

# RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF LANGLADE, LINCOLN, AND MARATHON COUNTIES

## AGENDA

Date & Time of Meeting: **Thursday, August 29, 2019 at 10:00 a.m.**

Meeting Location: **North Central Health Care, Juniper Room, 1100 Lakeview Drive, Wausau**

*In addition to attendance in person at the location described above, Board members and the public are invited to attend by telephone conference. Persons wishing to attend the meeting by phone should contact Marathon County Administration at 715-261-1400, at least 24 hours prior to the start time of the meeting for further instructions.*

Committee Members: Lance Leonhard, Chair (Marathon County), Robin Stowe (Langlade County), Nancy Bergstrom (Lincoln County), Chad Billeb (Marathon County)

- 1. Call the Meeting of the Retained County Authority (RCA) Committee to Order**
- 2. Approval of the minutes of the June 27, 2019 RCA meeting.**
- 3. Policy Issue Discussion and Possible Committee Action**
  - A. Consideration of the 2020 Performance Expectations & Outcomes Document for inclusion in the 2020 NCHC Annual Budget
    1. Review of committee responsibilities relative to the 2020 NCHC Annual Budget
- 4. Educational Presentations and Committee Discussion**
  - A. Update on the Marathon County NCHC Campus Construction Project and the Revision of the Facility Use Agreement/Lease
  - B. Update on the Langlade County Sober Living Pilot Project
  - C. Revision of the Tri-County Agreement – Timeframe and Offering Of Potential Areas For Future Discussion
  - D. Semi-Annual CEO Evaluation Process – review of next steps
  - E. Update on Referral Source Survey Process
- 5. Next Meeting Time, Location and Agenda Items:**
  - A. Future Agenda Items and Meeting Times
  - B. Announcements
- 6. Adjournment of the RCA Committee meeting**

*Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the Marathon County Clerk's Office at 715-261-1500 or e-mail [infomarathon@mail.marathon.co.wi.us](mailto:infomarathon@mail.marathon.co.wi.us) one business day before the meeting.*

**SIGNED** /s/ Lance Leonhard  
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages,  
FAXED TO: and Other Media Groups  
FAXED BY: M Palmer  
FAXED DATE: \_\_\_\_\_  
FAXED TIME: \_\_\_\_\_

NOTICE POSTED AT COURTHOUSE  
BY: M Palmer  
DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

**THE RETAINED COUNTY AUTHORITY (RCA) COMMITTEE OF  
LANGLADE, LINCOLN, AND MARATHON COUNTIES  
MINUTES**

Date & Time of Meeting: **Thursday, June 27, 2019 at 11:00 a.m.**

Meeting Location: **Lincoln County Service Center, 801 N. Sales Street, Merrill, WI 54452**

<b>Attendance:</b>	<b>Present</b>	<b>Absent</b>
Nancy Bergstrom	X	
Chad Billeb	X	
Lance Leonhard	X	
Robin Stowe	X (phone)	

**Also Present:** Michael Loy, Laura Scudiere

**1. Call Meeting to Order**

The meeting was called to order at 11:00 a.m. by RCA Chair Lance Leonhard.

**2. Approval of the minutes of the May 30, 2019 RCA meeting.**

**MOTION BY BERGSTROM, SECOND BY BILLEB, TO APPROVE THE MINUTES OF THE MAY 30, 2019 RCA MEETING. MOTION CARRIED.**

**3. Policy Issues Discussion and Possible Action**

A. Proposal/Application for Program Creation/Modification: Recovery Coaching – pursue agreement with Marshfield Clinic’s RecoveryCorp (AmericCorp) program

**Discussion:**

Laura Scudiere appears before the committee, provides a general overview of the revised plan of action relative to delivering recovery coach services, and answers questions from committee members. Scudiere outlines how the partnership with Marshfield and AmeriCorp will impact individual NCHC clients seeking recovery coaching services under the proposal, clarifying the choices available to clients and how an individual can access those services.

**Action:**

**MOTION BY BILLEB, SECOND BY BERGSTROM, TO APPROVE NCHC MOVING FORWARD AS OUTLINED IN THE PROGRAM MODIFICATION APPLICATION. MOTION CARRIED.**

**Follow up necessary:**

NCHC to move forward as provided in the application document.

**4. Educational Presentations/Outcome Monitoring Reports - None**

**5. Next Meeting Time, Location and Agenda Items:**

A. Future Agenda Items and Meeting Times

1. Meeting to be held on Thursday, July 25, 2019, at the Marathon County Courthouse, beginning at 10:00 a.m and will address program performance standards.

B. Announcements - none

**6. Adjournment of the RCA Committee meeting**

**MOTION BY STOWE, SECOND BY BILLEB, TO ADJOURN THE MEETING. MOTION CARRIED.** Meeting adjourned at 11:21 a.m.

Minutes Prepared by  
Lance Leonhard on June 27, 2019.

## Retained County Authority (RCA) 2020 Performance Expectations and Outcomes

With the creation of the Retained County Authority (RCA) Committee, a key aspect of the RCA's accountability is to articulate their performance expectations for NCHC on behalf of the Counties. There are two elements to creating performance expectations:

*Program Standards:* General expectations of performance for each program that are either not easily measurable or the measurement of performance would be administratively burdensome. Program Standards are still of great importance in NCHC's accountability to our County partners when we do not meet these expectations on a consistent basis.

*Outcomes:* Are a measurable result of activities within a program. Outcomes are the level of performance or achievement that occurred because of the activity or services as compared to merely reporting on an organization's activities or busyness.

As the RCA worked to define the performance expectations and outcomes the Committee decided to keep the Program Standards as standalone items and imbed the Program Outcomes into NCHC's Service Excellence Dashboard system.

### **PROGRAM EXPECTATIONS**

#### **Behavioral Health Services Program Expectations**

All BHS staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

#### **Program/Function Specific Expectations**

*Crisis & Suicide Prevention Hotline* –All callers to the hotline will be offered face to face evaluation and/or intervention with the expectation to link the caller with services within 72 hours; callers offered opportunity for voluntary admission if applicable.

*Mobile Crisis* – Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent); Crisis workers must be:

- Educated annually on admission laws in the State of Wisconsin;
- Offer each patient resource literature during every Crisis assessment; and
- If applicable, provide patients the opportunity for voluntary admission.

*Youth Crisis Stabilization* - Connection will be made within 15 minutes with the referral agency (specifically, law enforcement, school and/or the Department of Social Services) regarding the plan for immediate response and ongoing plan (contingent on active release of information consent).

*Court Liaison* – Adhere to a policy approved by Corporation Counsels that outlines clear expectations for communication between NCHC and Corporation Counsels, with respect to:

- Probable Cause Hearings, Settlement Agreements, Commitments, etc.;
- Standards for notification of admission to Corporate Counsels;
- Managing admissions to other facilities;
- Managing transition of care to outpatient providers;
- Case management of patients under settlement agreements;
- Managing timelines and requisite paperwork to proactively initiate recommitments; and
- Training requirements on admission laws and court procedures and rights associated on an annual basis.

*Inpatient Hospital, Detox, Community Based Rehabilitation Facility (CBRF) and Medically Monitored Treatment programs:*

- A comprehensive discharge plan will continue to be completed prior to discharge per best practice guidelines.

### **Community Behavioral Health Services Program Expectations**

All staff, including Physicians, will have mandatory training on admission laws and court procedures and rights associated on an annual basis.

There should be increased case monitoring for all patients and clients under commitments and settlement agreements.

All patients and clients screened for services will receive information on services available and how to access them.

Enhanced community engagement through ongoing outreach activities to increase knowledge of referral process, especially Community Corner Clubhouse.

### **Program/Function Specific Expectations**

*Children's Long-Term Services* – NCHC staff will work closely with the Department of Social Services to coordinate service delivery and care plans as applicable.

*Outpatient Services* – NCHC will be an active participant in youth counseling consortium in the schools.

## **PROGRAM OUTCOME EXPECTATIONS**

The Program Outcome Expectations set by the RCA fit nicely into NCHC's Dashboard system which is a cascading measurement system where all program's share outcomes and have individual program accountabilities in five domains of excellence established by the NCCSP Board several years ago. Each Dashboard element is connect to an End Statement created by the NCCSP Board. End Statements communicate the commitments the Board has on behalf of its owners. Every employee at NCHC is aligned in achieving results in the Dashboard system through our performance based compensation, process improvement and performance evaluation systems. The Dashboard has the following five pillars where outcome measures fall into:

People – This pillar demonstrates NCHC's commitment to create a values-driven culture that attracts, retains and promotes people who are committed to NCHC's mission, vision and values.

Service – This pillar demonstrates NCHC's commitment to providing an excellent experience and service to the people we serve directly or as referral sources.

Quality – This pillar demonstrates how NCHC improves clinical excellence to set industry standards and exceed expectations.

Community – This pillar demonstrates NCHC's commitment to be an exemplary public citizen by making a difference in the community and being accessible.

Finance – The pillar demonstrates NCHC's commitment to achieve financial results to ensure NCHC's viability to provide quality health care services and investment in the organization.

The NCCSP Board has defined the end statements for success in each of these domains while the RCA has defined specific program expectations and outcomes in each relevant domain.

The RCA has determined that the NCCSP Board's outcomes in People and Finance are sufficient in meeting the needs of the Counties. For Service indicators there were two outcome measures applicable for all programs to be fully implemented in 2020.

- Patient Experience Net Promoter Score:
  
- Overall Referral Sources Experience Percent Top Box: The percentage of referral source experience surveys returned with a score of 5 (top box) on a scale of 1-5 rating their overall satisfaction with services received at NCHC.

The following Outcome expectations will be measured and reported to the RCA in 2019 as part of our Dashboards.

	Quality	Community Indicators
Mobile Crisis		<p>Ratio of voluntary to involuntary commitments</p> <p>% of crisis assessments with documented linkage and follow-up within 24 hours of service</p> <p>% of referrals from law enforcement, schools and Department of Social Services who have a release of information. [ML1]</p>
Youth Crisis	<p>Reduce the number of diversions and average length of stay for out of county diversions of adolescents (13-17 years old)</p> <p>Avoid youth diversions with a length of stay of less than 72 hours</p>	<p>% of crisis assessments with documented linkage and follow-up within 72 hours of discharge</p> <p>% of referrals from law enforcement, schools and Department of Social Services who have a release of information [ML2]</p>
Court Liaison (Linkage and Follow-up)	% of settlement agreements and commitments extended	<p>Compliance rate with court liaison policy</p> <p>% of individuals with commitment and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral</p>
Inpatient Hospital	<p><u>Average days for initial counseling appointment post-hospital discharge</u> % of patients who have a post-discharge counseling appointment within 4 days of discharge</p> <p><u>Average days for initial psychiatry appointment post-hospital discharge</u> % of patients who have a post-discharge psychiatry appointment within 14 days of discharge</p>	Ratio of adult patient days at NCHC vs. <u>Diversions Out of County Placements</u>

<p>Detox</p>	<p><u>Average length since previous admission</u></p> <p><del>% of Detox Patients who are readmitted within 1 year of discharge and the average length since previous admission, if applicable</del></p> <p><del>% of Average days for detox patients are to be admitted to substance abuse programming within 4 days of post-discharge</del></p>	
<p>CBRF</p>	<p>% of <del>p</del>Patients who kept their follow-up outpatient appointment, if applicable</p> <p><u>% of patients connected to a Primary Care Provider within 7 days of admission</u></p>	<p>% of <del>referred</del> patients admitted within 24 hours <u>of referral</u></p>
<p>MMT</p>	<p>Successful program completion rate</p> <p>Compliance rate with discharge plan 60 days post-discharge</p>	<p><del>% of MMT clients who are case managed by CCS</del></p>
<p>Community Treatment</p>	<p>% of <del>t</del>Treatment plans completed within <del>thirty (30) days of admission into the program</del> <u>required timelines</u></p> <p><del>% of Treatment plans is reviewed every six (6) months</del></p> <p><del>% of Employment rate of Individual Placement and Support (IPS) clients who are employed</del></p>	<p>% of Eligible CCS and CSP clients admitted within 60 days of referral</p> <p><u>Hospitalization rate of active patients</u></p> <p><del>Same day cancellation and no-show rate</del></p> <p>Average days from referral to initial appointment</p>
<p>Outpatient</p>	<p><u>Average days for initial counseling appointment post-hospital discharge</u></p> <p><u>Average days for initial psychiatry appointment post-hospital discharge</u></p> <p><del>% of hospital patients who have a post-discharge counseling</del></p>	<p>% of patients offered an appointment within 4 days of screening by a referral coordinator</p> <p>Hospitalization rate of active patients</p> <p>Same day cancellation and no-show rate</p>

	<del>appointment within 4 days of discharge</del> <del>% of patients who have a post-discharge psychiatry appointment within 14 days of discharge</del> OWI <u>5 Year</u> Recidivism_Rate <del>(5 year recidivism assessment)</del>	Criminal Justice Post-Jail Release Access Rate (within 4 days of release)
Day Treatment	Successful program completion rate	<del>% of eligible patients are admitted within 24 hours</del> <u>Average number of days from referral to start of day treatment</u>

## 2020 Proposed Overall Dashboard Indicators

### People

1. Vacancy
2. Retention
3. Wellness Index

### Service

1. Net Promoter Score from Patient Experience Survey
2. Referral Source – TBD Data point

### Quality

1. Readmission Rate (combined NH and Hospital)
2. Nursing Home Star Rating (combined MVCC and Pine Crest)
3. Adverse Event Rate (patient and employee)
4. Hospital Diversions (Days)
5. Hospitalization Length of Stay (NCHC and Diversion combined)

### Community



1. No-show Rate (Patient Access will populate)
2. MH and Addiction Program Hospitalization Rate

#### Financial

1. Direct Expense to Gross Patient Revenue
2. Indirect to Direct Expenses
3. Average Cost per Day
4. Net Income

Department	Domain	Outcome Measure	2018 YTD	↑↓	2019 Target	Jan	Feb	Mar	Apr	May	Jun	Jul
BIRTH TO 3	COMMUNITY	Eligible clients are admitted within 45 days of referral	100.0%	↑	90 - 95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	/
BIRTH TO 3	COMMUNITY	Same day cancellation and no-show rate	12.9%	↓	10 - 12%	18.7%	34.1%	11.7%	10.3%	9.5%	4.6%	/
BIRTH TO 3	COMMUNITY	Average days from referral to initial appointment	11.6 days	↓	10 - 12 days	14.0 days	14.8 days	13.8 days	11.0 days	14.0 days	14.0 days	/
COMMUNITY TREATMENT	QUALITY	% of Treatment Plans completed within 30 days of admission	79.5%	↑	90 - 95%	79% - (11/14)	96% - (25/26)	84% - (21/26)	100% - (11/11)	100% - (21/21)	100% - (46/46)	83% - (5/6)
COMMUNITY TREATMENT	QUALITY	% of Treatment Plans reviewed every 6 months	91.4%	↑	90 - 95%	95% - (70/74)	87.5% - (77/88)	90.3% - (102/113)	98.1% - (103/105)	87.4% - (111/127)	100% - (88/88)	87% - (39/45)
COMMUNITY TREATMENT	QUALITY	Employment rate of Individual Placement and Support (IPS) clients	47.6%	↑	48 - 52%	52.0%	42.0%	45.0%	53.0%	48.0%	56.0%	57.0%
COMMUNITY TREATMENT	COMMUNITY	Eligible CCS and CSP clients are admitted within 60 days of referral	36.6%	↑	90 - 95%	59% - (20/34)	44% - (20/45)	47.7% - (31/65)	39.0% - (16/41)	45.9% - (17/37)	42.0% - (21/50)	42.5% - (17/40)
COMMUNITY TREATMENT	COMMUNITY	Same day cancellation and no-show rate	3.6%	↓	2 - 3%	3.0%	3.8%	3.2%	1.8%	2.4%	3.1%	3.8%
COMMUNITY TREATMENT	COMMUNITY	Average days from referral to initial appointment	93.5 days	↓	50 - 60 days	65 days - (2338/96)	86 days - (2333/27)	42 days - (873/21)	39 days - (945/24)	51 days - (1911/37)	75 days - (1427/19)	81 days - (1873/23)
CBRF	QUALITY	Patient kept their outpatient appointment, if applicable	95.7%	↑	90 - 95%	100.0%	91% - (20/22)	94.1% - (16/17)	89.5% - (17/19)	93.7% - (15/16)	93.7% - (15/16)	94% - (16/17)
CBRF	QUALITY	% of clients connected to a PCP within 7 days of admission	/	↑	90 - 95%	100.0%	100.0%	100.0%	100.0%	100.0%	100% - (10/10)	100% - (14/14)
CBRF	COMMUNITY	% of eligible patients are admitted within 24 hours	86.7%	↑	90 - 95%	92.3% - (12/13)	100% - (11/11)	100% - (11/11)	75% - (9/12)	83.3% - (5/6)	100% - (10/10)	100% - (14/14)
MMT	QUALITY	Successful completion rate	59.8%	↑	70 - 75%	87.5%	68.4%	70.6%	62.1%	65.0%	71.4%	72.2%
MMT	COMMUNITY	Compliance rate with discharge plan 60 days post-discharge	74.8%	↑	70 - 75%	57.1% - (8/14)	61% (11/18)	63.2% - (12/19)	52.6% - (10/19)	55.0% - (11/20)	LAG	LAG
CRISIS SERVICES	QUALITY	Court Liaison [Linkage & Follow-up] % of settlement agreements and commitments extended	74.8%	↑	80 - 85%	84.0%	83.0%	85.0%	56.0%	85.7%	86.4%	74.2%
CRISIS SERVICES	COMMUNITY	Mobile Crisis: Ratio of voluntary to involuntary commitments	1.64 to 1	↑	1.60 - 1.70 to 1	1.82 to 1	2.00 to 1	2.22 to 1	1.81 to 1	1.59 to 1	3.02 to 1	1.72 to 1
CRISIS SERVICES	COMMUNITY	Mobile Crisis: % of crisis assessments with documented linkage and follow-up within 24 hours of service	25.3%	↑	40 - 50%	34.4%	38.5%	47.3%	56.3%	62.9%	57.9%	56.4%
CRISIS SERVICES	COMMUNITY	Mobile Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD	↑	TBD	/	/	/	/	/	/	/
CRISIS SERVICES	COMMUNITY	Youth Crisis: % of crisis assessments with documented linkage and follow-up within 72 hours of service	39.5%	↑	40 - 50%	43.0%	51.5%	58.8%	61.0%	60.3%	63.8%	65.8%
CRISIS SERVICES	COMMUNITY	Youth Crisis: % of referrals from law enforcement, schools and Department of Social Services who have a release of information.	TBD	↑	TBD	/	/	/	/	/	/	/
CRISIS SERVICES	COMMUNITY	Court Liaison [Linkage & Follow-up] Compliance rate with court liaison policy	94.1%	↑	90 - 95%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%
CRISIS SERVICES	COMMUNITY	Court Liaison [Linkage & Follow-up] % of individuals with commitments and settlement agreements enrolled in CCS or CSP programs for eligible individuals within 60 days of referral (***FROM COMMUNITY TREATMENT)	79.2%	↑	95 - 100%	100% - (4/4)	100% - (4/4)	62.5% - (5/8)	33.3% - (1/3)	81.8% - (9/11)	100% - (10/10)	50% - (4/8)
CRISIS SERVICES	QUALITY	Youth Crisis: Reduction in the number of diversion and length of stay for out of county diversions of adolescents (13-17 years old)	14.5 Diversions (6.3 days)	↓	12 - 13 Diversions (5 days)	15 Diversions (5.5 days)	21 Diversions (10.1 days)	22 Diversions (9.4 days)	11 Diversions (7.8 days)	9 Diversions (8.0 days)	11 Diversions (5.9 days)	7 Diversions (12.1 days)
CRISIS SERVICES	QUALITY	Youth Crisis: avoid diversions of less than 72 hours.	24.0%	↓	15 - 20%	0.0%	5.0%	0.0%	18.0%	33.3%	0.0%	0.0%
INPATIENT BHS	QUALITY	% of NCHC Hospital patients with a post discharge counseling appointment within 4 days of discharge	88.6%	↑	90 - 95%	97.5%	92.7%	87.2%	61.3%	83.3%	77.8%	52.5%
INPATIENT BHS	QUALITY	% of NCHC Hospital patients with a post discharge psychiatry appointment within 14 days of discharge	94.6%	↑	90 - 95%	89.0%	90.9%	100.0%	98.0%	93.2%	84.6%	75.0%
INPATIENT BHS	QUALITY	Detox: Length since previous admission	252 days	↑	250 - 260 days	195.1 days	313.0 days	250.9 days	258.4 days	269.0 days	269.0 days	246.4 days
INPATIENT BHS	QUALITY	DETOX: % of Detox patients admitted to substance abuse programming within 4 days of discharge	45.5%	↑	45 - 50%	36.0%	85.7%	33.3%	69.2%	73.1%	87.5%	66.7%
INPATIENT BHS	COMMUNITY	Ratio of patient days served at NCHC vs. Out of County placements	2.2 to 1	↑	2.0 - 2.2 to 1	1 to 1.03	1.02 to 1	1.09 to 1	1.58 to 1	1.70 to 1	1.00 to 1	1.15 to 1
OUTPATIENT SERVICES	QUALITY	% of patients that have a post-discharge psychiatry appointment within 14 days of discharge	94.6%	↑	90 - 95%	89.0%	90.9%	100.0%	98.0%	93.2%	84.6%	75.0%
OUTPATIENT SERVICES	QUALITY	Day Treatment: Successful completion rate	49.4%	↑	50 - 55%	67.0%	50.0%	60.0%	62.5%	50.0%	100.0%	33.3%
OUTPATIENT SERVICES	QUALITY	OWI Recidivism Rate	24.1%	↓	25%	26.9%	19.3%	12.9%	19.2%	17.1%	27.3%	17.4%
OUTPATIENT SERVICES	QUALITY	% of NCHC BHS Hospital patients with counseling/ post-discharge check visit established within 4 days following discharge	88.6%	↑	90 - 95%	87.5%	92.7%	87.2%	61.3%	83.3%	77.8%	52.5%
OUTPATIENT SERVICES	COMMUNITY	% of patients offered an appointment within 4 days of screening by a referral coordinator	90.4%	↑	90 - 95%	97.5%	97.8%	97.2%	84.7%	98.0%	52.0%	65.6%
OUTPATIENT SERVICES	COMMUNITY	Criminal Justice Post-Jail Release Access Rate	96.6%	↑	90 - 95%	100.0%	97.8%	95.3%	88.5%	100.0%	79.2%	67.3%
OUTPATIENT SERVICES	COMMUNITY	Average number of days from referral to starting day treatment	18.3 days	↓	10 - 12 days	14 days	4 days	17 days	11 days	4 days	1.3 Days	6 days
OUTPATIENT SERVICES	COMMUNITY	Hospitalization rate of active patients	2.2%	↓	8 - 10%	1.5%	1.9%	1.7%	1.8%	1.9%	2.3%	1.8%
OUTPATIENT SERVICES	COMMUNITY	Same day cancellation and no-show rate	12.5%	↓	8 - 10%	13.7%	16.7%	12.3%	12.4%	11.3%	11.0%	13.9%
ADULT PROTECTIVE SERVICES	QUALITY	% Of At Risk Investigations closed within 30 days	65.3%	↑	70 - 75%	68.0%	64.0%	68.9% - (22/32)	64.4% - (29/45)	58.5% - (31/53)	66.7% - (28/42)	77.3% - (58/75)
ADULT PROTECTIVE SERVICES	QUALITY	% Of Risk Case Opened within 1 month of closure	3.5%	↓	5% or below	4.0%	4.0%	8.5% - (4/47)	8.2% - (4/49)	8.9% - (4/45)	5.1% - (2/39)	1.6% - (1/61)

<b>Name of Policy:</b>  <b>County Complaint and Conflict Resolution Policy</b>	 <b>North Central Health Care</b> <small>Person centered. Outcome focused.</small>
Policy #: TBD	
Primary Approving Body: NCCSP Board of Directors	Committee Approvals: Retained County Authority Committee

**I. Policy Statement**

It shall be the policy of North Central Health Care (NCHC) that there will be a standardized system for reporting quality of care and compliance issues to ensure a prompt and transparent process for the investigation and resolution of such concerns. The standardized system and resolution of such concerns shall be designed to resolve complaints and conflicts regarding services at the lowest management level possible. Where this is not possible, a progressive system of elevated review shall exist to ensure complaints and conflicts are addressed effectively and efficiently.

The County Boards (Langlade, Lincoln and Marathon) shall support the central compliance reporting system of NCHC. Complaints received by any County, County Board or Committee Member, or County Employee in their official capacity (“County Officials”), shall be forwarded to the NCHC Compliance Officer to be addressed through the NCHC Occurrence Reporting system. Any member of NCHC’s staff and/or the public have the same ability and rights in accessing the same protocols offered to County Officials within NCHC’s central compliance reporting system but this specific policy only addresses processes for County Officials.

**II. Purpose**

North Central Health Care and the sponsoring counties of Langlade, Lincoln and Marathon County (“Counties”) recognize that some level of intergroup conflict around quality of care is inherent in the partnership because of the scarcity of resources, the ambiguity of roles and the law as applied to specific cases, and the difference in organizational values and culture. To address these differences specifically in regards to quality of care at the lowest possibility level, working both to effectively address the quality concern in a transparent manner while at the same time ensuring the highest regard for protecting the inadvertent release of private health information, the following policy has been developed to provide protocols for addressing situational intergroup conflict through a direct link to NCHC’s compliance program. This policy is specifically designed to create a shared expectation and protocol for these matters between the sponsoring county agencies and NCHC in regards to complaints made by County Officials.

### **III. Definitions**

None

### **IV. General Procedure**

North Central Health Care has established and shall maintain a standardized centralized system for reporting compliance and quality issues. The system shall be available for all employees, county staff, elected officials, contractors, staff members and others to file legitimate reports without fear of retaliation. The Compliance Officer (“CO”) shall be responsible for promoting the reporting system with the goal of making the system known and easily available to those who wish to file complaints. The CO (or his/her delegate) will conduct a prompt and confidential investigation of all complaints or questionable practices. Investigations are conducted following investigation policies and guidelines maintained by NCHC. This policy specifically extends the internal process to our sponsoring county agencies.

A core requirement of this policy is to mandate that complaints are addressed in a timely and confidential manner at the lowest appropriate management level, in order to prevent minor problems or concerns from unnecessarily escalating. It is an expectation that complaints will be brought forward and resolved in a respectful manner recognizing the dignity of each person concerned in the process. This policy recognizes that a number of more minor or simple matters can be resolved without recourse to the formal complaint handling process but rather, quickly and effectively, by discussion between the appropriate people. This standard shall be enforced to the greatest extent possible to ensure the complaint process is not circumvented as issues are most often best left to and permitted to be addressed between the appropriate individuals directly involved in the situation. Matters of significance or those not effectively or satisfactorily resolved at these lower levels are left to the formal complaint resolution process contained herein this policy.

Complaints that are of an emergency nature should not be reported through the standardized system for reporting compliance and quality issues. Concerns that involve immediate danger or life, property or environment should be brought to the immediate attention of the NCHC Administrator On-Call by calling 715-848-4888.

The North Central Community Services Programs Board (NCCSP) will be apprised of all complaints through its central compliance reporting system. Additionally, specific complaints initiated from County Officials through this policy will be reported to the Retained County Authority at regular intervals as part of the quality review process.

## 1. Complaint Reporting and Resolution Procedure

1.1. Complaint Resolution System. Reports and complaints received by County Individuals will be forwarded to the NCHC Compliance Officer using the designated form.

- (a) Reports that are received orally by any County Individual will be reduced to writing and forwarded to NCHC using designated forms provided by NCHC.
- (b) Any written complaints and all material accompanying such complaint will be attached to the written report and submitted to and/or completed by the NCHC Compliance Officer.
- (c) Written reports will describe the substance of the complaint in as much detail as possible. All information relating to the complaint and the complainant shall be included in the report unless the complainant expressly requested that their identity be kept anonymous.
- (d) Reports may be made anonymously. If known, the Compliance Officer shall neither be required nor compelled to disclose the name of the reporting individual unless required by law or permitted by the reporting individual.

1.2. Substance of the Reports: Any oral, electronic, or written complain should contain the following information:

- (a) A factual, objective description of the questionable practice, including dates and times.
- (b) The name of the individual or entity about which the report is being made.
- (c) If the questionable practice involved inappropriate billing or charges:
  - i. When and if the claim was billed and whether payment was received; and
  - ii. The amount billed, regardless of whether payment was received; and
  - iii. Whether the payment was received, what steps, if any, were taken to refund the payment or whether steps were taken to stop payment if it has not yet been paid.

- (d) The medical records involved identified by patient name or number.
- (e) The names of other individuals involved in the quality issue.
- (f) Any other information deemed essential to the disposition of the complaint.

1.3 Intake of Reports and Resolution of Complaints: At intake the NCHC Compliance Officer will attempt to obtain all pertinent information. Information received is documented on a compliance intake log for reporting purposes to oversight Committees and the NCCSP Board. The Compliance Officer establishes a case file for all cases that state potential compliance or quality issues. Upon creation of the case file the Compliance Officer will:

- (a) Identify the scope of the services area to which the report applies and identifies applicable managers, key staff, and County Individuals within the defined service area or activity.
- (b) The Compliance Officer reviews available information and determines what additional information may be needed to properly verify the reported issue. If identified, the Compliance Officer collects the information. Follow-up calls to the reporter may be made to facilitate identification of information.
- (c) If the case cannot process without further information or the reporter in wishing to remain anonymous makes the collection of the necessary additional information impractical, the Compliance Officer shall consult with legal counsel before making a final determination to not proceed with the case.
- (d) If the Compliance Officer determines that an investigation should proceed, the Compliance Officer assures that NCHC policy regarding compliance investigations are followed.

1.5 Reports to Complainant. The Compliance Officer may report to the applicable County Individual the results of the investigation and whether a corrective action plan will be required provided that the interests of NCHC are not adversely impacted by making such report subject to confidentiality restrictions.

No County Individual may communicate with the original complainant regarding the substance or disposition of the complaint. Instead the original complainant may be directed to the NCHC Compliance Officer upon inquiry to the County Individual. Complainants who make complaints through County Individuals are not legally entitled to communication from NCHC regarding the substance, status or results of their complaint. NCHC may choose to provide information if it determines it to be appropriate under the circumstance.

1.4 Confidentiality of Information. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care and patient safety as part of the operation or otherwise in connection with NCHC or any other health care facility, shall be privileged and confidential to the fullest extent permitted by law. All persons, organizations, or evaluators, committees and boards as part of the compliance or quality review processes of NCHC, who review or evaluate the services of health care providers in order to help improve the quality of health care, to avoid improper utilization of the services of health care providers, or to determine the reasonable charges for such services, shall keep a record of their investigations, inquiries, proceedings and conclusions. Any breach of confidentiality may result in a professional review action and/or appropriate legal action. Such breaches are unauthorized and do not waive the peer review privilege. Any person engaged in the compliance or quality review process who becomes aware of a breach of confidentiality must immediately inform the NCHC Compliance Officer.

1.5 Quality Review Immunity. All compliance and quality evaluation activities pursuant to this policy and in connection with NCHC's quality review function shall be performed in furtherance and as a review of the quality of care by NCHC in accordance with Wisconsin and Federal law. There shall, to the fullest extent permitted by law, be immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged. No person acting in good faith who participates in the review or evaluation of the services of NCHC or the charges for such services conducted in connection with the NCHC Compliance and Quality review process, including but not limited to the operation of this complaint reporting and resolution procedure, which is organized and operated to help improve the quality of health care, to avoid improper utilization of services of health care providers or facilities or to determine the reasonable charges for such services, or who participates in the obtaining of health care information in performance of such tasks is liable for any civil damages as a result of any act or omission by such person in the course of such review or evaluation. Acts and omissions to which this subsection applies include, any recommendations or actions taken with the scope of authority granted to the NCHC Compliance Officer or against a health care provider or other party involved in the delivery of care. Such privileges shall extend to County Officials who are invited into the compliance and quality review by the NCHC Compliance Officer. NCHC may choose to not provide certain information during the course of the complaint resolution if it determines it would not be an appropriate disclosure under the circumstances.

**V. References:** None

NCHC logo

We thank you for providing us with feedback. When you're finished, please place this in the mail.

Overall rating of care we delivered to your client(s)

[1 to 5 scale, 1 very poor, poor, fair, good, very good]

Overall rating of service we delivered to you

[1 to 5 scale, 1 very poor, poor, fair, good, very good]

Likelihood of your referring patient to us in the future

[1 to 5 scale, 1 very poor, poor, fair, good, very good]

If you would like to discuss your experience further, please contact us at [generic norcen email or number].

[Lines for contact information]

Thank you for your feedback!