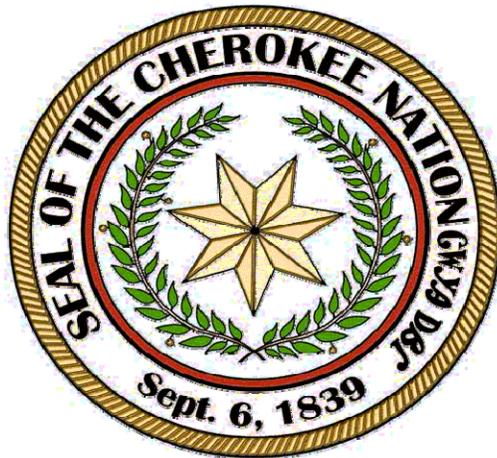


Cherokee Nation Health Services  
Strategic Objectives & Quality Improvement  
Plan  
FY 2009



Approval:

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Group Leader, Health Services

Date

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Principal Chief, Cherokee Nation

Date

# **CHEROKEE NATION HEALTH SERVICES 2009 STRATEGIC OBJECTIVES & QUALITY IMPROVEMENT PLAN**

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## **CHEROKEE NATION HEALTH SERVICES 2009 STRATEGIC OBJECTIVES & QUALITY IMPROVEMENT PLAN**

### **I. THE PLANNING FOUNDATION: CHEROKEE NATION DECLARATION OF DESIGNED PURPOSE<sup>1</sup>**

The Cherokee Nation Declaration of Designed Purpose is a 100- year strategy document developed in 2001 to provide a clear understanding of where the Cherokee Nation needs to go in the next 100 years and how to get there. Perhaps the first question we must ask is "Why do we have a Cherokee Nation?" The simple answer is that the Cherokee Nation and its history and culture are a legacy that enriches our lives, families, and community. It gives us strength in times of challenge, it gives us comfort when we are weak and it gives us a sense of identity and value. It sustains us and gives us direction. It outlines our "designed purpose". This Declaration is the plan to further our legacy, that in 100 years we will have decedents that joyfully and gratefully receive that legacy, individually and as a Nation, to face adversity, survive, adapt, prosper, and excel.

#### **Cherokee Nation Vision:**

*What will the Cherokee Nation look like in the future?*

The Vision for the Cherokee Nation includes achieving and maintaining an enriching cultural identity, economic self-reliance, and a strong government. The vision begins with sight of the past. One hundred years ago, the Cherokee Nation had a sophisticated government with a Supreme Court Building, National Capitol, penitentiary, nine court houses, an outstanding educational system with two higher education institutions, one hundred fifty day schools, and 90 percent literacy in the Cherokee language.

How could a society improve on a system where there was no poverty, every family had a home and the government had no debt? It is part of the vision for the next one hundred years to achieve what we had one hundred years ago: no poverty, every family having a home, and

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<sup>1</sup>1. Cherokee Nation Declaration of Designed Purpose - Yesterday, Today, and Tomorrow; Principal Chief Chadwick "Corntassel" Smith

the Cherokee Nation having no debt. In many ways, we want to repeat the success of our past and use our cultural values to guide us in the future. The vision for the future of the Cherokee Nation does not have to be distant, vague, or abstract. It is as present and concrete as one's own life. The vision is "ga du gi" -working together - and its results. The vision focuses on Cherokees becoming satisfied with their own personal achievement, fostering happy functional families, strong and supportive communities, and a vibrant enduring tribal government

The clarity of this vision is recognized when Cherokees have the careers they chose, the ability to wisely determine their own destiny, families that enjoy the presence of and share in the challenges of each member, communities that Cherokees genuinely desire to return and enjoy, and a tribal government that Cherokees can take pride in and warmly contribute to. The vision is achieved when we as citizens of the Cherokee Nation, motivated and driven by our culture, enjoy each day of our short tenure in this world. This is a more detailed Vision of the Cherokee Nation, which includes both the government and the people:

1. The Cherokee people shall enjoy and exercise an enriching cultural identity and lifeways which includes a thriving command of our language, cultural history, art, traditions, wisdom and lifeways
2. Cherokees and their government become economically self-reliant and sufficient to the extent the Cherokee Nation is not required to accept federal funds to meet the needs of its people and every Cherokee has the opportunity to pursue the career of his or her choice.
3. The government of the Cherokee Nation becomes and maintains itself as a strong sovereign government which protects the Cherokee people.

**Cherokee Nation Mission:**

*How we will create value in the lives of our fellow citizens?*

The Mission of the Cherokee Nation describes our primary purpose. Every part of the Tribe should be designed to achieve this overall purpose. The mission identifies our distinctive abilities. The Mission of the Cherokee Nation is "ga du gi": working together as individuals, families, and communities for a quality of life for this and future generations by promoting confidence, the tribal culture, and an effective sovereign government.

## **Cherokee Nation Identity Statement:**

*How will we define ourselves?*

The identity statement of the Cherokee Nation is who we are and how we identify ourselves as a Tribe. The government of the Cherokee Nation acknowledges that Cherokee identity has been formulated over time and consists of shared patterns of behavior that include language, ceremony, customs, values, beliefs, traditions, wisdom and knowledge, along with other tangible and intangible forces, that combined are referred to as the Cherokee lifeways or culture.

## **Cherokee Nation Desired Outcomes:**

*What do we want to become?*

The Desired Outcomes for the Cherokee Nation state what the Tribe wants to achieve overall. Our success is measured in terms of meeting the needs of the tribal members.

1. Exercise Sovereignty - A self-sufficient nation with an independent economic base, protection, preservation, and promotion of sovereignty
2. Achieve Operational Performance - Specific operational performance benchmarks and improvement for each operating team
3. Build Cherokee Nation Employees - A skilled, Cherokee value- oriented, satisfied, friendly, and team-oriented workforce
4. Encourage Tribal Members -Active, involved, safe, healthy, stable, and economically independent citizenry
5. Use Culture/Knowledge - Strong language, history, and culture, both individually and in the delivery of services

## **Cherokee Nation Guiding Principles:**

*What will we use as guidance in making all of our decisions?*

The Guiding Principles for the Cherokee Nation direct and support the decisions that drive the behaviors, feelings, and attributes necessary to achieve the desired outcomes. Our guiding principles must be thoughtfully determined since good principles will lead to good decisions and good performance. The guiding principles and beliefs define how we intend to act in the pursuit of our vision and mission.

- OUR SPIRIT -We believe that the Creator has a great design for us and acknowledge that every Cherokee is part of the ever-renewing, ever-expanding, upward progressive movement of life
- OUR STRENGTH- We will incorporate Cherokee culture by integrating language, history, custom, wisdom, art, music and traditional values into everyday activities.
- OUR PEOPLE- We will build confidence and capability in individuals, families, communities, and our government. We will inform and educate our people so that they can make wise choices.
- OUR GOVERNMENT - We will act with openness, integrity, fairness, and respect for others. We will make decisions that will be strategically driven. We will help our people to attain their basic needs with available resources in a friendly, timely, positive, and constructive manner. We will invest our resources in Cherokee communities to advance the survival and growth of the Cherokee Nation
- OUR ENVIRONMENT- We will provide opportunities for all Cherokees and friends to contribute to the welfare of the Cherokee Nation
- OUR SOVEREIGNTY- We will promote economic self-reliance. We will protect our governmental rights of sovereignty

### **Cherokee Nation Attributes:**

*What do we hold valuable?*

The attributes of Cherokee Nation employees largely drive the results of the Tribe. We can influence and shape the behaviors and thereby influence outcomes.

- Respectful- each other hold the existence of everyone sacred
- Committed- never quit, no end or finish
- Cherokee Way of Life- preserve, use, teach, and learn the Cherokee language, history, arts, wisdom, music and heritage
- Creative- think and give birth to ideas
- Integrity- honest, straight-forward, up-front and fair
- Leadership- train, teach, and motivate others - be an example, show initiative, set direction, solve problems, make sound decisions

- Communicate-give and receive communication, ideas, criticism and information
- Self-Confident- with training and experience, we feel confident that we can make good choices and implement them
- Cooperative - no territorialism; bend over backward to help
- Responsible - do what is right in all that you do

### **Cherokee Nation Goals & Objectives:**

*What must we improve and what must we keep?*

The goals and objectives for each of the divisions identify milestones in moving toward the desired outcomes. They drive behaviors, feelings, and attributes toward the desired outcomes over the long term. Goals should be "SMART" - **S**pecific, **M**easurable, **A**chievable, **R**elated to the mission, and **T**ime-bound.

### **II. CHEROKEE NATION HEALTH MISSION & VISION:**

Cherokee Nation Health Services Mission

- We are dedicated to working with our communities, families, and individuals to promote and improve their health

Cherokee Nation Health Services Vision Statement

- The Cherokee people will achieve an optimal level of health resulting in healthy communities for this and future generations

### **III. QUALITY IMPROVEMENT PLAN & PERFORMANCE MONITORING:**

This Quality Improvement (QI) Plan is prepared in accordance with the Cherokee Nation Health Services policy, "Quality Improvement and Plan Development Process," Governance Manual, chapter 10. The plan will be carried out by the committee authorized in the policy, "Committees with Governance Responsibilities," Governance Manual, Chapter 4. The purpose of this plan is to ensure that Cherokee Nation Health Services staff demonstrates a consistent endeavor to deliver care that is optimal in an environment of minimal risk.

#### **Specific Purpose of the Plan:**

1. Continually and systematically plan, design, measure, assess and improve performance of

clinic and system-wide functions and processes relative to patient care and services. The Cherokee Nation utilizes the Balanced Scorecard to measure its strategy and QI process. Each department within Cherokee Nation begins developing the annual balance scorecard by utilizing the five desired outcomes located in the Declaration of Designed Purpose and the Cherokee Nation Health Services Strategic Plan for 2009-2013. The following terminology describes the documents that Health Services uses to cascade its strategy into the organization.

- Desired Outcomes: Goals of Tribe
- Health Services Long-Range Plan: Ten to fifteen year plan
- Health Services Scorecard: Three to five year plan for Health Services on how to achieve desired outcomes outlined in the Declaration of Designed Purpose and the Comprehensive Plan for Health Services
- Annual QI Plan/Scorecard: One year plan of how to achieve Health Services Scorecard
- Strategic Plan: Map of Strategic Plan and Supporting Goals for 2009-2013

2. Incorporates the Desired Outcomes as outlined in the Declaration of Designed Purpose document of the Cherokee Nation into patient care and services.

3. Utilize goals that support the desired outcomes:

- Community Based Health Promotion – Promote healthy Cherokee Communities through prevention, partnerships, and leadership development;
- Health Outcomes for Children, Families and Adults – Improve the quality of health services and outcomes for Cherokee individuals, families, and communities;
- Public Health Infrastructure – Strengthen health surveillance, research, and policy to improve health outcomes and promote partnerships;
- Access & Equity to Services – Increase access & achieve equity for appropriate health services

- Resource Management – Increase revenue to health programs for Cherokee strategic health priorities;
- Health Industry Business Leadership – Strengthen health industry business partnerships in Cherokee Nation;
- Organizational Efficiency – Develop and implement processes to improve organizational deficiency;
- Cherokee Workforce: Develop a Cherokee workforce through recruitment, retention, and strategic capacity building

4. Focus upon what is performed throughout the health services network, and how well it is performed. To facilitate this goal emphasis is placed upon “dimensions of performance.”

These dimensions of performance include, but may not be limited to:

- Efficacy of the procedure or treatment in relation to the patient’s condition;
- Appropriateness of the specific test, procedure, or service to meet the patients’ needs;
- Timeliness with which a needed test, procedure, treatment, or service is provided to the patient;
- Effectiveness with which tests, procedures, treatment, and services are provided;
- Continuity of the services provided to the patient with respect to other services, practitioners, providers, and over time;
- Safety of the patient and others to whom the services are provided;
- Efficiency with which services are provided;
- Respect and caring with which services are provided;

5. Assure the improvement process is system-wide, monitoring, assessing and evaluating the quality and appropriateness of patient care and clinical performance to identify changes that will lead to improved performance and reduce the risk of sentinel events.

6. Achieve and maintain improvements made in performance throughout Cherokee Nation

Health Services.

7. Ensure appropriate reporting of information to the Quality Council to provide it with the information it needs in fulfilling its responsibility for the quality of patient care and safety.
8. Ensure necessary information is communicated among departments, services, programs and clinics when problems or opportunities to improve patient care involve more than one component of the health care network.
9. Identified problems are tracked to assure improvement or problem resolution.
10. Information from departments, services, programs, and clinics and the findings of discreet performance improvement activities are used to detect trends, patterns of performance or potential problems that affect more than one component of the health care network.
11. Evaluate and revise the Balanced Scorecard annually and as necessary.

**Scope of Activities:**

The Quality Improvement Program is tasked with developing, implementing and continuously facilitating the annual Balanced Scorecard. The scope of the Quality Improvement Program includes an overall assessment of the efficacy of performance improvement activities, with a focus on continually improving care and services provided throughout the Cherokee Nation Health Services. The program consists of the three focus components as follows:

- Performance Improvement – An approach to the continuous study and continuous improvement of the processes of providing health care services to meet the needs of individuals and communities. Synonyms include continuous quality improvement, continuous improvement, organization-wide performance improvement and total quality management.

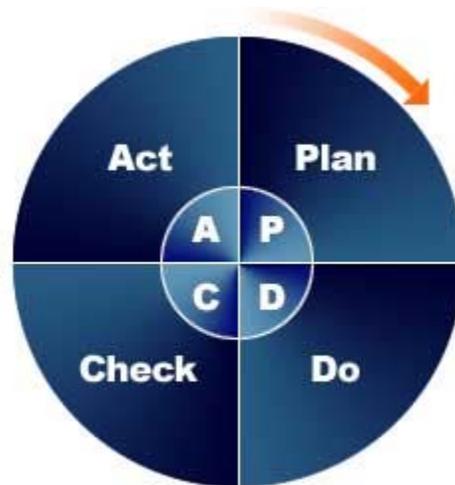
- Quality Assurance – A program for systematic monitoring and evaluation of various aspects of a project, service or facility, to ensure standards of quality are being met.
- Quality Control – An aggregate of activities (such as design analysis and inspection for defects) designed to ensure adequate quality, especially in manufactured products.

**Organization:**

To achieve fulfillment of the purpose, goals and scope of the Balanced Scorecard, the organizational structure of the Quality Improvement process is designed to facilitate an effective system of measuring, analyzing and improving the care and services provided throughout Cherokee Nation Health Services.

- The Quality Council will receive ongoing reports, relative communications, and updates of ongoing activities. The Chairperson of the Quality Council will be notified immediately of sentinel events or other urgent communications as it pertains to patient care and services.
- With the authority delegated by the Quality Council, the medical staff strives to improve and assure the provision of quality patient care through the monitoring, assessment, and evaluation of performance measurement and outcome.
- The medical staff provides effective mechanisms to monitor, assess, and improve the quality and appropriateness of patient care and the clinical performance and competency of all individuals with clinical privileges.
- The Group Leader of Health Services provides for resources and support systems for the performance improvement functions related to patient care and safety. Resources may be limited and may have an impact on outcomes.
- With designated responsibility from the Quality Council, Quality Improvement Committees will operate as functional groupings of individuals in the organization who meet to evaluate and improve specific processes, system or function within Health Services. Quality Improvement Committees are comprised of departmental leaders, medical staff, and those individuals designated from each department, as appropriate, who may have the highest degree of knowledge regarding a given improvement project.

- Each Quality Improvement Committee will be conducted as outlined in Chapter 4 of the Governance Manual. Minutes will be kept of each meeting, along with agendas and sign-in sheets. These will be submitted to the Quality Improvement Program for tracking and reporting. Each Quality Improvement Committee will be required to submit quarter reports to the Quality Council that outlines the progress of their identified performance priorities and indicators.



**Figure 1**

**Methodology:**

The scientific method of performance improvement chosen by Health Services is the Plan, Do, Check and Act method (See Figure 1). Methodology will also comply with accreditation standards as outlined by the Accreditation Association for Ambulatory Health Care (AAAHC), Commission on Accreditation of Ambulance Services (CAAS), and the Commission on Accreditation of Rehabilitation Facilities (CARF). The following characteristics will be evident in the annual Balanced Scorecard:

1. Identify important problems, concerns, and issues relevant to patient care, and services.
2. Evaluate trends in frequency, severity, and other potential issues.
3. Take corrective action to resolve identified issues.
4. Evaluate if corrective/planned actions have achieved measurable improvement.

#### IV. THE CONCEPTUAL STRUCTURE OF THE BALANCED SCORECARD

The Balanced Scorecard is not just a tool nor is it just a quality management project. Rather, it is a dynamic, continual, and comprehensive strategic performance management system that encompasses mission, strategy and perspectives (see Figure 2), which depicts the basic design of the balanced scorecard, has been adapted to the Cherokee Nation strategic priorities and the fundamental activities of Cherokee Nation Health Services.

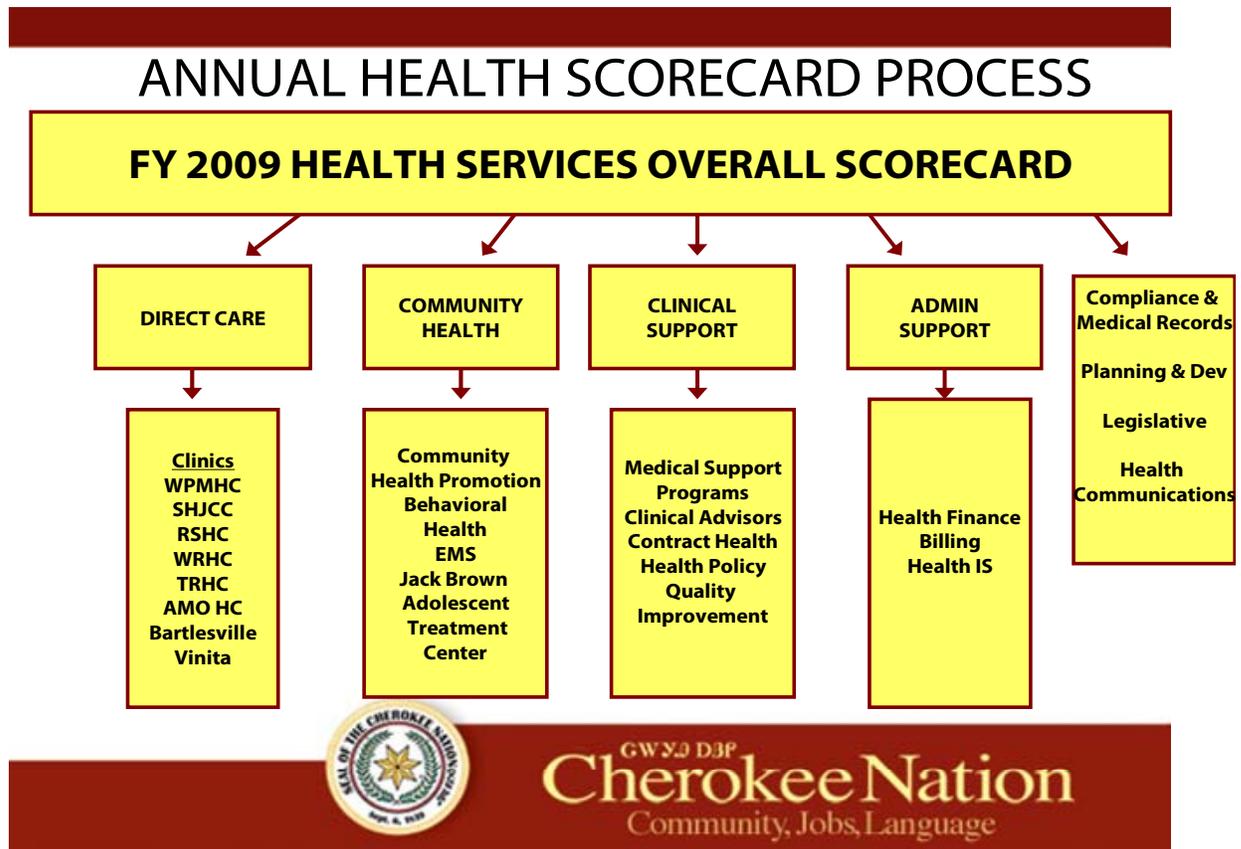


Figure 2

The mission is at the top of the model, signifying its importance as the main driver and catalyst of activities in a public sector organization. At the core of the approach is the business strategy, which is the means to accomplish the mission and nurture advancement of the organization’s vision through a focus on goals and objectives. Connected to these two

components are the major organizational perspectives that are taken into account in the balanced scorecard approach: customer, financial, internal processes, and learning and growth. While perspectives may vary from organization to organization, most often these four are included in Balanced Scorecard systems. This adapted model shows one perspective being balanced by the others and all being driven by the organization's mission, vision, and strategy. Among the four perspectives, the views of individuals, families, and other stakeholders provide insight into an organization's ability to provide services that are of high quality, accessible, effective, and satisfactory to the individuals utilizing the services. Internal processes are viewed in light of the critical business processes that serve to meet the organization's performance expectations. An organization's abilities to manage and adapt to change through employees, information systems, and organizational design are reflected in the employee and organizational perspective. The last perspective, the financial point of view, provides an indication of an organization's ability to meet the needs of the individuals it serves efficiently and in a cost-effective manner, providing the best value for each dollar spent. By adopting the Balanced Scorecard approach, organizational leadership embraces a "vision for change" and nurtures a sense of team collaboration and dedication to strategy as part of the organization's transition to a new way of conducting its day-to-day work. It is about making vision and strategy the center of an organization's daily life and culture. Under this framework the goals and objectives operationalize and serve as the means to accomplish the mission within the context of the agency's vision and values, while the measures reflect progress toward attaining the goals. Further, the framework encourages the operating divisions within the organization to align their initiatives and programs with the organizational strategic plan and work toward a shared vision in a systematic and uniform manner. As such, the balanced scorecard framework fosters a service environment that promotes change, integrates several key perspectives, aligning organizational mission with strategies to attain goals, and maintains the spotlight on attention to outcomes, performance and results. Overall, the balanced scorecard approach provides a stronger infrastructure for improved communications, ownership of results, and greater accountability. Scorecard development occurs at three levels: Overall Health Services, Senior

Director Level, and program level. Figure 3 illustrates the cascading of scorecards throughout the division.



**Figure 3**

**V. Overview of Health Services 2009-2013 Strategic Priorities**

The 2009-2013 strategic priorities build on the strengths of the 2001 Health Services Long Range Plan. Celebrating our achievements since 2001 and carefully examining those areas continuing to need focus. Recognizing that investigation of our successful methods and processes will identify our “best practices”.

This section provides a brief overview of the priorities driving the 2009 planning process and scorecard development. The priorities emphasize expansion and quality improvement of services, access, and long-range planning to strengthen our role as a fundamental contributor to the overall priorities of the Cherokee Nation - Jobs, Language, and Community. We

recognize the health status of communities impacts those priorities measurably and our performance is reflected in the overall progress of the Cherokee Nation toward achieving our mission. We acknowledge the methods of service delivery must also be consistent with the strategies. We must examine our processes to ensure we practice mutual contribution, Cherokee lifeways, and build a healthy and productive workforce.

Cherokee Nation Health has identified eight strategic priorities, the priorities are intended to strengthen the structural integrity of the existing service system capacity and provide targeted service system expansion where needed and supported by evidence. Each year the strategic plan is reviewed and updated to ensure relevance. The 2009-2013 Cherokee Nation Health Service Strategic Plan appears in Tables 1 and 2 located on pages 15 and 16 of this document.

#### **VI. 2009 Health Services Scorecard Objectives by Priority Area**

A Balanced Scorecard is developed and implemented on an annual basis. Health Services staff participate in the development of the scorecard using the Balanced Scorecard methodology. Utilizing the strategic priorities of Health Services, departments and disciplines develop specific, measurable, achievable, relevant, and time-phased (SMART) annual objectives. The objectives are developed by the staff and based on current knowledge, experience, and best practices. Each year this plan is submitted to and reviewed by the Cherokee Nation Health Services Quality Council for approval. Recommended changes are made and the plan is submitted to the Principal Chief for final review and approval within the first week of the fiscal year. The approved plan is then finalized and distributed to leadership for implementation. This section describes objectives for each of Health Service's strategic priority areas for 2009. Objectives are presented in this manner to demonstrate our collective efforts as a group as well as promote integration among the various programs and departments. Focusing on our common objectives makes evident our commitment to *ga du gi* - working together - and

Cherokee Nation Health Services Strategic Plan 2009-2013			
COMMUNITY-BASED HEALTH PROMOTION	HEALTH OUTCOMES	PUBLIC HEALTH INFRASTRUCTURE	ACCESS & EQUITY TO SERVICES
Goal 1: Promote healthy Cherokee Communities through prevention partnerships & leadership	Goal 2: Improve the quality of health services & outcomes for Cherokee individuals, families & communities	Goal 3: Strengthen health surveillance, research, & policy to improve health outcomes & promote partnerships	Goal 4: Increase access & achieve equity for appropriate health services
1.1 Complete community health assessments & improvement plans for a minimum of 10 communities  1.2 Develop a Community Health Surveillance System  1.3 Increase the # of community partnerships  1.4 Increase the # of school partnerships  1.5 Increase the # of agency & professional partnerships  1.6 Increase the amount of direct funding to school & community organizations  1.7 Maintain partnership effectiveness rating of 75% for Cherokee Nation Community Health Programs	2.1 Intake screening bundle rates of 70% or above  2.2 Cancer screening bundle rates of 70% or above  2.3 Child Immunization rates of 100%  2.4 Control of blood pressure rates of 70% or above  2.5 Control of lipids rates of 70% or above  2.6 Diabetes Comp care rates of 70% or above  2.7 Nutrition & exercise education rates of 60% or above for at-risk populations  2.8 70% of patients will set self management goals  2.9 90% of patients will have confidence in ability to manage health	3.1 Develop a written plan to monitor health status in the Cherokee Nation  3.2 Develop a written plan to diagnose & investigate health problems & hazards  3.3 Develop a written plan for the development of health policy  3.4 Develop a written plan to address laws & regulations that protect health & ensure safety  3.5 Develop a written plan to evaluate Health Services  3.6 Develop a written plan for Health Research	4.1 Cherokee Citizens in the TJSA will have access to prevention activities within 30 miles of their home  4.2 Increase access to Behavioral Health clinical services  4.3 Obtain access to clinical trials for cancer treatment  4.4 Increase the annual census rate for Jack Brown Adolescent Treatment Center  4.5 Implement a CHS specialty services plan  4.6 Implement health services capital investment plan  4.7 Implement Planned Care Initiative in all Cherokee Nation health facilities

Table 1

Cherokee Nation Health Services Strategic Plan 2009-2013			
RESOURCE MANAGEMENT	HEALTH INDUSTRY BUSINESS LEADERSHIP	ORGANIZTIONAL EFFICIENCY	CHEROKEE WORKFORCE DEVELOPMENT
Goal 5: Increase revenue to health programs for Cherokee strategic health priorities	Goal 6: Strengthen health industry business partnerships in Cherokee Nation	Goal 7: Develop & implement processes to improve organizational efficiency	Goal 8: Develop a Cherokee workforce through recruitment, retention, & strategic capacity building
5.1 Ensure Strategic Budget proposals meet or exceed SBC criteria as determined by the "Strategic Work Team" five (5) year plan.  5.2 Increase revenue from 3 <sup>rd</sup> party collections  5.3 Increase revenue from external funding opportunities (grants) for strategic priorities  5.4 Increase the # of new partnership projects for services	6.1 Implement a regional leadership plan for health services	7.1 Develop a long range plan for all health services programs  7.2 Implement a Health Services communications plan  7.3 Maintain and achieve accreditation and/or program recognition for health programs  7.4 Improve organizational performance via annual process improvement goals for each program  7.5 Achieve a customer satisfaction rate of 85 % or above	8.1 Achieve and maintain an employee job satisfaction rate of 85 % or above  8.2 Decrease % of health professional vacancies  8.3 Increase retention rate for health Professionals  8.4 Develop a written management succession plan for each program/ department  8.5 Increase the % of health services group employees who are American Indian or Cherokee Nation Citizens <i>(Baseline: 87.6%)</i>

Table 2

provides an opportunity to examine internal partnership possibilities to make the most of our available resources.

### **Community-Based Health Promotion:**

Cherokee Nation Health Services is a leader in community-based health programs from best practice substance abuse prevention to nutrition and physical activity promotion. Activities vary and are delivered via a variety of programs in collaboration with Cherokee Nation programs such as Community Services, Human Services, Marshal Services, and Education. We use the Socioecological Model of Health Promotion which emphasizes working on a variety of levels within the community including individual, interpersonal, organizational, community, and public policy. Our community programs are delivered practicing the mutual contribution strategy realizing Cherokee Communities have the knowledge, skills, and human capital to both guide and implement projects. We recognize our shared responsibility with communities to build healthy future generations. Some highlights from community-based objectives for 2009 include:

- FY 09 1.1a: Develop a written process for conducting community health assessments
- FY 09 1.2a: Develop a written plan for a Community Health Surveillance System
- FY 09 1.3a: Develop a definition & baseline number of community partnerships
- FY 09 1.4a: Develop a definition & baseline number of school partnerships
- FY 09 1.5a: Develop a definition & baseline number of agency/professional partnerships that address community health
- FY 09 1.6a: Develop a baseline for the amount of direct funding to school and community organizations
- FY 09 1.7a: Develop a baseline partnership effectiveness rating for Cherokee Nation Community Health Programs

### **Health Outcomes for Cherokee Communities:**

Health Outcomes represent the effect on health status from performance of one or more processes or activities carried out by healthcare providers. Health outcomes include morbidity and mortality; physical, social, and mental functioning; nutritional status; and

quality of life. Cherokee Nation Health Services provides high-quality health care and services in accordance with the principles of professional practice and ethical conduct, and with concern for the costs of care and improving community health status. Improving health outcomes continues to be a core function and is monitored via Cherokee Nation Health Services Quality Improvement. As described earlier in this document (see Quality Improvement and Performance Monitoring - Methodology) we monitor quarterly indicators such as hypertension control, tobacco abuse, immunization and screening rates. Government Performance Results Act (GPRA) indicators and Diabetes Care audits are two of the major sources of outcome data. While our selected GPRA indicators and the Diabetes audits continue, we have selected several outcome indicators for increased focus. Throughout 2008 Cherokee Nation Health Services has been participating in a pilot project with the Indian Health Service to implement Innovations in Planned Care (IPC). The IPC initiative aims to reduce the impact and prevalence of chronic conditions such as diabetes, depression, asthma, heart disease, and cancer. The Indian Health Service has developed a partnership with the Institute for Healthcare Improvement (IHI) to use modern improvement methodologies to fundamentally transform our system of care for clinical prevention and for the management of chronic conditions. The ideas that guide this transformation come from the Chronic Care Model (Care Model), developed at the MacColl Institute for Healthcare Innovation, adopted by the World Health Organization and tested and implemented widely in the U.S. and abroad. The Cherokee Nation IPC pilot site has already begun to show remarkable increases in rates of screening for cancer, domestic violence, and alcohol misuse in the provision of comprehensive diabetes care, blood pressure control, and in the management of other chronic conditions. Just as importantly, they are showing reductions in wait time, improved access and continuity of care, and the development of a truly functional, proactive and prepared care team. The 2009 Health Outcome objectives devote a significant amount of effort to establishing the foundation for implementation of the IPC project in all our health facilities by 2013. These objectives include:

- FY 09 2.1a: Determine baseline for intake screening bundle rates for each facility
- FY 09 2.2a: Determine baseline cancer screening bundle rates for each facility
- FY 09 2.3a: Increase childhood immunization rates for 0-27 months

- FY 09 2.3b: Increase childhood immunization rates for 19-36 months
- FY 09 2.4a: Determine baseline control of blood pressure rates for each facility
- FY 09 2.5a: Determine baseline control of lipids rates for each facility
- FY 09 2.6a: Determine baseline Diabetes comprehensive care rates for each facility
- FY 09 2.7a: Determine baseline nutrition and exercise education rates for at risk populations for each facility
- FY 09 2.8a: Determine baseline % of patients with self-management goals for each facility
- FY 09 2.9a: Determine baseline % of patients who report confidence in ability to manage health for each facility

**Public Health Infrastructure:**

Cherokee Nation Health Services remains a leader among Tribes in building, maintaining, and strengthening our public health infrastructure. We were the first Tribe to implement our own Institutional Review Board with Federal-Wide Assurance and Registration and continue to develop and expand research partnerships with University of Oklahoma as well as other research organizations.

To protect and promote the public's health our public health infrastructure must be strong. Infrastructure can be thought of as all the parts within the public health system that work to help health professionals carry out the essential public health services. Cherokee Nation is working to develop and expand these services such a monitoring health status to identify community health problems, diagnosing and investigating health problems and health hazards in the community, informing, educating, and empowering people about health issues, developing policies and plans that support individual and community health efforts and researching for new insights and innovative solutions to health problems.

Cherokee Nation strives to meet local, state, and national standards in all areas and public health infrastructure is no exception. A new initiative for 2009 is the process of preparing Cherokee Nation for a voluntary national accreditation program that will help our public health program assess its current capacity and guide us to become even better providers of quality service, thus promoting a healthier public. Benefits of accreditation include high performance and quality improvement, recognition and validation of the public health

program's work, and improved access to resources. Preparation for voluntary accreditation is expected to take three to four years. 2009 Public Health Infrastructure objectives include specific objectives related to this process and are as follows:

- FY 09 3.1a: Complete NACCHO<sup>2</sup> Self-Assessment Improvement Plan
- FY 09 3.1b: Develop a written plan to monitor health status in the Cherokee Nation according to National Public Health Performance Standards
- FY 09 3.1c: Develop a written plan for health policy development in the Cherokee Nation according to National Public Health Performance Standards

### **Access to Services:**

Cherokee Nation works to ensure accessible and available health services, appropriate and timely referrals and consultation, and provides a reliable process for accessing appropriate care. In addition to clinical health services, we work to provide access to service within our communities to promote prevention activities. The 2009 objectives for Access to Services also includes work to increase access to contract health specialty services, health promotion opportunities, and a significant focus on implementation of the Innovations in Planned Care (IPC) project as previously described in the Health Outcomes section. The 2009 Access to Services objectives include:

- FY 09 4.1a: Ensure access to community health promotion activities at Three Rivers Health Center
- FY 09 4.2a Increase access to Behavioral Health Clinical Services via ATR
- FY 09 4.4a: Improve annual census rate for Jack Brown Adolescent Treatment Center
- FY 09 4.5a: Develop the CHS specialty services plan
- FY 09 4.6a: Revise the Health Services Capital Improvement Plan
- FY 09 4.7a: Complete IPC Orientation Process
- FY 09 4.7b: Form Care Teams for all primary care providers
- FY 09 4.7c: RN Care Managers at each facility will run the monthly IPC report for each of their designated Care Teams and post monthly reports in patient and employee areas

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<sup>2</sup> NACCHO is National Association of City and County Health Officials

- FY 09 4.7e: Complete the specified assessment tools from the Dartmouth “Green Book”: “Patient Cycle Tool”, “Know Your Processes”, & “Through the Eyes of Your Patients”
- FY 09 4.7f: Conduct at least one multi-departmental improvement project on a problem identified using one of the Green Book assessment tools

### **Resource Management:**

In the federal funding categories, Indian health funding is classified as a discretionary program as opposed to an entitlement program. Entitlement programs such as Medicare and Medicaid receive funding increases as the eligible population increases. Because of this designation the Cherokee Nation receives very conservative funding increases that do not meet either of the key factors leading to increasing costs - the increasing population and medical inflation. Due to this severe under-funding by the federal government the Cherokee Nation must manage the available resources provided to us with the utmost efficiency. Increasing receipts of third party funding from private insurance, Medicare and Medicaid, expanding programs and services through grant funding, and aggressively managing the costs of doing business on a daily basis allows the Cherokee Nation to provide the best quality services to the population. Resource Management objectives for 2009 include:

- FY 09 5.1a: Establish an internal review process made up of Health Group Strategic Work Team members for purposes of reviewing/editing submittals to meet established criteria and track the # of proposal reviewed and submitted to SBC
- FY 09 5.1b: Develop a 2009 Health Group SBC preparation calendar establishing timelines to accommodate proposal preparation, internal review and final submission and distribute to program management
- FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections:  
(Baseline\$17,397,415)
- FY 09 5.3a: Increase the number of new grants by 2

### **Health Industry Business Leadership:**

The goal for Cherokee Nation Health in Health Industry Business Leadership is to strengthen health industry business partnerships in Cherokee Nation. The objective for 2009 is to complete the regional leadership plan for health services initiated in 2008.

The Health Regional Leadership Plan will describe specific objectives for growing and strengthening the health industry cluster and will define Cherokee Nation's role in this growth strategy. Cherokee Nation Health Services has made many accomplishments thus far, but this plan will reaffirm our role as a leader in regional health care, including partnerships with other health facilities, strategic location of facilities and services, targeted health industry trainings, and research partnerships. By definition, an industry cluster is a geographic concentration of competing, complementary, or interdependent firms and industries that do business with each other and/or have common needs for worker skills, technology, markets, infrastructure, and other economic resources. The firms and institutions included in a cluster may be both competitive and cooperative. They may compete directly with some members of the cluster, purchase inputs from other cluster members, and rely on the services of other cluster firms in the operation of their business. A key ingredient to building any industry cluster is research and the strides you make in the targeted area will play a vital role in further development.

**Operational Efficiency:**

An effective and efficient health care organization searches for ways to reduce costs, improve the quality of care, and meet stringent guidelines. Cherokee Nation Health is continuously seeking creative methods of service delivery that enhance our capacity. Organizational operations include information systems, process management, human resource management, and the leadership system. Operational Efficiency objectives for 2009 include:

- FY 09 7.1a: Finalize and develop implementation schedule for long range plan for JBC, BHS, HPDP, & EMS
- FY 09 7.1b: Initiate development of long range plan for PHN and WIC
- FY 09 7.2a: Develop and begin implementation activities for Health Services Communications Plan
- FY 09 7.3a: Maintain accreditation and/or program recognition for health programs
- FY 09 7.4a: Improve organizational performance via annual process improvement goals for each program
- FY 09 7.5a: Achieve a customer satisfaction rate of 85 % or above

**Cherokee Workforce Development:**

Cherokee Nation Health recognizes the importance of building and maintaining a skilled, competent, and highly trained workforce. We strive to increase employee job satisfaction and provide employees with relevant training opportunities. During 2009 we will focus on several areas including enhancing the planning skills of employees as well as training related to fostering Cherokee Nation priorities including mutual contribution strategy and process evaluation. The 2009 Cherokee Workforce Development objectives include:

- FY 09 8.1a: Achieve and maintain an employee job satisfaction rate of 85 % or above
- FY 09 8.2a: Develop methodology and determine baseline for health professionals' vacancy rate
- FY 09 8.3a: Develop methodology and determine baseline for health professionals' retention rate
- FY 09 8.4a: Develop a written management succession plan for each program/department at the director level
- FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)

**2009 BALANCED SCORECARDS:**

**OVERALL HEALTH SERVICES SCORECARD**

**DIRECT CARE SCORECARDS**

**CLINICAL SUPPORT SCORECARDS**

**COMMUNITY HEALTH SCORECARDS**

**ADMINISTRATIVE SUPPORT SCORECARDS**



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Community-Based	FY 09 1.1a: Develop a written process for conducting community health assessments	Written Process	Complete	10 community health improvement plans
Community-Based	FY 09 1.2a: Develop a written plan for a Community Health Surveillance System	Written Plan	Complete	11 community health improvement plans
Community-Based	FY 09 1.3a: Develop a definition & baseline number of community partnerships	Baseline developed	Complete	↑ community partnerships
Community-Based	FY 09 1.4a: Develop a definition & baseline number of school partnerships	Baseline developed	Complete	↑ school partnerships
Community-Based	FY 09 1.5a: Develop a definition & baseline number of agency/professional partnerships that address community health	Baseline developed	Complete	↑ agency partnerships
Community-Based	FY 09 1.6a: Develop a baseline for the amount of direct funding to school and community organizations	Baseline developed	Complete	↑ direct funding
Community-Based	FY 09 1.7a: Develop a baseline partnership effectiveness rating for Cherokee Nation Community Health Programs	Baseline developed	Complete	75% Effectiveness Rate



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Health Outcomes	FY 09 2.1a: Determine baseline for intake screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.2a: Determine baseline cancer screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.3a: Increase childhood immunization rates for 0-27 months	92%	100%	100%
Health Outcomes	FY 09 2.3b: Increase childhood immunization rates for 19-36 months	95%	100%	100%
Health Outcomes	FY 09 2.4a: Determine baseline control of blood pressure rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.5a: Determine baseline control of lipids rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.6a: Determine baseline Diabetes comprehensive care rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.7a: Determine baseline nutrition and exercise education rates for at risk populations for each facility	Baseline developed	Complete	60%
Health Outcomes	FY 09 2.8a: Determine baseline % of patients with self-management goals for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.9a: Determine baseline % of patients who report confidence in ability to manage health for each facility	Baseline developed	Complete	90%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Public Health Infrastructure	FY 09 3.1a: Complete NACCHO Self-Assessment Improvement Plan	Improvement Plan Complete	Complete	NACCHO Accreditation
Public Health Infrastructure	FY 09 3.1b: Develop a written plan to monitor health status in the Cherokee Nation according to National Public Health Performance Standards	Improvement Plan Complete	Complete	NACCHO Accreditation
Public Health Infrastructure	FY 09 3.1c: Develop a written plan for health policy development in the Cherokee Nation according to National Public Health Performance Standards	Improvement Plan Complete	Complete	NACCHO Accreditation
Access to Services	FY 09 4.1a: Ensure access to community health promotion activities at Three Rivers Health Center	Prevention activities offered	Complete	Prevention activities within 30 miles of all CN citizens
Access to Services	FY 09 4.2a Increase access to Behavioral Health Clinical Services via ATR	# of clients entered in the SAIS system	1,320 clients	TBD
Access to Services	FY 09 4.4a: Improve annual census rate for Jack Brown Adolescent Treatment Center	Annual Census Rate	5% Increase	20% Increase
Access to Services	FY 09 4.5a: Develop the CHS specialty services plan	Plan Developed	Complete	Plan Fully Implemented



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.6a: Revise the Health Services Capital Improvement Plan		Complete	Complete Health Services Capital Improvement Plan
Access to Services	FY 09 4.7a: Complete Planned Care Orientation Process	Orientation Process at each facility	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7b: Form Care Teams for all primary care providers.	Teams Formed	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7c: RN Care Managers at each facility will run the monthly Planned Care report for each of their designated Care Teams and post monthly reports in patient and employee areas	Monthly reports beginning in January 09	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7e: Complete the specified assessment tools from the Dartmouth "Green Book": "Patient Cycle Tool" (Tool – 11 on pg. 17) "Know Your Processes" – (Tool 12 on pg. 19) "Through the Eyes of Your Patients" – (Tool 14 on pg. 23)	Assessment tools complete	Complete	Implement Planned Care at all facilities



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.7f: Conduct at least one multi-departmental improvement project on a problem identified using one of the Green Book assessment tools.	1 project at each facility	Complete	Implement Planned Care at all facilities
Resource Management	FY 09 5.1a: Establish an internal review process made up of Health Group Strategic Work Team members for purposes of reviewing/editing submittals to meet established criteria and track the # of proposal reviewed and submitted to SBC	Process Complete	Complete	↑ Health Services SBC funding
Resource Management	FY 09 5.1b: Develop a 2009 Health Group SBC preparation calendar establishing timelines to accommodate proposal preparation, internal review and final submission and distribute to program management.	Calendar Disseminated	Complete	↑ Health Services SBC funding
Resource Management	FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections: (Baseline \$17,397,415)	↑ 5%	↑ 5%	↑ 25% above FY 2008
Resource Management	FY 09 5.3a: Increase the number of new grants by 2	2 new grants	2 new grants	10 new Health Services Grants
Regional Leadership	FY 09 6.1a: Complete regional leadership plan for health services	Plan Developed	Complete	Plan Implemented



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.6a: Revise the Health Services Capital Improvement Plan	Plan Revised	Complete	Complete Health Services Capital Improvement Plan
Access to Services	FY 09 4.7a: Complete Planned Care Orientation Process	Orientation Process at each facility	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7b: Form Care Teams for all primary care providers.	Teams Formed	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7c: RN Care Managers at each facility will run the monthly Planned Care report for each of their designated Care Teams and post monthly reports in patient and employee areas	Monthly reports beginning in January 09	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7e: Complete the specified assessment tools from the Dartmouth "Green Book": "Patient Cycle Tool "(Tool – 11 on pg. 17) "Know Your Processes" – (Tool 12 on pg. 19) "Through the Eyes of Your Patients" – (Tool 14 on pg. 23)	Assessment tools complete	Complete	Implement Planned Care at all facilities



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### HEALTH SERVICES GROUP

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Cherokee Workforce	FY 09 8.2a: Develop methodology and determine baseline for health professionals vacancy rate	Baseline & methodology developed	Complete	↓ health professionals vacancy rate
Cherokee Workforce	FY 09 8.3a: Develop methodology and determine baseline for health professionals retention rate	Baseline & methodology developed	Complete	↑ health professionals retention rate
Cherokee Workforce	FY 09 8.4a: Develop a written management succession plan for each program/department at the director level	Written plan at director level	Complete	Written succession plan at all levels
Cherokee Workforce	FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)	Maintain %	Maintain %	↑%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### DIRECT CARE

Owner: Mike Pruitt and Rhonda Cochran

Priority	2009 Objective	Measure	2009 Target	2013 Target
Health Outcomes	FY 09 2.1a: Determine baseline for intake screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.2a: Determine baseline cancer screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.3a: Increase childhood immunization rates for 0-27 months	92%	100%	100%
Health Outcomes	FY 09 2.3b: Increase childhood immunization rates for 19-36 months	95%	100%	100%
Health Outcomes	FY 09 2.4a: Determine baseline control of blood pressure rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.5a: Determine baseline control of lipids rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.6a: Determine baseline Diabetes comprehensive care rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.7a: Determine baseline nutrition and exercise education rates for at risk populations for each facility	Baseline developed	Complete	60%
Health Outcomes	FY 09 2.8a: Determine baseline % of patients with self-management goals for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.9a: Determine baseline % of patients who report confidence in ability to manage health for each facility	Baseline developed	Complete	90%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### DIRECT CARE

Owner: Mike Pruitt and Rhonda Cochran

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.2a Increase access to Behavioral Health Clinical Services via ATR	# of clients entered in the SAIS system	1,320 clients	TBD
Access to Services	FY 09 4.7a: Complete Planned Care Orientation Process	Orientation Process at each facility	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7b: Form Care Teams for all primary care providers.	Teams Formed	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7c: RN Care Managers at each facility will run the monthly Planned Care report for each of their designated Care Teams and post monthly reports in patient and employee areas	Monthly reports beginning in January 09	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7e: Complete the specified assessment tools from the Dartmouth "Green Book": "Patient Cycle Tool" (Tool – 11 on pg. 17) "Know Your Processes" – (Tool 12 on pg. 19) "Through the Eyes of Your Patients" – (Tool 14 on pg. 23)	Assessment tools complete	Complete	Implement Planned Care at all facilities



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### DIRECT CARE

Owner: Mike Pruitt and Rhonda Cochran

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.7f: Conduct at least one multi-departmental improvement project on a problem identified using one of the Green Book assessment tools.	1 project at each facility	Complete	Implement Planned Care at all facilities
Resource Management	FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections: (Baseline\$17,397,415)	↑ 5%	↑ 5%	↑25% above FY 2008
Organizational Efficiency	FY 09 7.3a: Maintain accreditation and/or program recognition for health programs	Maintain Accreditation	Accreditation Maintained	Accreditation Maintained & NACCHO obtained
Organizational Efficiency	FY 09 7.5a: Achieve a customer satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.1a: Achieve and maintain an employee job satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.2a: Develop methodology and determine baseline for health professionals vacancy rate	Baseline & methodology developed	Complete	↓ health professionals vacancy rate
Cherokee Workforce	FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)	Maintain %	Maintain %	↑%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### CLINICAL SUPPORT

**OWNER: Gloria Grim, M.D., F.A.A.F.P.**

Priority	2009 Objective	Measure	2009 Target	2013 Target
Health Outcomes	FY 09 2.1a: Determine baseline for intake screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.2a: Determine baseline cancer screening bundle rates for each facility	Baseline developed	Complete	70% Bundle Rates
Health Outcomes	FY 09 2.3a: Increase childhood immunization rates for 0-27 months	92%	100%	100%
Health Outcomes	FY 09 2.3b: Increase childhood immunization rates for 19-36 months	95%	100%	100%
Health Outcomes	FY 09 2.4a: Determine baseline control of blood pressure rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.5a: Determine baseline control of lipids rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.6a: Determine baseline Diabetes comprehensive care rates for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.7a: Determine baseline nutrition and exercise education rates for at risk populations for each facility	Baseline developed	Complete	60%
Health Outcomes	FY 09 2.8a: Determine baseline % of patients with self-management goals for each facility	Baseline developed	Complete	70%
Health Outcomes	FY 09 2.9a: Determine baseline % of patients who report confidence in ability to manage health for each facility	Baseline developed	Complete	90%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### CLINICAL SUPPORT

**OWNER: Gloria Grim, M.D., F.A.A.F.P.**

Priority	2009 Objective	Measure	2009 Target	2013 Target
Public Health Infrastructure	FY 09 3.1b: Develop a written plan to monitor health status in the Cherokee Nation according to National Public Health Performance Standards	Improvement Plan Complete	Complete	NACCHO Accreditation
Access to Services	FY 09 4.2a Increase access to Behavioral Health Clinical Services via ATR	# of clients entered in the SAIS system	1,320 clients	TBD
Access to Services	FY 09 4.5a: Develop the CHS specialty services plan	Plan Developed	Complete	Plan Fully Implemented
Access to Services	FY 09 4.7a: Complete Planned Care Orientation Process	Orientation Process at each facility	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7b: Form Care Teams for all primary care providers.	Teams Formed	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7c: RN Care Managers at each facility will run the monthly Planned Care report for each of their designated Care Teams and post monthly reports in patient and employee areas	Monthly reports beginning in January 09	Complete	Implement Planned Care at all facilities



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### CLINICAL SUPPORT

OWNER: Gloria Grim, M.D., F.A.A.F.P.

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.7e: Complete the specified assessment tools from the Dartmouth "Green Book": "Patient Cycle Tool "(Tool – 11 on pg. 17) "Know Your Processes" – (Tool 12 on pg. 19) "Through the Eyes of Your Patients" – (Tool 14 on pg. 23)	Assessment tools complete	Complete	Implement Planned Care at all facilities
Access to Services	FY 09 4.7f: Conduct at least one multi-departmental improvement project on a problem identified using one of the Green Book assessment tools.	1 project at each facility	Complete	Implement Planned Care at all facilities
Resource Management	FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections: (Baseline\$17,397,415)	↑ 5%	↑ 5%	↑25% above FY 2008
Resource Management	FY 09 5.3a: Increase the number of new grants by 2	2 new grants	2 new grants	10 new Health Services Grants
Regional Leadership	FY 09 6.1a: Complete regional leadership plan for health services	Plan Developed	Complete	Plan Implemented
Organizational Efficiency	FY 09 7.1b: Initiate development of long range plan for PHN and WIC	Initiate Plan Development Process	Process Initiated	Long Range Plan for all Health programs



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### CLINICAL SUPPORT

**OWNER: Gloria Grim, M.D., F.A.A.F.P.**

Priority	2009 Objective	Measure	2009 Target	2013 Target
Organizational Efficiency	FY 09 7.3a: Maintain accreditation and/or program recognition for health programs	Maintain Accreditation	Accreditation Maintained	Accreditation Maintained & NACCHO obtained
Organizational Efficiency	FY 09 7.4a: Improve organizational performance via annual process improvement goals for each program	# of programs with documented and tracked goals	All programs	Annual goal each year for every program
Organizational Efficiency	FY 09 7.5a: Achieve a customer satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.1a: Achieve and maintain an employee job satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.2a: Develop methodology and determine baseline for health professionals vacancy rate	Baseline & methodology developed	Complete	↓ health professionals vacancy rate
Cherokee Workforce	FY 09 8.3a: Develop methodology and determine baseline for health professionals retention rate	Baseline & methodology developed	Complete	↑ health professionals retention rate



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### CLINICAL SUPPORT

**OWNER: Gloria Grim, M.D., F.A.A.F.P.**

Priority	2009 Objective	Measure	2009 Target	2013 Target
Cherokee Workforce	FY 09 8.4a: Develop a written management succession plan for each program/department at the director level	Written plan at director level	Complete	Written succession plan at all levels
Cherokee Workforce	FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)	Maintain %	Maintain %	↑%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### COMMUNITY HEALTH

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Community-Based	FY 09 1.1a: Develop a written process for conducting community health assessments	Written Process	Complete	10 community health improvement plans
Community-Based	FY 09 1.2a: Develop a written plan for a Community Health Surveillance System	Written Plan	Complete	11 community health improvement plans
Community-Based	FY 09 1.3a: Develop a definition & baseline number of community partnerships	Baseline developed	Complete	↑ community partnerships
Community-Based	FY 09 1.4a: Develop a definition & baseline number of school partnerships	Baseline developed	Complete	↑ school partnerships
Community-Based	FY 09 1.5a: Develop a definition & baseline number of agency/professional partnerships that address community health	Baseline developed	Complete	↑ agency partnerships
Community-Based	FY 09 1.6a: Develop a baseline for the amount of direct funding to school and community organizations	Baseline developed	Complete	↑ direct funding
Community-Based	FY 09 1.7a: Develop a baseline partnership effectiveness rating for Cherokee Nation Community Health Programs	Baseline developed	Complete	75% Effectiveness Rate



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### COMMUNITY HEALTH

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Public Health Infrastructure	FY 09 3.1a: Complete NACCHO Self-Assessment Improvement Plan	Improvement Plan Complete	Complete	NACCHO Accreditation
Public Health Infrastructure	FY 09 3.1b: Develop a written plan to monitor health status in the Cherokee Nation according to National Public Health Performance Standards	Improvement Plan Complete	Complete	NACCHO Accreditation
Public Health Infrastructure	FY 09 3.1c: Develop a written plan for health policy development in the Cherokee Nation according to National Public Health Performance Standards	Improvement Plan Complete	Complete	NACCHO Accreditation
Access to Services	FY 09 4.1a: Ensure access to community health promotion activities at Three Rivers Health Center	Prevention activities offered	Complete	Prevention activities within 30 miles of all CN citizens
Access to Services	FY 09 4.2a Increase access to Behavioral Health Clinical Services via ATR	# of clients entered in the SAIS system	1,320 clients	TBD
Access to Services	FY 09 4.4a: Improve annual census rate for Jack Brown Adolescent Treatment Center	Annual Census Rate	5% Increase	20% Increase
Resource Management	FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections: (Baseline\$17,397,415)	↑ 5%	↑ 5%	↑25% above FY 2008



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### COMMUNITY HEALTH

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Resource Management	FY 09 5.3a: Increase the number of new grants by 2	2 new grants	2 new grants	10 new Health Services Grants
Organizational Efficiency	FY 09 7.1a: Finalize and develop implementation schedule for long range plan for JBC, BHS, HPDP, & EMS	Plan Developed and Implemented	Complete	Long Range Plan for all Health programs
Organizational Efficiency	FY 09 7.3a: Maintain accreditation and/or program recognition for health programs	Maintain Accreditation	Accreditation Maintained	Accreditation Maintained & NACCHO obtained
Organizational Efficiency	FY 09 7.4a: Improve organizational performance via annual process improvement goals for each program	# of programs with documented and tracked goals	All programs	Annual goal each year for every program
Organizational Efficiency	FY 09 7.5a: Achieve a customer satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.1a: Achieve and maintain an employee job satisfaction rate of 85 % or above	85%	85%	85%



# CHEROKEE NATION HEALTH SERVICES

FY 2009 Balanced Scorecard

**COMMUNITY HEALTH**

Contact: Melissa Gower

Priority	2009 Objective	Measure	2009 Target	2013 Target
Cherokee Workforce	FY 09 8.4a: Develop a written management succession plan for each program/department at the director level	Written plan at director level	Complete	Written succession plan at all levels
Cherokee Workforce	FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)	Maintain %	Maintain %	↑%



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### ADMINISTRATIVE SUPPORT

Contact: Rick Kelly

Priority	2009 Objective	Measure	2009 Target	2013 Target
Access to Services	FY 09 4.6a: Revise the Health Services Capital Improvement Plan		Complete	Complete Health Services Capital Improvement Plan
Resource Management	FY 09 5.1a: Establish an internal review process made up of Health Group Strategic Work Team members for purposes of reviewing/editing submittals to meet established criteria and track the # of proposal reviewed and submitted to SBC	Process Complete	Complete	↑Health Services SBC funding
Resource Management	FY 09 5.1b: Develop a 2009 Health Group SBC preparation calendar establishing timelines to accommodate proposal preparation, internal review and final submission and distribute to program management.	Calendar Disseminated	Complete	↑ Health Services SBC funding
Resource Management	FY 09 5.2a: Increase third-party revenue by 5% over FY-08 collections: (Baseline\$17,397,415)	↑ 5%	↑ 5%	↑25% above FY 2008
Resource Management	FY 09 5.3a: Increase the number of new grants by 2	2 new grants	2 new grants	10 new Health Services Grants



# CHEROKEE NATION HEALTH SERVICES

## FY 2009 Balanced Scorecard

### ADMINISTRATIVE SUPPORT

Contact: Rick Kelly

Priority	2009 Objective	Measure	2009 Target	2013 Target
Regional Leadership	FY 09 6.1a: Complete regional leadership plan for health services	Plan Developed	Complete	Plan Implemented
Organizational Efficiency	FY 09 7.4a: Improve organizational performance via annual process improvement goals for each program	# of programs with documented and tracked goals	All programs	Annual goal each year for every program
Organizational Efficiency	FY 09 7.5a: Achieve a customer satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.1a: Achieve and maintain an employee job satisfaction rate of 85 % or above	85%	85%	85%
Cherokee Workforce	FY 09 8.4a: Develop a written management succession plan for each program/department at the director level	Written plan at director level	Complete	Written succession plan at all levels
Cherokee Workforce	FY 09 8.5a: Maintain the % of health services group employees who are American Indian or Cherokee Nation Citizens (Baseline: 87.6%)	Maintain %	Maintain %	↑%