

## **Strategic Plan 2024 - 2027**

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.

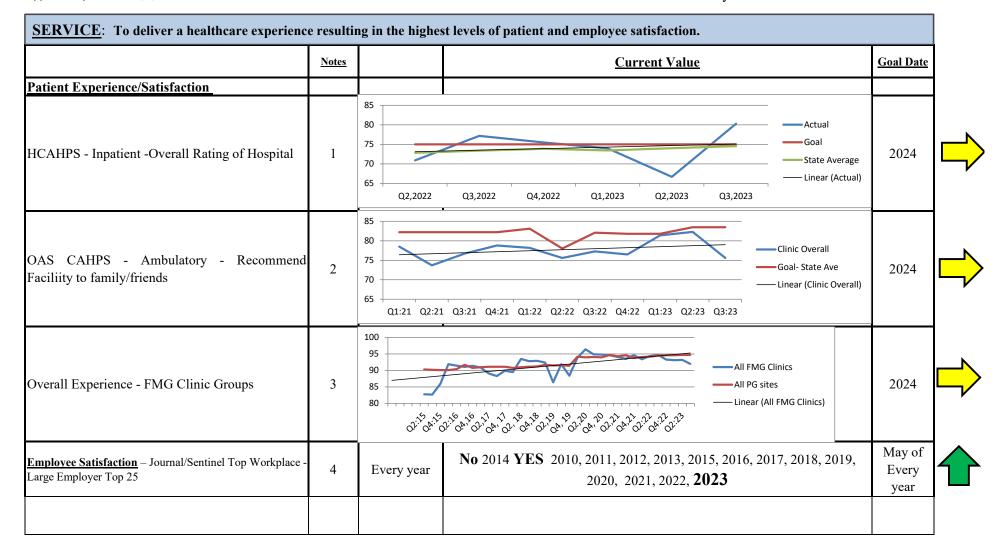


Service	Quality/Safety	Finance	Growth
<ul> <li>Goal: To deliver a healthcare experience resulting in the highest levels of patient and employee satisfaction.</li> <li>Measures:         <ul> <li>Overall rating of satisfaction for Hospital Inpatients - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</li> </ul> </li> <li>Overall rating of satisfaction for Outpatients - Ambulatory</li> <li>Aggregate average of patient satisfaction for all Fort Medical Group Clinics</li> <li>Designation as Top 25 Large Employer of Choice in the annual Milwaukee Journal Sentinel Survey of regional employers</li> </ul>	Goal: To provide for the preventive and acute healthcare needs of area residents in the safest and most timely manner.  Measures:  C-Diff Infection Rate (SIR) 30-Day Mortality Rate – Heart Failure Median Time - ED Arrival to Departure Severe Obstetric Complications Screening for Social Drivers of Health Safety Survey Results  Find Additional Health Information with th Center for Medicare & Medicaid Services – County Health Rankings – Jefferson, Wisco Wisconsin Department of Health Services Wisconsin Hospital Association's Check Poil	Hospital Compare  nsin  int – Fort Memorial Hospital	Goal: 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.  Measures:  • % of Individuals Using Self Scheduling  • Well-Child Visits 3 <sup>rd</sup> -6 <sup>th</sup> Year of Life  • Cardiology - # of Cardiology Encounters  • Breast Cancer Screening - Mammograms  • Improve Blood Pressure (BP) community-wide  • Colorectal Cancer Screening

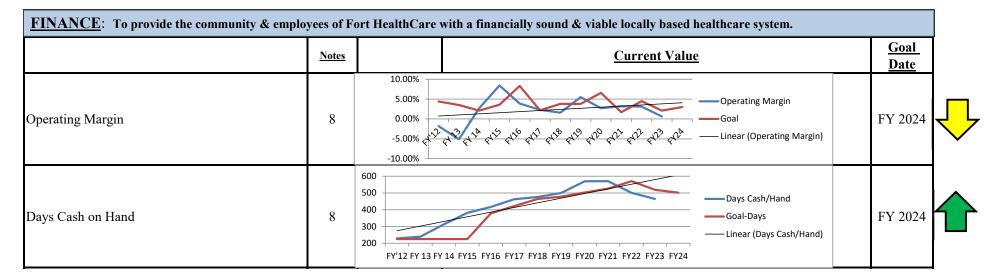
## Fort HealthCare, Inc.

## Strategic Plan Indicators: Goals and Current Values 2024-2027

Approved by Planning Committee on 1/3/2024 Approved by Board on 1/9/2024 **Mission:** Improve the health and well-being of our community **Vision:** Be the healthiest community in Wisconsin



<b>QUALITY</b> : To provide for the preventive and	d acute h	ealthcare need	s of area residents in the safest and most timely manner.		
	Notes	<u>Goal</u>	<u>Current Value</u>	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: 1.773 2023: Q2: 2.31 Q3: 1.25	2024	û
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% 7/1/18-6/30/21: 13.2% 7/1/19-6/30/22 13.7%	2024	û
Median Time from ED Arrival to ED Departure	15	<112 min	2015:143 2016:131 2017:145 2018:135 2019:131 2020:129 2021:141 2022: 131.5 2023 Q1: 126.0 Q2: 143.5 Q3: 138.0	2024	û
Severe Obstetric Complications PC-07	5	<1%	2023: YTD 0.78%	2024	1
Screening for Social Drivers of Health SDOH-1	9	>85%	2024: Q1 %	2024	1
SAFETY BUNDLE:					
Safety Survey Results (Annual Survey - April)					
-Clinic Metrics	10	81%	2013: 66.3%; 2014: 78.8%; 2015: 73.3%; 2016: 72.7%; 2017: 81.4%; 2018:75.8% 2019: 83.7% 2020: 76% <b>2022: 74%</b>	2024	<b>♣</b>
-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% <b>2022: 69%</b>		<b>♣</b>



**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.

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	<u>Notes</u>			Current V	<u>alue</u>	Goal Date	
% of Individuals Using Self Scheduling		Under constru	uction -			2024	
Well Child Visits 3rd-6th year of life	11	90.0% 70.0% 50.0%	Del Par Par Par Var O	Y & & & & & & & & & & & & & & & & & & &	— Well-Child Visits — Goal 74.9% — Linear (Well-Child Visits)	2024	
Cardiology - # of Cardiology Encounters		17.0% 12.0% 7.0%	uı	nder construction	Series1 — Linear (Series1)	2024	
Breast Cancer Screening	6	85.0% 75.0% 65.0% 2017 2	2019 2021 22-Mar	22-Sep 23-Mar 23-Sep	Breast Cancer Screening Goal Linear (Breast Cancer Screening)	2024	
BP < 140/90 mm Hg	6	85.0% 75.0% 65.0% 85.0% 85.0% 85.0% 31-Dec 85.0%	20-Mar 20-Jun 20-Sep 20-Dec 21-Mar 21-Jun 21-Sep	21-Dec Mar-22 22-Jun 22-Sep 22-Dec 23-Jun 23-War 23-Jun 23-Sep 23-Jun 23-Sep	——BP < 140/90 mm Hg ——Goal ——Linear (BP < 140/90 mm Hg)	2024	
Colorectal Cancer Screening	6	90.0% 80.0% 70.0% 60.0%	na Section Street Contracted	Thu The Thu De Fin	Colon Cancer Screening Goal Linear (Colon Cancer Screening)	2024	
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- 1) HCAHPS Measure of Inpatient satisfaction *Overall Rating of Hospital* from the most recent quarterly survey. (Goal is set to exceed State Average) Higher numbers are better.
- 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. Press Ganey Medical Practice score for "Likelihood of recommending practice"
- 4) Journal/Sentinel Top WorkplaceAnnual Survey Goal is to be in the Top 25 of the Large Employer category. Results are available in April/May.
- 5) PC-07 Sever Obstetric Complications (occurring during the inpatient delivery hospitalization) New measure to prepare for for 2024. Lower is better.
- 6) Data is from the electronic medical record registries. The Goal represents the median from the WCHQ data base. Higher numbers are better.
- 8) Values from Consolidated Financial Statements. Higher numbers are better.
- 9) Self benchmark Percen of Inpatients 18 years and older screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Higher numbers are better.
- 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.
- Data is from the electronic medical record and represents a rolling 12 month % of children aged 2 years 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 equivelant 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 Mesure. Goal is set to exceed State Benchmarks
- 14) 30 Day Mortality Rate Hearth Failure: FY2017 Value Based Purchasing Measure. Goal is set to exceed US average. CMS changed the measurement and measurement period due to COVID.
- 15) Median Time from ED Arrival to ED Departure: Goal is set to exceed the US average.



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