



Working Together
Strategic Plan



ANTHC Board of Directors Strategic Plan - FY23 Scorecard
FY23 Q4

- ✓ On track for meeting target
- ⚠ At risk of not meeting target
- ✗ Attention required

	Goal	Objective	Key Performance Indicator (KPI)	Definition	FY23		
					Target	Current Results	Current Status
Empower the Workforce	Employees choose ANTHC because it offers a fulfilling and rewarding career	Evolve culture to empower colleagues	1) Percent Alaska Native/American Indian Employees	Percent of full-time and part-time ANTHC employees who are Alaska Native or American Indian (AN/AI) people during the reporting period.	40%	34%	✗ Not Met
			2) Employee Engagement Survey	Press Ganey's Engagement Indicator is a composite metric of six (6) items that measure employees' degree of pride in the organization, intent to stay, willingness to recommend, and overall workplace satisfaction.	45 th Percentile	36 th Percentile	✗ Not Met
			3) ANMC Just Culture Training	Just Culture Implementation-learning culture that balances accountability in patient safety and helps design safe systems of care. Contracting for educational courses and moving forward with training of ANMC leadership. 90% of leadership for each ANMC Division/Department.	90%	100%	✓ Met
		Revise and effectively communicate total benefits package to existing and potential new employees, consistently and visibly investing in development of the workforce	4) New Employee Turnover Rate	Percent of "new" (those with 1 year or less employment at ANTHC) full time or part time employees leave the organization.	16%	14%	✓ Met
			5) Vacancy Rate	Percent of all budgeted positions that are not filled.	15%	8%	✓ Met
			6) Base Pay Analysis	Market-aligned base pay adjustment implemented; total compensation tools deployed.	100%	100%	✓ Met
	Employees have the tools and resources to be effective	Implement 360-degree organizational feedback process and tools, establishing a culture that encourages achievement and rewards high level performance	7) 360-degree Feedback Implementation	Design and implement comprehensive employee feedback tools and process for select senior leaders as part of ANTHC's professional development strategy.	100%	100%	✓ Met
			8) Percent AN/AI Employees in Leadership Positions	Percent of full-time and part-time ANTHC employees in leadership roles who are Alaska Native or American Indian (AN/AI) People during the reporting period.	48%	36%	✗ Not Met
		Launch comprehensive career progression/ladders and succession planning models and processes	9) Talent Review and Succession Planning Implementation	Design and implement comprehensive professional development process and tools for mid-level and senior leaders as part of ANTHC's professional development strategy.	100%	100%	✓ Met
Enhance the System of Care	Patient care is coordinated across regions, episodes of care, and Tribal partners	10) Electronic Health Record Assessment	Complete the four (4) action items on the Electronic Health Record Assessment plan.	100%	100%	✓ Met	
		11) Referral Management Standardization	Referral Management standardized processes and tools with coordinated travel and housing for 27 ANTHC clinics.	100%	100%	✓ Met	
		12) Service Line Plans Developed	Identify through surveys of Tribal Health Organization five (5) specialties most needed for enhanced service access on a regional basis and develop plans for future expansion of access regionally.	5	6	✓ Met	
	Invest purposefully in infrastructure to improve public health	Prioritize Department of Environmental Health and Engineering (DEHE) projects and investments based on community needs	13) Community Project Need Assessment	Percent of community assessments DEHE completed. The assessment will include the community prioritization of Sanitation Deficiency System projects, existing funded projects and newly identified sanitation needs.	80%	83%	✓ Met
		Align health education, food security, and training initiatives with the strategic direction	14) Create Food Sovereignty Network	Convene and coordinate one (1) statewide meeting on food sovereignty.	Complete	Complete	✓ Met
			15) Trainings Hosted by Community Health Services	Number of organized events hosted by Community Health Services focused on imparting public health-related information or instruction (e.g., Alaska Blanket Exercise, ATV Safety, Managing Federal Grants, HIV/STD Prevention Training, etc.)	100	224	✓ Met
Evaluate needs and role of operating units not fully aligned with strategic objectives	16) Operating Unit Alignment with ANTHC	Key performance indicators will be designed and developed to measure each Operating Unit's degree of alignment with ANTHC.	100%	100%	✓ Met		
Achieve Performance Excellence	Establish core metrics to measure and monitor ANTHC's progress towards performance excellence	Establish dedicated team to implement and monitor progress of strategic planning	17) Strategic Planning Team Workplan	Complete the actions on the Strategic Planning Team Annual Workplan	100%	100%	✓ Met
			18) Key Performance Indicator (KPI) Performance	A work group will form to include Finance and Strategy leaders. This group will develop Key Performance Indicators (KPIs) to track and report financial and non-financial (strategy) metrics that will help achieve the Board's three strategic themes, goals and objectives.	100%	100%	✓ Met
		Establish baseline performance and define metrics to track performance against quadruple aim (quality, access, cost, service) and strategic direction ("View 2025" and beyond)	19) Cost Accounting and Cash Flow System	Complete the three (3) FY23 action items on the Cost Accounting and Cash Flow System plan.	100%	100%	✓ Met
			20) Safety of Care Pressure Injury Rate	Stage III or IV pressure ulcers or unstageable (secondary diagnosis) per 1,000 discharges among surgical or medical patients ages 18 years and older.	0.59	3.3	✗ Not Met
			21) HCAHPS Communication with Nurses	Percent of patients who reported that their nurses "Always" communicated well (<i>Nurses treat you with courtesy/respect, Nurses listen carefully to you and Nurses explain in way you understand</i>) on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.	78%	73%	✗ Not Met
	Deliver excellent services that improve the health and wellness of the community	Campus modernization: finalize short term facility plans and develop long-term plans aligned with strategic direction and capital availability	22) Facilities Master Plan Emergency Services Expansion	Percent of project complete as defined by milestones met.	100%	100%	✓ Met
			23) Operating Cash Flow Margin	Operating margin + interest expense + depreciation expense / total operating revenue	1.0%	4.1%	✓ Met
		Accelerate efforts to improve patient access, quality, and experience, including behavioral health services	24) HCAHPS Recommend the Hospital	Percent of patients who reported Yes, they would definitely recommend the hospital (<i>Would you recommend this hospital to your friends and family?</i>) on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.	68%	66%	✗ Not Met
			25) Patient Housing Check-in Time	Average number of minutes from patient arrival at Patient Housing to registration complete.	75 min	24 min	✓ Met
			26) Behavioral Health Wellness Clinic Quality Outcomes	Percentage of discharged Behavioral Health Wellness Clinic clients who have shown clinically significant improvement while in care based on the Reliable Change Index.	31%	41%	✓ Met
27) Behavioral Health Wellness Clinic Growth	Percentage of growth in month over month intake volumes.	5%	18.8%	✓ Met			