTD Variance</u>
Total Operating Revenue	6,597,234	7,468,017	(870,783)	43,308,585	44,297,953	(989,368)
Salaries and Wages	3,112,077	3,565,306	(453,229)	19,040,297	21,276,289	(2,235,992)
Fringe Benefits	1,082,299	1,485,449	(403,150)	7,021,790	8,867,236	(1,845,446)
Departments Supplies	932,406	875,712	56,694	5,515,790	5,242,368	273,422
Purchased Services	633,768	573,406	60,362	4,856,898	3,497,106	1,359,792
Utilitites/Maintenance Agreements	411,478	360,279	51,199	3,105,766	2,154,445	951,321
Personal Development/Travel	12,302	43,740	(31,438)	144,398	262,408	(118,010)
Other Operating Expenses	137,478	209,059	(71,581)	860,825	1,249,355	(388,530)
Insurance	41,344	43,611	(2,267)	248,901	260,332	(11,431)
Depreciation & Amortization	208,647	222,842	(14,195)	1,269,389	1,337,050	(67,661)
Client Purchased Services	62,217	75,000	(12,783)	1,010,122	450,000	560,122
	<u>6,634,016</u>	<u>7,454,404</u>	<u>(820,388)</u>	<u>43,074,176</u>	<u>44,596,589</u>	<u>(1,522,413)</u>
Nonoperating Income	<u>23,846</u>	<u>30,833</u>	<u>(6,987)</u>	<u>167,557</u>	<u>185,000</u>	<u>(17,443)</u>
Excess Revenue/(Expense)	<u>(12,936)</u>	<u>44,446</u>	<u>(57,382)</u>	<u>401,967</u>	<u>(113,636)</u>	<u>515,602</u>

North Central Health Care
Review of 2020 Programs by Service Line
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
BEHAVIORAL HEALTH SERVICES							
Hospital	1,829,410	2,163,212	(333,802)	2,145,392	2,180,055	34,663	(299,140)
Hospital Psychiatry	195,488	213,977	(18,489)	879,445	838,072	(41,374)	(59,862)
Psychiatry Residency	156,983	157,500	(517)	214,576	226,310	11,733	11,217
Contract Services	-	-	-	1,150,215	468,998	(681,217)	(681,217)
Crisis	342,350	297,749	44,601	1,332,545	1,219,453	(113,093)	(68,491)
MMT	62,857	481,591	(418,733)	628,966	778,329	149,363	(269,370)
CBRF	520,042	607,775	(87,733)	380,185	607,775	227,590	139,857
Youth Hospital (eff: April for Exp)	-	251,693	(251,693)	41,014	502,258	461,244	209,550
Subtotal-Behavioral Health	3,107,131	4,173,497	(1,066,365)	6,772,338	6,821,248	48,909	(1,017,456)
COMMUNITY SERVICES							
Outpatient Services-Marathon Co	631,888	783,909	(152,021)	982,288	998,121	15,833	(136,189)
Outpatient Services-Lincoln Co	157,379	209,600	(52,221)	176,948	325,387	148,439	96,217
Outpatient Services-Langlade Co	158,928	344,150	(185,222)	239,344	408,762	169,417	(15,805)
Outpatient Psychiatry	509,447	590,236	(80,788)	2,003,683	2,051,293	47,610	(33,178)
Community Treatment Adult- Marathon	2,330,103	2,243,946	86,157	2,246,658	2,243,946	(2,712)	83,445
Community Treatment Adult- Lincoln	452,140	384,200	67,940	336,349	384,200	47,851	115,792
Community Treatment Adult- Langlade	301,981	349,300	(47,319)	257,782	349,300	91,518	44,198
Community Treatment Youth-Marathon	2,737,294	1,955,541	781,753	2,508,451	1,955,541	(552,910)	228,842
Community Treatment Youth-Lincoln	898,515	907,200	(8,685)	842,175	907,200	65,025	56,340
Community Treatment Youth-Langlade	745,959	700,500	45,459	702,939	700,500	(2,439)	43,019
Clubhouse	96,383	149,509	(53,126)	160,755	195,509	34,753	(18,373)
Sober Living	-	64,000	(64,000)	170	64,000	63,830	(170)
Subtotal-Community Services	9,020,016	8,682,090	337,926	10,457,544	10,583,758	126,214	464,140
COMMUNITY LIVING							
Adult Day Services-Marathon	275,039	415,193	(140,154)	275,773	363,758	87,985	(52,169)
Prevocational Services-Marathon	253,467	388,500	(135,033)	324,499	439,935	115,436	(19,597)
Prevocational/Day Services-Langlade	119,298	189,000	(69,702)	140,983	189,000	48,017	(21,685)
Lincoln Industries-Lincoln	478,865	951,500	(472,635)	641,550	951,500	309,950	(162,685)
Andrea St Group Home	234,734	262,000	(27,266)	208,744	251,151	42,407	15,141
Chadwick Group Home	256,124	266,000	(9,876)	198,824	259,378	60,554	50,678
Bissell Street Group Home	281,764	284,000	(2,236)	198,200	272,507	74,306	72,070
Heather Street Group Home	215,074	227,000	(11,926)	217,409	255,966	38,556	26,630
Jelinek Apartments	388,882	401,500	(12,618)	344,255	368,036	23,781	11,163
River View Apartments	351,630	313,500	38,130	278,604	310,658	32,054	70,185
Forest Street Apartments	171,872	309,000	(137,128)	270,169	293,389	23,219	(113,909)
Fulton Street Apartments	126,227	129,500	(3,273)	182,122	181,418	(705)	(3,978)
Subtotal-Community Living	3,152,975	4,136,693	(983,717)	3,281,132	4,136,693	855,561	(128,156)
NURSING HOMES							
MVCC Daily Services	9,616,654	9,809,677	(193,022)	10,214,008	10,938,018	724,010	530,988
MVCC Ancillary Services	1,029,941	1,055,368	(25,426)	546,725	677,026	130,301	104,874
Aquatic	287,729	511,346	(223,617)	493,113	682,518	189,405	(34,212)
Pine Crest-Daily Services	6,468,316	6,574,750	(106,434)	6,454,627	6,795,158	340,530	234,096
Pine Crest-Ancillary Services	707,550	655,500	52,050	661,947	655,500	(6,447)	45,603
Subtotal-Nursing Home	18,110,191	18,606,640	(496,449)	18,370,421	19,748,220	1,377,798	881,349
Pharmacy	3,588,510	3,241,197	347,313	3,227,872	3,241,197	13,325	360,638
OTHER PROGRAMS							
Birth To Three	468,307	-	468,307	468,307	-	(468,307)	0
Protective Services	419,708	-	419,708	354,517	-	(354,517)	65,191
Demand Transportation	197,797	215,952	(18,155)	142,044	215,952	73,908	55,752
Subtotal-Other Programs	1,085,812	215,952	869,860	964,869	215,952	(748,917)	120,944
Total NCHC Service Programs	38,064,635	39,056,068	(991,432)	43,074,176	44,747,067	1,672,891	681,459
Base County Allocation	2,507,487	2,508,903	(1,416)				(1,416)
Nonoperating Revenue	157,489	185,000	(27,511)				(27,511)
County Appropriation	2,746,531	2,746,533	(1)				(1)
Grand Total NCHC	43,476,143	44,496,503	(1,020,360)	43,074,176	44,747,067	1,672,891	652,531

North Central Health Care
Review of Services in Langlade County
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	158,928	344,150	(185,222)	239,344	408,762	169,417	(15,805)
Community Treatment-Adult	301,981	349,300	(47,319)	257,782	349,300	91,518	44,198
Community Treatment-Youth	745,959	700,500	45,459	702,939	700,500	(2,439)	43,019
Sober Living	-	64,000	(64,000)	170	64,000	63,830	(170)
Day Services	119,298	189,000	(69,702)	140,983	189,000	48,017	(21,685)
	1,326,165	1,646,950	(320,785)	1,341,219	1,711,562	370,342	49,557
Shared Services							
Inpatient	201,235	237,953	(36,717)	235,993	239,806	3,813	(32,904)
Hospital Psychiatry	21,504	23,538	(2,034)	96,739	92,188	(4,551)	(6,585)
Residency Program	17,268	17,325	(57)	23,603	24,894	1,291	1,234
Youth Hospital	-	27,686	(27,686)	4,512	55,248	50,737	23,051
CBRF	57,205	66,856	(9,651)	41,820	66,856	25,035	15,384
Crisis	37,659	32,753	4,906	146,580	134,140	(12,440)	(7,534)
MMT (Lakeside Recovery)	6,914	52,975	(46,061)	69,186	85,616	16,430	(29,631)
Outpatient Psychiatry	56,039	64,926	(8,887)	220,405	225,642	5,237	(3,650)
Protective Services	46,167	-	46,167	38,997	-	(38,997)	7,171
Birth To Three	47,948	-	47,948	47,947	-	(47,947)	0
Group Homes	96,147	101,141	(4,994)	80,132	101,141	21,009	16,015
Supported Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	126,524	51,590	(74,934)	(74,934)
	588,086	625,151	(37,065)	1,132,438	1,077,120	(55,318)	(92,383)
Total NCHC Programming	1,914,250	2,272,101	(357,851)	2,473,657	2,788,682	315,025	(42,826)
Base County Allocation	399,266	399,266	-				-
Nonoperating Revenue	10,181	14,315	(4,134)				(4,134)
County Appropriation	75,438	75,438	-				-
Excess Revenue/(Expense)	2,399,135	2,761,120	(361,985)	2,473,657	2,788,682	315,025	(46,960)

North Central Health Care
Review of Services in Lincoln County
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	157,379	209,600	(52,221)	176,948	325,387	148,439	96,217
Community Treatment-Adult	452,140	384,200	67,940	336,349	384,200	47,851	115,792
Community Treatment-Youth	898,515	907,200	(8,685)	842,175	907,200	65,025	56,340
Lincoln Industries	478,865	951,500	(472,635)	641,550	951,500	309,950	(162,685)
	<u>1,986,899</u>	<u>2,452,500</u>	<u>(465,601)</u>	<u>1,997,022</u>	<u>2,568,287</u>	<u>571,265</u>	<u>105,664</u>
Shared Services							
Inpatient	274,411	324,482	(50,070)	321,809	327,008	5,199	(44,871)
Inpatient Psychiatry	29,323	32,097	(2,773)	131,917	125,711	(6,206)	(8,980)
Residency Program	23,548	23,625	(77)	32,186	33,947	1,760	1,683
Youth Hospital	-	37,754	(37,754)	6,152	75,339	69,187	31,433
CBRF	78,006	91,167	(13,160)	57,028	91,167	34,139	20,979
Crisis	51,353	44,663	6,690	199,882	182,918	(16,964)	(10,274)
Outpatient Psychiatry	76,417	88,536	(12,118)	300,552	307,694	7,142	(4,977)
MMT (Lakeside Recovery)	9,428	72,239	(62,810)	94,345	116,750	22,405	(40,406)
Protective Services	62,956	-	62,956	53,178	-	(53,178)	9,778
Birth To Three	70,498	-	70,498	70,498	-	(70,498)	(0)
Apartments	-	-	-	-	-	-	-
Contract Services	-	-	-	172,532	70,350	(102,183)	(102,183)
	<u>675,940</u>	<u>714,560</u>	<u>(38,620)</u>	<u>1,440,079</u>	<u>1,330,881</u>	<u>(109,197)</u>	<u>(147,818)</u>
Total NCHC Programming	2,662,839	3,167,060	(504,221)	3,437,101	3,899,168	462,068	(42,153)
Base County Allocation	414,989	414,989	-				-
Nonoperating Revenue	14,210	19,954	(5,744)				(5,744)
County Appropriation	259,581	259,581	-				-
Excess Revenue/(Expense)	<u>3,351,618</u>	<u>3,861,584</u>	<u>(509,965)</u>	<u>3,437,101</u>	<u>3,899,168</u>	<u>462,068</u>	<u>(47,898)</u>

North Central Health Care
Review of Services in Marathon County
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Outpatient Services	631,888	783,910	(152,022)	982,288	998,121	15,833	(136,189)
Community Treatment-Adult	2,330,103	2,243,946	86,157	2,246,658	2,243,946	(2,712)	83,445
Community Treatment-Youth	2,737,294	1,955,541	781,753	2,508,451	1,955,541	(552,910)	228,842
Day Services	528,506	803,693	(275,187)	600,272	803,693	203,421	(71,766)
Clubhouse	96,383	149,509	(53,126)	160,755	195,509	34,753	(18,373)
Demand Transportation	197,797	215,952	(18,155)	142,044	215,952	73,908	55,752
Aquatic Services	287,729	511,346	(223,617)	493,113	682,518	189,405	(34,212)
Pharmacy	3,588,510	3,241,197	347,313	3,227,872	3,241,197	13,325	360,638
	10,398,208	9,905,092	493,116	10,361,455	10,336,476	(24,979)	468,138
Shared Services							
Inpatient	1,353,763	1,600,776	(247,012)	1,587,590	1,613,241	25,651	(221,362)
Inpatient Psychiatry	144,661	158,343	(13,682)	650,789	620,173	(30,616)	(44,298)
Residency Program	116,168	116,550	(382)	158,786	167,469	8,683	8,300
Youth Hospital	-	186,253	(186,253)	30,350	371,671	341,320	155,067
CBRF	384,831	449,754	(64,922)	281,337	449,754	168,416	103,494
Crisis Services	253,339	220,335	33,004	986,083	902,395	(83,688)	(50,684)
MMT (Lakeside Recovery)	46,515	356,377	(309,862)	465,434	575,964	110,529	(199,333)
Outpatient Psychiatry	376,991	436,775	(59,784)	1,482,725	1,517,957	35,232	(24,552)
Protective Services	310,584	-	310,584	262,342	-	(262,342)	48,242
Birth To Three	349,862	-	349,862	349,862	-	(349,862)	(0)
Group Homes	891,549	937,859	(46,310)	743,045	937,859	194,814	148,504
Supported Apartments	1,038,611	1,153,500	(114,889)	1,075,150	1,153,500	78,350	(36,539)
Contracted Services	-	-	-	851,159	347,058	(504,101)	(504,101)
	5,266,875	5,616,520	(349,645)	8,924,655	8,657,040	(267,616)	(617,261)
Total NCHC Programming	15,665,083	15,521,612	143,471	19,286,110	18,993,516	(292,595)	(149,123)
Base County Allocation	1,693,232	1,694,649	(1,417)				(1,417)
Nonoperating Revenue	133,099	150,731	(17,632)				(17,632)
County Appropriation	1,441,106	1,441,106	-				-
Excess Revenue/(Expense)	18,932,520	18,808,098	124,422	19,286,110	18,993,516	(292,595)	(168,173)

North Central Health Care
Review of Services in Mount View Care Center
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	1,962,889	1,794,749	168,141	2,168,734	2,008,749	(159,986)	8,155
Legacies	4,218,851	4,511,463	(292,612)	4,182,511	5,047,463	864,952	572,340
Post Acute Care	1,279,560	1,234,233	45,328	1,469,060	1,496,460	27,400	72,728
Vent Unit	2,155,353	2,269,233	(113,879)	2,393,703	2,385,347	(8,356)	(122,236)
Nursing Home Ancillary	28,212	50,000	(21,788)	26,936	50,000	23,064	1,275
Rehab Services	1,001,730	1,005,368	(3,638)	519,789	627,026	107,237	103,599
Total NCHC Programming	10,646,596	10,865,044	(218,448)	10,760,733	11,615,044	854,311	635,862
County Appropriation	750,000	750,000	-				-
Excess Revenue/(Expense)	11,396,596	11,615,044	(218,448)	10,760,733	11,615,044	854,311	635,862
Aquatic	244,287	426,121	(181,834)	412,259	568,765	156,506	(25,328)

North Central Health Care
Review of Services in Pine Crest Nursing Home
For the Year-to-Date Period Ending June 30, 2020

	Revenue			Expense			By Program
	Actual	Budget	Variance	Actual	Budget	Variance	\$ Variance
Direct Services							
Long Term Care	3,574,267	3,968,499	(394,232)	3,980,958	3,979,199	(1,759)	(395,991)
Rehab Care (Post Acute)	1,392,165	1,094,066	298,100	1,056,519	1,184,739	128,220	426,319
Hospice Care	492,024	557,948	(65,924)	598,370	637,229	38,859	(27,064)
Special Care	1,009,860	954,238	55,622	818,780	993,991	175,210	230,833
Nursing Home Ancillary	152,962	175,000	(22,038)	241,486	175,000	(66,486)	(88,524)
Rehab Services	554,588	480,500	74,088	420,461	480,500	60,039	134,127
Total NCHC Programming	7,175,867	7,230,250	(54,383)	7,116,575	7,450,658	334,083	279,699
County Appropriation	220,408	220,408	0				0
Excess Revenue/(Expense)	7,396,274	7,450,658	(54,383)	7,116,575	7,450,658	334,083	279,699

North Central Health Care
 Summary of Revenue Write-Offs
 For the Period Ending June 30, 2020

	<u>MTD</u>	<u>YTD</u>	<u>Prior YTD</u>
Inpatient			
Administrative Write-Off	10,028	202,407	35,323
Bad Debt	87	4,411	422
Outpatient			
Administrative Write-Off	10,812	75,344	49,112
Bad Debt	34	1,312	2,323
Nursing Home Daily Services			
Administrative Write-Off	5,151	16,702	6,826
Bad Debt	22	1,563	1,437
Nursing Home Ancillary Services			
Administrative Write-Off	-	352	1,858
Bad Debt	-	-	-
Pharmacy			
Administrative Write-Off	5	102	826
Bad Debt	-	379	14
Grand Total			
Administrative Write-Off	25,996	294,907	93,944
Bad Debt	143	7,665	4,196

North Central Health Care
Invested Cash Reserves
For the Period Ending June 30, 2020

<u>Institution</u>	<u>Length</u>	<u>Maturity Date</u>	<u>Interest Rate</u>	<u>Amount</u>
PFM Investments	365 Days	7/8/2020	2.53%	486,000
PFM Investments	365 Days	7/8/2020	2.27%	487,000
People's State Bank	365 Days	8/21/2020	1.74%	500,000
Abby Bank	730 Days	8/29/2020	2.57%	500,000
Abby Bank	730 Days	9/1/2020	2.57%	500,000
PFM Investments	273 Days	9/8/2020	1.66%	492,000
Abby Bank	365 Days	10/29/2020	1.82%	500,000
PFM Investments	365 Days	12/4/2020	1.60%	490,000
CoVantage Credit Union	456 Days	12/9/2020	2.00%	500,000
PFM Investments	365 Days	12/17/2020	1.80%	490,000
Abby Bank	365 Days	12/30/2020	1.40%	500,000
PFM Investments	365 Days	12/30/2020	1.60%	980,000
Abby Bank	730 Days	1/6/2021	2.65%	500,000
BMO Harris	335 Days	1/26/2021	1.50%	500,000
CoVantage Credit Union	456 Days	1/29/2021	2.00%	300,000
PFM Investments	368 Days	2/14/2021	1.60%	490,000
CoVantage Credit Union	455 Days	2/19/2021	2.00%	500,000
Abby Bank	730 Days	2/25/2021	2.69%	500,000
CoVantage Credit Union	455 Days	3/3/2021	2.00%	500,000
CoVantage Credit Union	730 Days	3/8/2021	2.72%	500,000
BMO Harris	334 Days	4/30/2021	0.75%	500,000
Abby Bank	730 Days	7/19/2021	2.45%	500,000
People's State Bank	365 Days	5/29/2021	0.75%	350,000
People's State Bank	365 Days	5/30/2021	0.75%	500,000
Total Invested Funds				12,065,000
Weighted Average	463.09 Days		1.89%	Interest

North Central Health Care
Fund Balance Review
For the Year-to-Date Period Ending June 30, 2020

	<u>Marathon</u>	<u>Langlade</u>	<u>Lincoln</u>	<u>Total</u>
Total Operating Expenses, Year-to-Date	30,046,843	2,473,657	10,553,675	43,074,176
General Fund Balance Targets				
Minimum (20% Operating Expenses)	6,009,369	494,731	2,110,735	8,614,835
Maximum (35% Operating Expenses)	10,516,395	865,780	3,693,786	15,075,962
Risk Reserve Fund	250,000	250,000	250,000	
Total Fund Balance				
Minimum Target	6,259,369	744,731	2,360,735	9,364,835
Maximum Target	10,766,395	1,115,780	3,943,786	15,825,962
Total Net Position at Period End	43,476,143	2,399,134	10,747,893	56,623,171
Fund Balance Above/(Below)				
Minimum Target	37,216,774	1,654,403	8,387,158	47,258,336
Maximum Target	32,709,748	1,283,354	6,804,107	40,797,210
<i>County Percent of Total Net Position</i>	<i>76.8%</i>	<i>4.2%</i>	<i>19.0%</i>	<i>100.0%</i>
Share of Invested Cash Reserves	9,263,693	511,196	2,290,111	12,065,000
<i>Days Invested Cash on Hand</i>	<i>56</i>	<i>38</i>	<i>39</i>	<i>51</i>
<i>Targeted Days Invested Cash on Hand</i>	<i>90</i>	<i>90</i>	<i>90</i>	<i>90</i>
Required Invested Cash to Meet Target	7,408,811	609,943	2,602,276	10,621,030
Invested Cash Reserves Above/(Below) Target	1,854,882	(98,747)	(312,165)	1,443,970



North Central Health Care

Person centered. Outcome focused.

MEMORANDUM

DATE: July 24, 2020
TO: North Central Community Services Program Board
FROM: Dr. Robert Gouthro, Chief Medical Officer
RE: CMO Report

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

1) **Residency & Education:**


- The transition in academic year is complete, and the MCW-CW residency has now officially moved from its building phase to its full operation/maintenance phase. The program has all four years of residents and is considered fully established.
- MCW Residents rotating on the NCHC inpatient unit are now required to complete the newly implemented CPI (Crisis Prevention Institute) Training. This experience includes each resident being placed in restraints and seclusion to recognize the impact such an order has on our patients. Beyond providing residents with a better understanding of their roles, the training will further enhance unit safety and behavioral emergency response.
- NCHC has a signed offer letter from Dr. Jessica Dotson, a child and adolescent trained provider, and Wausau native, that will join NCHC with the next academic year. In addition to providing coverage for our youth hospital and outpatient clinic, she will bring her academic mindset and experience to assist with residency education and administration as part of our growing team of academic clinicians.
- Resident outpatient offices have been wired for video observation which has improved resident and patient observation, supervision, and teaching.
- An NCHC based research paper on patient perceptions of the use of telephonic (voice only) communication in psychiatric contacts is preparing for submission.

2) **No-Show Rate:**

- The no show rate continues to be monitored on a daily basis and data remains consistent with our last report. Med management no-shows continue to be mildly decreased with phone contacts; therapy no shows do not appear to show the same benefit.
- The new NCHC no-show policy has been implemented as of July 1st. Briefly, patients missing three scheduled appointments with the same provider in a six-month period will not be able to reschedule with that provider. Clients will not be discharged from the clinic if they maintain interest in obtaining care, however they will be connected with our open access clinic which will allow for visits on their availability. We will work to “meet the patients where they are” in regard to their ability to maintain a structured schedule.

3) Patient Care and Provider Quality (BHS):

- Peer Review will be briefly elaborated on during the July board Meeting, but a few key happenings include:
 - Our provider peer-review documentation review has been expanded to all outpatient providers.
 - Provider peer review case discussions have begun with positive results.
 - Our peer review committee will begin meeting August 4th.
 - An analogous Peer Review Process is in early development for therapy providers and inpatient providers
- The BHS inpatient COVID-19 unit completed a “dry run” in mid-July, and has confirmed staffing plans to insure it is ready when needed.
- Crisis Prevention Institute (CPI) train-the-trainer trainings have completed. Full roll out of the new program will begin in the next few weeks. CPI will replace our previously utilized Management of Aggressive Behavior (MOAB) training. CPI is the training system most used by hospitals located within WI, and will provide improved patient and staff safety during behavioral emergency responses.
- The outpatient Open Access Medication Management Clinic Opened July 20th. Again, this clinic will serve current NCHC clients in assisting with non-crisis, acute issues; provider support; patient access; and maintenance of care with clients that have challenges attending scheduled appointments.
- Our first psycho-educational open access therapy group has been structured and is ready to begin in early August. It will be offered three times per week and will repeat with a staggered schedule to allow attendees to complete all courses regardless of attending 1, 2, or 3 times per week. Further groups will be rolled out during the year to assist with no show rates, individual provider access, step down options, alternative treatments, and adjunctive interventions.
- Targeted telehealth suicide prevention training ***Managing Suicidal Clients During the Covid Pandemic*** is being finalized for use by all Outpatient and telehealth psychiatric providers.
- The Spravato/esketamine clinic is open and managing a limited number of patients. Future expansion of this service is planned for late summer.

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Executive Management Team Operational Initiatives								
ID	Operational Objective	Current or Pending Activity on the Objective	Successful Final Outcome	Operations Responsible	Clinical Responsible	Status	Start	Targeted Completion
1	Employee Wellness and Resiliency Initiative	Wellness Team met in late July to discuss roll out with biometric screening and health risk assessment to be completed in late 2020. Incentive plan in place to promote use of the program and effectiveness.	Comprehensive Employee Wellness Program designed, objectives defined and successfully implemented.	Ops. Exec.	Employee Health Nurse	Implementing	Mar-19	Dec-20
2	Implementation of Clinical Career Tracks for Nursing and Counseling	Career tracks receiving a final review by Marketing & Communications. Once completed CNO & Operations Executive to review for posting online and for new hires in the organization.	Career tracks are establish and there is a successful communication and rollout of the program.	Ops. Exec.	CNO	Implementing	Jan-19	Dec-20
3	Campus Renovations	Aquatic building has final modifications occurring to the drain tiles in the locker and changing rooms. Front parking lot construction entering final phases with estimated completion in September. Youth Hospital & CBRF on track for late August 2020.	Successful operations for 90 days in new buildings	CEO	CMO	Implementing	Jan-19	May-22
4	Youth Hospital Program	Orientation beginning for paraprofessional positions with workflows being established. Licensure is under review and process is anticipated to be completed in September.	Successful operations for 90 days; CMS approval	Ops. Exec.	CMO	Learning	Feb-19	Jul-20
5	Youth Crisis Stabilization Program	Weekly planning meetings occurring to review operations as well as funding of program. Location has been selected, potential operations to begin in October 2020.	Successful operations for 90 days; certified and accepted admissions	Ops. Exec.	Dr. Immler	Learning	Jan-20	Feb-21
6	Cerner Implementation	The teams have been working well together. A lot of the core data has been collected and the teams are doing data cleanup.	Go live of Cerner	IMS Exec	CMO	Implementing	Jan-19	Apr-21
7	Zero Suicide Initiative	Training of staff ongoing. Team is focusing on post-care planning and care transitions for remainder of the year.	Process established for monitoring and reduction of facility suicide attempts and facility completed suicides; creation of community zero suicide coalition	CEO	CMO	Implementing	Jan-19	Mar-20
8	Update Comprehensive Community Service Contracts	Agreement still in drafting.	New 2020 contract instituted.	CEO		Learning	Jan-19	
9	In House Security Program	Security committee created, review of job descriptions and program overview. Security manual drafted. SSO recruitment started.	Program fully staffed and operational	Ops. Exec.	CMO	Implementing		Sep-20
10	APS Transition to ADRC	APS staff are moving to their new office location adjacent to the ADRC-CW Wausau office. Meeting with County Corporation Counsels in June to start contract negotiations. Planning for a January 1, 2021 transition at this point.	ADRC has taken full operational responsibility.	CEO	N/A	Learning	Jan-19	Dec-20
11	Overhaul and Implement Incident Command/Emergency Preparedness	EM Committee continuing to meet. Delay in process due to COVID-19 and needing to stand up Incident Command Team. Emergency preparedness policy being developed and revision of current policies and procedures to occur by August 2020.	Completion of implementation plan	Ops. Exec.	CMO	Learning	Jan-19	Nov-20
12	Just Culture Program	Just Culture Program delayed at this time with focus on COVID-19 operations and employee engagement. Pulse surveys sent out to all staff with expected results in early June.	An assessment of past disciplinary actions and significant event reports. Recommendations for related updates to HR policies. Develop and send out a Just Culture survey assessment for staff.	Ops. Exec.	Quality & Clinical Transformation Director	On hold	Jan-19	Delayed
13	High Performance Culture Program	RDG2 was ready to roll out the training and education on high performance culture and was delayed due to COVID-19. Conversations started again to look at alternative roll out in Fall 2020.	Successful implementation and roll out from RDG2	CEO	Pharmacy Director	Implementing	Jan-20	Aug-21
14	Data Analytics Expansion to the Dashboard	Project is on hold until travel restrictions are lifted.	Have daily real time analytic report	IMS Exec	CMO	On hold	Jan-19	Delayed
15	Review of Purchasing Systems and Processes	Continue to evaluate inventory management efficiencies within the new campus footprint.	Recommendations are developed; purchasing policy approved by Board	CFO	N/A	Learning	Jan-19	Jan-21

MEMORANDUM

DATE: July 24, 2020
TO: North Central Community Services Program Board
FROM: Michael Loy, Chief Executive Officer
RE: Leading a Culture of Safety to Achieve Zero Harm

At the June Board meeting, the NCCSP Board was provided context for our Culture of Safety strategy. A quality strategy will fail without a focus on working towards delivering healthcare without causing harm. The ultimate responsibility for system based errors and their resulting costs rests with the CEO and Board of Directors. Specifically, within this context together we have thus far:

- 1) Reaffirmed the Vision for a Culture of Safety as described in the Board approved 2020 Quality, Safety & Compliance Plan:

As a regionally unequally 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.

- 2) The discussion centered on several goals for Board Engagement to effectively lead a culture of safety towards the goal of zero harm.
 - a. Goal 1: Select and Develop the Board so that it has clear competencies, focus and accountability regarding safety culture.
 - b. Goal 2: Ensure the CEO provides regular Board education on the importance of safety, the meaning on quality and safety metrics, and safety culture principles and behaviors.
 - c. Goal 3: CEO works with the Board to set direction, goals, metrics, and systems of mutual accountability for zero harm to both patients and the workforce.
 - d. Goal 4: Provide adequate agenda time for review and discussion of safety culture metrics and issues – develop standing agenda item for ongoing discussions regarding the Culture of Safety.
 - e. Goal 5: Ensure Board agenda includes time designated for the Chief Medical Officer, Chief Nursing Officer, and Director of Quality and Clinical Transformation to present quality data and quality improvement initiatives
 - f. Goal 6: Ensure Board membership includes clinical, safety, and patient/family representations.
 - i. Leverage patient stories and presentations to educate the Board
 - ii. Provide opportunities for Board member representation on appropriate safety and quality committees.

The vision and related goals for leading a culture to zero harm are now laid out before us. The Board's work will need to shift to developing frameworks for execution and maintenance of the strategy. Please review each of the goals stated above and come with questions where the goals are not inherently clear. At the July meeting, the Board will have facilitated discussion on achieving clarity around these goals and requisite tactics to achieve them.

2020 NCCSP BOARD CALENDAR

Thursday August 27, 2020 – 3:00 PM – 5:00 PM

Educational Presentation: Diversity, Equity, and Inclusion: Perspectives and Opportunities for Engagement with the Hmong Community

Board Action: TBD

Board Policy to Review: Budget Policy

Board Policy Discussion Generative Topic(s): Short-Term Financial Picture Related to the Pandemic. Strategies and Investments for Long-Term Financial Viability

Thursday September 24, 2020 - 3:00 PM – 5:00 PM

Educational Presentation: Annual Report from the Medical Staff

Board Action: Annual Board self-evaluation of governance, Board calendar for upcoming year, and review of Bylaws. Report of recent investigations related to corporate compliance activities and significant events.

Budget Presentation

Board Policy to Review: Policy Governance Manual

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

Thursday October 29, 2018 – 3:00 PM – 5:00 PM

Educational Presentation: Annual Quality Audit – Update on the Status of the Quality, Compliance and Safety Plan

Board Action: TBD

Board Policy to Review: CEO Recruitment, Retention, and Removal Policy

Board Policy Discussion Generative Topic(s): Annual CEO Succession Planning Exercise



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Board Experience Transformer

If you could do this experience over – knowing what you know now – what would you do differently?

Are you leaving the meeting confident in the overall performance of our organization? If not, please elaborate on the concerns you would like to have addressed in the future.

Did the materials included in the Board's pre-meeting packet adequately allow you to prepare for today's meeting?

Did you feel you had ample opportunity for input?

Did all members participate in an active way? If not, why do you think that happened?

Did we focus on the right issues, giving the most important issues of strategy and policy adequate time?

Missed thoughts you didn't have the chance to state or questions you have?

Name (optional): _____