

Strategic Plan 2024 – 2027

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

Vision: Be the healthiest community in Wisconsin.

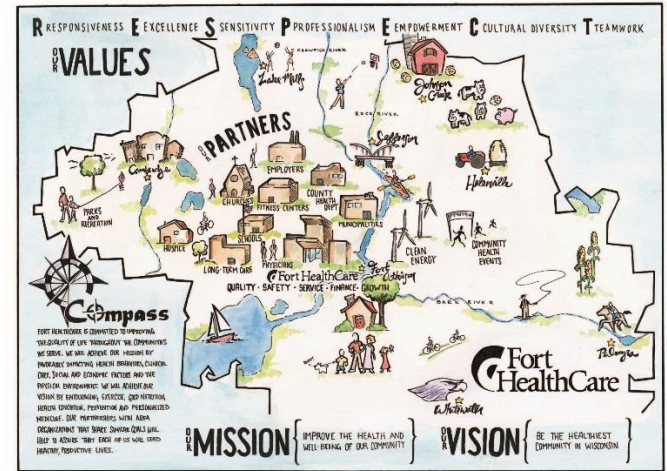
Core Commitments

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 |
|--|--|--|--|
| <p><i>Goal:</i> To deliver a healthcare experience resulting in the highest levels of patient and employee satisfaction.</p> <p>Measures:</p> <ul style="list-style-type: none"> • Overall rating of Inpatient satisfaction – Recommend the Hospital – Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) • Overall rating of Outpatient satisfaction – Recommend the Facility – Ambulatory • Aggregate average of patient satisfaction for all Fort Medical Group Clinics – Likelihood of recommending practice • 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, using every attempt to avoid preventable harm.</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 • Severe Obstetric Complications • Screening for Social Drivers of Health • Safety Survey Results <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> | <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"> • % of Individuals Using Self Scheduling • Well-Child Visits 3rd-6th Year of Life • Cardiology - # of Cardiology Encounters • Breast Cancer Screening - Mammograms • Improve Blood Pressure (BP) community-wide • Colorectal Cancer Screening |

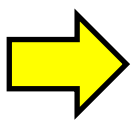
Fort HealthCare, Inc.

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

| SERVICE: To deliver a healthcare experience resulting in the highest levels of patient and employee satisfaction. | | | | |
|--|--------------|------------|--|-------------------|
| | <u>Notes</u> | | <u>Current Value</u> | <u>Goal Date</u> |
| Patient Experience/Satisfaction | | | | |
| HCAHPS - Inpatient - Recommend the Hospital (Top Box) | 1 | | <p>This line chart tracks the 'Top Box' score for inpatient HCAHPS. The y-axis ranges from 55 to 80. The x-axis shows quarters from Q2,22 to Q4,24. The 'Actual' score (blue line) fluctuates between approximately 58 and 76. The 'Goal' (red line) is steady at 72. The 'State Average' (green line) is around 72-73. The 'National Average' (purple line) is around 68-70. A 'Linear (Actual)' trend line shows a slight upward trajectory.</p> | 2024 |
| OAS CAHPS - Ambulatory - Recommend Facility to Family/Friends | 2 | | <p>This line chart tracks the OAS CAHPS score for ambulatory care. The y-axis ranges from 0 to 100. The x-axis shows quarters from Q1,21 to Q4,24. The 'Clinic Overall' score (blue line) stays between 75 and 85. The 'Goal-State Ave' (red line) is steady at 80. A 'Linear (Clinic Overall)' trend line shows a slight downward trajectory.</p> | 2024 |
| Likelihood of Recommending Practice - FMG Clinic Groups | 3 | | <p>This line chart tracks the likelihood of recommending the practice for FMG clinic groups. The y-axis ranges from 80 to 100. The x-axis shows quarters from Q2,15 to Q2,24. The 'All FMG Clinics' score (blue line) fluctuates between 82 and 96. The 'Press Ganey Nat'l' score (red line) is steady at 90. A 'Linear (All FMG Clinics)' trend line shows a steady upward trajectory.</p> | 2024 |
| 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, 2022, 2023, 2024 | May of Every year |



QUALITY: To provide for the preventive and acute healthcare needs of area residents in the safest and most timely manner, using every attempt to avoid preventable harm.

| | Notes | Goal | Current Value | Goal Date |
|---|-------|----------|--|-----------|
| CORE MEASURES - Quality Bundle: | | | | |
| C-Diff Infection Rate (SIR) | 13 | <0.54 | 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: 2.62 2024: Q1: 2.146 Q2 1.717 Q3 1.699 | 2024 |
| 30 Day Mortality Rate - Heart Failure | 14 | <11.9% | 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% 7/1/20-6/30/23: 15.0% | 2024 |
| Median Time from ED Arrival to ED Departure | 15 | <132 min | 2015:143 2016:131 2017:145 2018:135 2019:131 2020:129 2021:141 2022: 131.5 2023: 134 2024: Q1: 140 Q2:145 Q3:145 | 2024 |
| Severe Obstetric Complications PC-07 | 5 | <1% | 2023: Q3 1.05% Q4 2.50%, 2024: Q1 3.66% Q2 0.0% Q3 2.04% | 2024 |
| Screening for Social Drivers of Health SDOH-1 | 9 | >85% | 2024: Q1 23%, Q2 63% Q3 80% | 2024 |
| SAFETY BUNDLE: | | | | |
| Safety Survey Results (Semi-Annual - April) | 10 | | | 2024 |
| -Clinic Metrics | | 65.0% | 2013: 66.3%; 2014: 78.8%; 2015: 73.3%; 2016: 72.7%; 2017: 81.4%; 2018:75.8% 2019: 83.7% 2020: 76% 2022: 74% 2024: 70% | |
| -Hospital Metrics | | 67.0% | 2013: 81.5%; 2014: 77.2%; 2015: 77.9%; 2016: 79.3%; 2017: 84.3%; 2018: 82.0% 2019: 93.3% 2020: 78% 2022: 69% 2024: 60% | |



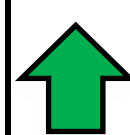
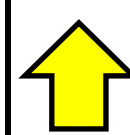
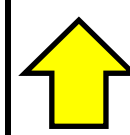
FINANCE: To provide the community & employees of Fort HealthCare with a financially sound & viable locally based healthcare system.

| | Notes | Current Value | Goal Date |
|-------------------|-------|---------------|-----------|
| Operating Margin | 8 | | FY 2024 |
| Days Cash on Hand | 8 | | FY 2024 |







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 |
|---|-------|----------------------|-----------|
| % of Individuals Using Self Scheduling | 12 | Under construction - | 2024 |
| Well Child Visits 3rd-6th year of life | 11 | | 2024 |
| Cardiology - # of Cardiology Encounters | 16 | | 2024 |
| Breast Cancer Screening | 6 | | 2024 |
| BP < 140/90 mm Hg | 6 | | 2024 |
| Colorectal Cancer Screening | 6 | | 2024 |



- 1) HCAHPS – Measure of Inpatient satisfaction - *Recommend the Hospital (Top Box)* from the most recent quarterly survey. (Goal is set 69 - approximately 5% improvement over Calendar Year 2023 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 Workplace Annual 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.
Key Measure Changes: Adult Breast Cancer Screening specifications changed from age 50 -74 to 40-74 biennial in Apr-24
- 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 Percent 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: To be at or higher than AHRQ Benchmark. Higher numbers are better.
- 11) 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 equivalent of Dean Health Plan's database average. Higher numbers are better.
- 12) Under Construction
- 13) C-Diff Infection Rate (SIR): FY2017 Value Based Purchasing Measure. Goal is set to be or lower than the State Average. Lower Numbers are better.
- 14) 30 Day Mortality Rate - Heart Failure: FY2017 Value Based Purchasing Measure. Goal is set to exceed US average. Lower Numbers are better.
measurement period due to COVID.
- 15) Median Time from ED Arrival to ED Departure: Goal is set to be at or below the WI Average - Medicare Data Benchmark. Lower numbers are better.
- 16) Under Construction

-  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