



# ANTHC Board of Directors Strategic Plan - FY25 Organizational Scorecard

Approved August 2024



Strategic Theme	Goal	Objective	Measure	Definition	FY25 Baseline and Targets			
					Baseline	Threshold	Target	Stretch
Empower the Workforce	Employees choose ANTHC because it offers a fulfilling and rewarding career	Evolve culture to empower colleagues	1) <b>Alaska Native/American Indian (AN/AI) Employees</b>	Number of full-time and part-time ANTHC employees who are Alaska Native or American Indian (AN/AI) people during the reporting period.	1,042 (Jun 2024)	1,063	1,084	1,105
			2) <b>Employee Engagement</b>	Press Ganey's Employee Engagement Indicator is a composite metric of five (5) items that measures an individual's emotional and personal connection in the organization. The five-item set includes an employees' intent to stay, willingness to recommend as a good place to work, a sense of belonging and identity within the organization and overall workplace satisfaction. Average rating by employees on a scale of 1 to 5.	3.99 (FY24 Survey Results)	4.02	4.06	4.09
			3) <b>Provider Engagement</b>	Press Ganey's Provider Engagement Indicator is a composite metric of five (5) items that measures an individual's emotional and personal connection in the organization. The five-item set includes an employees' intent to stay, willingness to recommend as a good place to work, a sense of belonging and identity within the organization and overall workplace satisfaction. Average rating by employees on a scale of 1 to 5.	3.83 (FY24 Survey Results)	3.90	3.94	3.99
		4) <b>CLIMB Entry-Level Professional Development</b>	Percentage of participants who successfully complete the CLIMB program. CLIMB is a new professional development program that is designed for entry-level team members (with preference to AN/AI employees) that emphasizes essential skills and focuses on real-world practice and continuous learning across 5 themes and 14 micro learning sessions.	New Measure	75%	80%	85%	
	Employees have the tools and resources to be effective	Invest in strategies that systematically address deficiencies felt by ANTHC employees	5) <b>Enterprise Resource Planning Transformation</b>	Transform business processes across Supply Chain Management, Human Resources, Payroll, Finance, Accounting, and Grants to enable the successful implementation of the Infor CloudSuite tool, leading to simplified end-to-end processes, easier to use tools, and automation of manual processes.	Implementation Measure	80%	100%	120%
Enhance the System of Care	Patient care is coordinated across regions, episodes of care, and Tribal partners	Optimize the Electronic Health Record (currently Cerner) to enhance the quadruple aim and to serve as a bridge to participating Tribes and THOs	6) <b>Electronic Health Record Strategy</b>	Successfully implement EHR bridge plan and advance overall EHR Strategy, including improved THO communication.	Implementation Measure	80%	100%	120%
			7) <b>Timely Travel Documents</b>	Median number of days prior to scheduled trip that travel documents are delivered to patients.	New Measure	2 Days	5 Days	7 Days
		Enhance referral management, scheduling/patient access, and care management	8) <b>Urgent Referrals Seen</b>	Percentage of patients with urgent referrals who receive care in ANMC Specialty clinics within 14 days of referral being sent.	55% (May2024)	60%	65%	70%
			9) <b>Centralized Scheduling</b>	Number of clinics for which the Centralized Scheduling Office is scheduling patient appointments.	New Measure	10	12	14
	Invest purposefully in infrastructure to improve public health	Develop program/service line plans for key specialties (in person and telehealth), incorporating the diverse needs of each region and THO	10) <b>Tribe and Tribal Health Organization Engagement</b>	Support Tribe and Tribal Health Organization visibility of ANTHC's strategic initiatives, financial health, and operational improvements.	Implementation Measure	80%	100%	120%
			11) <b>Comprehensive Piped Water and Sewer Design</b>	Number of planned design stage deliverables (54) completed for First Service projects funded in FY23/FY24 for communities where ANTHC is the lead agency.	New Measure	40	45	50
	Invest purposefully in infrastructure to improve public health	Align health education, food security, and training initiatives with the strategic direction	12) <b>Climate Initiatives</b>	Number of planned climate initiative tasks and objectives accomplished.	New Measure	14	16	18
			13) <b>Health Aide and Training Center Data Modernization</b>	Complete assessment of available data across health aide programs and training centers and develop a consolidated dashboard with key measures to track and monitor health aide-related data and manage training trends and performance.	Implementation Measure	80%	100%	120%
			14) <b>Nursing Scorecard</b>	Develop, roll out, and adopt Nursing scorecard to help monitor and manage performance.	Implementation Measure	80%	100%	120%
	Achieve Performance Excellence	Establish core metrics to measure and monitor ANTHC's progress towards performance excellence	Establish baseline performance and define metrics to track performance against quadruple aim (quality, access, cost, service) and strategic direction ("View 2025" and beyond)	14) <b>Nursing Scorecard</b>	Develop, roll out, and adopt Nursing scorecard to help monitor and manage performance.	Implementation Measure	80%	100%
Deliver excellent services that improve the health and wellness of the community		Accelerate efforts to improve patient access, quality, and experience, including behavioral health services	15) <b>New Hotel Acquisition for Patients (if Board approved)</b>	Initiate Board-directed acquisition of a new hotel to meet immediate patient housing needs (if approved).	Implementation Measure	80%	100%	120%
			16) <b>Recommend the Hospital</b>	Percent of patients who reported "Yes, they would definitely recommend the hospital" (Would you recommend this hospital to your friends and family?) on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey.	62% (Jun 23 - May 24)	62%	62%	63%
			17) <b>Communication with Nurses</b>	Percent of patients who reported that their nurses "Always" communicated well (Nurses treat you with courtesy/respect, Nurses listen carefully to you and Nurses explain in way you understand) on the HCAHPS survey.	76% (Jun 23 - May 24)	79%	80%	81%
			18) <b>Recommend Specialty Clinics</b>	Percent of patients who responded with a Likelihood of recommending our practice to others as "very good" on the Press Ganey survey. Patients are asked to respond on a scale of 1 (very poor) to 5 (very good).	68.8% (Jun 23 - May 24)	69%	71%	73%
			19) <b>Patient Housing Time To Receive Room Key</b>	Percent of Patient Housing guests who receive their room key within 30 minutes of arrival.	58% (Jun 2024)	60%	65%	70%
			20) <b>Specialty Clinic Visits</b>	Number of in-person and telemedicine specialty clinic visits.	128,818 (Projected 2024)	132,000	133,000	134,000
			21) <b>Surgical Cases</b>	Number of inpatient and outpatient surgical cases.	20,400 (Projected 2024)	20,600	20,800	21,000
22) <b>Behavioral Health Services Action Plan</b>		Develop and implement an FY25 action plan for advancing Board-directed Behavioral Health service goals.	Implementation Measure	80%	100%	120%		
Achieve sustainable financial health allowing for critical investments to be made		Meet key financial performance indicators critical to ensuring overall financial health	23) <b>Grants Management and Reporting</b>	Implement FY25 Grants Management action plan to address all audit findings from the FY23 audit as presented by Moss Adams to the Board in June 2024 and make systems improvements to ensure sustainability.	New Measure	3	4	5
	24) <b>Operating Margin</b>		(Total operating revenue – total operating expenses) / Total operating revenue	0.0% (Projected FY2024)	0%	0.5%	1.0%	