

## Strategic Plan 2024 – 2027

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

Vision: Be the healthiest community in Wisconsin.

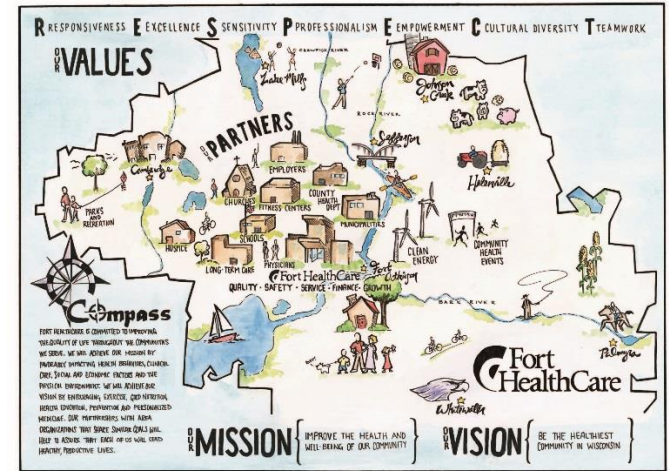
### Core Commitments

**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><b>Goal:</b> 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"> <li>Overall rating of Inpatient satisfaction – Recommend the Hospital – Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</li> <li>Overall rating of Outpatient satisfaction – Recommend the Facility – Ambulatory</li> <li>Aggregate average of patient satisfaction for all Fort Medical Group Clinics – Likelihood of recommending practice</li> <li>Designation as Top 25 Large Employer of Choice in the annual Milwaukee Journal Sentinel Survey of regional employers</li> </ul> | <p><b>Goal:</b> 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"> <li>C-Diff Infection Rate (SIR)</li> <li>30-Day Mortality Rate – Heart Failure</li> <li>Median Time – ED Arrival to Departure</li> <li>Severe Obstetric Complications</li> <li>Screening for Social Drivers of Health</li> <li>Safety Survey Results</li> </ul> <p>Find Additional Health Information with these resource links:</p> <p><a href="#">Center for Medicare &amp; Medicaid Services – Hospital Compare</a></p> <p><a href="#">County Health Rankings – Jefferson, Wisconsin</a></p> <p><a href="#">Wisconsin Department of Health Services</a></p> <p><a href="#">Wisconsin Hospital Association’s Check Point – Fort Memorial Hospital</a></p> <p><a href="#">Milwaukee Journal Sentinel Top Workplaces</a></p> | <p><b>Goal:</b> 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"> <li>Operating Margin</li> <li>Days Cash on Hand</li> </ul> | <p><b>Goal:</b> 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"> <li>% of Individuals Using Self Scheduling</li> <li>Well-Child Visits 3<sup>rd</sup>-6<sup>th</sup> Year of Life</li> <li>Cardiology - # of Cardiology Encounters</li> <li>Breast Cancer Screening - Mammograms</li> <li>Improve Blood Pressure (BP) community-wide</li> <li>Colorectal Cancer Screening</li> </ul> |

# 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.

|   | Notes |            | Current Value   | Goal Date         |
|---|-------|------------|---|-------------------|
| <b>Patient Experience/Satisfaction</b>  |       |            |   |                   |
| HCAHPS - Inpatient - Recommend the Hospital (Top Box)                                 | 1     |            |   | 2025              |
| OAS CAHPS - Ambulatory - Recommend Facility to Family/Friends                         | 2     |            |   | 2025              |
| Likelihood of Recommending Practice - FMG Clinic Groups                               | 3     |            |   | 2025              |
| <b>Employee Satisfaction</b> – Journal/Sentinel Top Workplace - Large Employer Top 25 | 4     | Every year | <b>No</b> 2014 <b>YES</b> 2010, 2011, 2012, 2013, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, <b>2024</b> | 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 |
|---|-------|--|---|-----------|
| <b>CORE MEASURES - Quality Bundle:</b>        |       |  |   |           |
| 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<br>2022: 1.773 2023: 2.62 2024: Q1: 2.146 Q2 1.717 Q3 1.699 Q4 1.136    | 2025      |
| 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% | 2025      |
| 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<br>2023: 134 2024: Q1: 140 Q2:145 Q3:145 Q4: 177                           | 2025      |
| Severe Obstetric Complications PC-07          | 5     | <1%  | 2023: Q3 1.05% Q4 2.50%, 2024: Q1 3.66% Q2 0.0% Q3 2.04% Q4 1.20%   | 2025      |
| Screening for Social Drivers of Health SDOH-1 | 9     | >85%   | 2024: Q1 23%, Q2 63% Q3 80% Q4 89%  | 2025      |
| <b>SAFETY BUNDLE:</b>                         |       |  |   |           |
| Safety Survey Results (Semi-Annual - April)   | 10    |  |   | 2025      |
| -Clinic Metrics                               |       | 65.0%  | 2013: 66.3%; 2014: 78.8%; 2015: 73.3%; 2016: 72.7%; 2017: 81.4%; 2018:75.8%<br>2019: 83.7% 2020: 76% 2022: 74% <b>2024: 70%</b>                       |           |
| -Hospital Metrics                             | 67.0% | 2013: 81.5%; 2014: 77.2%; 2015: 77.9%; 2016: 79.3%; 2017: 84.3%; 2018: 82.0%<br>2019: 93.3% 2020: 78% 2022: 69% <b>2024: 60%</b> |   |           |



**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 2025   |
| Days Cash on Hand | 8     |               | FY 2025   |



**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> |   |
|--|--------------|----------------------|------------------|---|
| % of Individuals Using Self Scheduling   | 12           | Under construction - | 2025             |   |
| Well Child Visits 3rd-6th year of life   | 11           |                      | 2025             | ↑ |
| Cardiology - # Cardiology Related Images | 16           |                      | 2025             | ↑ |
| Breast Cancer Screening                  | 6            |                      | 2025             | ↑ |
| BP < 140/90 mm Hg                        | 6            |                      | 2025             | ↑ |
| Colorectal Cancer Screening              | 6            |                      | 2025             | ↑ |

- 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 - Hearth 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