

Strategic Plan 2022 – 2024

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

Vision: Be the healthiest community in Wisconsin.

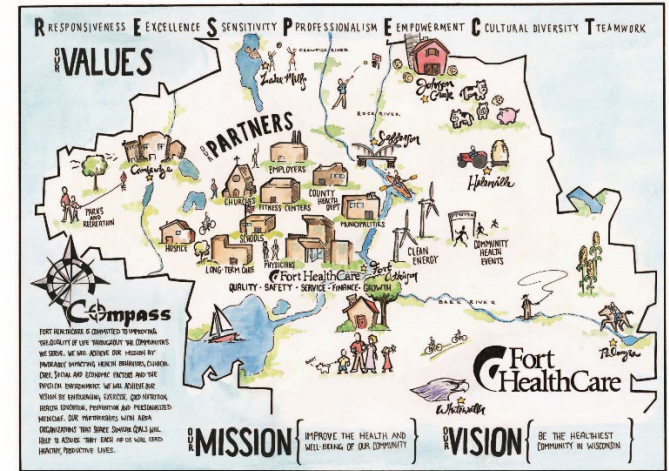
Core Commitments

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

Quality: Demonstrate a passion for providing quality healthcare by utilizing evidence-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 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 Depression Screening
<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			2022
OAS CAHPS - Ambulatory - Recommend Facility to family/friends	2			2022
Overall Experience - FMG Clinic Groups	3			2022
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, 2021	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: 1.40 2021: 0.00 2022 Q1: 0.00	2022	↑
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% 12/19: 12.1%	2022	↑
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 2021 Q1:130 Q2:140 Q3:148 Q4:144 2022: Q1: 120	2022	↑
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 2020:0 2021: 0 2022: Q1:0	2022	↑
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: 5.5% 2021: 4.8% 2022 Q1:4.4%	2022	↑
SAFETY BUNDLE:					
Safety Survey Results (Annual Survey - April)	10			2021	
-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% survey not done in 2021		↓
-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% survey not done in 2021		↓

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 2022	↑
Days Cash on Hand	8		FY 2022	↑

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.

	<u>Notes</u>	<u>Current Value</u>	<u>Goal Date</u>
Increase MyCompass Portal Users	16	<p>This line chart tracks 'Portal Users' (blue line) and 'Goal' (red line) from 17-Jan-17 to 22-Mar-22. The y-axis ranges from 11,500 to 31,500. Portal users show a steady upward trend, starting around 12,000 and reaching approximately 30,000 by March 2022. The goal line is set at approximately 20,000.</p>	2022
Lower BMI (Body-Mass-Index)	7	<p>This line chart tracks 'Lower BMI' (blue line) and 'Goal 29.5' (red line) from FY'12 to Q2 FY'22. The y-axis ranges from 28 to 33. The 'Lower BMI' line shows a gradual increase from approximately 29.5 to 32.5. The goal line is constant at 29.5. A 'Linear (Lower BMI)' trend line is also shown.</p>	Calendar 2022
Well Child Visits 3rd-6th year of life	11	<p>This line chart tracks 'Well-Child Visits' (blue line) and 'Goal 61%' (red line) from 2014 to Q2 FY'22. The y-axis ranges from 50.0% to 90.0%. Well-child visits fluctuate but generally trend upwards from about 55% to 85%. The goal line is constant at 61%. A 'Linear (Well-Child Visits)' trend line is also shown.</p>	2022
Advanced Care Planning	12	<p>This line chart tracks 'ACP' (blue line) and 'Goal' (red line) from FY'15 to FY'22. The y-axis ranges from 7.0% to 11.0%. ACP shows an upward trend from about 7.5% to 9.5%. The goal line is constant at approximately 10.5%. A 'Linear (ACP)' trend line is also shown.</p>	2022
Breast Cancer Screening	6	<p>This line chart tracks 'Breast Cancer Screening' (blue line) and 'Goal' (red line) from 16-Dec-16 to 22-Mar-22. The y-axis ranges from 65.0% to 85.0%. Screening rates fluctuate between 70% and 80%. The goal line is constant at approximately 78%. A 'Linear (Breast Cancer Screening)' trend line is also shown.</p>	2022
BP < 140/90 mm Hg	6	<p>This line chart tracks 'BP < 140/90 mm Hg' (blue line) and 'Goal' (red line) from 19-Jun-19 to Mar-22. The y-axis ranges from 65.0% to 85.0%. The current value fluctuates around 70-75%. The goal line is constant at approximately 80%. A 'Linear (BP < 140/90 mm Hg)' trend line is also shown.</p>	2022
Depression Screening	6	<p>This line chart tracks 'Depression Screening' (blue line) and 'Goal' (red line) from 21-Mar-21 to 22-Mar-22. The y-axis ranges from 40.0% to 80.0%. Depression screening shows a steady increase from about 45% to 75%. The goal line is constant at approximately 60%. A 'Linear (Depression Screening)' trend line is also shown.</p>	2022



- 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) OAS CAHPS - Ambulatory: Recommend Facility to Family/Friends - perform higher than State Average. 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 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 2yrs thru 6 years of life that have had a well child visit. (HEDIS metric) (2nd year of life added in 2022.) The goal is set at 61% or the equivalent of Dean Health Plan's database average. Higher numbers are better.
- 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