

**WAUKESHA COUNTY HEALTH AND HUMAN SERVICES  
JOINT CONFERENCE SUB-COMMITTEE  
MINUTES  
Monday, June 5, 2017**

**Board Members Present:** Mike O'Brien, Christine Howard, Dr. Steven Kulick

**Staff Members Present:** Jennifer Beyer, Crystal Boyd, Luis Diaz, Will Emslie, Maureen Erb, Debra Lane, Jeff Lewis, Sandy Masker, Lisa Riggle, Dr. James Rutherford, Joan Sternweis

**Excused Absence:** Chuck Wood, Cindy Buchholz, Heidi Danko, Cliff Hoeft, Laura Kleber, Antwayne Robertson, Pat Russell, Dr. Isha Salva, Mary Lu Visauer

Chairperson Supervisor O'Brien called the meeting to order at 1:33 PM.

**Minutes:**

The March 6, 2017 minutes of the Joint Conference Committee meeting were reviewed and approved.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to accept the minutes as published. All voted and the motion carried.

**Announcements:**

None

**Hospital Statistics:**

Lisa Riggle provided an update on the Mental Health Center Statistics and reviewed a packet of information that was provided to the group. The packet was comprised of the Mental Health Center Admission Data, Adult Mental Health Institute Referrals, Mental Health Center Average Census, Mental Health Center Monthly Admissions, and the Mental Health Center – Actual vs. Budget 2013–2016. The Mental Health Center Admission Data included a line for the Number of Jefferson County Admissions, which was requested by the JCC.

MOTION: Dr. Steven Kulick made a motion, second by Supervisor Howard to accept the Hospital Statistics Report. All voted and the motion carried.

**Performance Improvement**

Jeff Lewis presented the information for Quality Assurance Performance Improvement (QAPI). He noted that over 130 indicators encompassing 13 different areas were reviewed, and 5 areas were at or above the threshold. For those not meeting threshold, the typical issues were associated with a missing element of documentation, such as a date but no time. Jeff Lewis reported that we have seen a big improvement in closing our charts in 30 days. As well, we made process changes in workflow and there was a dramatic improvement. Quality Improvement plans are submitted whenever an area is

below threshold. A new process that QAPI staff have been performing is a root cause analysis.

Other QAPI work includes MIPS Merit-based Incentive Payment System criteria. MIPS is a CMS reporting requirement for Medicare Part B and can impact our revenues. We are looking at what we should report for this year and what can we collect and report for next year. We want our data collection to be meaningful. In the next month, staff at the Mental Health Center will be looking at 609 charts with 11 different criteria for each chart and providing feedback on the CMS Inpatient Psychiatric Hospital Quality report.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to accept the Performance Improvement Report. All voted and the motion carried

### **Utilization Review (UR):**

Crystal Boyd reported that currently there were eighteen patients on the inpatient unit and seven patients in the Mental Health Center who have been hospitalized greater than two weeks. Two have no less restrictive setting to be safely discharged and 5 are actively receiving medication adjustments.

Cases are reviewed weekly by the Nursing and patient services Coordinator. Outlier cases are also sent to peer review by medical staff.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to accept the Utilization Review Report. All voted and the motion carried.

### **Medical and Psychological Staff:**

James Rutherford, MD reported that they continue to work on the implementation of the EMR.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to approve hospital privileges. All voted and the motion carried.

### **Hospital Services Update**

Jeff Lewis provided an update on the various committees:

- Committee of the Whole – continues to meet monthly with representatives of the Medical staff and other departments to keep the Medical Staff apprised of the operations of the hospital and other developments. Medical Staff are represented and are given details of reports from other departments.
- Currently staff is working on the implementation of the electronic medical record (EMR). The EMR go live date is scheduled for July 10, 2017. Jeff noted that we will be changing forms but not processes.

Some of the forms are related to our assessments and will offer a new version of practice in our assessments. These include withdrawal assessments, the AUDIT-R, Updates in the CSSRS, a new fall assessment and wound care assessment.

In the future, policies and procedures will be brought forwarded to the Joint Conference Committee to reflect the ENR changes.

- QPR Training – Suicide Prevention Initiative – Waukesha County and NAMI have a zero suicide initiative This training is part of our strategic plan initiative. The training is for families and staff to learn how to ask about suicide and thus reduce the risk. The committee discussed the impact of suicide for citizens of Waukesha County.
- Policy and Procedure – We are looking at the P/P most related to the EMR. We will resume our regular P/P review after we implement the EMR process
- Crisis Planning with those who are readmitted 30 days from discharge We are using a clinical staff to review crisis planning for people who are readmitted within 30 days of discharge. This should have an impact on our readmission rate.
- We are in process of getting 3 volunteers from NAMI. They will be presenting “Stories of Hope” on inpatient unit. Will be starting soon.
- We are looking at staffing patterns to find efficiencies with Administrative Specialists. The support staff can perform many functions that are pulling nurses away from direct care. By having more direct care time we are better able to operate at or close to capacity and prevent using other hospitals for our citizens.

MOTION: Dr. Steven Kulick made a motion, second by Supervisor Howard to approve the Hospital Service Update report. All voted and the motion carried.

### **Insurance Denials**

Jennifer Beyer reviewed the claims that denials from last year to this year. Admission seen decrease in denials Lack of prior authorization. Implementation on Outpatient side has resulted in no timely filing denials for first quarter of 2017. This is a very positive thing.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to approve the Hospital Service Update report. All voted and the motion carried.

### **Policy and Procedures**

- Debra Lane provided an update on impact of the attendance policy. There were 42 calls in the first quarter and 32 calls in the second quarter. This represents an 18% decrease in sick calls.
- Use of the State Institutes - The most common reason for using the Institute is patient aggression. A number of referrals were made due to our difficulty to fully staff the units.

MOTION: Dr. Steven Kulick made a motion, second by Supervisor Howard to approve the presented policies and procedures with corrections. All voted and the motion carried.

### **Next meeting Agenda Items:**

The next meeting will be on Monday, September 11, 2017. Agenda items for the next meeting include:

- January – June 2017 Performance Improvement Report from QAPI Nurse
- Update on EMR Go Live

**Adjournment:**

The meeting adjourned at 2:25 p.m.

MOTION: Supervisor Howard made a motion, second by Dr. Steven Kulick to adjourn the meeting. All voted and the motion carried.

Respectfully submitted,  
Maureen Erb, Recorder

Approved on 9/11/2017