



# AHS Strategic Plan



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# Introduction

Alameda Health System is committed to provide the highest quality care to communities it serves. No matter the challenges, AHS' commitment to Care, Heal, Teach, and Serve All remains unwavering.

Good health is a right, not a privilege. We envision a culture of health and well-being in Alameda County, where systems are just, and work well for all with a priority for our most vulnerable community members. Our strategic plan is committed to action at all levels - patient, organizational, community and societal - and is fundamentally based on equitable and quality service for all.

Alameda Health System does not exist in a vacuum. It is an essential part of a complex web of county and society wide health challenges and disparities which require a concerted community-wide effort to find solutions rooted in an understanding of the structural and social drivers of health. Health disparities are systematic, and adversely affect socially and racially disadvantaged groups. Strong cross-sector partnerships for coordinated, integrated action across every sphere of AHS' influence are critical to eliminate the barriers that interfere with high quality, culturally affirming, equitable, patient and family centered care. That collaborative effort will create an environment where excellence becomes our norm.

## Introduction cont.

Integrating the wisdom of our employees, patients, staff, executive leaders, trustees, and external constituents, the Alameda Health System 2022-2027 strategic plan galvanizes us towards foundational excellence. Our goal is to transition towards a system-wide adoption of population-based approaches for integrated health and wellness care delivery. This transformation must be in alignment with the aspirations of our communities, caregivers, and strategic partners.

With a steadfast commitment to a just culture, Alameda Health System aims to continuously improve critical consciousness, capacity and accountability to identify and confront barriers to care. Caring, Healing, Teaching, Serving All, and building healthier communities will require multi-faceted approaches that bring together collaborators and leverage collective power to build a seamless continuum of care. AHS' pledge on Page 8 reaffirms our commitment to actualizing health equity, diversity and authentic inclusion in all aspects of our culture, structures, systems, policies, and practices.

The actions set forth in the strategic plan demonstrate AHS's commitment to serving our patients, employees, and the constituents of Alameda County now and into the future. This plan is only the beginning, and we have confidence that AHS in partnership with our collaborators will bring this plan to fruition for the good of our entire community.

# 1

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## About Alameda Health System



# About Alameda Health System

Alameda Health System (AHS) is an integrated public health care system of five hospitals and four wellness centers with over 800 beds and 1,000 physicians. Founded in 1864 as Alameda County Infirmary, we've forged a legacy of commitment to our communities.

By the 1920s, our Fairmont Hospital emerged as the first public rehabilitation facility in the West. In 1927, Highland Hospital opened, pioneering its own school of nursing. The '60s brought an innovative network of neighborhood-based clinics, essential for wellness and preventive care.

John George Psychiatric Hospital opened in 1992, as our separate components consolidated into what is now Alameda Health System, employing over 4,500 and charged with ensuring quality health care for all. Most recently, AHS added San Leandro and Alameda hospitals.

The heart of the AHS mission – Caring, Healing, Teaching, Serving All – continues to drive innovation, change and growth as we promote wellness and eliminate health care disparities.

We are committed to excellence in everything we do, with patient and family centered health care at the core.

As a longtime pillar in our communities, we lead in extending care, wellness, and prevention to all. We are a haven for the most vulnerable among us; an advocate for equitable, compassionate and culturally sensitive care regardless of social and financial barriers. We are in the vanguard of medical excellence, with a teaching hospital that draws the nation's best medical students.

Our mission – Caring, Healing, Teaching, Serving All – concisely conveys our vital role, and our heartfelt responsibility to promote wellness, eliminate disparities and optimize the health of our communities.

**For Alameda Health System, every day is a New Day in health care.**

# 2

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## Alameda Health System Mission, Vision and Promise



# AHS Mission, Vision, and Promise

## Our Mission

Caring, Healing, Teaching, Serving All

## Our Vision

Alameda Health System will be recognized as a world-class patient and family centered system of care that promotes wellness, eliminates disparities and optimizes the health of our diverse communities.

## Our Promise

Other health systems commit to care – We live the promise of community health.

Other health systems serve some – We serve all.

Other health systems heal – We train, teach and lead.

Other health systems provide health care – We educate and enable people to better care for themselves.

Other health systems support the community – We are the community.



# 3

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## Strategic Planning Process Overview



# Strategic Planning Process

Alameda Health System began its strategic planning process in November 2021. The AHS Executive Leadership Team (ELT) partnered with Huron Consulting Group to collaborate on the development of an updated, system-wide, 5-year strategic plan. The process has been guided by the ELT under the direction of CEO James E. T. Jackson and the Board of Trustees and with focused contributions from a five-member Strategic Planning Steering Committee comprised of senior executives.

The planning process included more than 50 interviews with internal and external constituents, Board Members, executive leadership, and community and County leaders as well as on-site orientation and experience at AHS's hospitals and clinic facilities. In addition, a system-wide survey was distributed to all AHS employees to capture feedback on the Mission, Vision, and Values, governance, services, and strategic priorities. Additionally, through a collaboration with some of AHS's front line team members, a diverse sample of patients provided feedback around services, experience, and access within AHS via a survey and interviews conducted in multiple languages.

Informed by this stakeholder input and East Bay market trends and data, the following version of the strategic framework includes pillars, goals, actions, and measures of success that have been assembled through the strategic planning process. Each goal and action within this plan represents a key priority for AHS and each will have a multidisciplinary team responsible for developing detailed projects, timelines, and success metrics to monitor progress.

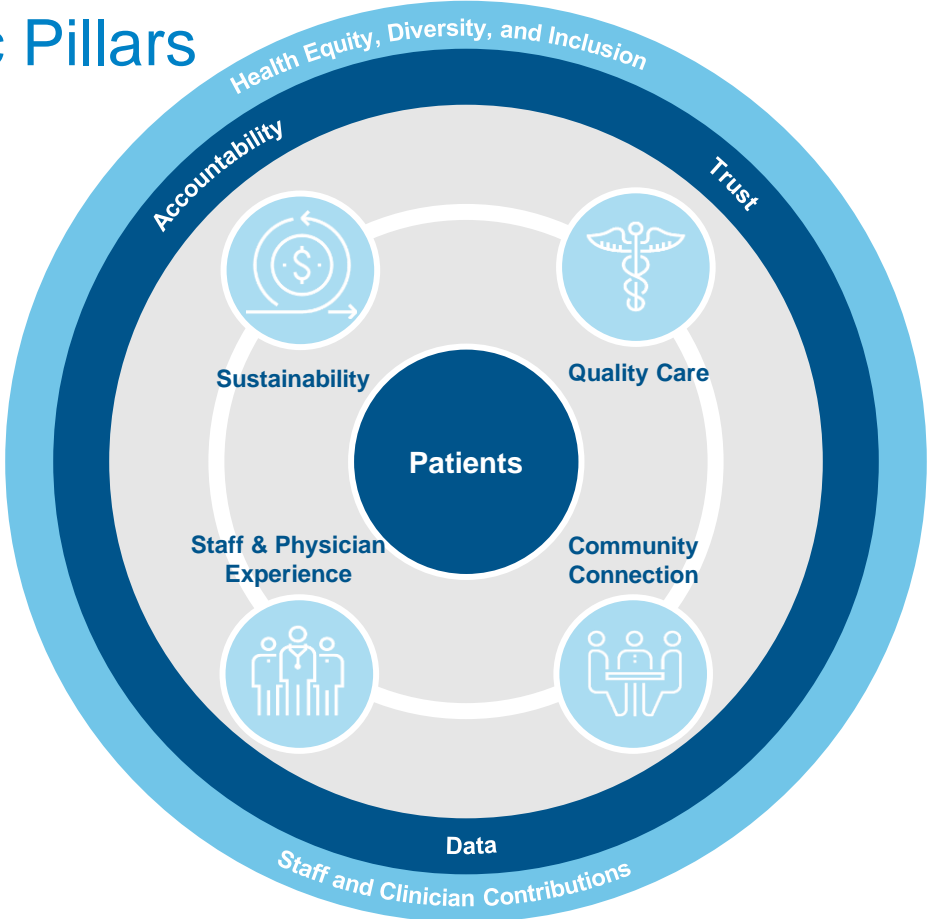
# 4

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## Strategic Pillars and Goals



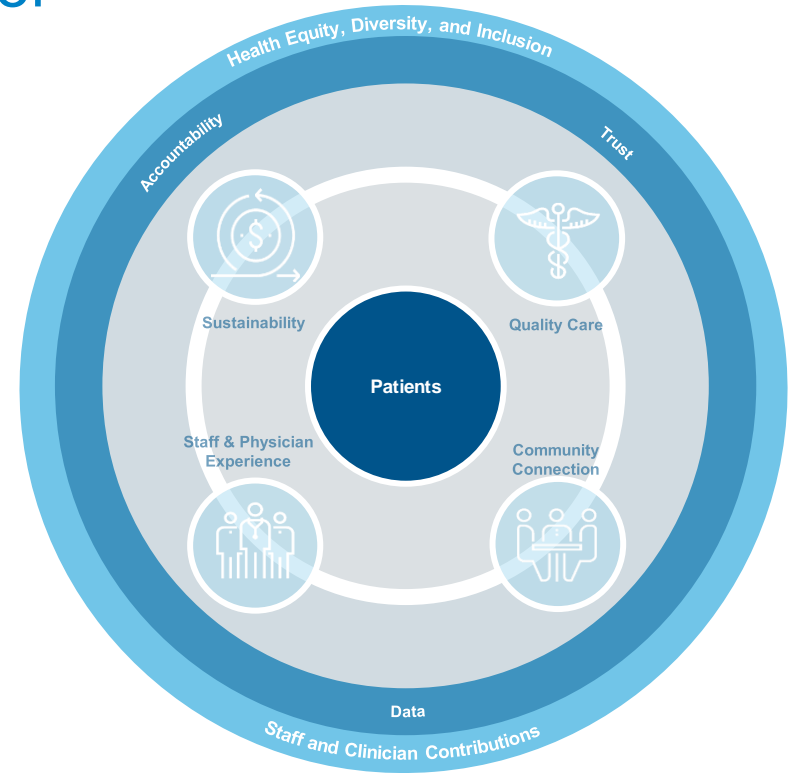
# AHS Strategic Pillars



# AHS Places Patients at the Center

Patient and Family Centered Care is the heartbeat of the Alameda Health System care philosophy. AHS meets the needs of our patients, their families and populations of patients through collaborative partnerships uniting patient, family, communities and the healthcare team.

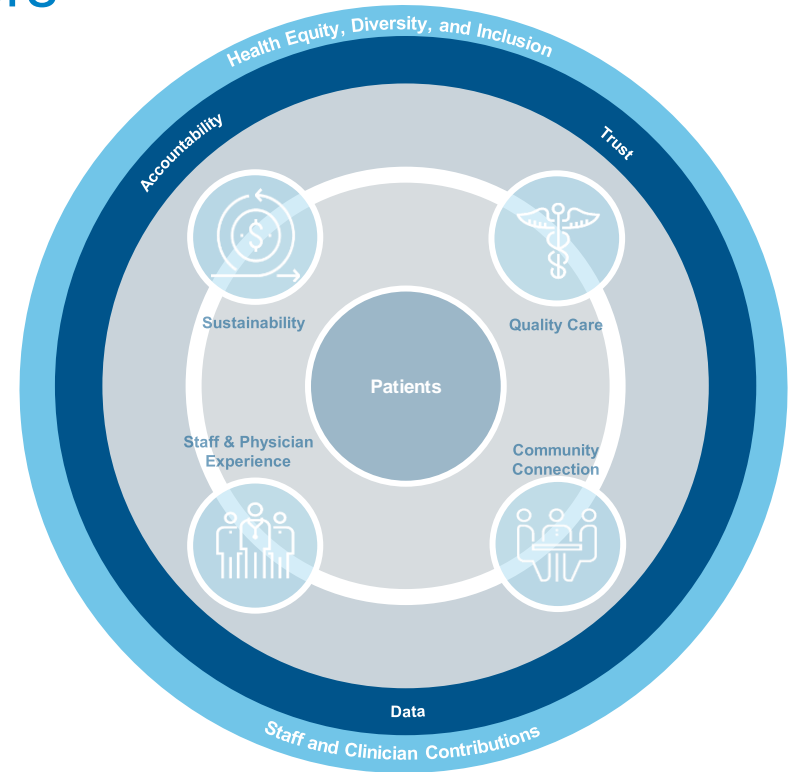
We support patients in making informed choices about their care and in adopting lasting pathways to wellness.



# Key Strategic Values and Enablers

Surrounding the pillars of AHS's strategic plan are five key strategic values and enablers. These enablers represent the values and resources required for success, and support multiple goals and actions.

- Health Equity, Diversity, and Inclusion: AHS commits to reducing and ultimately eliminating health disparities and addressing social determinants that adversely impact the health of all patients. Noted on specific actions with: **HEDI**
- Staff and Clinician Contributions: AHS recognizes the critical contributions made by our staff and clinicians in serving our patients and community
- Accountability: AHS leaders, physicians and staff are accountable to each other, and to the community, for delivering care
- Trust: AHS fosters an environment of trust within its organization and outwardly with the community and its constituents
- Data: AHS develops and utilizes trusted sources of data in support of the delivery of care and reporting of performance results



## Quality Care Pillar

AHS provides high-quality, patient-centered care that is accessible to all.

# Quality Care Pillar

The delivery of high-quality care to patients is fundamental to AHS's mission. AHS will continue its commitment to its constituents by investing in patient care and quality throughout the 5-year duration of this strategic plan.

The actions AHS will take address care and quality from varied points of view, including both inpatient and outpatient services. Within AHS, investments will be made to improve quality metrics and to align them with the needs of patients and the community. These investments include actions to reduce inpatient length of stay to allow existing facilities to serve additional patient admissions. This addresses a key need for the community at large and will improve overall patient experience at AHS.

In the outpatient and clinic area, AHS is reiterating its focus on specialty care with investments in expansion and growth for these services across a geographically diverse county. In addition, AHS's role in behavioral healthcare in Alameda county presents an opportunity to serve the community with access to broader-based services to improve overall well-being.



# Quality Care Pillar

Goals	Actions	Outcomes
Partner with resources in our community to deliver a comprehensive continuum of care to our patients	Develop community-based care programs for our patients that keep them healthy and reduce hospitalizations	Expand and grow specialty care
Partner with resources in our community to deliver a comprehensive continuum of care to our patients	Expand AHS's role within the community's behavioral health continuum and deploy programs that support our patients in and out of our hospitals	Grow and expand IOP and PHP Establish and grow a behavioral health clinic presence within AHS's overall footprint Establish a geri-psych unit
Improve access to care in all AHS facilities	Improve inpatient throughput to leading practice to create additional capacity	IP LOS O/E ratio aligned with BEST goals

# Quality Care Pillar

Goals	Actions	Outcomes
<p>Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)</p> <p>HEDI</p>	<p>Improve quality metrics</p> <p>Notes:</p> <ul style="list-style-type: none"><li>• Metrics to be determined by the committee implementing the plan; outcomes are illustrative only and may be expanded or modified</li><li>• Data stratification to be conducted on metrics for this action to support HEDI efforts</li></ul>	<p>All patient safety, quality, and satisfaction metrics tracked by AHS reach top quartiles</p> <p>Achieve 90th percentile or greater on key clinical and community-based health measures</p> <p>Move Leapfrog score from C to A and Medicare Stars from 2 to 5</p> <p>Maintain CMS 5-star rating for SNF</p> <p>Increase patients who provide a 9 or 10 rating on the Hospital Consumer Assessment of Healthcare Providers and Systems and Clinician and Group Consumer Assessment of Healthcare Providers and Systems</p> <p>Decrease the number of hospital-acquired infections and harms</p>

# Quality Care Pillar

Goals	Actions	Outcomes
<p>Improve access to care in all AHS facilities</p> <p>HEDI</p>	<p>Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care</p> <p>Note:</p> <ul style="list-style-type: none"><li>• Data stratification to be conducted on metrics for this action to support HEDI efforts</li></ul>	<p>Establish turnaround time standards for departments and achieve 100% compliance</p> <p>Proactively identify patients assigned to AHS who are not located near a facility and work to reassign them within 180 days</p> <p>Create access to drop-in appointments</p> <p>Mobile care sites expanded to meet patient needs</p> <p>Meet DHCS Timely Access Standards</p>
<p>Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)</p> <p>HEDI</p>	<p>Formulate team-based, multidisciplinary care models that integrate patient's SDOH to better reach and care for patients</p>	<p>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</p>

# Quality Care Pillar

**Goal:** Deliver a comprehensive continuum of care to our patients

**Action:** Develop community-based care programs for our patients that keep them healthy and reduce hospitalizations

## Summary of Action

AHS recognizes its role in the community as a hub for specialty services and will seek to expand capacity in order to grow its ability to serve its patient population. The strategic planning process identified several candidate specialties, and as part of implementation of the strategic plan, a cross functional team will evaluate:

- Existing capacity for specific specialties vs. community need
- Specialties for growth / expansion
- Geographic location for growth / expansion
- Recruiting needs to support growth / expansion

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Chitra Akileswaran, MD, MBA
- Future ACMO of Ambulatory Services
- Future CMO / ACMO of Acute Care

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Quality Care Pillar

Goal: Deliver a comprehensive continuum of care to our patients

**Action:** Develop community-based care programs for our patients that keep them healthy and reduce hospitalizations

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Identify specific specialties for growth</li> <li>Confirm locations for growth (existing vs. new)</li> <li>Develop recruitment plans for physicians and staff</li> <li>Stand up first expansion</li> <li>Build KPIs and reporting structure to track success for specific specialties and locations</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate prior plans vs. current need and adjust as needed</li> <li>Execute recruitment plans for physicians and staff</li> <li>Stand up 2-3 expansions</li> <li>Monitor KPI and develop corrective action plans to close gaps</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate prior plans vs. current need and adjust as needed</li> <li>Stand up 3-4 expansions</li> <li>Monitor KPI and develop corrective action plans to close gaps</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate prior plans vs. current need and adjust as needed</li> <li>Stand up additional expansions as needed</li> <li>Monitor KPI and develop corrective action plans to close gaps</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate prior plans vs. current need and adjust as needed</li> <li>Stand up additional expansions as needed</li> <li>Monitor KPI and develop corrective action plans to close gaps</li> </ul>
Estimated Financial Impact	(\$2,910,600)	(\$1,226,053)	\$632,169	\$1,798,023	\$3,214,930

# Quality Care Pillar

Goal: Deliver a comprehensive continuum of care to our patients

**Action:** Develop community-based care programs for our patients that keep them healthy and reduce hospitalizations

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>5-year plan for specialty growth developed, including specific specialties, recruitment and site / space needs</li> <li>KPIs developed and dashboards available for leaders</li> <li>At least 1 new specialty location activated</li> </ul>	<ul style="list-style-type: none"> <li>KPIs met in 75% of all specialty locations</li> <li>At least 3 new specialty locations activated in total (i.e., includes prior years)</li> </ul>	<ul style="list-style-type: none"> <li>KPIs met in 75% of all specialty locations</li> <li>At least 6 new specialty locations activated in total (i.e., includes prior years)</li> </ul>	<ul style="list-style-type: none"> <li>KPIs met in 85% of all specialty locations</li> <li>Additional locations activated as needed</li> </ul>	<ul style="list-style-type: none"> <li>KPIs met in 85% of all specialty locations</li> <li>Additional locations activated as needed</li> </ul>

# Quality Care Pillar

**Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients**

**Action:**

Expand AHS's role within the community's behavioral health continuum and deploy programs that support our patients in and out of our hospitals

## Summary of Action

AHS recognizes the importance of behavioral health care to its constituents and community and is committed to expanding its role in the provision of behavioral health services throughout the continuum of care.

Reflective of this importance, AHS will:

- Place priority on the execution of its existing plans to grow and expand its Intensive Outpatient Program (IOP) and Partial Hospitalization Programs (PHP) (Year 1)
- Establish, expand, and grow the availability of Behavioral Health Services within its existing clinic footprint (Year 1)
- Establish a geri-psych unit to care for the unique needs of aging patients requiring behavioral healthcare (Year 3)

## Accountabilities

**Board Committee:**

- Quality and Professional Services Committee

**ELT Owner:**

- Patricia Espeseth

**Execution Lead:**

- To be named after approval

**Team Members:**

- To be named after approval

# Quality Care Pillar

Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Expand AHS's role within the community's behavioral health continuum and deploy programs that support our patients in and out of our hospitals

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Convene team and execute on IOP / PHP plan in flight</li> <li>Identify potential locations and resource needs for behavioral health clinic and develop roadmap / detailed plan including KPI</li> <li>Stand up at least 3 new behavioral health clinic locations</li> </ul>	<ul style="list-style-type: none"> <li>Monitor progress of IOP / PHP and adjust as required based on KPI</li> <li>Stand up at least 6 new behavioral health clinic locations in total (i.e., includes prior years)</li> <li>Conduct assessment of demand and potential locations for geri-psych unit and develop plan inclusive of KPI</li> </ul>	<ul style="list-style-type: none"> <li>Monitor progress of IOP / PHP and adjust as required based on KPI</li> <li>Review behavioral health clinic utilization and add capacity if required by demand</li> <li>Build out and stand up Geri-psych unit based on developed plan</li> </ul>	<ul style="list-style-type: none"> <li>Monitor progress of IOP / PHP and adjust as required based on KPI</li> <li>Review behavioral health clinic utilization and add capacity if required by demand</li> <li>Monitor Geri-psych unit progress and KPI vs. forecast</li> </ul>	<ul style="list-style-type: none"> <li>Monitor progress of IOP/ PHP and adjust as required based on KPI</li> <li>Review behavioral health clinic utilization and add capacity if required by demand</li> <li>Monitor Geri-psych unit progress and KPI vs. forecast</li> </ul>
Estimated Financial Impact	(\$1,100,000)*	(\$550,000)*	(\$5,538,000)**	(\$206,000)**	(\$206,000)**



# Quality Care Pillar

Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Expand AHS's role within the community's behavioral health continuum and deploy programs that support our patients in and out of our hospitals

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>IOP / PHP plan complete and on track for expansion</li> <li>Behavioral Health clinic plan completed</li> <li>At least 3 new behavioral health clinic locations operating</li> </ul>	<ul style="list-style-type: none"> <li>IOP / PHP operating at planned capacity and meeting 75% of KPI</li> <li>At least 6 new behavioral health clinic locations operating in total (i.e., includes prior years)</li> </ul>	<ul style="list-style-type: none"> <li>IOP / PHP operating at planned capacity and meeting 85% of KPI</li> <li>At least 6 new behavioral health clinic locations operating in total (i.e., includes prior years)</li> <li>Geri-psych assessment and plan complete and execution / build-out underway</li> </ul>	<ul style="list-style-type: none"> <li>IOP/PHP operating at planned capacity and meeting 90% of KPI</li> <li>At least 6 new behavioral health clinic locations operating in total (i.e., includes prior years)</li> <li>Geri-psych unit operating and meeting at least 75% of KPI</li> </ul>	<ul style="list-style-type: none"> <li>IOP/PHP operating at planned capacity and meeting 90% of KPI</li> <li>At least 6 new behavioral health clinic locations operating in total (i.e., includes prior years)</li> <li>Geri-psych unit operating and meeting at least 85% of KPI</li> </ul>

# Quality Care Pillar

Goal: Improve access to care in all AHS facilities

**Action:** Improve inpatient throughput to leading practice to create additional capacity

## Summary of Action

Inpatient capacity represents an ongoing challenge to AHS and, in many instances, is negatively impacted by a higher-than-expected length of stay. As part of its ongoing Building Excellence, Sustainability and Trust (BEST) initiative, AHS will reduce its overall inpatient length of stay and work to care for patients in a setting that best meets their care needs where appropriate.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Mark Brown
- Future ACMO of Acute Care

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Quality Care Pillar

Goal: Improve access to care in all AHS facilities

**Action:** Improve inpatient throughput to leading practice to create additional capacity

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Participate in design sessions as part of BEST</li> <li>Execute on changes agreed to as part of the BEST process</li> <li>Expand community-based partnerships to assist with goals aligned with the Community Connection pillar</li> </ul>	<ul style="list-style-type: none"> <li>Participate in design sessions as part of BEST</li> <li>Execute on changes agreed to as part of the BEST process</li> <li>Expand community-based partnerships to assist with goals aligned with the Community Connection pillar</li> </ul>	<ul style="list-style-type: none"> <li>Continue practices established during BEST initiative</li> <li>Proactively escalate challenges that arise over time before they become large-scale bottlenecks for the system</li> <li>Expand community-based partnerships to assist with goals aligned with the Community Connection pillar</li> </ul>	<ul style="list-style-type: none"> <li>Continue practices established during BEST initiative</li> <li>Proactively escalate challenges that arise over time before they become large-scale bottlenecks for the system</li> <li>Expand community-based partnerships to assist with goals aligned with the Community Connection pillar</li> </ul>	<ul style="list-style-type: none"> <li>Continue practices established during BEST initiative</li> <li>Proactively escalate challenges that arise over time before they become large-scale bottlenecks for the system</li> <li>Expand community-based partnerships to assist with goals aligned with the Community Connection pillar</li> </ul>
Estimated Financial Impact	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST

# Quality Care Pillar

Goal: Improve access to care in all AHS facilities

**Action:** Improve inpatient throughput to leading practice to create additional capacity

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>Inpatient LOS meets established target from BEST for this year</li></ul>	<ul style="list-style-type: none"><li>Inpatient LOS meets established target from BEST for this year</li></ul>	<ul style="list-style-type: none"><li>Inpatient LOS maintains performance consistent with targets as they evolve over time</li></ul>	<ul style="list-style-type: none"><li>Inpatient LOS maintains performance consistent with targets as they evolve over time</li></ul>	<ul style="list-style-type: none"><li>Inpatient LOS maintains performance consistent with targets as they evolve over time</li></ul>

# Quality Care Pillar

**Goal:** Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)

**Action:** Improve quality metrics

## Summary of Action

Providing high-quality services is critically important to AHS and to its patients and constituents. AHS continues to make investments to become a highly reliable organization and will work to link those investments to improvement in its quality metrics.

AHS's focus will be on establishing the quality metrics that most affect its patient population and develop specific action plans to address identified gaps. The complex array of services offered by AHS across multiple sites will require a cross-functional approach to a challenging set of metrics.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Felicia Tornabene, MD

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Quality Care Pillar

**Goal:** Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)

**Action:** Improve quality metrics

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review current True North metrics for appropriateness and confirm accuracy of results</li> <li>Create 5-year roadmap for metrics to be reviewed</li> <li>Roll out revised True North metrics</li> </ul>	<ul style="list-style-type: none"> <li>Align True North metrics with 5-year roadmap</li> <li>Establish and validate data sources for new metrics</li> <li>Deploy new metrics contained in year 2 of the 5-year roadmap</li> <li>Review existing targets and roadmap for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Establish and validate data sources for new metrics</li> <li>Deploy new metrics contained in year 3 of the 5-year roadmap</li> <li>Review existing targets and roadmap for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Establish and validate data sources for new metrics</li> <li>Deploy new metrics contained in year 4 of the 5-year roadmap</li> <li>Review existing targets and roadmap for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Establish and validate data sources for new metrics</li> <li>Deploy new metrics contained in year 5 of the 5-year roadmap</li> <li>Review existing targets and roadmap for appropriateness in current environment</li> </ul>
Estimated Financial Impact	(\$1,608,000)	(\$1,608,000)	(\$965,000)	(\$804,000)	(\$643,000)

# Quality Care Pillar

**Goal:** Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)

**Action:** Improve quality metrics

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Revised True North metrics validated and rolled out</li> <li>5-year roadmap complete</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for 75% of quality metrics chosen for dashboard</li> <li>Year 2 metrics validated and deployed</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for 85% of quality metrics chosen for dashboard</li> <li>Year 3 metrics validated and deployed</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for 90% of quality metrics chosen for dashboard</li> <li>Year 4 metrics validated and deployed</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for 90% of quality metrics chosen for dashboard</li> <li>Year 5 metrics validated and deployed</li> </ul>

# Quality Care Pillar

**Goal:** Improve access to care in all AHS facilities

**Action:** Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care

## Summary of Action

Providing patients with timely access to care is a key component of reducing health disparities and supports AHS's mission of serving all. The complex situation and needs of AHS's patient population lead to additional challenges which AHS has a history of progressively and proactively addressing.

To further support access to care, AHS will establish turnaround-time standards for departments, provide non-traditional access to care (e.g., drop-in and mobile care) and meet DHCS Timely Access Standards. Furthermore, AHS will proactively identify assigned patients who are not located near an AHS facility and work to reassign those patients.

This action begins in Year 1.

## Accountabilities

### Board Committee:

- Quality and Professional Services Committee

### ELT Owner:

- Mark Fratzke
- Future ACMO of Ambulatory - Clinical

### Execution Lead:

- To be named after approval

### Team Members:

- To be named after approval



# Quality Care Pillar

Goal: Improve access to care in all AHS facilities

**Action:** Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Establish access and customer service workgroup</li> <li>Define turnaround time standards and develop educational materials to support roll-out</li> <li>Identify departments or modalities with unused capacity and develop plan to fill</li> <li>Evaluate clinics for potential added drop-in availability</li> <li>Review all patients assigned to AHS for geographic appropriateness</li> </ul>	<ul style="list-style-type: none"> <li>Review and refine turnaround time and customer service standards</li> <li>Adjust drop-in appointments if supported by demand</li> <li>Develop pilot for mobile care based on current AHS models</li> <li>Assess backfill for unused capacity</li> <li>Review all patients assigned to AHS for geographic appropriateness</li> </ul>	<ul style="list-style-type: none"> <li>Review and refine turnaround time and customer service standards</li> <li>Adjust drop-in appointments if supported by demand</li> <li>Review outcomes for mobile care and adjust to meet needs</li> <li>Assess backfill for unused capacity</li> <li>Review all patients assigned to AHS for geographic appropriateness</li> </ul>	<ul style="list-style-type: none"> <li>Review and refine turnaround time and customer service standards</li> <li>Adjust drop-in appointments if supported by demand</li> <li>Review outcomes for mobile care and adjust to meet needs</li> <li>Assess backfill for unused capacity</li> <li>Review all patients assigned to AHS for geographic appropriateness</li> </ul>	<ul style="list-style-type: none"> <li>Review and refine turnaround time and customer service standards</li> <li>Adjust drop-in appointments if supported by demand</li> <li>Review outcomes for mobile care and adjust to meet needs</li> <li>Assess backfill for unused capacity</li> <li>Review all patients assigned to AHS for geographic appropriateness</li> </ul>
Estimated Financial Impact	\$0	\$0	\$0	\$0	\$0

# Quality Care Pillar

Goal: Improve access to care in all AHS facilities

**Action:** Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Customer service and turnaround time standards met in 50% of departments by year end</li> <li>Drop-in appointments available in clinics where feasible</li> <li>100% of departments reviewed for unused capacity</li> <li>100% of assigned patients reviewed for geographic appropriateness</li> <li>DHCS Timely Access Standards met</li> </ul>	<ul style="list-style-type: none"> <li>Customer service and turnaround time standards met in 75% of departments by year end</li> <li>Drop-in appointments available in clinics where feasible</li> <li>100% of departments reviewed for unused capacity</li> <li>Mobile care pilots completed</li> <li>100% of assigned patients reviewed for geographic appropriateness</li> <li>DHCS Timely Access Standards met</li> </ul>	<ul style="list-style-type: none"> <li>Customer service and turnaround time standards met in 80% of departments by year end</li> <li>Drop-in appointments available in clinics where feasible</li> <li>100% of departments reviewed for unused capacity</li> <li>Committee determined number of mobile care sites active in the community</li> <li>100% of assigned patients reviewed for geographic appropriateness</li> <li>DHCS Timely Access Standards met</li> </ul>	<ul style="list-style-type: none"> <li>Customer service and turnaround time standards met in 90% of departments by year end</li> <li>Drop-in appointments available in clinics where feasible</li> <li>100% of departments reviewed for unused capacity</li> <li>Determined number of mobile care sites active in the community</li> <li>100% of assigned patients reviewed for geographic appropriateness</li> <li>DHCS Timely Access Standards met</li> </ul>	<ul style="list-style-type: none"> <li>Customer service and turnaround time standards met in 100% of departments by year end</li> <li>Drop-in appointments available in clinics where feasible</li> <li>100% of departments reviewed for unused capacity</li> <li>Determined number of mobile care sites active in the community</li> <li>100% of assigned patients reviewed for geographic appropriateness</li> <li>DHCS Timely Access Standards met</li> </ul>

# Quality Care Pillar

**Goal: Establish AHS as a high-quality healing environment that advances health equity and addresses SDOH**

**Action:** Formulate team-based multidisciplinary care models that integrate patient's SDOH to better reach and care for patients

## Summary of Action

AHS's patient population is uniquely affected by SDOH as a result of their traditionally underserved status. AHS seeks to integrate SDOH within its care models and to collect California Department of Healthcare Services' (DHCS) key SDOH codes as part of routine patient assessments.

It is expected that, through other items in this strategic plan (e.g., community partnerships and closer loop referral management), the patients' overall health disparities will be reduced.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Tangerine Brigham

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Quality Care Pillar

Goal: Establish AHS as a high-quality healing environment that advances health equity and addresses SDOH

**Action:** Formulate team-based multidisciplinary care models that integrate patient's SDOH to better reach and care for patients

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Confirm DHCS metrics and review CalAIM for potential additional metrics to capture</li> <li>Design metric capture methodology and integrate into AHS workflows and care model</li> </ul>	<ul style="list-style-type: none"> <li>Review metrics collected and revise if appropriate</li> <li>Conduct ongoing provider education and outreach to revise care model where required</li> </ul>	<ul style="list-style-type: none"> <li>Review metrics collected and revise if appropriate</li> <li>Conduct ongoing provider education and outreach to revise care model where required</li> </ul>	<ul style="list-style-type: none"> <li>Review metrics collected and revise if appropriate</li> <li>Conduct ongoing provider education and outreach to revise care model where required</li> </ul>	<ul style="list-style-type: none"> <li>Review metrics collected and revise if appropriate</li> <li>Conduct ongoing provider education and outreach to revise care model where required</li> </ul>
Estimated Financial Impact	(\$750,000)	(\$750,000)	(\$750,000)	(\$750,000)	(\$750,000)

# Quality Care Pillar

Goal: Establish AHS as a high-quality healing environment that advances health equity and addresses SDOH

**Action:** Formulate team-based multidisciplinary care models that integrate patient's SDOH to better reach and care for patients

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</li> </ul>	<ul style="list-style-type: none"> <li>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</li> </ul>	<ul style="list-style-type: none"> <li>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</li> </ul>	<ul style="list-style-type: none"> <li>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</li> </ul>	<ul style="list-style-type: none"> <li>Collect data to support collection of DHCS key SDOH ICD-10 codes as part of routine patient screening and assessment for 100% of encounters</li> </ul>

## Community Connection Pillar

AHS is an anchor in its community and aligns its services to deliver a comprehensive continuum of care by providing needed services and being a trusted partner in its community at large.

# Community Connection Pillar

The process to navigate the healthcare system continues to become more complex and confusing for patients. As a Safety Net provider for Alameda County, AHS has the responsibility to help patients coordinate their care and ensure that all their needs can be met across the care continuum.

Understanding that AHS cannot meet every need of every patient on its own, it is critical that AHS collaborates with its community partners to integrate care across the community. Developing the relationships with AHS's external stakeholders and creating the pathways for feedback to routinely improve these relationships will result in a fluid delivery of care that is effective and efficient to navigate for patients.

AHS will strengthen the continuum of care model across the County by being an exceptional partner to community organizations and by listening to the needs and desires of the patients it serves. Frequent and informative communication with patients and the community will play a crucial role in fostering the strong community connection needed to achieve these goals.

# Community Connection Pillar

Goals	Actions	Outcomes
<p>Partner with resources in our community to deliver a comprehensive continuum of care to our patients</p> <p><b>HEDI</b></p>	<p>Establish and engage patient advisory committees to proactively identify opportunities to partner with the community and improve health</p>	<p>Establish additional patient advisory committees</p> <p>Generate AHS systemwide initiatives generated from patient advisory committees</p>
<p>Share goals, objectives, and performance internally and externally to support outreach and highlight AHS's role in the community</p> <p><b>HEDI</b></p>	<p>Foster trusted relationships with community (–based and –led) and governmental agencies to serve all</p> <p>Note: Metrics to be determined by committee implementing plan; outcomes are illustrative only and may be expanded or modified.</p>	<p>Establish community stakeholder feedback forum</p> <p>Develop regular report to the community highlighting programs, key metrics, and priorities and regularly publish internally and externally (e.g., intranet, County Board of Supervisors meetings)</p> <p>Participate in community-led and directed efforts with other providers and community partners</p>



# Community Connection Pillar

Goals	Actions	Outcomes
<p>Partner with resources in our community to deliver a comprehensive continuum of care to our patients</p> <p>HEDI</p>	<p>Develop a community healthcare worker program for our patients that keep them healthy and out of our hospitals</p>	<p>Establish a Community Health Worker (CHW) Program</p> <p>Reduction in avoidable days</p>
<p>Create a referral program that ensures patients receive needed care and resources</p>	<p>Create a closed-loop feedback system to ensure patients access care and community resources to which they are referred (i.e., navigating outside the AHS system)</p>	<p>Patients utilizing referral program have the loop “closed” with confirmation of services</p> <p>Partners included and regularly providing feedback on patients referred</p>

# Community Connection Pillar

**Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients**

**Action:**

Establish and engage patient advisory committees to proactively identify opportunities to partner with the community and improve health

## Summary of Action

As a Safety Net institution for Alameda County, AHS has the responsibility to address the entire continuum of care for patients through both AHS-owned programs or community partner programs. To fully understand where strengths and gaps in this continuum exist, it is crucial to hear directly from patients in the community. Utilizing the patient advisory group structure developed both before and during COVID as a base, AHS will develop a regular forum for patients to provide feedback on experience, access, and potential community opportunities.

This action begins in Year 1.

## Accountabilities

**Board Committee:**

- Full Board

**ELT Owner:**

- James Jackson

**Execution Lead:**

- To be named after approval

**Team Members:**

- To be named after approval

# Community Connection Pillar

Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients

## Action:

Establish and engage patient advisory committees to proactively identify opportunities to partner with the community and improve health

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review previous patient advisory council structure and evaluate potential to begin earlier in the plan</li> <li>Designate Board Committee Representative, ELT Chair, Execution Lead, and team members</li> <li>Recruit a diverse group of patients to participate and stand up first patient advisory committee</li> </ul>	<ul style="list-style-type: none"> <li>Establish meeting cadence, location, and resources necessary</li> <li>Continue recruiting patients to participate</li> <li>Develop process for digesting and synthesizing key themes and takeaways from committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>Continue recruiting patients to participate</li> <li>Create annual or semi-annual report on initiatives and projects created in response to patient advisory committee suggestions and feedback</li> <li>Stand up additional expansions as needed</li> </ul>	<ul style="list-style-type: none"> <li>Continue recruiting patients to participate</li> <li>Create annual or semi-annual report on initiatives and projects created in response to patient advisory committee suggestions and feedback</li> <li>Stand up additional expansions as needed</li> </ul>	<ul style="list-style-type: none"> <li>Continue recruiting patients to participate</li> <li>Update annual or semi-annual report on initiatives and projects created in response to patient advisory committee suggestions and feedback</li> <li>Stand up additional expansions as needed</li> </ul>
Estimated Financial Impact	\$0	\$0	\$0	\$0	\$0

# Community Connection Pillar

Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Establish and engage patient advisory committees to proactively identify opportunities to partner with the community and improve health

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>• Patient advisory committees established</li> </ul>	<ul style="list-style-type: none"> <li>• Patient advisory committees active across AHS</li> <li>• AHS systemwide initiatives generated from patient advisory committees</li> </ul>	<ul style="list-style-type: none"> <li>• Patient advisory committees active across AHS</li> <li>• Continue generating AHS systemwide initiatives generated from patient advisory committees</li> </ul>	<ul style="list-style-type: none"> <li>• Patient advisory committees active across AHS</li> <li>• Continue generating AHS systemwide initiatives generated from patient advisory committees</li> </ul>	<ul style="list-style-type: none"> <li>• Patient advisory committees active across AHS</li> <li>• Continue generating AHS systemwide initiatives generated from patient advisory committees</li> </ul>

# Community Connection Pillar

**Goal: Share goals, objectives, and performance internally and externally to support outreach and highlight AHS's role in the community**

**Action:** Foster trusted relationships with community (–based and –led) and governmental agencies to serve all

## Summary of Action

In creating a continuum of care, it is essential that AHS continues to grow and foster relationships with its partners within the community. Maintaining these integral partnerships demands a considerable commitment of time, effort, and communication between stakeholders that should be recognized and accounted for in the strategic plan. AHS will encourage and track the progression of these relationships through forums for community feedback, regular reports on progress and metrics, and active participation in community-driven efforts.

In addition, AHS will leverage the materials and resources developed to extend its existing marketing and public relations efforts.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Full Board

### **ELT Owner:**

- James Jackson
- Preston Walton – Foundation Crossover

### **Execution Lead:**

- To be named after approval
- Suggested: Tangerine Brigham / Mini Swift / Alice Kinner

### **Team Members:**

- To be named after approval
- Suggested: Jessica Pitt

# Community Connection Pillar

**Goal: Share goals, objectives, and performance internally and externally to support outreach and highlight AHS's role in the community**

**Action:** Foster trusted relationships with community (–based and –led) and governmental agencies to serve all

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>• Create a process to document all community relationships and participation in events / meetings</li> <li>• Determine the metrics and information that will be shared in the regular community report</li> <li>• PR - Develop a feedback forum for community stakeholders</li> <li>• Continue actively participating in community-led and directed efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Assign an owner to the community report</li> <li>• Incorporate community feedback and determined metrics into a report template</li> <li>• PR - Begin sending out report on a regular basis (quarterly, bi-annually, etc.)</li> <li>• Expand the number of community-led and directed efforts participated in from the year before</li> <li>• PR - Continue feedback forum</li> </ul>	<ul style="list-style-type: none"> <li>• PR - Send out report on a regular basis (quarterly, bi-annually, etc.)</li> <li>• Review existing metrics in report for appropriateness in current environment</li> <li>• Maintain or expand the number of community-led and directed efforts participated in from the year before</li> <li>• PR - Continue feedback forum</li> </ul>	<ul style="list-style-type: none"> <li>• PR - Send out report on a regular basis (quarterly, bi-annually, etc.)</li> <li>• Review existing metrics in report for appropriateness in current environment</li> <li>• Maintain or expand the number of community-led and directed efforts participated in from the year before</li> <li>• PR - Continue feedback forum</li> </ul>	<ul style="list-style-type: none"> <li>• PR - Send out report on a regular basis (quarterly, bi-annually, etc.)</li> <li>• Review existing metrics in report for appropriateness in current environment</li> <li>• Maintain or expand the number of community-led and directed efforts participated in from the year before</li> <li>• PR - Continue feedback forum</li> </ul>
Estimated Financial Impact	(\$183,000)	(\$188,000)	(\$194,000)	(\$200,000)	(\$206,000)

# Community Connection Pillar

**Goal:** Share goals, objectives, and performance internally and externally to support outreach and highlight AHS's role in the community

**Action:** Foster trusted relationships with community (–based and –led) and governmental agencies to serve all

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Metrics to publish in the regular report have been determined</li> <li>AHS has participated in committee-determined number of community-led and directed efforts with other providers and community partners this year</li> <li>Feedback has been collected from community stakeholders in at least one forum</li> </ul>	<ul style="list-style-type: none"> <li>Report has been developed and a regular cadence for sending to community partners has been developed</li> <li>AHS has maintained or increased participation in community-led and directed efforts with other providers and community partners from the previous year</li> <li>Community feedback forums active</li> </ul>	<ul style="list-style-type: none"> <li>Report has been shared with committee-determined number of community partners and platforms</li> <li>AHS has maintained or increased participation in community-led and directed efforts with other providers and community partners from the previous year</li> <li>Community feedback forums active</li> </ul>	<ul style="list-style-type: none"> <li>Report has been shared with committee-determined number of community partners and platforms</li> <li>AHS has maintained or increased participation in community-led and directed efforts with other providers and community partners from the previous year</li> <li>Community feedback forums active</li> </ul>	<ul style="list-style-type: none"> <li>Report has been shared with committee-determined number of community partners and platforms</li> <li>AHS has maintained or increased participation in community-led and directed efforts with other providers and community partners from the previous year</li> <li>Community feedback forums active</li> </ul>

# Community Connection Pillar

**Goal:** Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Develop a community health worker program for our patients that keep them healthy and out of our hospitals

## Summary of Action

Alameda County is home to a broad array of community-based groups and programs seeking to serve populations that overlap with AHS's patient base. AHS will identify like-minded partners within the community to extend its reach and connect its patients with resources beyond acute care.

Mitigating the inequities present in this patient population requires an approach to care that is informed by lived experience, that leverages individuals' strengths to help navigate the complexities of health and wellness while also serving as a model for recovery. AHS will establish a Community Health Worker (CHW) program in support of this effort.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Ana Torres
- Tangerine Brigham – Informed
- Lorna Jones – Human Resources items

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval



# Community Connection Pillar

Goal: Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Develop a community health worker program for our patients that keep them healthy and out of our hospitals

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Design program's resources, structure and reporting relationships within AHS</li> <li>Identify key community stakeholders to engage</li> <li>Confirm intended scope of practice for CHW</li> <li>Deploy initial class of CHW</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results from Year 1 and assess areas for improvement</li> <li>Identify additional competencies for CHW that would allow them to increase effectiveness</li> <li>Review scope of practice for CHW or similar roles as they evolve through CalAIM</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and continue to refine the CHW program</li> <li>Recruit additional CHW as needed to meet patient needs</li> <li>Review scope of practice for CHW or similar roles as they evolve through CalAIM</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and continue to refine the CHW program</li> <li>Recruit additional CHW as needed to meet patient needs</li> <li>Review scope of practice for CHW or similar roles as they evolve through CalAIM</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and continue to refine the CHW program</li> <li>Recruit additional CHW as needed to meet patient needs</li> <li>Review scope of practice for CHW or similar roles as they evolve through CalAIM</li> </ul>
Estimated Financial Impact	(\$2,038,626)	(\$835,837)	\$428,366	\$1,756,302	\$1,800,209

# Community Connection Pillar

**Goal:** Partner with resources in our community to deliver a comprehensive continuum of care to our patients

**Action:** Develop a community health worker program for our patients that keep them healthy and out of our hospitals

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Program deployed</li> <li>Confirm KPI (e.g., reduced ED visits, avoidable days, etc.)</li> <li>Set initial KPI targets</li> </ul>	<ul style="list-style-type: none"> <li>Review KPIs and targets</li> <li>Meet KPIs</li> </ul>	<ul style="list-style-type: none"> <li>Review KPIs and targets</li> <li>Meet KPIs</li> </ul>	<ul style="list-style-type: none"> <li>Review KPIs and targets</li> <li>Meet KPIs</li> </ul>	<ul style="list-style-type: none"> <li>Review KPIs and targets</li> <li>Meet KPIs</li> </ul>

# Community Connection Pillar

**Goal:** Create a referral program that ensures patients receive needed care and resources

**Action:** Create a closed-loop feedback system to ensure patients access care and community resources to which they are referred

## Summary of Action

Referrals that result in care to a patient or a connection with a needed resource assist in reducing health disparities in our patient population. Closing the loop with providers and resources to whom patients are referred by AHS is an important step in ensuring AHS's patients receive needed care and access to resources.

AHS is also expected to see an increase in volume due to increased follow-through on referrals and improved patient and community connections from this action.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee

### **ELT Owner:**

- Tangerine Brigham

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Community Connection Pillar

Goal: Create a referral program that ensures patients receive needed care and resources

**Action:** Create a closed-loop feedback system to ensure patients access care and community resources to which they are referred

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Design program's resources, structure, and reporting relationships</li> <li>Identify 5 community partners for pilot</li> <li>Recruit and train team members</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results from Year 1 pilot program and assess areas for improvement</li> <li>Set goal for number of referral loops closed</li> <li>Revise program as needed</li> <li>Recruit additional community partners</li> <li>Expand team with fully trained team members</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and identify additional areas of need for partnerships and resources / staffing</li> <li>Recruit additional partners as needed to meet patient needs</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and identify additional areas of need for partnerships and resources / staffing</li> <li>Recruit additional partners as needed to meet patient needs</li> </ul>	<ul style="list-style-type: none"> <li>Evaluate results and identify additional areas of need for partnerships and resources / staffing</li> <li>Recruit additional partners as needed to meet patient needs</li> </ul>
Estimated Financial Impact	(\$856,000)	\$530,355	\$1,025,658	\$987,156	\$944,996

# Community Connection Pillar

**Goal:** Create a referral program that ensures patients receive needed care and resources

**Action:** Create a closed-loop feedback system to ensure patients access care and community resources to which they are referred

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Program design approved</li> <li>Resources deployed and at least 5 team members recruited and trained</li> <li>First referral loop closed</li> <li>Run rate of closing 20% of all referral loops</li> <li>5 community partners participate in pilot</li> </ul>	<ul style="list-style-type: none"> <li>Resources deployed and at least 15 team members recruited and trained</li> <li>Close 50% of all referral loops</li> <li>At least 10 community partners participate in program</li> </ul>	<ul style="list-style-type: none"> <li>Close 60% of all referral loops</li> </ul>	<ul style="list-style-type: none"> <li>Close 65% of all referral loops</li> </ul>	<ul style="list-style-type: none"> <li>Close 70% of all referral loops</li> </ul>

## Staff and Physician Experience Pillar

AHS values its physicians, clinicians, and staff and seeks to grow, engage, retain, and empower them to serve all.

# Staff and Physician Experience Pillar

The AHS workforce is composed of over 5,400 employees from diverse backgrounds and experience levels that reflect the populations AHS serves. Driven by a mission to serve patients and the community, the AHS employees are at the heart of the organization and provide the foundation to which all of AHS's success is rooted.

Recent years have presented numerous challenges for employees in the healthcare industry. AHS acknowledges the struggles faced by its employees and seeks to ensure its employees feel supported, engaged, and encouraged to succeed. Over the next five years, AHS will make investments to increase the developmental opportunities available, engrain equitable, diverse, and inclusive standards into the workforce, encourage accountable leadership, and recognize employees for the great work that they do.

AHS is committed to building a trusting culture where employees feel valued and have pride for the work they do to care, heal, teach, and serve all.

# Staff and Physician Experience Pillar

Goals	Actions	Outcomes
Foster an environment of trust within AHS	Improve Culture of Safety Survey results	Reach top quartile
Foster an environment of trust within AHS	<p>Engrain work standards surrounding equity, diversity, and inclusion in day-to-day AHS operations</p> <p>Note: Metrics to be determined by committee implementing plan; outcomes are illustrative only and may be expanded or modified.</p>	<p>Develop and deploy diversity and equity scorecard for departments that reflects organizational goals</p> <p>100% participation in anti-racism, structural competency, and equity-explicit training</p> <p>Make health disparity data readily available for all care partners</p> <p>Define expectations related to recruitment and retention through an equity lens</p>



# Staff and Physician Experience Pillar

Goals	Actions	Outcomes
Invest in internal education / growth programs for our leaders, staff, and physicians	Develop leadership academy program for leaders, staff, and physicians	Train a 100% of identified operational and physician leaders
Invest in internal education/growth programs for our leaders, staff, and physicians	Increase and encourage developmental opportunities available for staff  Note: Metrics to be determined by committee implementing plan; outcomes are illustrative only and may be expanded or modified.	Increase number of trainings and forums provided and define participation expectations  Provide training on crucial conversations for 100% of leaders  Reward performance and growth as part of the annual review process  Increase number of new certifications and qualifications achieved per year

# Staff and Physician Experience Pillar

Goals	Actions	Outcomes
Empower staff to make accountable decisions independently in an efficient manner	Clearly communicate responsibilities and accountabilities to promote independent decision making	Implementation of tiered huddles  Development of functional area strategic plans  Utilize consistent benchmark data in relation to budget and FTE and equity
Empower staff to make accountable decisions independently in an efficient manner	Provide public recognition for staff successes  Note: Metrics to be determined by committee implementing plan; outcomes are illustrative only and may be expanded or modified.	Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings

# Staff and Physician Experience Pillar

Goal: Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Improve Culture of Safety Survey results

## Summary of Action

AHS conducts a Culture of Safety Survey on a regular basis to capture staff and physician viewpoints and feedback on current safety practices within the system. As part of the strategic plan, AHS will make investments to improve the results of its Culture of Safety Survey specific to organizational readiness for change, top safety priorities, and effectiveness of programs underway.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality and Professional Services Committee
- Human Resources Committee – Informed

### **ELT Owner:**

- Felicia Tornabene, MD
- Lorna Jones - Informed

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Staff and Physician Experience Pillar

Goal: Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Improve Culture of Safety Survey results

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review current Culture of Safety results</li> <li>Survey employees on what needs to change for scores to increase</li> <li>Utilize results from employees to begin initiatives to improve scores</li> <li>Create 5-year roadmap for targets to meet</li> <li>Communicate goals for survey results</li> </ul>	<ul style="list-style-type: none"> <li>Utilize results from employees to begin initiatives to improve scores</li> <li>Review existing targets for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Utilize results from employees to begin initiatives to improve scores</li> <li>Review existing targets for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Utilize results from employees to begin initiatives to improve scores</li> <li>Review existing targets for appropriateness in current environment</li> </ul>	<ul style="list-style-type: none"> <li>Utilize results from employees to begin initiatives to improve scores</li> <li>Review existing targets for appropriateness in current environment</li> </ul>
Estimated Financial Impact	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)	(\$100,000)

# Staff and Physician Experience Pillar

Goal: Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Improve Culture of Safety Survey results

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Target goals communicated to employees</li> <li>5-year roadmap created</li> <li>100% of initiatives to address employee feedback that are put in the roadmap for this year are completed or in process</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for increase in results in relation to 5-year roadmap</li> <li>Initiatives continue to address employee feedback and improve results</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for increase in results in relation to 5-year roadmap</li> <li>Initiatives continue to address employee feedback and improve results</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for increase in results in relation to 5-year roadmap</li> <li>Initiatives continue to address employee feedback and improve results</li> </ul>	<ul style="list-style-type: none"> <li>Goals met for increase in results in relation to 5-year roadmap</li> <li>Initiatives continue to address employee feedback and improve results</li> </ul>

# Staff and Physician Experience Pillar

**Goal:** Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Engrain work standards surrounding equity, diversity, and inclusion in day-to-day AHS operations

## Summary of Action

Serving as a leader of Health Equity, Diversity, and Inclusion (HEDI) in the Alameda community, AHS must incorporate HEDI in all decision-making and operations.

As a part of the strategic plan, AHS will strive to engrain work standards surrounding HEDI principles through training and access to information. By first layering in the data to provide insight into equity, diversity, and inclusion statistics in the AHS workforce, AHS can then implement distinct goals to reach and continue to push towards a more equitable, diverse, and inclusive delivery of care.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Human Resources

### **ELT Owner:**

- Lorna Jones
- Mark Fratzke – Informed

### **Execution Lead:**

- To be named after approval
- Suggested: Mini Swift / Arleen Gomez

### **Team Members:**

- To be named after approval
- Suggested: HEDI Committee

# Staff and Physician Experience Pillar

Goal: Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Engrain work standards surrounding equity, diversity, and inclusion in day-to-day AHS operations

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Determine which HEDI metrics will be tracked and available regarding the AHS workforce</li> <li>Collaborate with IT to set up dashboard to view these metrics and overlay them onto current dashboards and data sources</li> <li>Create timeline of which metrics will be prioritized in implementing</li> </ul>	<ul style="list-style-type: none"> <li>Continue collaborating with IT to set up dashboard to view these metrics and overlay them onto current dashboards and data sources</li> <li>Train leaders on how to properly utilize these metrics to inform day-to-day operations</li> <li>Create goals related to the specified HEDI metrics to reach over the next 3-5 years</li> </ul>	<ul style="list-style-type: none"> <li>Publish HEDI work-standard goals</li> <li>Create a scorecard to track progress to these goals</li> <li>Conduct quarterly check-ins with leaders to ensure work standards are being met in each department and become engrained in the AHS culture</li> <li>Report on scorecard progress on a regular basis to both HEDI committee and AHS as a whole</li> </ul>	<ul style="list-style-type: none"> <li>Report on scorecard progress on a regular basis to both HEDI committee and AHS as a whole</li> <li>Develop a forum for staff and physicians to report on work standards regarding HEDI</li> </ul>	<ul style="list-style-type: none"> <li>Report on scorecard progress on a regular basis to both HEDI committee and AHS as a whole</li> </ul>
Estimated Financial Impact	(\$250,000)	(\$250,000)	(\$250,000)	(\$250,000)	(\$250,000)

# Staff and Physician Experience Pillar

Goal: Foster an environment of trust within AHS's leadership, care givers, and care partners

**Action:** Engrain work standards surrounding equity, diversity, and inclusion in day-to-day AHS operations

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>75% participation in anti-racism, structural competency, and equity-explicit training</li></ul>	<ul style="list-style-type: none"><li>90% participation in anti-racism, structural competency, and equity-explicit training</li><li>Expectations for recruitment and retention through a HEDI lens are determined and published to AHS as a whole</li></ul>	<ul style="list-style-type: none"><li>100% participation in anti-racism, structural competency, and equity-explicit training</li><li>Develop and deploy diversity and equity scorecard for departments that reflects organizational goals</li></ul>	<ul style="list-style-type: none"><li>100% participation in anti-racism, structural competency, and equity-explicit training</li></ul>	<ul style="list-style-type: none"><li>100% participation in anti-racism, structural competency, and equity-explicit training</li></ul>



# Staff and Physician Experience Pillar

**Goal:** Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Develop leadership academy program for leaders, staff, and physicians

## Summary of Action

AHS recognizes the need to provide and develop strong leaders to meet the goals of its mission. Understanding that COVID interrupted the format of the prior leadership academy and that leaders often enter AHS at varying levels of expertise, AHS is revitalizing the structure of the leadership academy to ensure thorough and relevant training for its leaders. AHS will also develop physician-specific leadership training in response to requests from its physician constituents.

This action begins in Year 3.

## Accountabilities

### **Board Committee:**

- Human Resources

### **ELT Owner:**

- Lorna Jones

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Staff and Physician Experience Pillar

Goal: Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Develop leadership academy program for leaders, staff, and physicians

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review the current format of the leadership academy</li> </ul>	<ul style="list-style-type: none"> <li>Gather feedback from current leaders, staff, and physicians as well as past participants of the leadership academy on strengths and weakness to guide development of the new format</li> </ul>	<ul style="list-style-type: none"> <li>Create a team to determine the updated leadership academy format and to incorporate feedback from the previous participants</li> <li>Determine the frequency of cohorts and what combination of leaders will be recruited for each class</li> </ul>	<ul style="list-style-type: none"> <li>Conduct the first leadership academy session with a pilot cohort</li> <li>Reconvene the first cohort to gather feedback on the structure of the academy</li> <li>Integrate feedback and finalize the structure moving forward</li> <li>Create a calendar of when leadership academies will occur over the next two years</li> </ul>	<ul style="list-style-type: none"> <li>Present the updated leadership academy format to the entire AHS system and promote participation and the leaders meeting</li> </ul>
Estimated Financial Impact	\$0	\$0	(\$250,000)	(\$250,000)	(\$250,000)

# Staff and Physician Experience Pillar

Goal: Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Develop leadership academy program for leaders, staff, and physicians

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>N/A – Begins in Year 3</li></ul>	<ul style="list-style-type: none"><li>N/A – Begins in Year 3</li></ul>	<ul style="list-style-type: none"><li>Create distinct goal of how many leaders, physicians, and staff you would like to participate in the leadership academy each year</li><li>Train 50% of selected leaders, physicians, and staff in the pilot academy</li></ul>	<ul style="list-style-type: none"><li>Train 75% of selected leaders, physicians, and staff in the academy</li></ul>	<ul style="list-style-type: none"><li>Train 100% of selected leaders, physicians, and staff in the academy</li></ul>

# Staff and Physician Experience Pillar

Goal: Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Increase and encourage developmental opportunities available for staff

## Summary of Action

AHS recognizes the competitive market for employees and seeks to provide the developmental opportunities for staff to continue to expand their knowledge and advance their careers. As part of the strategic plan, AHS is committing to increase these opportunities within the system for all staff.

This action begins in Year 2.

## Accountabilities

### **Board Committee:**

- Human Resources

### **ELT Owner:**

- Lorna Jones

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Staff and Physician Experience Pillar

Goal: Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Increase and encourage developmental opportunities available for staff

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>N/A – Begins in Year 2</li> </ul>	<ul style="list-style-type: none"> <li>Inventory and promote the current developmental opportunities available by department and level</li> <li>Create an incentivized structure for participating in developmental opportunities</li> <li>Reward performance and growth as part of the annual review process</li> </ul>	<ul style="list-style-type: none"> <li>Expand training and forum offerings</li> <li>Provide training on crucial conversations for leaders</li> <li>Reward performance and growth as part of the annual review process</li> </ul>	<ul style="list-style-type: none"> <li>Expand training and forum offerings</li> <li>Provide training on crucial conversations for leaders</li> <li>Reward performance and growth as part of the annual review process</li> </ul>	<ul style="list-style-type: none"> <li>Expand training and forum offerings</li> <li>Provide training on crucial conversations for leaders</li> <li>Reward performance and growth as part of the annual review process</li> </ul>
Estimated Financial Impact	\$0	(\$2,000,000)	(\$4,250,000)	(\$4,250,000)	(\$4,250,000)

# Staff and Physician Experience Pillar

Goal: Invest in internal education/growth programs for our leaders, staff, and physicians

**Action:** Increase and encourage developmental opportunities available for staff

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>N/A – Begins in Year 2</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of trainings and forums provided</li> <li>Participation expectations defined</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of trainings and forums provided</li> <li>Provide training on crucial conversations for 50% of leaders</li> <li>Reward performance and growth as part of the annual review process</li> <li>Additional certifications and qualifications achieved</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of trainings and forums provided</li> <li>Provide training on crucial conversations for 75% of leaders</li> <li>Reward performance and growth as part of the annual review process</li> <li>Additional certifications and qualifications achieved</li> </ul>	<ul style="list-style-type: none"> <li>Increased number of trainings and forums provided</li> <li>Provide training on crucial conversations for 100% of leaders</li> <li>Reward performance and growth as part of the annual review process</li> <li>Additional certifications and qualifications achieved</li> </ul>

# Staff and Physician Experience Pillar

**Goal:** Empower staff to make accountable decisions independently in an efficient manner

**Action:** Clearly communicate responsibilities and accountabilities to promote independent decision making

## Summary of Action

As part of the strategic plan, AHS aims to improve accountability throughout the organization. Leaders and employees must clearly understand responsibilities and feel empowered to make the decisions needed to achieve the goals set. To do this, AHS will increase communication throughout the organization and encourage the structures that enable accountability on every level.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Human Resources

### **ELT Owner:**

- Mark Fraztke
- Felicia Tornabene, MD – Physicians
- Chitra Akileswaran, MD, MBA - EBMG

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Staff and Physician Experience Pillar

Goal: Empower staff to make accountable decisions independently in an efficient manner

**Action:** Clearly communicate responsibilities and accountabilities to promote independent decision making

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Implement tiered huddles</li> <li>Gather benchmark data on budgets, FTEs, and equity</li> <li>Identify functional areas for development of strategic plans specific to their areas</li> <li>Add accountability check-ins</li> </ul>	<ul style="list-style-type: none"> <li>Continue tiered huddles</li> <li>Report on departments against benchmark data on budgets, FTEs, and equity</li> <li>Develop local / functional strategic plans and approve through ELT</li> <li>Conduct accountability check-ins</li> </ul>	<ul style="list-style-type: none"> <li>Continue tiered huddles</li> <li>Report on departments against benchmark data on budgets, FTEs, and equity</li> <li>Track progress on local / functional strategic plans</li> <li>Conduct accountability check-ins</li> </ul>	<ul style="list-style-type: none"> <li>Continue tiered huddles</li> <li>Report on departments against benchmark data on budgets, FTEs, and equity</li> <li>Track progress on local / functional strategic plans</li> <li>Conduct accountability check-ins</li> </ul>	<ul style="list-style-type: none"> <li>Continue tiered huddles</li> <li>Report on departments against benchmark data on budgets, FTEs, and equity</li> <li>Track progress on local / functional strategic plans</li> <li>Conduct accountability check-ins</li> </ul>
Estimated Financial Impact	\$0	\$0	\$0	\$0	\$0



# Staff and Physician Experience Pillar

Goal: Empower staff to make accountable decisions independently in an efficient manner

**Action:** Clearly communicate responsibilities and accountabilities to promote independent decision making

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Establish regular accountability check-ins a committee-determined number of times a month for middle management</li> </ul>	<ul style="list-style-type: none"> <li>Establish regular accountability check-ins a committee-determined number of times a month for middle management</li> <li>Meet determined benchmark in relation to budget and FTE and equity</li> </ul>	<ul style="list-style-type: none"> <li>Establish regular accountability check-ins a committee-determined number of times a month for middle management</li> <li>Meet determined benchmark in relation to budget and FTE and equity</li> </ul>	<ul style="list-style-type: none"> <li>Establish regular accountability check-ins a committee-determined number of times a month for middle management</li> <li>Meet determined benchmark in relation to budget and FTE and equity</li> </ul>	<ul style="list-style-type: none"> <li>Establish regular accountability check-ins a committee-determined number of times a month for middle management</li> <li>Meet determined benchmark in relation to budget and FTE and equity</li> </ul>

# Staff and Physician Experience Pillar

Goal: Empower staff to make accountable decisions independently in an efficient manner

**Action:** Provide public recognition for staff successes

## Summary of Action

Especially in the last few years, the employees of AHS have worked extremely hard to deliver the best care to their patients and to keep the AHS system running efficiently. AHS leadership understands that this work is complex and exhausting, but essential.

To recognize employees for the commitment to the mission and their hard work and to demonstrate our appreciation, AHS will be providing public recognition for staff success in all leadership meetings and Board of Trustee meetings going forward.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Human Resources

### **ELT Owner:**

- Lorna Jones

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval
- Suggested: Existing subcommittee

# Staff and Physician Experience Pillar

Goal: Empower staff to make accountable decisions independently in an efficient manner

**Action:** Provide public recognition for staff successes

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Provide a forum to collect and store positive feedback to utilize for recognition</li> <li>Establish a leader to own sharing the recognition of eligible staff at each facility</li> <li>Create time in each leadership meeting to recognize an employee</li> </ul>	<ul style="list-style-type: none"> <li>Create time in each leadership meeting to recognize an employee</li> </ul>	<ul style="list-style-type: none"> <li>Create time in each leadership meeting to recognize an employee</li> </ul>	<ul style="list-style-type: none"> <li>Create time in each leadership meeting to recognize an employee</li> </ul>	<ul style="list-style-type: none"> <li>Create time in each leadership meeting to recognize an employee</li> </ul>
Estimated Financial Impact	\$0	\$0	\$0	\$0	\$0

# Staff and Physician Experience Pillar

Goal: Empower staff to make accountable decisions independently in an efficient manner

**Action:** Provide public recognition for staff successes

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings throughout the year</li></ul>	<ul style="list-style-type: none"><li>Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings throughout the year</li></ul>	<ul style="list-style-type: none"><li>Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings throughout the year</li></ul>	<ul style="list-style-type: none"><li>Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings throughout the year</li></ul>	<ul style="list-style-type: none"><li>Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings throughout the year</li></ul>

## Sustainability Pillar

AHS will pursue innovative approaches to invest in new programs while managing targeted investments in infrastructure to support the delivery of high-quality care.

# Sustainability Pillar

AHS recognizes that sustainability is predicated on both good fiscal stewardship and targeted investments to support the broader enterprise.

With a patient population that is traditionally underserved and often economically disadvantaged, AHS plays a crucial role in the Alameda county healthcare system. These patients rely heavily on AHS for their care, and the result is high and growing demand for services across the continuum of care. In order to support that demand through the targeted investments outlined in this strategic plan, AHS must gain organizational efficiency, leverage infrastructure investments, and grow services supported by existing overhead structures.

In short, the more efficiently AHS manages these areas, the greater its ability will be to expand to meet the needs of its community. AHS is committed to keeping up with infrastructure industry standards and not fall behind.

# Sustainability Pillar

Goals	Actions	Outcomes
Optimize AHS's Revenue Cycle	Maximize reimbursements from payors	<p>Achieve and maintain BEST Revenue Cycle goals (financial impact already included in baseline, Post-BEST cash gap model)</p> <p>Perform at 50th percentile or better for Revenue Cycle metrics as compared to other Epic customers in peer group</p>
Maximize the value of governmental and supplemental funding	Enhance non-operational revenue by improving metrics tied to governmental or supplemental funding (e.g., QIP)	<p>Meet specific metrics of supplemental funding sources (e.g., QIP, Access, etc.)</p> <p>Implement programs specifically addressing goals of CalAIM</p>

# Sustainability Pillar

Goals	Actions	Outcomes
Demonstrate efficiency through effective programmatic management	Meet budgetary goals for operating margin in combination with the growth plans contained in the Quality Care pillar	<p>Achieve and maintain expense-related goals through BEST (financial impact already included in baseline, Post-BEST cash gap model)</p> <p>Measure financial performance at the programmatic / service line level</p> <p>Leverage overhead to support growth</p> <p>Meet budget / benchmark standards for labor expenses such as FTE/AOB</p>
Support efficiency and high-quality care with proven technology	Invest in IT Capital Plan while fully leveraging existing technology solutions	<p>Maintain and further develop enterprise-level certifications (e.g., HIMSS Level, Most Wired, and similar)</p> <p>Align IT Capital Plan with approved annual Capital Plan</p>



# Sustainability Pillar

Goals	Actions	Outcomes
<p>Create high quality healing environments supported by proven technology and trusted data</p> <p>HEDI</p>	<p>Provide systems and meaningful and actionable data, dashboards, and reports to support high quality care</p> <p>Ensure transparency and accuracy of data through data governance for decision making</p>	<p>100% of existing dashboards and reports reviewed unused resources retired to support efficiency</p> <p>Establish a standard of 100% integrated enterprise systems</p> <p>Expand the audience for reports to a broader audience</p> <p>Develop new reports / datasets to support KPIs in financial (e.g., Long-Range Capital Plan) and strategic plans as well as emerging care areas (e.g., Population Health)</p> <p>Participate in all appropriate national and state-led outcomes reporting requirements to maximize financial impact on AHS</p>

# Sustainability Pillar

## Goal: Optimize AHS's Revenue Cycle

**Action:** Maximize reimbursements from payors

### Summary of Action

Managing reimbursement from a complex set of payors with disparate rules presents a challenge for any healthcare organization. AHS has partnered with Huron as part of the BEST project to align its revenue cycle with leading practices from industry.

Through this process, AHS has already seen improvements in its revenue cycle. Continued efforts are underway to further extend those gains and to engrain the standard work required to support future sustainability of a revenue cycle that collects appropriate amounts from payors.

This action begins in Year 1.

### Accountabilities

**Board Committee:**

- Finance

**ELT Owner:**

- Kim Miranda

**Execution Lead:**

- To be named after approval

**Team Members:**

- To be named after approval

# Sustainability Pillar

## Goal: Optimize AHS's Revenue Cycle

**Action:** Maximize reimbursements from payors

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Continue participation in BEST process and implementation of changes identified and agreed on with the team</li> <li>Establish industry leading practice targets and metrics for Revenue Cycle performance</li> <li>Monitor all Epic peer group metrics defining areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Establish team to support sustainability of improvement post-BEST</li> <li>Review and update industry leading practice targets and metrics for Revenue Cycle performance</li> <li>Continue to monitor all Epic peer group metrics defining areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Review and update industry leading practice targets and metrics for Revenue Cycle performance</li> <li>Continue to monitor all Epic peer group metrics defining areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Review and update industry leading practice targets and metrics for Revenue Cycle performance</li> <li>Continue to monitor all Epic peer group metrics defining areas for improvement</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Review and update industry leading practice targets and metrics for Revenue Cycle performance</li> <li>Continue to monitor all Epic peer group metrics defining areas for improvement</li> </ul>
Estimated Financial Impact	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST

# Sustainability Pillar

## Goal: Optimize AHS's Revenue Cycle

**Action:** Maximize reimbursements from payors

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Meet industry leading practice KPIs, metrics, and goals of BEST</li> </ul>	<ul style="list-style-type: none"> <li>Meet industry leading practice KPIs, metrics, and goals of BEST</li> <li>Move at least 90% of Epic peer group revenue cycle metrics to at least 25th percentile</li> </ul>	<ul style="list-style-type: none"> <li>Meet industry leading practice KPIs, metrics, and goals as they evolve post-BEST</li> <li>Move 100% of Epic peer group revenue cycle metrics into at least 25th percentile and 50% of metrics to 50th percentile or better</li> </ul>	<ul style="list-style-type: none"> <li>Meet industry leading practice KPIs, metrics, and goals as they evolve post-BEST</li> <li>Move at least 75% of Epic peer group revenue cycle metrics to into 50th percentile or better</li> </ul>	<ul style="list-style-type: none"> <li>Meet industry leading practice KPIs, metrics, and goals as they evolve post-BEST</li> <li>Achieve 100% of Epic peer group revenue cycle metrics into 50th percentile or better</li> </ul>

# Sustainability Pillar

**Goal: Maximize the value of governmental and supplemental funding**

**Action:** Enhance non-operational revenue by improving metrics tied to governmental or supplemental funding (e.g., QIP)

## Summary of Action

AHS relies on governmental and supplemental funding for a significant portion of its revenue. Many of these revenue streams are linked to specific quality and access metrics. AHS will meet required metrics for governmental and supplemental funding currently in place and proactively adapt to future programs and funding requirements.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Finance

### **ELT Owner:**

- Kim Miranda

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Sustainability Pillar

Goal: Maximize the value of governmental and supplemental funding

**Action:** Enhance non-operational revenue by improving metrics tied to governmental or supplemental funding (e.g., QIP)

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Meet requirements of all existing governmental and supplemental funding sources</li> <li>Assign accountabilities for specific new and existing metrics on dashboards</li> <li>Add any new funding sources to existing dashboard as required</li> </ul>	<ul style="list-style-type: none"> <li>Meet requirements of all existing governmental and supplemental funding sources</li> <li>Review and assign accountabilities for specific new and existing metrics on dashboards</li> <li>Add any new funding sources to existing dashboard as required</li> </ul>	<ul style="list-style-type: none"> <li>Meet requirements of all existing governmental and supplemental funding sources</li> <li>Review and assign accountabilities for specific new and existing metrics on dashboards</li> <li>Add any new funding sources to existing dashboard as required</li> </ul>	<ul style="list-style-type: none"> <li>Meet requirements of all existing governmental and supplemental funding sources</li> <li>Review and assign accountabilities for specific new and existing metrics on dashboards</li> <li>Add any new funding sources to existing dashboard as required</li> </ul>	<ul style="list-style-type: none"> <li>Meet requirements of all existing governmental and supplemental funding sources</li> <li>Review and assign accountabilities for specific new and existing metrics on dashboards</li> <li>Add any new funding sources to existing dashboard as required</li> </ul>
Estimated Financial Impact	\$0	\$0	\$0	\$0	\$0

# Sustainability Pillar

Goal: Maximize the value of governmental and supplemental funding

**Action:** Enhance non-operational revenue by improving metrics tied to governmental or supplemental funding (e.g., QIP)

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>Meet 75% of metric targets contained in budget / dashboards</li><li>100% of new funding sources added to existing dashboard and metrics no longer relevant removed</li></ul>	<ul style="list-style-type: none"><li>Meet 80% of metric targets contained in budget / dashboards</li><li>100% of new funding sources added to existing dashboard and metrics no longer relevant removed</li></ul>	<ul style="list-style-type: none"><li>Meet 85% of metric targets contained in budget / dashboards</li><li>100% of new funding sources added to existing dashboard and metrics no longer relevant removed</li></ul>	<ul style="list-style-type: none"><li>Meet 90% of metric targets contained in budget / dashboards</li><li>100% of new funding sources added to existing dashboard and metrics no longer relevant removed</li></ul>	<ul style="list-style-type: none"><li>Meet 90% of metric targets contained in budget / dashboards</li><li>100% of new funding sources added to existing dashboard and metrics no longer relevant removed</li></ul>

# Sustainability Pillar

**Goal:** Demonstrate efficiency through effective expense management

**Action:** Meet budgetary goals for overhead and direct costs in combination with the growth contained in the Quality Care pillar

## Summary of Action

Managing expenses and overhead within a broad-based and complex healthcare delivery network requires careful coordination across the enterprise with a focus on driving efficiency.

AHS has begun to see improvements in its first set of BEST initiatives, and continued efforts are underway to further extend the expense management component of BEST to broaden those gains and to engrain the standard work required to support future sustainability. In addition, AHS will continue to drive efficiency by leveraging its existing overhead and providing visibility into the financial performance of entities, programs, and service lines.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Finance

### **ELT Owner:**

- Mark Fratzke

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval



# Sustainability Pillar

Goal: Demonstrate efficiency through effective expense management

**Action:** Meet budgetary goals for overhead and direct costs in combination with the growth contained in the Quality Care pillar

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Develop measurement tools for financial performance at the entity / programmatic / service line level (e.g., expense / cost benchmarks)</li> <li>Ensure direct costs are covered for new and existing programs</li> <li>Identify ways to leverage existing OH to become more efficient</li> <li>Meet established enterprise- and programmatic-level KPI</li> </ul>	<ul style="list-style-type: none"> <li>Continue participation in BEST process and implementation of changes identified and agreed on with the team</li> <li>Establish team to support sustainability of improvement post-BEST</li> <li>Produce service line financial reporting</li> <li>Ensure direct costs are covered for new and existing programs</li> <li>Identify ways to leverage existing OH to become more efficient</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Meet established enterprise- and programmatic-level KPI</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Meet established enterprise- and programmatic-level KPI</li> </ul>	<ul style="list-style-type: none"> <li>Continue work as an AHS-internal team to sustain improvements and identify future opportunities</li> <li>Meet established enterprise- and programmatic-level KPI</li> </ul>
Estimated Financial Impact	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST	N/A – Counted as part of BEST

# Sustainability Pillar

Goal: Demonstrate efficiency through effective expense management

**Action:** Meet budgetary goals for overhead and direct costs in combination with the growth contained in the Quality Care pillar

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"><li>Measurement tools for financial performance at the entity / programmatic / service line level deployed</li><li>Meet KPIs, metrics, and goals of BEST and budget (enterprise and programmatic)</li></ul>	<ul style="list-style-type: none"><li>Meet KPIs, metrics, and goals of BEST and budget (enterprise and programmatic)</li></ul>	<ul style="list-style-type: none"><li>Meet KPIs, metrics, and goals of BEST and budget (enterprise and programmatic)</li></ul>	<ul style="list-style-type: none"><li>Meet KPIs, metrics, and goals of BEST and budget (enterprise and programmatic)</li></ul>	<ul style="list-style-type: none"><li>Meet KPIs, metrics, and goals of BEST and budget (enterprise and programmatic)</li></ul>

# Sustainability Pillar

**Goal: Support efficiency and high-quality care with proven technology**

**Action:** Invest in IT Capital Plan while fully leveraging existing technology solutions

## Summary of Action

AHS's enterprise-level information technology resources have grown and evolved quickly in recent years. Throughout this time, enterprise-level certifications have been achieved and AHS will continue to maintain and further develop them.

Concurrently, historical resource challenges at AHS have resulted in a backlog of IT capital projects that will be resolved through annual, strategic investments to support both patient care (e.g., PACS) and business needs (e.g., Lawson replacement / upgrade).

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality-driven
- Finance-informed

### **ELT Owner:**

- Mark Amey

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Sustainability Pillar

Goal: Support efficiency and high-quality care with proven technology

**Action:** Invest in IT Capital Plan while fully leveraging existing technology solutions

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review current capital plan and years 2 and 3 for alignment, accuracy, and applicability</li> <li>Refine cost estimates for near term projects</li> <li>Achieve HIMSS Level 6</li> <li>Maintain Epic star rating</li> </ul>	<ul style="list-style-type: none"> <li>Review current capital plan and years 3 and 4 for alignment, accuracy, and applicability</li> <li>Refine cost estimates for near term projects</li> <li>Work towards HIMSS level 7</li> <li>Maintain Epic star rating</li> </ul>	<ul style="list-style-type: none"> <li>Review current capital plan and years 4 and 5 for alignment, accuracy, and applicability</li> <li>Refine cost estimates for near term projects</li> <li>Maintain Epic star rating</li> </ul>	<ul style="list-style-type: none"> <li>Review current capital plan and years 5 and beyond for alignment, accuracy, and applicability</li> <li>Refine cost estimates for near term projects</li> <li>Maintain Epic star rating</li> </ul>	<ul style="list-style-type: none"> <li>Review current capital plan and years 5 and beyond for alignment, accuracy, and applicability</li> <li>Refine cost estimates for near term projects</li> <li>Maintain Epic star rating</li> </ul>
Estimated Financial Impact	(\$6,975,000)	(\$13,002,000)	(\$9,645,000)	(\$5,555,000)	(\$4,870,000)

# Sustainability Pillar

Goal: Support efficiency and high-quality care with proven technology

**Action:** Invest in IT Capital Plan while fully leveraging existing technology solutions

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>75% or more of IT Capital items aligned with the Long-Range Financial Plan for year 1 completed or underway</li> <li>Achieve HIMSS Stage 6</li> <li>Maintain Epic stars at 7 or higher</li> </ul>	<ul style="list-style-type: none"> <li>75% or more of IT Capital items aligned with the Long-Range Financial Plan for year 2 completed or underway</li> <li>Maintain Most Wired certification</li> <li>Maintain Epic stars at 7 or higher</li> </ul>	<ul style="list-style-type: none"> <li>75% or more of IT Capital items aligned with the Long-Range Financial Plan for year 3 completed or underway</li> <li>Achieve HIMSS Stage 7</li> <li>Maintain Epic stars at 7 or higher</li> </ul>	<ul style="list-style-type: none"> <li>75% or more of IT Capital items aligned with the Long-Range Financial Plan for year 4 completed or underway</li> <li>Increase Most Wired certification to Level 8</li> <li>Maintain Epic stars at 7 or higher</li> </ul>	<ul style="list-style-type: none"> <li>75% or more of IT Capital items aligned with the Long-Range Financial Plan for year 5 completed or underway</li> <li>Maintain Epic stars at 7 or higher</li> </ul>

# Sustainability Pillar

**Goal: Create high quality healing environments supported by proven technology and trusted data**

**Action:** Provide systems and meaningful and actionable data, dashboards, and reports to support high quality care

## Summary of Action

Through this action, AHS will review new systems and existing data and dashboards to determine their relevance, accuracy, and usage in the organization. Systems that are integrated play a key role in producing readily available, repeatable information. AHS will establish a standard of 100% integrated enterprise systems.

Meaningful, trusted data and dashboards are critical to AHS's clinical and business team members as they pursue their work in support of AHS's mission. Following this review, the team will identify unused resources to retire, determine data and dashboards requiring revision, and develop new datasets to support emerging care areas. The audience for these resources will also be reviewed to identify opportunities to broaden access to meaningful data within AHS.

This action begins in Year 1.

## Accountabilities

### **Board Committee:**

- Quality-driven
- Finance-informed

### **ELT Owner:**

- Mark Amey

### **Execution Lead:**

- To be named after approval

### **Team Members:**

- To be named after approval

# Sustainability Pillar

Goal: Create high quality healing environments supported by proven technology and trusted data

**Action:** Provide systems and meaningful and actionable data, dashboards, and reports to support high quality care

	2022/2023	2024	2025	2026	2027
Activities	<ul style="list-style-type: none"> <li>Review existing resources and datasets</li> <li>Identify unused resources and disseminate list of those to be retired</li> <li>Build plan to validate data with end-users of reports for resources to be retained</li> <li>Identify new reports or dashboards to support long-range goals</li> <li>Establish 100% integrated systems standard</li> </ul>	<ul style="list-style-type: none"> <li>Continue to validate and confirm reports / data with end users</li> <li>Review resources currently deployed for usage and identify candidates for retirement</li> <li>Identify new / revised reports or dashboards to support long-range goals</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>Continue to validate and confirm reports / data with end users</li> <li>Review resources currently deployed for usage and identify candidates for retirement</li> <li>Identify new / revised reports or dashboards to support long-range goals</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>Continue to validate and confirm reports / data with end users</li> <li>Review resources currently deployed for usage and identify candidates for retirement</li> <li>Identify new / revised reports or dashboards to support long-range goals</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>Continue to validate and confirm reports / data with end users</li> <li>Review resources currently deployed for usage and identify candidates for retirement</li> <li>Identify new / revised reports or dashboards to support long-range goals</li> <li>95+% of new enterprise systems are integrated</li> </ul>
Estimated Financial Impact	(\$651,000)	(\$503,000)	(\$518,000)	(\$533,000)	(\$549,000)

# Sustainability Pillar

Goal: Create high quality healing environments supported by proven technology and trusted data

**Action:** Provide systems and meaningful and actionable data, dashboards, and reports to support high quality care.

	2022/2023	2024	2025	2026	2027
Success Indicators and Metrics	<ul style="list-style-type: none"> <li>Existing resources and datasets reviewed and prioritized for validation</li> <li>Plan to validate data with end-users of reports developed</li> <li>10+ new reports or dashboards deployed</li> <li>Integrated systems standard established</li> </ul>	<ul style="list-style-type: none"> <li>30% of reports / data validated and confirmed with end users</li> <li>10+ new reports or dashboards deployed</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>60% of reports / data validated and confirmed with end users</li> <li>10+ new reports or dashboards deployed</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>90% of reports / data validated and confirmed with end users</li> <li>10+ new reports or dashboards deployed</li> <li>95+% of new enterprise systems are integrated</li> </ul>	<ul style="list-style-type: none"> <li>100% of reports / data validated and confirmed with end users</li> <li>10+ new reports or dashboards deployed</li> <li>95+% of new enterprise systems are integrated</li> </ul>



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## Financial Models



# Financial Modeling Process and Assumptions

- Worked in conjunction with AHS team to create a **baseline financial forecast**
  1. This baseline assumes no strategic or process improvement related action is taken, and market/industry trends continue as normal → It serves as a “**Do Nothing Scenario**”
  2. Utilizes high-level market assumptions, along with guidance from the AHS finance team to provide a directional view of Alameda’s financial state and what could change based on market dynamics in the next 5-10 years
  3. Base year utilized was **adjusted calendar year 2021** – adjustments were made for one-time items provided by AHS
- Once a consensus was reached, we then layered in the Performance Improvement initiatives already in motion, called “BEST,” to see how those altered results – this is referred to as **Baseline + BEST**
- Lastly, we created directional financial projections for each of the actions in the strategic plan and then layered those in as well – this is referred to as **Baseline with BEST + All Strategic Actions**

## Baseline Cash Gap (\$ in 000s)

Baseline Forecast	Year 1	Year 2	Year 3	Year 4	Year 5
Net Income	\$8,412	(\$3,206)	(\$15,814)	(\$29,797)	(\$44,693)
Plus: Depreciation & Amortization	\$30,253	\$30,217	\$30,418	\$31,125	\$31,834
Less: Capital Expenditures	\$32,780	\$24,461	\$36,000	\$36,000	\$32,705
<i>Equals: Baseline Cash Flow</i>	<u>\$5,885</u>	<u>\$2,550</u>	<u>(\$21,396)</u>	<u>(\$34,673)</u>	<u>(\$45,564)</u>

# Baseline Cash Gap – Explanation

- Our baseline financial forecast results show a decline from a slight cash surplus in Year 1 to a negative gap by Year 3 – this is due to **expense growth exceeding revenue growth – driven largely by Labor & Supplies**
  - Operating Revenue – Overall 10-Year CAGR of **2.5%**
    - Net Patient Revenue: this was forecasted based on assumed 1% volume growth, as well as a 1% increase in charge rates per patient day, resulting in YOY growth of 2.6%
    - Government-Related Revenues: held at historic growth rates (1.4% 10-Year CAGR)
  - Operating Expenses – Overall 10-Year CAGR of **3.3%**
    - Labor Expense: Forecast at a growth rate of 3.3%, consistent with Alameda trends, as well as trends seen industry-wide
    - Supplies Expense: Forecast at a growth rate of 3.0%, on the lower end of what we are seeing industry-wide
- As we move through the years of the model, this gap in growth creates net income pressure, causing the cash gap you see in Year 3 and beyond

## Cash Gap with BEST Initiatives (\$ in 000s)

Baseline Forecast	Year 1	Year 2	Year 3	Year 4	Year 5
Net Income	\$8,412	(\$3,206)	(\$15,814)	(\$29,797)	(\$44,693)
Plus: Depreciation & Amortization	\$30,253	\$30,217	\$30,418	\$31,125	\$31,834
Less: Capital Expenditures	\$32,780	\$24,461	\$36,000	\$36,000	\$32,705
<b>Plus: BEST Initiatives</b>	<b>\$35,279</b>	<b>\$45,750</b>	<b>\$45,750</b>	<b>\$45,750</b>	<b>\$45,750</b>
<i>Equals: Baseline + BEST Cash Flow</i>	<u>\$41,164</u>	<u>\$48,300</u>	<u>\$24,354</u>	<u>\$11,077</u>	<u>\$186</u>

## Cash Gap with BEST + Strategic Actions (\$ in 000s)

Baseline Forecast	Year 1	Year 2	Year 3	Year 4	Year 5
Net Income	\$8,412	(\$3,206)	(\$15,814)	(\$29,797)	(\$44,693)
Plus: Depreciation & Amortization	\$30,253	\$30,217	\$30,418	\$31,125	\$31,834
Less: Capital Expenditures	\$32,780	\$24,461	\$36,000	\$36,000	\$32,705
Plus: BEST Initiatives	\$35,279	\$45,750	\$45,750	\$45,750	\$45,750
Plus: Strategic Actions	(\$17,423)	(\$20,483)	(\$20,373)	(\$8,358)	(\$6,114)
<i>Equals: Baseline + BEST and Strategic Actions</i>	<u>\$23,741</u>	<u>\$27,817</u>	<u>\$3,981</u>	<u>\$2,720</u>	<u>(5,928)</u>