

Strategic Plan 2020 – 2022

Mission: Improve the health and well-being of our community.

Vision: Be the healthiest community in Wisconsin.

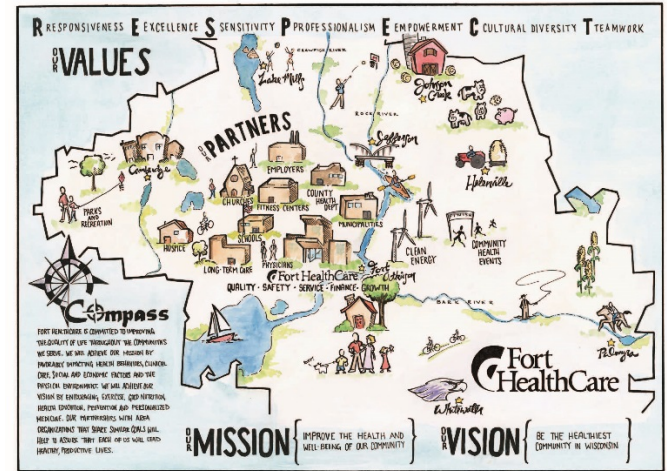
Core Commitments

Service: Provide an excellent experience for key stakeholders- patients, employees, physicians, payers and employers.

Quality: Demonstrate a passion for providing quality healthcare by utilizing evidenced based practices in the delivery of care.

Finance: Meet or exceed financial targets to support the organization’s Mission and Vision.

Growth: In partnership with our community, identify and develop programs and services that provide value.



Service	Quality/Safety	Finance	Growth
<p><i>Goal:</i> To deliver a healthcare experience resulting in the highest levels of patient and employee satisfaction.</p> <p>Measures: Survey Results-</p> <ul style="list-style-type: none"> Overall rating of satisfaction for Hospital Inpatients; exceed state average - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Overall rating of satisfaction for Outpatients - Ambulatory, ER, Lab, Radiology, Outpatient and Rehab Aggregate average of patient satisfaction for all Fort Medical Group Clinics Designation as Top 25 Large Employer of Choice in the annual Milwaukee Journal Sentinel Survey of regional employers 	<p><i>Goal:</i> To provide for the preventive and acute healthcare needs of area residents in the safest and most timely manner.</p> <p>Measures:</p> <ul style="list-style-type: none"> C-Diff Infection Rate (SIR) 30-Day Mortality Rate – Heart Failure Median Time - ED Arrival to Departure Prenatal Care – Elective Delivery Rate Re-Admission Rate Safety Survey Results 	<p><i>Goal:</i> To provide the community and employees of Fort HealthCare with a financially sound and viable locally based healthcare system.</p> <p>Measures:</p> <ul style="list-style-type: none"> Operating Margin Days Cash on Hand 	<p><i>Goal:</i> To partner with our community to develop appropriate access to health and wellness services and grow community engagement and accountability for improved preventive care, nutrition, exercise and health-affirming lifestyles.</p> <p>Measures:</p> <ul style="list-style-type: none"> Increase MyCompass Portal Users Lowered Body Mass Index (BMI) community-wide Well-Child Visits 3rd-6th Year of Life Advanced Care Planning Breast Cancer Screening - Mammograms Improve Blood Pressure (BP) community-wide Cervical Cancer Screening – Pap Smears
<p>Find Additional Health Information with these resource links:</p> <p>Center for Medicare & Medicaid Services – Hospital Compare</p> <p>County Health Rankings – Jefferson, Wisconsin</p> <p>Wisconsin Department of Health Services</p> <p>Wisconsin Hospital Association’s Check Point – Fort Memorial Hospital</p> <p>Milwaukee Journal Sentinel Top Workplaces</p>			

Mission: Improve the health and well-being of our community
Vision: Be the healthiest community in Wisconsin

SERVICE: To deliver a healthcare experience resulting in the highest levels of patient and employee satisfaction.

	Notes		Current Value	Goal Date
Patient Experience/Satisfaction				
# out of the 11 HCAHPS (Hospital Patient Experience) Survey Questions that Exceed the State Average	1			2020
Overall Experience - Hospital Outpatient (survey has been suspended due to COVID)	2			2020
Overall Experience - FMG Clinic Groups	3			2020
Employee Satisfaction – Journal/Sentinel Top Workplace - Large Employer Top 25	4	Every year	No 2014 YES 2010, 2011, 2012, 2013, 2015, 2016, 2017, 2018, 2019, 2020	May of Every year



QUALITY: To provide for the preventive and acute healthcare needs of area residents in the safest and most timely manner.

	Notes	Goal	Current Value	Goal Date
CORE MEASURES - Quality Bundle:				
C-Diff Infection Rate (SIR)	13	<0.96	2015: 0.54 2016: 2.16 2017: 1.018 2018: 0.62 2019: 0.00 2020 Q1: 0% Q2: 0% Q3: 0%	2020
30 Day Mortality Rate - Heart Failure	14	<12.1%	6/14: 12.4% 6/15: 13.0% 6/16: 12.1% 6/17: 11.4% 6/18: 11.3% 6/19: 11.3%	2020
Median Time from ED Arrival to ED Departure	15	<112 min	2015:143 2016:131 2017:145 2018:135 2019:131 2020 Q1:143 Q2:119.5 Q3:121 Q4:130.5	2020
Prenatal Care (PC-01): Elective delivery rate prior to 39 weeks	5	0 cases	2012: 0 2013: 0 2014:1 2015:1 2016: 0 2017:1 2018:1 2019:0 2020 Q1:0 Q2:0 Q3:0 Q4: 0	2020
READMISSIONS: 30-Day All Cause	9	<7%	Calendar 2013:9.7% 2014:5.7% 2015:5.1% 2016: 3.1% 2017: 4.9% 2018: 5.3% 2019: 4.7% 2020 Q1: 3.8% Q2:6.0% Q3: 5.6% Q4: 7.0%	2020
SAFETY BUNDLE:				
Safety Survey Results (Annual Survey - April)	10			
-Clinic Metrics		81%	2013: 66.3%; 2014: 78.8%; 2015: 73.3%; 2016: 72.7%; 2017: 81.4%; 2018:75.8% 2019: 83.7% 2020: 76%	2020
-Hospital Metrics		83%	2013: 81.5%; 2014: 77.2%; 2015: 77.9%; 2016: 79.3%; 2017: 84.3%; 2018: 82.0% 2019: 93.3% 2020: 78%	



FINANCE: To provide the community & employees of Fort HealthCare with a financially sound & viable locally based healthcare system.

	Notes	Current Value	Goal Date
Operating Margin	8		FY 2020
Days Cash on Hand	8		FY 2020



GROWTH: To partner with our community to develop appropriate access to health & wellness services & grow community engagement and accountability for improved preventive care, nutrition, exercise and health-affirming lifestyles.

	Notes	Current Value	Goal Date
Increase MyCompass Portal Users	16	<p>Line chart showing Portal Users (blue line) and Goal (red line) from 17-Jan to 20-Dec. The y-axis ranges from 11,500 to 16,500. Portal users show a steady increase, crossing the goal line around late 2019.</p>	2020
Lower BMI (Body-Mass-Index)	7	<p>Line chart showing Lower BMI (blue line), Goal 29.5 (red line), and Linear (Lower BMI) (grey line) from FY'12 to Q1... The y-axis ranges from 25 to 35. The BMI value is consistently above the goal line.</p>	Calendar 2020
Well Child Visits 3rd-6th year of life	11	<p>Line chart showing Well-Child Visits (blue line), Goal 61% (red line), and Linear (Well-Child Visits) (grey line) from 2014 to Q1... The y-axis ranges from 50.0% to 70.0%. Visits are consistently above the goal line.</p>	2020
Advanced Care Planning	12	<p>Line chart showing ACP (blue line), Goal (red line), and Linear (ACP) (grey line) from FY'15 to Q4 FY20. The y-axis ranges from 7.0% to 11.0%. ACP is consistently above the goal line.</p>	2020
Breast Cancer Screening	6	<p>Line chart showing Breast Cancer Screening (blue line), Goal (red line), and Linear (Breast Cancer Screening) (grey line) from 16-Dec to 20-Dec. The y-axis ranges from 65.0% to 85.0%. Screening rates are consistently above the goal line.</p>	2020
BP < 140/90 mm Hg	6	<p>Line chart showing BP < 140/90 mm Hg (blue line), Goal (red line), and Linear (BP < 140/90 mm Hg) (grey line) from 19-Jun to 20-Dec. The y-axis ranges from 65.0% to 85.0%. The current value is below the goal line.</p>	2020
Cervical Cancer Screening	6	<p>Line chart showing Cervical Cancer Screening (blue line), Goal (red line), and Linear (Cervical Cancer Screening) (grey line) from 16-Dec to 20-Dec. The y-axis ranges from 65.0% to 85.0%. Screening rates are consistently above the goal line.</p>	2020



- 1) HCAHPS – Measure of Inpatient satisfaction from the most recent quarterly survey. (Goal is set to exceed State Average)
Higher numbers are better. In order to receive MCR and MCD fiscal incentive, at least **three** of the HCAHPS measures must meet or exceed the State average.
- 2) Aggregated average of quarterly outpatient surveys (Ambulatory, Lab, Radiology, Outpatient, and Rehab). Higher numbers are better.
- 3) Aggregated average of all FMG Clinics. Higher numbers are better. Selection of Press Ganey CG-CAHPS score for "Likelihood of recommending practice"
- 4) Journal/Sentinel Top Workplace Annual Survey - Goal is to be in the Top 25 of the Large Employer category. Results are available in April/May.
- 5) Prenatal Care PC-01 - New measure to prepare for for FY2017 Value Based Purchasing measure
- 6) Data is from the electronic medical record registries. The Goal represents the 2015 median from the WCHQ data base. Higher numbers are better.
- 7) Data is from FHC's electronic medical record. The goal represents 2010 data. Lower numbers are better.
- 8) Values from Consolidated Financial Statements – higher numbers are better.
- 9) Self benchmark All-Cause Readmission Rate (hospital goal <7%). Medicare 30 Day Rates for Readmissions (specific targeted dx) – Hospital Compare Data as of Q3 2013
Heart Failure 22.4% as of Q2 2013 (goal <23%), Pneumonia 18.3% (goal <17.6%), AMI n-too few cases (goal <18.3). Medicare goal represents US National Rate. Lower numbers are better.
Note: Readmission is defined here as an admission to INPATIENT. This does not include observation or outpatients. Starting in FY2015, Medicare readmission condition will include COPD patients, total hip arthroplasty (THA) and total knee arthroplasty (TKA).
- 10) Results are based on the AHRQ's survey results on Patient Safety Culture for Hospitals & Clinics. Overall average percentage of 'very good' and 'excellent' scores combined (Patient Safety Grade). Goal: 2+ percentage increase annually. Higher numbers are better.
- 11) Data is from the electronic medical record and represents a rolling 12 month % of children aged 3yrs thru 6 years of life that have had a well child visit. (HEDIS metric)
The goal is set at 61% or the equivalent of Dean Health Plan's database average.
- 12) Data is from Cerner report & represents all individuals 18 years old & older that have an advance directive scanned into our EMR. Our Goal is to keep increasing the % of completed ACPs by 1% each year. Higher Numbers are better.
- 13) C-Diff Infection Rate (SIR): FY2017 Value Based Purchasing Measure. Goal is set to exceed State Benchmarks
- 14) 30 Day Mortality Rate - Heart Failure: FY2017 Value Based Purchasing Measure. Goal is set to exceed US average.
- 15) Median Time from ED Arrival to ED Departure: Goal is set to exceed the US average.
- 16) Data represents the number of registered users in the MyCompass Patient Portal. The Goals is to grow the number of uses by 5% from Jan 2017 to Dec 2017.



Green - Improved statistics over past reported numbers



Yellow - Remaining constant over past reported numbers



Yellow - Declining away from goal



Yellow - Improving but not yet met goal