



# Malcolm Baldrige Initial Application



*the*  
**Chickasaw**  
Nation  
DEPARTMENT OF HEALTH



# ORGANIZATIONAL PROFILE

---

# Baldrige Award Application

---

## Organizational Profile

**Note:** The information requested in this section will provide context to ensure a deeper understanding of your organization and its environment. The Organizational Profile section will not be evaluated. You will have a limit of 2,000 characters and up to 3 charts, graphs, and/or tables for each question. This section should not include details of your key processes or results.

---

### 1 - What are your key products, services, and/or programs?

Chickasaw Nation Department of Health (CNDH) provides inpatient, outpatient and population health services across a 13-county service area in southern Oklahoma. All services are important to ensure comprehensive health and wellness to our patients. In FY 2023, we had approximately 1.1 million patient encounters, 48,000 emergency department visits, 2,300 inpatient admissions and 935 births. We offer a robust pharmacy program that fills over 1.4 million prescriptions yearly. Services are delivered primarily through a state-of-the-art hospital, along with three satellite clinics, five pharmacies, five nutrition centers, eight WIC offices and wellness centers. Our facilities are Joint Commission accredited and each clinic is surveyed as part of the system.

Our Medisaw Referred Care program connects patients with specialists outside of our health system for access to comprehensive health care services that we do not yet provide. Additional patient support services include transportation for those needing assistance getting to and from our facilities, expert Benefits Coordinators to assist patients with enrolling for benefits and filing claims, and a Patient Experience Team that is an advocate for patients during their health care visits. Our world-class Nutrition Services Team provides education, support, and resources for those in need, and the innovative Department of Research and Public Health manages multiple programs that address priority health issues across our community.

**Eligible patients are not personally charged for services they receive.** Approximately one-third of our funding comes from the federal government through IHS to care for our patient community, nearly two-thirds from third-party revenues (Medicare, Medicaid, private insurance), and 2% from various grants. Eligibility for most inpatient and outpatient health care services are limited to First Americans and Alaska Natives (AI/AN) living within and outside of our geographic area.

Health Care Service Offerings		
Category	Health Care Service Offering	
<b>Inpatient</b>	<ul style="list-style-type: none"> <li>•Inpatient Acute Care, Swing Bed and ICU</li> <li>•Emergency Medicine</li> <li>•Surgery</li> <li>•Support for community needs</li> </ul>	<ul style="list-style-type: none"> <li>•Obstetrics and Gynecology</li> <li>•Pharmacy</li> <li>•Laboratory</li> <li>•Imaging</li> </ul>
<b>Outpatient</b>	<ul style="list-style-type: none"> <li>•Primary Care</li> <li>•Pediatric Care</li> <li>•Women's Health</li> <li>•Diabetes Program</li> <li>•Dental</li> <li>•Audiology</li> <li>•Optometry</li> <li>•Lab &amp; Imaging (MRI, CT, DEXA, Mammography, Ultrasound, X-Ray)</li> <li>•Pharmacy</li> <li>•Family Medicine Residency Program</li> <li>•Pharmacy Residency Program</li> </ul>	<ul style="list-style-type: none"> <li>•Psychiatry</li> <li>•Integrated Behavioral Health</li> <li>•Medisaw</li> <li>•Therapy (physical, speech, respiratory, occupational)</li> <li>•Specialty Services (Rheumatology, Cardiology, Urology, Orthopedics, etc.)</li> <li>•Durable Medical Equipment</li> <li>•Endocrinology</li> <li>•Infusion Clinic</li> <li>•Hepatitis C Clinic</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>•Nutritional Food Programs (WIC, etc.)</li> <li>•Education Classes (diabetes wellness, prenatal classes, smoking cessation classes, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>•Educational Partnerships (student clinical rotations)</li> <li>•Public Health (education, care)</li> <li>•Environmental Health and Engineering Services (water wells, access to rural and community water/sewer, individual wastewater treatment)</li> </ul>

1: Health Care Service Offerings

## 2 - What are your mission, vision, and values or guiding principles?

The Mission, Vision and Values of CNDH cascade from those of the Chickasaw Nation (CN) in alignment with the CN Governor's directive of "One Tribe, One Mission" and reflects the truth that **what makes us Chickasaw is what makes us successful**. Our core values significantly influence and define the culture of CNDH. Woven through these values is a clear sense of pride and confidence grounded in the fact that the Chickasaw tribe is known as an unconquered and unconquerable First American tribe, which imbues a "warriors' spirit" in all that we do, as the underpinning for our quest for excellence. Other characteristics of the culture include: an expectation of excellence; accountability and transparency; honor and respect of patients and each other; continual learning.

As a health system, CNDH meets the CN mission by providing an exceptional customer experience that focuses on quality, safety, and the promotion of health and wellness. Our brand image is reflected in the phrase, "**We are Quality.**" We have worked hard to make this phrase a reality in the quality of health care services we provide, the quality of our facilities, equipment and technology, and most importantly, the quality of our workforce who deliver an exceptional experience for our family of patients and customers every day.



CNDH Mission, Vision and Values
Mission
To enhance the overall quality of life of the Chickasaw people
Vision
To be a nation of successful and united people with a strong cultural identity
Core Values
<ul style="list-style-type: none"> <li>•<b>The Chickasaw People:</b> Our focus and commitment is on the Chickasaw people and improving the quality of life of all Chickasaws. We are empowered and unified in purpose.</li> <li>•<b>Cultural Identity:</b> We will preserve our cultural history and incorporate it into everything we do.</li> <li>•<b>Servant Leadership:</b> We are accountable to the Chickasaw Nation, and we put our people first.</li> <li>•<b>Selflessness:</b> We give of ourselves for the betterment of our people.</li> <li>•<b>Can Do Attitude:</b> We will work graciously with a Can Do attitude and a solution oriented philosophy by doing the right thing for the right reason.</li> <li>•<b>Perseverance:</b> We will never quit. We have a warrior tradition.</li> <li>•<b>Stewardship:</b> We will responsibly use the Chickasaw Nation's resources entrusted to us.</li> <li>•<b>Trust &amp; Respect:</b> We trust one another and earn the trust of our citizens. We are caring and compassionate.</li> <li>•<b>Loyalty:</b> We are committed to the Chickasaw Nation, its mission and goals.</li> <li>•<b>Honesty &amp; Integrity:</b> We will do what we say and are honest and trustworthy. We uphold ethical standards and are accountable for our actions.</li> <li>•<b>Teamwork:</b> We work as a team with a strong work ethic toward solving the problems of the Chickasaw Nation.</li> </ul>

1: Mission, Vision and Values

### 3 - What is your overall organizational leadership and governance structure?

The Chickasaw Nation (CN) is recognized by the United States government as a sovereign nation and therefore has its own governmental structure, which is similar to the three-branch system of the U.S. federal government. CNDH is part of the Executive Department. The Secretary of Health serves as the President/CEO of CNDH, with the Deputy Secretary of Health and Under Secretaries (CMO/CQO, CFO and COO) as direct reports.

The Governor of CN is elected by CN citizens every four years, and like most political environments, that could cultivate a short-term perspective on policies and resource allocations should the election result in a change in who is the Governor. Our near-term strategic planning horizon of 4 years aligns with this election cycle, to incorporate any policy changes or directives from the newly elected Governor. However, one of the strategic advantages of CNDH, and a contributor to our long-term success and resilience, is stability of leadership which has been greatly influenced by the current Governor of Chickasaw Nation who has been a part of the organization for more than 40 years and was named Most Powerful Oklahoman for multiple years in a row by Oklahoma Top Leaders. In addition, many of the current members of our Executive Leadership team have decades of tenure with the health system.

The CNDH Governing Board, appointed by the Chickasaw Nation Governor, is comprised of outside community members representing other tribes as well as Chickasaw citizen representation. The board is responsible for providing accountability to the Secretary of Health by monitoring performance for patient and health care outcomes, budgetary and financial stewardship, accomplishing the strategic plan, and complying with regulatory requirements. The senior leadership team (SLT) of CNDH is responsible for enforcing policies, developing and executing strategies, and directly managing resources. The Secretary of Health reports to the Governing Board on a monthly basis.

#### 1: CNDH Organizational Chart

---

#### **4 - What is your workforce profile, including makeup/important characteristics of your workforce (segments, demographics, the environment [centralized/dispersed, in-office/virtual])?**

CNDH's high-performing work environment is comprised of approximately 1,800 full-time employees supplemented by part-time and contract workforce members. The primary segmentation of the workforce, and key drivers of engagement, are summarized in figure 1, with additional demographic information highlighted in figure 2. Most employees work on site across multiple locations (Ada, Ardmore, Purcell and Tishomingo) with a small number engaged through hybrid or remote work.

**Our workforce is highly engaged and motivated as reflected in top quartile/decile engagement survey results.** Excellent benefits, including significant educational assistance; health benefits for medical, dental and vision; nutritional programs; free access to fitness and wellness centers, and a close-knit culture help to attract and retain staff.

Educational requirements and special safety requirements are outlined in job descriptions specific to each position family (e.g., nurses, administrative staff). Health care provider requirements encompass state- and federally-identified credentials, where appropriate. There are no organized bargaining units. We give hiring preference to CN veterans, citizens and individuals with Chickasaw dependents in alignment with the CN mission to enhance the overall quality of life of the Chickasaw people; secondarily, preference in hiring is extended to veterans and citizens of other First American tribes.

Recent changes in our workforce composition have been in the number of employees due to growth in patient demand and diversity in competencies due to expansion of health care services. Recruiting qualified clinical staff to a rural location is a historic and ongoing challenge. We have traditionally experienced relatively low levels of employee turnover, but

similar to health care systems across the country, the recent COVID pandemic placed a strain on our workforce, leading to slightly higher levels of turnover during that time.

Workforce Segments and Engagement Drivers	
Workforce Group	Engagement Drivers
Medical Providers (8.9%)	<ul style="list-style-type: none"> <li>•Mission, vision &amp; values</li> <li>•Connection to strategic plan</li> <li>•Clear expectations</li> <li>•Empowered to make decisions</li> <li>•Encouraged to find better ways</li> <li>•Growth &amp; development</li> <li>•Work/life balance</li> <li>•Communication</li> <li>•Collaboration &amp; teamwork</li> </ul>
Hospital/Clinic Staff (45.7%)	
Support & Programs Staff (45.4%)	

1: Workforce Segments and Engagement Drivers

Workforce Demographics		
Job Class	Full-time: 98%	Other: 2%
Age	<ul style="list-style-type: none"> <li>•&lt;30: 19%</li> <li>•30-39: 28%</li> <li>•40-49: 24%</li> </ul>	<ul style="list-style-type: none"> <li>•50-59: 19%</li> <li>•60-69: 8%</li> <li>•70+: 2%</li> </ul>
Priority Groups	<ul style="list-style-type: none"> <li>•Chickasaw: [REDACTED]</li> <li>•Veteran: [REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>•Other Native: [REDACTED]</li> <li>•Supports Chickasaw: [REDACTED]</li> </ul>
Other Groups	<ul style="list-style-type: none"> <li>•Non-Native: [REDACTED]</li> </ul>	

2: Workforce Demographics

##### 5 - What are your key market segments and/or customer groups? What percentage of business volume/revenue does each comprise?

Patients are the primary customer group, and their families represent our other customers. Macro-level patient segmentation and the requirements of each are summarized in figure 1; requirements for families tend to mirror those for patients. Primary stakeholders (in addition to our workforce) and the requirements of each, are highlighted in figure 2. The funding model with IHS does not lend itself to a clear-cut allocation between various patient segments, although 85% of third-party collections are derived from outpatient services, with the remaining 15% from the inpatient category. Outside of IHS funding, most population health services are funded by grants.

Unlike most non-tribal health systems, **the available market for our services is limited in several respects.** Geographically, we are limited to the 13 counties served according to the compact between CN and the U.S. federal government; we have



no ability to expand and encroach upon other IHS-designated service areas. From an individual patient perspective, most inpatient and outpatient services are limited to First Americans from all 570+ federally recognized tribes and Alaska natives. While we are a role model when it comes to answering the challenges plaguing rural health care across America, and we provide superior care to our non-tribal competitors across our service area, in most instances we cannot solicit their non-AI/AN customer base. Which in context, makes the strategic nature in which we have pursued growth over the past decade all the more impressive.

Conversely, many of the Nutrition Services programs, and those associated with priority community health issues managed by DRPH, are available to anyone in our service area, regardless of tribal affiliation. As such, we "wrap our arms" around the communities in which we live and work, recognizing and living up to our responsibility as the leader when it comes to stewarding health and wellness across our communities.

Patient and Customer Requirements	
Segment	Requirements
<b>Outpatient</b>	<ul style="list-style-type: none"> <li>•Timeliness and ease of access to facilities and health care services &amp; providers</li> <li>•High quality environment (facilities, equipment &amp; technology)</li> <li>•Comprehensive bundling of services in a single visit (one-stop shop)</li> </ul>
<b>Inpatient</b>	<ul style="list-style-type: none"> <li>•Continuity of care across providers and services</li> <li>•Safe, timely, equitable, efficient, patient-centered delivery of health care services</li> <li>•Responsive, empathetic, culturally sensitive providers and staff</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>•Communication and relationship with providers</li> <li>•Efficient and supportive transition from care</li> <li>•Wrap-around complementary services (wellness, nutrition, emotional/mental)</li> </ul>

1: Patient and Customer Requirements

Stakeholder Requirements	
Segment	Requirements
<b>Communities Within Service Area</b>	<ul style="list-style-type: none"> <li>•Population health services</li> <li>•Health and wellness education</li> <li>•Support for community needs</li> </ul>
<b>Other Chickasaw Nation Departments</b>	<ul style="list-style-type: none"> <li>•Socially responsible operations</li> <li>•Communication and collaboration</li> <li>•Process efficiency</li> <li>•Alignment with CN Mission and Core Values</li> </ul>

2: Stakeholder Requirements

**6 - What role do suppliers, partners, and collaborators perform in producing and delivering your key products, services, and/or programs?**

CNDH makes a clear distinction between suppliers and partners, both of whom play key roles in the mission of the organization. Suppliers are those that deliver goods and supplies or provide non-clinical services related to support processes. The key supply network requirements for suppliers include quality, accuracy, availability and cost. The major suppliers to CNDH are highlighted in figure 1. Partners (figure 2) are those who provide services within, and/or contribute significantly to, the delivery of health care services; additionally, other CN departments that provide support and resources for organizational support processes are a primary partner for CNDH. Key supply network requirements for partners include specific competencies or capabilities, connection with the CNDH mission and values, and quality and timeliness of service delivery. Collaborators assist CNDH within areas such as workforce recruitment and training. We have partnered with several universities for nursing, medical, pharmacy, dental, etc., for student rotations. CNDH has also worked with local organizations such as the state health department on community influenza immunization activities, COVID response, nutrition and food events, etc.

Key Supplier Types and Role in Work Systems	
Key Supplier Type	Role in Work Systems
<b>Medications</b>	<ul style="list-style-type: none"> <li>•Efficient work processes through accuracy and availability of needed supplies, materials, and equipment</li> <li>•Cost control of key work and support processes</li> <li>•Patient and workforce safety through high-quality products</li> </ul>
<b>General Medical Equipment</b>	
<b>Creative Services</b>	
<b>Furniture</b>	
<b>Office Supplies</b>	
<b>Linens &amp; Services</b>	
<b>Food</b>	
<b>Utilities</b>	

1: Key Supplier Types and Role in Work Systems

Key Partners and Role in Work Systems	
Key Partner	Role in Work Systems
<b>Referred Care Specialists</b>	<ul style="list-style-type: none"> <li>•Patient access to comprehensive care</li> <li>•Core competencies and resources not yet developed within CNDH</li> </ul>
<b>CN Organizational Support</b>	<ul style="list-style-type: none"> <li>•Operational effectiveness</li> <li>•Best practice sharing and innovation</li> <li>•Cost reduction and process efficiency</li> </ul>
<b>Local Universities and Career Techs</b>	<ul style="list-style-type: none"> <li>•Resident clinic support</li> <li>•Research grants</li> <li>•Referral services</li> <li>•Workforce capability and capacity</li> </ul>
<b>IHS Other Tribes CN Departments</b>	<ul style="list-style-type: none"> <li>•Support and resources</li> <li>•Collaborations</li> <li>•Best practices / benchmarking</li> </ul>
<b>Local and State Communities</b>	<ul style="list-style-type: none"> <li>•Legislative support</li> <li>•Collaboration for community events</li> </ul>

2: Key Partners and Role in Work Systems



## 7 - What types of competitors do you have, and what differentiates your organization?

There are several non-tribal health systems with a presence across our service area, with Mercy Ada being the largest, operated by the 6th largest health care system in the U.S. Also, within the Ada community, is an outpatient Federally Qualified Health Center (FQHC) operated by Central Oklahoma Family Medical Clinic, as well as several urgent care facilities. Additionally, there are outpatient service providers such as optometrists, physical therapists, and dentists across the service area. Chickasaw patients can access other IHS/tribal facilities nearby, such as those of the neighboring Choctaw Nation.

Because of changes brought about by the Affordable Healthcare Act, the vast majority of our patients have access to third-party insurance and can choose to seek services from any competitor in our service area. **As compared with non-tribal options, our differentiation is clear:** we provide health care services in a culturally competent environment, bundling services for a "one-stop shop" experience for access and convenience, empaneling a team of providers and health care professionals to each patient for consistent and deeper relationships, with multiple wrap-around services not available in non-tribal systems, such as transportation services. While tribal health care has a historical stigma associated with it that is less than favorable, **Oklahoma enjoys some of the best tribal health systems in the nation.** Eligible patients in our service area can take advantage of other high quality tribal systems, yet CNDH sets itself apart as a role model - as evidenced by our commitment to this Baldrige journey - continuing to be the provider of choice for our patients because of our brand image "We Are Quality," which imbues everything we do, from the quality of care we provide, to our facilities and equipment, to the experience our patients enjoy with each visit, all of which is predicated on the quality of workforce we attract and retain.

---

## 8 - What are your key communities? What role do these relationships play in supporting your organization and your key communities?

**Note:** Key communities may include the following:

- Local/geographic (e.g., volunteerism and other activities that benefit your community)
- Professional (e.g., participation and/or leadership of professional societies)
- Industrial (e.g., participation and/or leadership of trade associations)

Our mission is to enhance the overall quality of life of the Chickasaw people, which makes the Chickasaw Nation and its citizens our primary community. However, we also recognize our responsibility as a leader across our 13-county service area, within which we live and work, so we also consider the communities within our service area to be key communities. **We "wrap our arms around" these key communities** to steward health and wellness through a multitude of approaches.

CNDH is committed to ensuring representation on various community and state boards, participating in community events, etc. We partner with local health departments for things like immunization and also partner with hospitals in our area for collaborative emergency response efforts. Our CNDH Health Promotion and Awareness team engages and supports the communities with 5k fun runs, awareness activities and health messaging to improve health literacy. While at the events, staff is available for feedback mechanisms and health promotion feedback surveys.

Another example of key community involvement is through our Define Your Direction (DYD) program. DYD utilizes several mechanisms for community engagement and support. We utilize a multifaceted qualitative evaluation approach which includes stakeholder interviews, youth focus groups, community specific advisory group meetings as well as community feedback surveys for specific events. From these feedback mechanisms, we utilize the information for program improvement and to guide future efforts to support the communities. This allows our team to not only improve our key processes and improve quality, but also allows us to adjust our approach to support the specific needs of individual communities. The key activity in supporting these communities is capacity building for prosocial activities to facilitate sense of belonging and healthy habits to protect individuals against substance misuse and overdose.

**9 - What are the strategic challenges, threats, advantages, opportunities, core competencies, or other critical factors that most impact your organization's success and sustainability?**

CNDH's strategic advantages and challenges are summarized in figure 1. Annually and as part of our mid-cycle review process, CNDH assesses our competitive position through our strategic planning process. Our Strategic Planning Committee works through a SWOT exercise for the system.

Our strengths and advantages include being a role model organization having the privilege of serving patients with a rich cultural history that are often our family. It is a federal trust responsibility to ensure that health care and other services are provided to tribes. This responsibility stems in part from the tribe's exchange of land and resources, often involuntarily, for services and is backed up by numerous treaties, laws, executive orders and court decisions. Our patients' right to health care is not taken lightly, thus we operate with high reliability processes that produce top decile outcomes.

Our system is incredibly unique when compared to a general acute care hospital. Our DRPH department is a great example; they offer community engagement offerings such as after prom parties that promote abstaining from drug and alcohol use. These events are incredibly powerful in promoting health and wellness, however, when data on the actual effectiveness of such community events can present a challenge as data of this type is often not available.

The Chickasaw Nation is an incredible story of resilience and sustainability. From being forcibly removed from our homeland to becoming one of the first tribes to compact with IHS to administer our own healthcare program, we continue to increase services to our people by increasing access, service locations, revenue, services and more. We have long term strategic plans that provide a framework to guide us through our identified SWOT while navigating the ever-changing industry. We have built a financial reserve that allows us to have agility and security when threats occur.

## Strategic Advantages and Challenges

### Strategic Advantages and Strengths

- Chickasaw culture and heritage
- Stable leadership
- Reputation
- High reliability, role model
- Patients not billed for services they receive
- Up-to-date, clean facilities
- Multitude of services under one roof
- Continually meeting the challenge to improve
- Strong leadership with tenure
- Resilience

### Strategic Challenges

- Rural location (patient access, recruiting)
- Growth rate of patient demand on space and staffing
- Inefficient EMR technology
- Limited federal resources
- Limitation on some services (e.g. neurology)
- Unique system and offerings can present challenges for comparisons

1: Strategic Advantages and Challenges

## CNDH Core Competencies

- Culturally competent care
- Patient-focused excellence
- Access to affordable, comprehensive, high-quality health care
- Stable, visionary leadership

2: Core Competencies



## 10 - What are your key applicable regulations, as well as accreditation, certification, or registration requirements?

CNDH is subject to a complex matrix of regulatory requirements. The laws and regulations of CN govern our existence as an entity. Since we receive a degree of federal financial assistance, we fall under the regulations of the federal agency, IHS. However, unlike private health systems and organizations, **CN facilities are not subject to state and local agencies rules and regulations.** However, CN has created programs of equivalent or more stringent standards in their place. CNDH receives audits on a regular basis from CN departments. CNDH seeks out and adheres to the highest levels of safety and quality standards available, including Joint Commission accreditation, the Centers for Medicare and Medicaid Services (CMS), privacy and information security (Health Insurance Portability and Accountability Act, HIPAA), COLA, Inc. Laboratory Accreditation, the American College of Radiology (ACR), the FDA for Mammography certification, Accreditation Council for Graduate Medical Education, the Oklahoma State Board of Pharmacy, the federal Office of Environmental Health and Engineering, Indian Health Service for sanitation and clean water guidelines, etc. Operationally, we are subject to OSHA regulations for workplace safety. CNDH has processes to ensure regulatory and accreditation compliance such as: formal review of all legal contracts and business agreements, formal compliance program and hotline, legal review of all regulatory and patient rights policies, HIPAA Privacy and Security program and reporting system, risk management program and reporting system, accreditation program and routine tracers, hazard surveillance rounding, compliance coding and billing audits, medical staff credentialing program and audits, etc. CNDH tracks multiple measures associated with each program (i.e. Risk Management, Compliance, HIPAA, IEH, etc.)

---

## 11 - Is there anything you consider unusual about your environment or business model that would aid in understanding your organization?

To emphasize characteristics of our organization that would be helpful to consider as you evaluate our results:

1. Compared to non-tribal health systems, **we are significantly restricted when it comes to the available market for our services** (i.e. those eligible for services) which makes the strategic nature with which we have grown services and access over the past decade - as illustrated in the list of intelligent risks and strategic opportunities leading to above benchmark growth in revenue - to be even more impressive.
2. Our allocation from the federal government is relatively low compared with our patient community needs, so to ensure resilience and long-term success, **we must be disciplined in the stewardship of the resources provided to us**, and innovative in finding ways to increase sources of additional revenue to fund expansion and cash reserves for the future, reflected in role model levels of budget performance and days cash on hand.
3. **The relationship we enjoy with our patients is unique compared with non-tribal health systems**, with most being family and friends within the communities in which we live, and that impacts how we serve them, leading to significant investments in the overall patient experience, resulting in top-decile patient engagement and satisfaction scores.
4. Most services we provide are typical in the health care industry, so our differentiator is to provide services with a high degree of excellence, which has resulted in a **CMS 5-Star rating for overall quality for 6 of the last 7 years**, a feat that is unmatched in most health systems across the nation.
5. Because of the people we serve and the high degree of excellence with which we serve them, and our commitment to investing in the development and careers of those who choose to join us, **our workforce is uniquely connected to our mission, purpose and brand image**, reflected in the top quartile/decile results from the annual employee engagement survey.

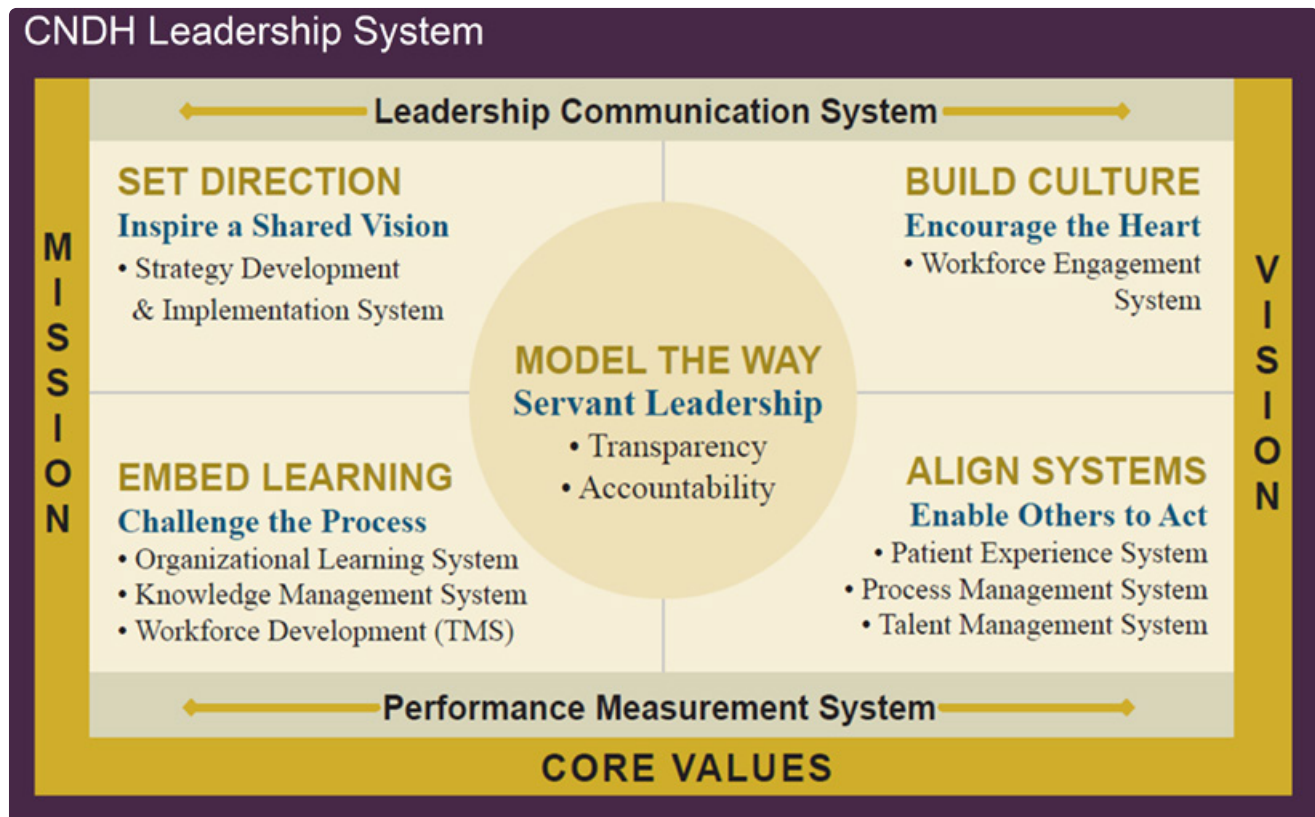
# LEADERSHIP & GOVERNANCE

---

## Leadership and Governance

**1 - Briefly describe and/or depict your leadership and governance processes and/or systems, including processes for succession planning and for two-way communication.**

**LEADERSHIP:** The CNDH Leadership System identifies five macro-level responsibilities of senior leaders and the senior leadership team, which are highlighted in gold font; the blue font represents personal actions that SL demonstrate to support each area of responsibility; the bulleted items represent the Core Baldrige Systems that operationalize each of the elements of the leadership system. The Communication System supports deployment across all five elements, while the Performance Measurement System supports evaluation and learning. The graphic depicts how we are a role model organization driven by our Mission as we strive to achieve the compelling future Vision for our organization, all the while grounded in our Core Values as the foundation for all we do. **GOVERNANCE:** Responsible governance is accomplished through transparency and accountability on multiple levels: the SLT, CNDH Governing Board, and CN Government structure. **SUCCESSION PLANNING:** Development of future leaders is supported by the CN Leadership Academy, including required core level learning for all individuals in a supervisory position with advanced level courses and training required as supervisors and managers increase in their leadership responsibilities. SL take an active role in identifying and encouraging advanced level Leadership Academy participants and providing mentorship outside of formal training to supplement and enhance their learning; this ensures CNDH remains resilient. **COMMUNICATION:** the Leadership Communication System summarizes the multiple methods used by SL to communicate with and engage the workforce. In addition, SLs participate in VOC methods to engage patients and other customers, as most SL have daily responsibilities involving direct patient and customer interaction. All are active in leadership rounding with patients and the workforce.



1: CNDH Leadership System



## Leadership Communication System

	Audience						Purpose			
Method	Frequency	Workforce	Patients	Community	Suppliers	Partners	Direction	Culture	Alignment	Learning
Leadership Rounding*	D	•	•				•	•	•	•
Patient Surveys	D		•						•	
Complaints, Grievances, Compliments	D		•						•	
Community Connection Groups*	A N		•	•					•	•
CN/Community Events*	A N	•	•	•		•		•		•
Department Meetings*	W	•					•	•	•	•
General Staff Meetings*	M	•					•	•	•	•
CN Cabinet & Leadership Meetings*	B W					•	•	•	•	•
Supplier / Partner Meetings*	A N				•	•	•			
Inter-Tribal Council*	Q					•	•	•	•	•
New Employee Onboarding*	W	•					•	•	•	
Employee Engagement Survey	A	•							•	•
Culture of Patient Safety Survey	B A	•						•	•	•
Employee Performance Reviews*	A	•					•	•	•	•
Open Door Policy*	A N	•	•	•	•	•	•	•	•	•
Hospital Week, Nurses Week, Medical Staff Week*	A	•	•		•	•		•		
Intranet	D	•					•	•	•	•
Website	D	•	•	•	•	•	•	•		•
Email*	D	•	•	•	•	•	•	•	•	•
CN TV, Video & Print media	D	•	•	•	•	•	•	•		•
*Two-way communication										
A-Annually	BW-BiWeekly		Q-Quarterly							
AN-As Needed	D-Daily		W-Weekly							
BA-BiAnnual	M-Monthly									

2: Leadership Communication System

## Processes for Responsible Governance

Governance Process	1	2	3	4	5	6	7	8	9
<b>CN Government Structure</b>									
Monthly reporting to CN Governor	•	•	•	•	•		•	•	
CN Governor appoints position						•			•
Participation & reporting at CN Cabinet & Leadership meetings	•	•	•	•	•			•	
VOC input from community to CN Governor	•			•	•			•	
External financial audit	•		•		•		•	•	
<b>CNDH Governing Board</b>									
Governing Board monthly & quarterly review of budget, compliance, patient safety	•	•	•	•	•		•	•	
External financial, regulatory & accreditation audits & reviews	•		•	•	•		•		
Annual performance evaluation—Secretary of Health	•	•	•	•	•		•	•	•
Compliance program / Code of Conduct	•			•	•		•	•	
<b>SLT &amp; Functional Committees</b>									
Comprehensive organizational performance reviews	•	•	•	•	•		•	•	
SPP & ESM	•	•	•	•	•			•	
Annual SL performance evaluation	•	•	•	•	•		•	•	•
Daily reporting of patient safety events, complaints & grievances	•			•	•			•	
Leadership/workforce development		•	•		•		•	•	
<b>Legend</b>									
1: Accountability for SL actions, 2: Accountability for strategy, 3: Fiscal accountability, 4: Accountability for patient safety & health care quality, 5: Transparency in operations, 6: Selection of Governance Board, 7: Internal & external audit independence, 8: Protection of stakeholder interests, 9: Succession planning for senior leaders									

3: Processes for Responsible Governance

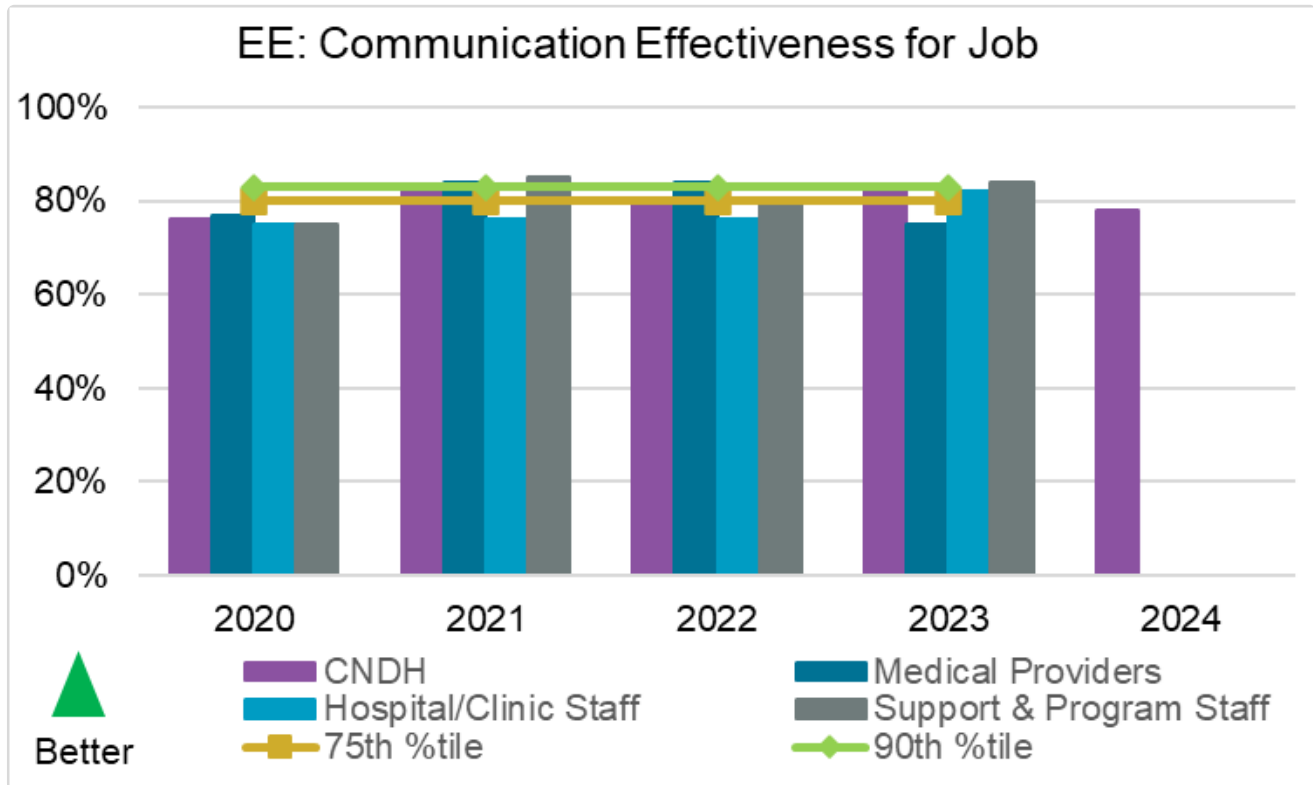
**2 - What are your results for the effectiveness of senior leaders' engagement and communication by key workforce segments (e.g., workforce ratings of leaders)?**

1: CNDH leaders employ a variety of communication methods to ensure employees receive information needed to do their jobs. Employee Engagement (EE) survey results depict sustained trends over the past five years at

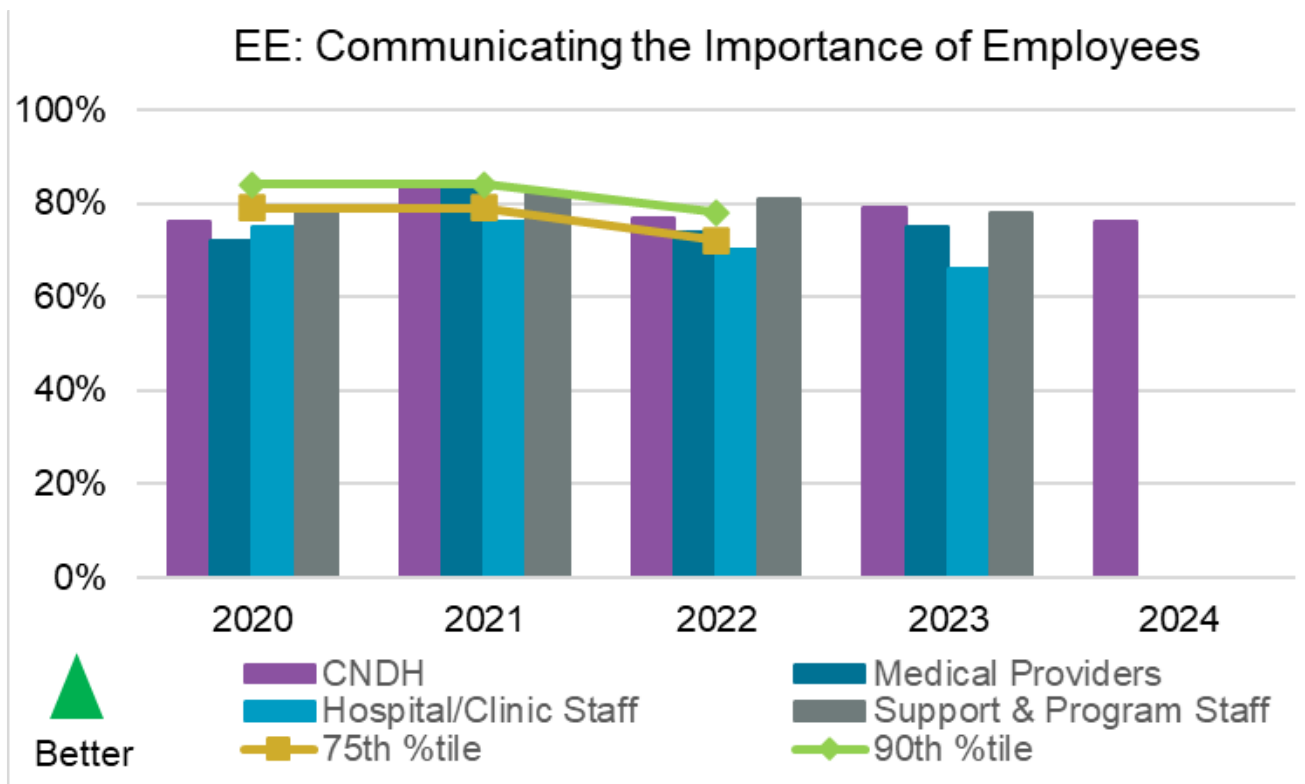
top quartile/decile performance, both overall and in most of the segregated results for our key workforce groups.

2: One of the primary messages in leader communication is the importance of our employees in the success and mission of CNDH. Trends for this EE survey question have been at top quartile/decile levels for the past five years, both overall and in most segmented results (benchmarks no longer available after 2022).

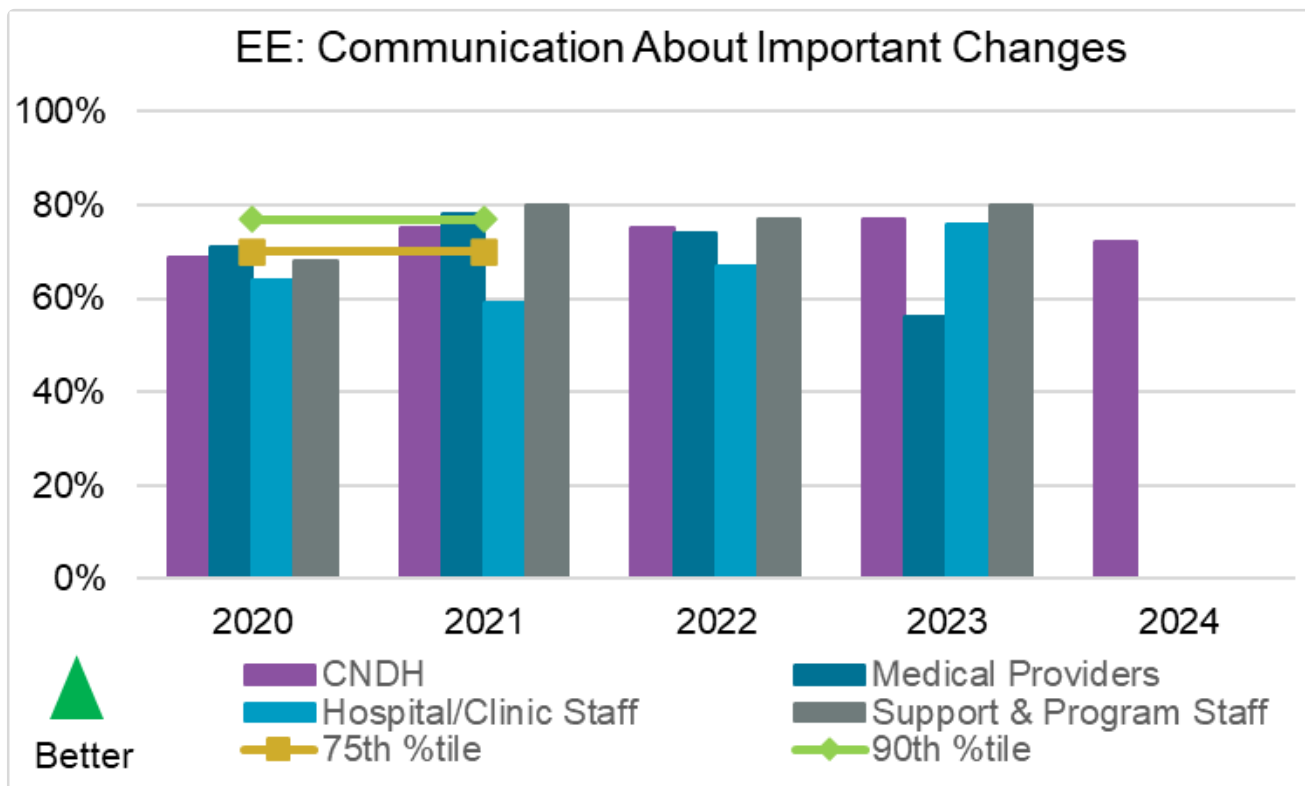
3: Effective organizational change management includes communicating with our workforce about important changes. Although our survey vendor no longer includes this question in their benchmark data set, we have maintained historical top quartile/decile performance in overall results and in most segmented results.



1: EE - Communication Effectiveness for Job



2: EE - Communicating the Importance of Employees



3: EE - Communication about Important Changes

### 3 - What are your results for the effectiveness of senior leaders' engagement and communication by key customer and stakeholder segments?

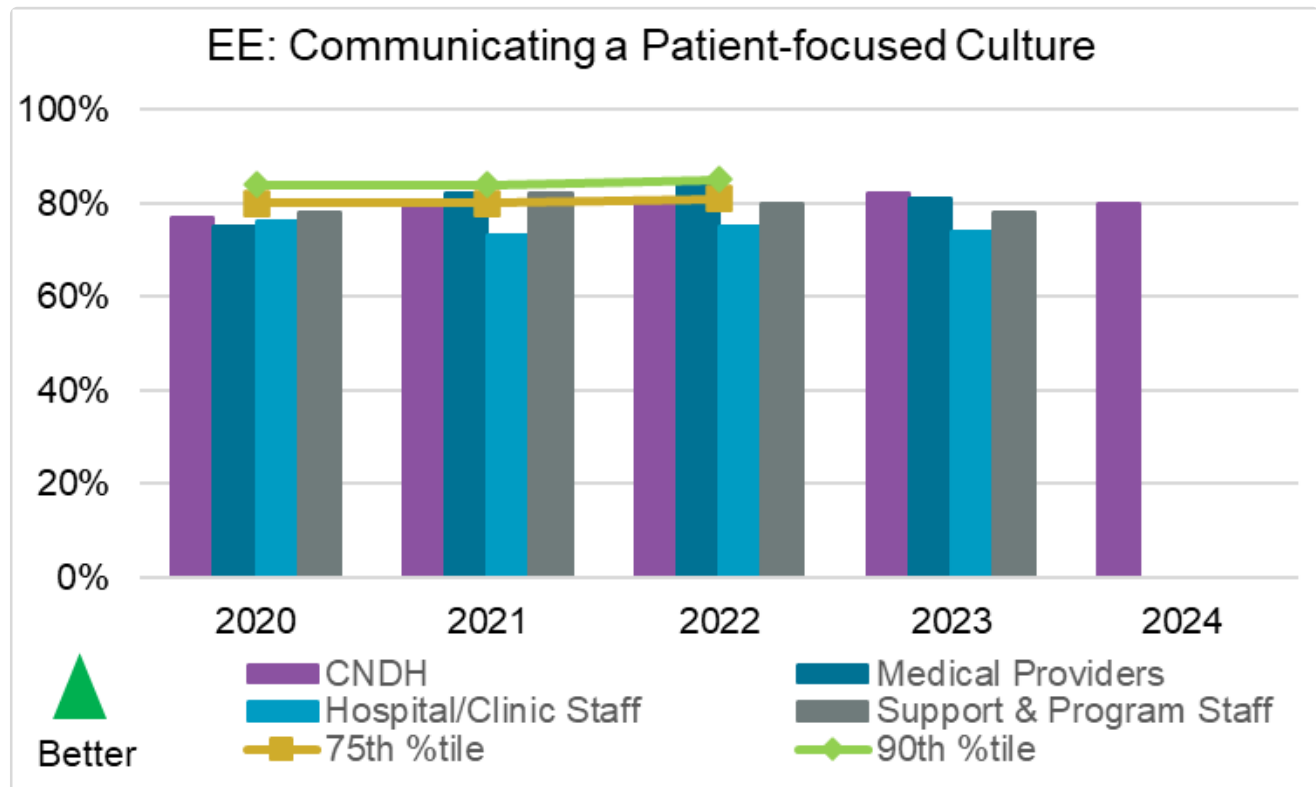
1: Another key message throughout the Leadership Communication System is that patients are at the center of our mission. Results from the EE survey illustrate how effective this messaging has been, with performance



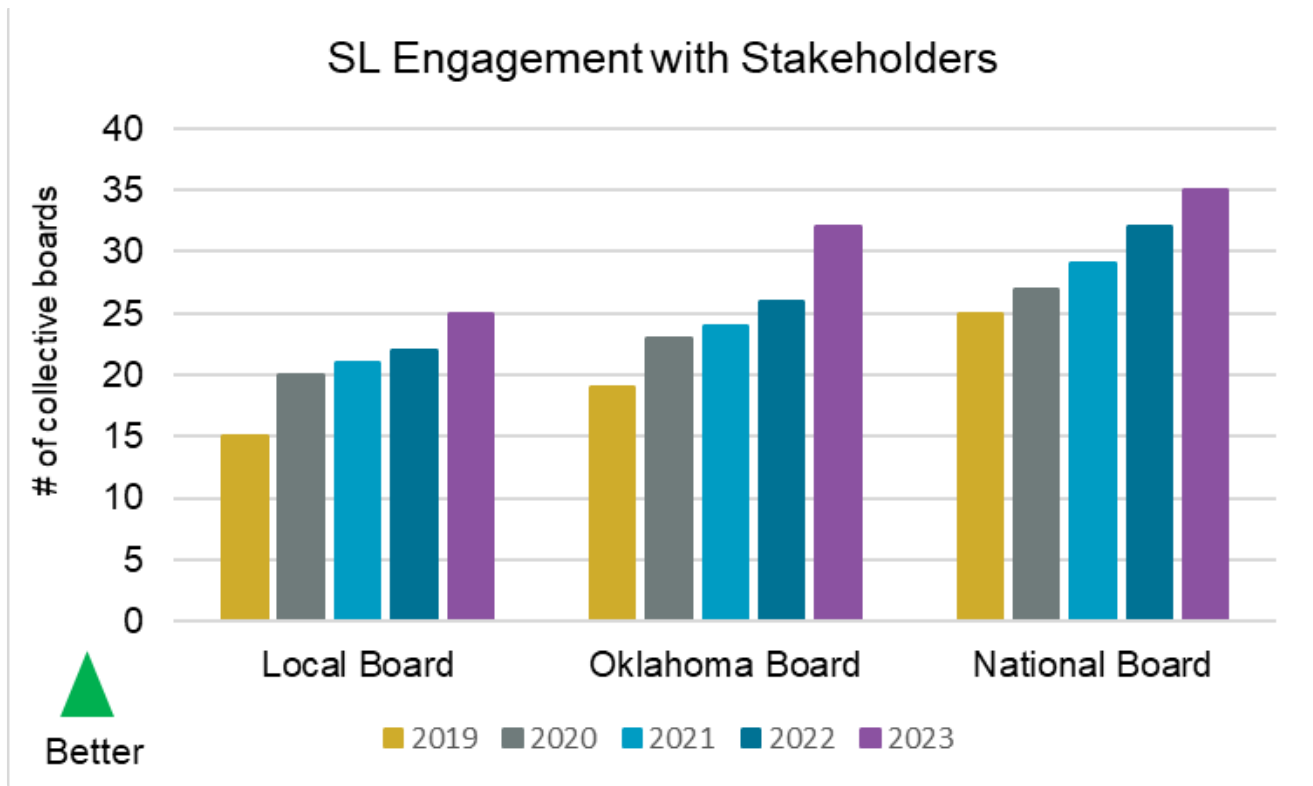
sustained at top quartile/decile levels over the past five years from an overall perspective as well as most segmented results.

3: CNDH leaders are active participants on several boards across our service area, the state of Oklahoma, and throughout the nation, providing a key listening post for community issues and health care priorities from a variety of customer and stakeholder groups. Collective participation by SL on boards has increased connection with external stakeholder groups over the past five years.

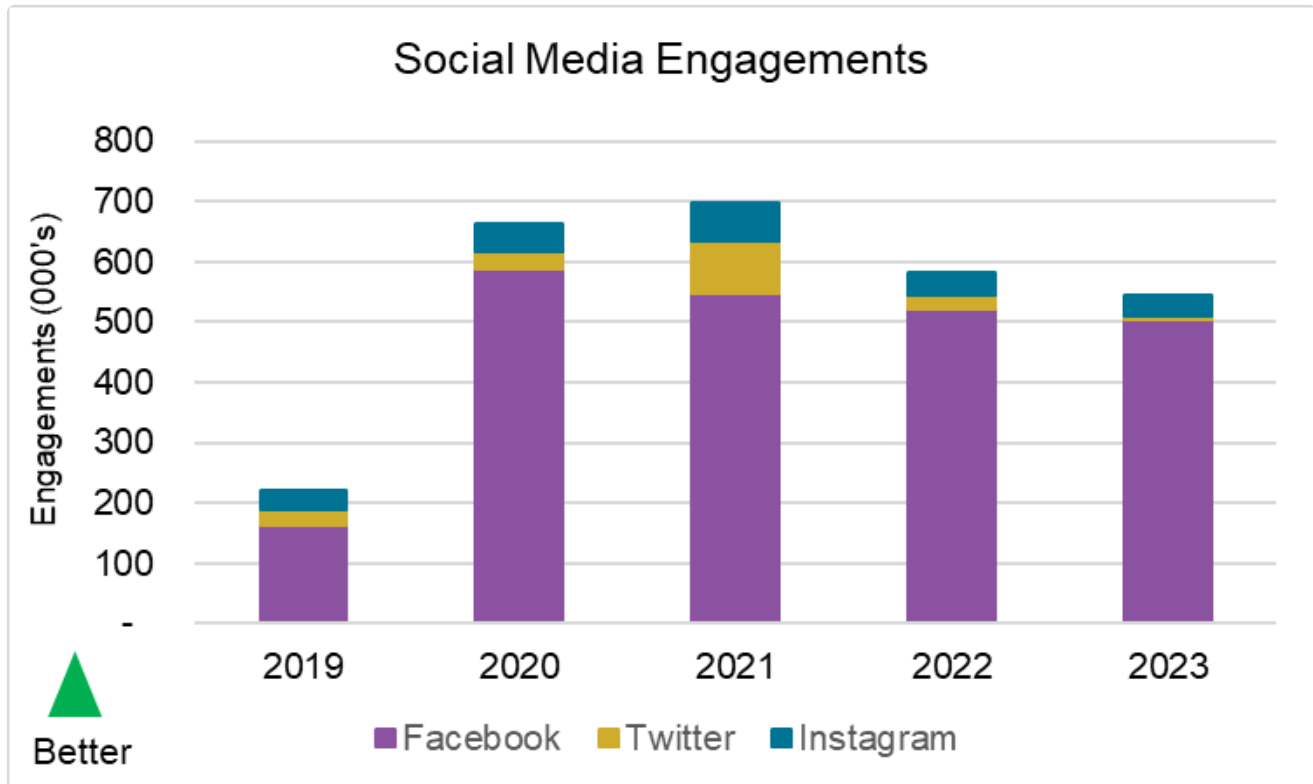
3: Social media is a key communication mechanism with our patients and community. Engagement spiked at the height of the COVID pandemic, but continue to exceed a half-million unique engagements each year.



1: EE - Communicating a Patient-focused Culture



2: SL Engagement with Stakeholders



3: Social Media Engagements

#### 4 - What are your results for leadership and governance accountability (e.g., internal and external audits and assessments, certifications, and accreditations)?

**Note:** Comparisons are not expected for this question.

1: Results aligned with the systematic processes for ensuring responsible governance demonstrate sustained role model levels over the past five years.

2: Results for legal, regulatory and accreditation indicators depict long-term success with maintaining full compliance in all areas for many years, as demonstrated in the past seven years of results.

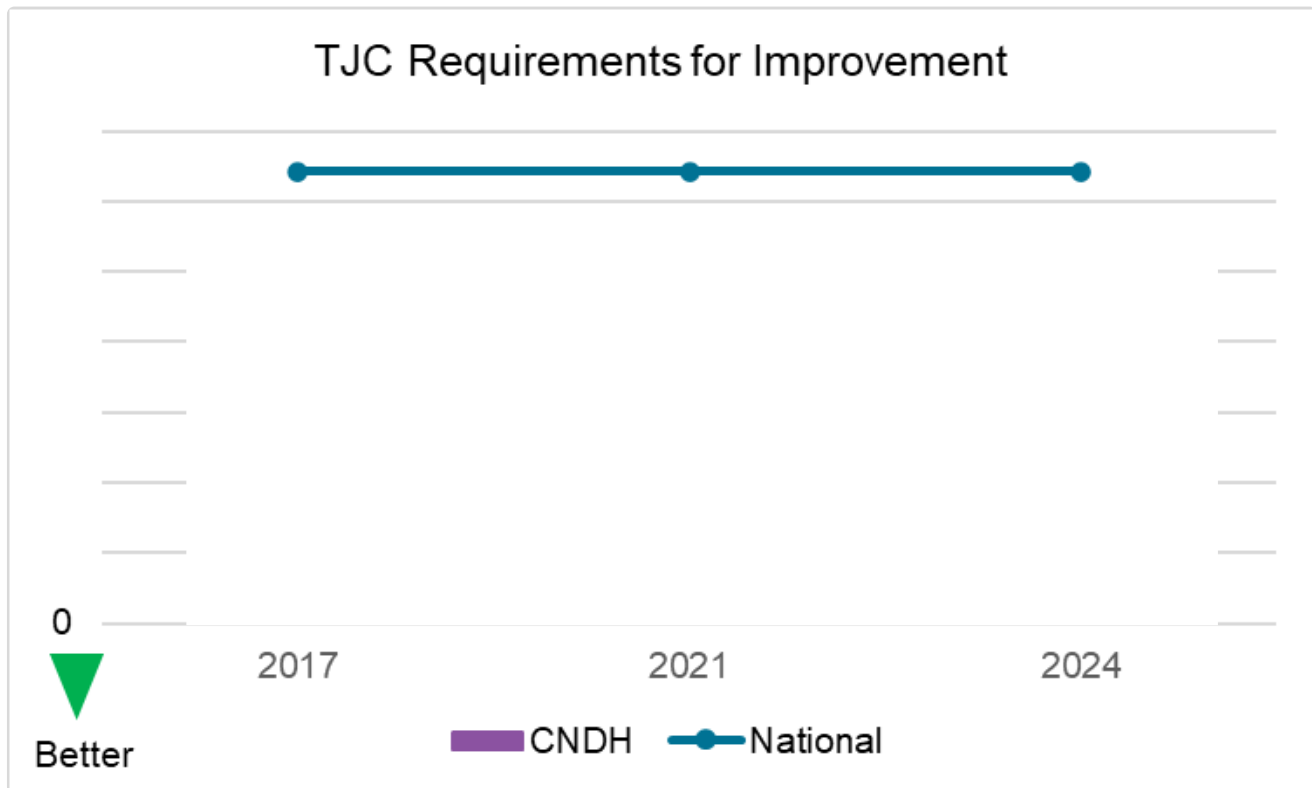
3: Hospitals that fail to meet a minimum accountability measure composite of 85% at the time of their TJC survey will receive an RFI (Requirement for Improvement) “finding”; CNDH has performed well above the national comparison for nearly a decade (2024 benchmarks not yet available).

Results for Key Governance Processes					
Measure	2019	2020	2021	2022	2023
Accountability for SL Actions					
Monthly Report to CN Governor - on time	Met	Met	Met	Met	Met
Accountability for Strategic Plan					
ESM deployment rate	0%	20%	45%	95%	100%
Fiscal Accountability					
Expenses at or below Budget	Met	Met	Met	Met	Met
Accountability for Patient Safety & Health Care Quality					
CMS STAR Rating	5	5	4	5	5
Transparency in Operations					
* Only occurs every three years	2014	2017	2021	2024	2024 High Risk
TJC Findings	--	--	--	--	-
Selection of Governance Board Members					
Governing Board core vacancies	0	0	0	0	0
Internal & External Audits					
Financial audit findings	-	-	-	-	-
Succession Planning					
Leadership Academy graduates	15	12	10	23	33

1: Results for Key Governance Processes

Legal, Regulatory, and Accreditation Results		
Process	Process / Measure	CNDH Results 2017-2023
Risk Management	Compliance Risk Assessment - Completion	Complete
	Patient Safety Training - Conducted	100%
	Emergency and Code Drills - Conducted	100%
Ethics Management	CMS Sanctions Checking - % Checked	100%
	Criminal Background Checks - % Conducted	100%
	Annual HHS Breach Reporting - Completed	100%
Accreditation / Licensure	Joint Commission Hospital Accreditation	Fully Accredited
	Joint Commission Home Care Accreditation	Fully Accredited
	College of Pathology Accreditation	Fully Accredited
Regulatory / Legal	Policy - Mandatory HIPAA training: % attendance	100%
	OSHA Reporting - % Compliance	100%

2: Legal, Regulatory, and Accreditation Results



3: TJC Requirements for Improvement

##### 5 - What are your results for grievances and complaints, including those related to safety, the Equal Employment Opportunity Commission (EEOC), and ethics?

1: Current and separated employees are provided with processes to present concerns to human resources if they feel a situation was unfairly handled, this is reflected in the appeals and grievances counts. No EEOC-related appeals or grievances have been filed in the past five years.

2: A key indicator for the effectiveness of our processes to promote ethical behavior is the percentage of involuntary employment separations that are ethics related. We experience a very low volume of these each year, both in total



separations and as a percentage of all annual involuntary separations.

3: Health Information Technology for Economic and Clinical Health Act (HITECH) is similar to HIPAA, but considers more current factors; CNDH has experienced zero sanctions over the past eight years.

EEOC-related Appeals and Grievance					
	2019	2020	2021	2022	2023
Appeals & Grievances					
EEOC-related	-	-	-	-	-



Better

1: EEOC-related Appeals and Grievances

Ethics-related Involuntary Separations					
	2019	2020	2021	2022	2023
Total Involuntary Separations					
Ethics-related					
% of Involuntary Separations					



Better

2: Ethics-related Involuntary Separations

HITECH Sanctions	
Year	# of Sanctions
2016	0
2017	0
2018	0
2019	0
2020	0
2021	0
2022	0
2023	0

3: HITECH Sanctions

# STRATEGY

---

## Strategy

**Note:** Comparisons not expected for the results in this section.

---

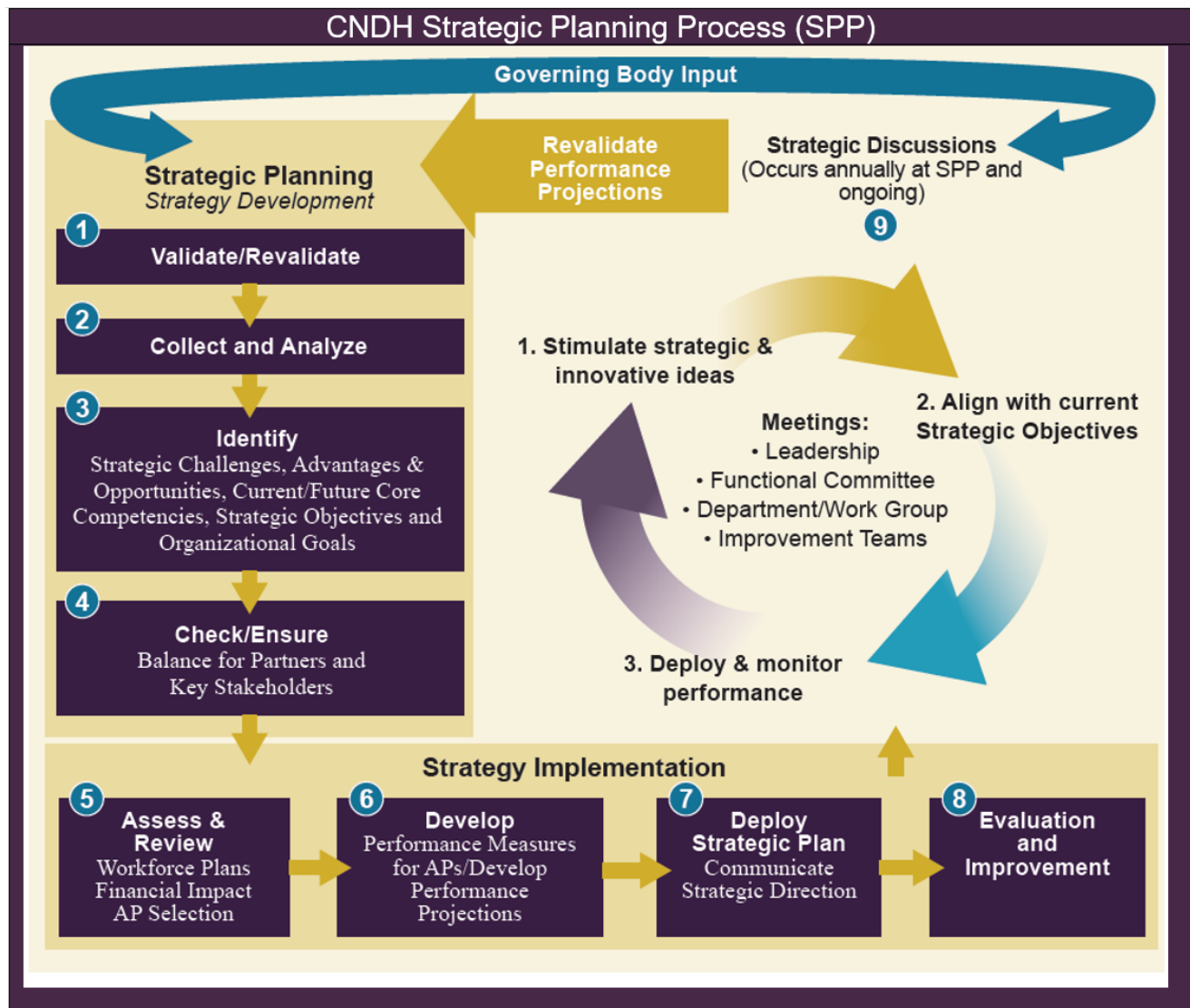
### **1 - Briefly describe and/or depict your key processes used in strategic planning, including development, resource allocation, and execution.**

Strategic planning for CNDH occurs across multiple horizons to ensure a long-term perspective with near-term priorities and actions, which has been key for us in achieving and maintaining role model results in our most strategically important measures and indicators through some of the most challenging times in health care.

CN develops a 20-year plan, which cascades into a 10-year plan for CNDH, and ultimately into our near-term SPP, depicted in figure 1. Three macro phases of the SPP include: Strategy Development, Strategy Implementation and Strategic Discussions, each of which consists of multiple steps. In addition to engaging a broad cross section of workforce and other stakeholders, inputs include collecting and analyzing a robust set of information that addresses a wide breadth of external influences, and internal indicators.

A mature, well-deployed, systematic budget and resource allocation process ensures financial and other resources are available to support strategic objectives and action plans, while meeting current and future obligations. The SPP is orchestrated through a Strategic Planning Committee that meets monthly to review action plans, outcomes, resource allocation and overall status of work being conducted toward goals and objectives of the strategic plan. Rollout of the plan starts with a message from the Secretary of Health (CEO) in which all CNDH employees are required to participate. In addition, all employees receive a copy of the plan and have departmental KPIs monitored through ESM monthly that align their work with plan goals and objectives.

Results in question 3 of this section reflect the tremendous progress we achieved through the 2020-2023 plan cycle in our most important organizational strategic measures. These are also referenced in other sections of the application as "(KEY)", with more detailed trends, benchmarks, and segmentation. Our 2024-2027 plan depicts the next chapter in our story of long-term success and resilience.



1: Strategic Planning Process



<b>SPP Data, Information and Analysis Inputs</b>	
<b>External Environment</b>	<ul style="list-style-type: none"> <li>•Citizen gap survey</li> <li>•Community Health Assessment</li> <li>•Epidemiology / prevalence data</li> <li>•Regulatory, compliance and legal updates</li> <li>•Access to nutritious food by county</li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>•Press Ganey patient experience data</li> <li>•Complaints, grievances and compliments data</li> <li>•Current patient demographics</li> <li>•Billing data</li> <li>•High cost services (top 5)</li> <li>•Payor mix by service type</li> </ul>
<b>Workforce Capability, Capacity and Engagement</b>	<ul style="list-style-type: none"> <li>•Employee demographic data</li> <li>•Utilization trending / workload data</li> <li>•Turnover rates</li> <li>•Staffing ratios per area</li> <li>•Annual EES data</li> <li>•Culture of Safety survey data</li> <li>•Current org chart</li> </ul>
<b>Work Systems and Processes</b>	<ul style="list-style-type: none"> <li>•Department specific SWOT analysis</li> <li>•Key performance indicators</li> </ul>
<b>Suppliers / Partners</b>	<ul style="list-style-type: none"> <li>•Referral rates by type</li> <li>•Number of transfers</li> </ul>
<b>Financial Performance</b>	<ul style="list-style-type: none"> <li>•Financial statements</li> <li>•Revenue generating areas</li> </ul>

2: SPP Data, Information and Analysis Inputs



### 3: SP Execution

## 2 - What are your results for accomplishment of your action plans?

While maintaining or improving our key strategic measures, the primary focus of the 2020-2023 strategic action plans was to improve the patient experience, enhance organizational capabilities in our information systems, expansion of services, and workforce engagement (covered in question 4).

1: We have significantly invested in resources to improve the patient experience, resulting in role model processes and improved visibility into issues that impact patient satisfaction and engagement.

2: We dramatically improved the information architecture of the organization, implementing systems and processes that improved our ability to collect valuable VOC information, deploy information for data-driven decision-making, and improve strategic alignment.

3: Intelligent risk-taking for strategic opportunities identified through the SPP have led to a multitude of service expansion opportunities across our health system, improving access to comprehensive quality health care for our patients.

Strategic Action Plans 2020-2023: Patient Experience	
Strategic Plan Action	% Complete
1. Consistent Messaging	100%
2. Listen to Customers	100%
3. Improve Communication	100%
4. Use Survey Tools	100%
Outcomes and Impact	
<p>➤ Significant investment in the Patient Experience Team has supported growth from a single person focused on complying with regulations for patient grievances, to a 10-person team partnering with nurses, physicians, and staff to ensure a standardized patient experience, leading to a 300% increase in capturing patient complaints while improving on our top-decile customer engagement scores.</p>	
<p>➤ Expanded the use of survey tools to allow for increased opportunities for listening to customers, resulting in dramatic growth of overall customer responses from 460 in 2020 to more than 15,000 in 2023.</p>	
<p>➤ Deployed a new CNDH website that includes additional information about services and programs offered, while serving as a communication source for patients.</p>	
<p>➤ Implementation and full deployment of Leadership Rounding has improved communication with patients, families, and front-line employees, resulting in an improvement in the EE Survey question for “Customer Focus” from 78% in 2020 to 80% in 2023.</p>	
<p>➤ Increased feedback opportunities with current and potential patients and customers through greater visibility in community events, from 2 events in 2020 to 15 in 2023.</p>	
<p>➤ Addressing one of the most challenging VOC issues in health care, we implemented an innovative, point-of-service Outpatient Satisfaction Survey process, providing real-time insight into the patient experience through our clinic environment, highlighting data-driven improvement opportunities that are primarily anecdotal in most health systems.</p>	
<p>➤ To address a growing and pervasive need for access to high quality behavioral health care across our community, we created the Medical Family Therapy (MedFT) team. Initially launched with nine staff members in a traditional outpatient therapy model, MedFT currently has 35 therapists in an embedded mental health care services model across four sites. Patient access has grown from 1,200 visits per year to over 20,000 visits annually, with continuing need for year-over-year growth in the team to meet the demand.</p>	

1: Strategic Action Plan Results: Patient Experience

Strategic Action Plans 2020-2023: Improving Data & Information Capabilities	
Strategic Plan Action	% Complete
1. Explore Improvement Possibilities	100%
2. Leverage Technology	100%
3. Track and Drive Stewardship	100%
4. Explore New Technology	100%
5. Investigate Data Collection Systems	100%
6. Track User Feedback	100%
7. Establish Technology Evaluation Plan	100%
Outcomes and Impact	
<p>➤ Implemented and fully deployed Midas System, improving our ability to capture rounding data and customer complaints/compliments, resulting in an increase in the number of recorded complaints by over 300% from 2019 to 2023, providing a rich source of information from which to identify improvement opportunities for our patients' experience, ultimately improving on our top-decile patient engagement scores.</p>	
<p>➤ Implemented and fully deployed ESM Strategy software, improving the effectiveness in deployment and alignment of our strategic plan, resulting in an improved line of sight between individual employee and department activities, as reflected in the EE Survey question "I can see a clear link between my work and the organization's strategic objectives" increasing from 79% in 2020 to 83% in 2023.</p>	
<p>➤ Implemented and fully deployed HealthCatalyst as our electronic data warehouse, with Microsoft PowerBI as the data visualization tool, improving our ability to deploy key measures and indicators for data-driven decision-making in a real time basis via organizational and department-level dashboards, resulting in improvements in employee perceptions of information availability as reflected in the EE Survey question "I receive the information I need to do my job effectively" increasing from 76% in 2020 to 82% in 2023.</p>	
<p>➤ To promote environmental sustainability as part of our overall societal contribution, we adopted robust usage of the Energy Star Profile Manager technology solution to assist in performance improvement resulting in our overall Energy Star Score increasing (higher is better) by 29 points, a reduction (lower is better) in Source EUI by 68, and a decrease in water use (lower is better) by 1,552.</p>	
<p>➤ Completed an extensive due diligence process to select Epic as our new Electronic Health Record system, in addition to a robust project plan for implementation and full deployment of the solution throughout our organization, addressing a major threat to resilience in our information infrastructure associated with our current aging EHR.</p>	
<p>➤ We explored and leveraged new technology to create a state-of-the-art simulation center, in concert with the creation of the Nursing Learning and Development department, that promotes evidence-based practice and allows training of all staff. The simulation center is working toward formal accreditation as part of their most recent strategic efforts.</p>	
<p>➤ Several technology solutions were leveraged in Nutrition Services, including becoming the first WIC program in the U.S. to successfully launch a fully online transaction option for WIC participants. To improve efficiencies and enhance patient safety, we helped develop Sygnal FDP for the Food Distribution Program, and utilize Computrition, a food ordering software for Okchamali's Café'.</p>	

2: Strategic Action Plan Results: Data & Information Capabilities



Intelligent Risks - Expanded Services			
Intelligent Risks	Year	# Patients Served	Revenue
Purcell Expansion	2017		
MRI Expansion	2019		
Family Medicine Residency Program	2019		
Retinal Scanning	2019		
Pediatric Expansion	2020		
COVID Testing Program	2020		
DME Store	2020		
MAT Clinic	2020		
COVID Vaccination Program	2021		
Expansion of Urology Men's Health	2021		
Looapila' Pharmacy Clinic	2023		
Virtual Visit Expansion	2023		
Empowered Living Expansion	2023		
Infusion Clinic Expansion	2023		

3: Intelligent Risks - Expanded Services

### 3 - What are your results for the impact of your organizational strategy?

**Note:** These are the results demonstrating the impact of accomplishing your strategic goals and/or objectives.

In 2019, we significantly improved our SPP, resulting in the 2020-2023 strategic plan. The impact of actions taken, and improvements made over that period impacted our patients, our workforce, and our financial resilience, as depicted in the results below:

- 1: In terms of impact on our patients, we were able to grow the number of encounters through expanded services, while maintaining high levels of quality, dramatically improving patient safety and access, and achieving top decile patient engagement.
- 2: Through one of the most challenging eras in the health care industry during the height of COVID, we improved workforce engagement, retention, development, and safety to benchmark levels.
- 3: Long-term success often comes down to financial resiliency, and CNDH has made remarkable strides over the past five years, growing revenue and operating margin that ultimately led to top-decile levels of cash reserves.

CNDH 2020-2023 Strategic Plan: Impact on Patients							
Key Measure of Success		2019	2020	2021	2022	2023	Performance Level
Total Patient Encounters (000's)	▲	957	967	1,119	1,066	1,084	Surpassed 1 million
CMS Overall Star Rating	▲	5	5	4	5	5	Top Decile
Patient Safety: Getting to Zero Fallouts	▼	3.9%	4.4%	3.5%	1.8%	1.5%	Role Model
Same Day Access Patient Visits	▲	9,616	9,130	7,526	8,311	13,586	40% Incr. over Pre-COVID
HCAHPS Patient Survey Star Rating	▲	4	4	5	4	5	Top Decile
Willingness to Recommend %tile	▲	94	91	93	92	95	Top Decile

1: Strategic Impact on Patients

CNDH 2020-2023 Strategic Plan: Impact on Workforce							
Key Measure of Success		2019	2020	2021	2022	2023	Performance Level
Overall Engagement - Recommend %	▲	87%	88%	83%	85%	83%	Top Quartile
Total Workforce Turnover %	▼	13%	15%	18%	17%	9%	Top Decile
Voluntary Workforce Turnover	▼	10%	10%	13%	14%	8%	Exceeds Baldrige Winner
Training Effectiveness %	▲	88%	91%	88%	90%	86%	Top Decile
Safety - TRIR	▼	2.5	2.2	2.5	2.1	1.7	Exceeds Industry Benchmark
Oklahoma Certified Healthy "Excellence"	▲	Yes	Yes	Yes	Yes	Yes	Highest Award Designation

2: Strategic Impact on Workforce

CNDH 2020-2023 Strategic Plan: Impact on Financial Resilience							
Key Measure of Success		2019	2020	2021	2022	2023	Performance Level
Revenue (\$ million)	▲						Growth exceeds Moody's AA
Third Party Collections (000's)	▲						High Strategic Impact
Days Cash on Hand	▲						2X Moody's AA
Operating Margin	▲						15X Moody's AA
Actual Expense to Budget %	▼						Role Model

3: Strategic Impact on Financial Resiliency

#### 4 - What are your results for achievement of workforce plans, including capability and capacity for strategically important positions?

1: Strengthening the employee experience was one of the strategic objectives in the 2020-2023 plan. Even through the COVID pandemic that wreaked havoc among health systems across the country, affecting perceptions of health care professionals and their decisions to remain in the industry, we remained disciplined in executing our plans resulting in improvements in workforce satisfaction and engagement.

2: Challenges in recruiting health care professionals to a rural environment continues to be a strategic challenge. This has led to stronger and additional partnerships with local colleges and schools for students and residency candidates.

3: Our Nurse Residency Academy program was launched in 2022 to address all-time high turnover rates for newly graduated nurses. The program targets new graduate RNs with under one year of experience and consists of six sessions of blended learning through classroom discussion/activities, including Artificial Intelligence Critical Thinking Scenarios.

Strategic Action Plans 2020-2023: Workforce	
Strategic Plan Action	% Complete
1. Educate Employees on how they support Strategy	100%
2. Enhance Employee Communication	100%
3. Develop & Use Employee Survey Tools	100%
4. Standardize Employee Organizational Expectations	100%
5. Develop Wellness Initiative	100%
6. Deploy a Culture of Safety & Accountability	100%
7. Create Focus Groups to Collect Data	100%
Outcomes and Impact	
<p>➤ Creation of the Workforce Support Team focused on employee engagement and communication led to several improvements, including the current annual employee engagement survey which has allowed us to measure our effectiveness related to key drivers of workforce engagement compared with benchmarks from a nationally recognized survey vendor data set.</p>	
<p>➤ Development of communication tools and enhanced internal messaging, including the use of focus groups to engage in two-way dialogue, has led to an improvement in employee perception of the effectiveness of communication in the EE survey, increasing from 70% in 2020 to near top-quartile performance of 77% in 2023.</p>	
<p>➤ Development of various aspects of our wellness initiative, including a grant for mindfulness training, has improved overall perception of work/life balance in the EE survey, increasing from 76% in 2020 to near top-decile performance at 81% in 2023.</p>	
<p>➤ Investments in leadership development specifically related to setting clear expectations and establishing accountability has been a key component of reinforcing a high-performance culture, with improvements in the EE survey question “I receive feedback that helps me improve my performance”, increasing from 54% in 2020, to top decile levels in 2023 at 84%.</p>	
<p>➤ 2021 Culture of Safety survey provided to all staff with subsequent action plans.</p>	
<p>➤ Utilized standardized approach across BSB program to support alignment and clear expectations.</p>	
<p>➤ Develop and use employee survey tools: Partnered with a third-party vendor to deploy and employee wellbeing and burnout survey, initiative, and action plans.</p>	
<p>➤ Implemented a new Enterprise Resource Management (ERP) system, INFOR late 2023 to assist with employee communication, access to schedules, etc. via multiple methods.</p>	

1: Strategic Action Plan Results: Workforce

STUDENT & RESIDENCY PROGRAMS					
Medical Staff					
STUDENTS	2019	2020	2021	2022	2023
Oklahoma State University	17	9	5	15	32
University of Oklahoma				2	4
Sam Houston State University				6	6
Rocky Mountain Vista University					2
Texas A&M University					1
A.T. Still University				3	0
Maryville University	1				
Spring Arbor University	1				
University of El Paso	1				
South Alabama University				1	1
Northwestern University					1
Simmons University					1
Oklahoma City University	1	0	1		0
Northeastern University					1
University of Tulsa				2	0
Baylor University					2
Frontier University					1
University of Kansas					1
<b>TOTAL MEDICAL STAFF STUDENTS</b>	<b>21</b>	<b>9</b>	<b>6</b>	<b>29</b>	<b>53</b>
Pharmacy					
RESIDENTS	2019	2020	2021	2022	2023
University of Oklahoma		1	2	2	2
Southwestern Oklahoma State University	1	1			
<b>TOTAL PHARMACY RESIDENTS</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>
Nursing					
STUDENTS	2019	2020	2021	2022	2023
East Central University	50	57	50	78	93
Murray State College	21	23	6	4	9
Seminole State College				2	20
Langston University				16	20
Eastern Oklahoma State College				15	17
Oklahoma Christian University				15	17
Pontotoc Technology Center	55	50	48	35	40
Mid-America Technology Center					31
Southern Oklahoma Technology Center				12	47
Wes Watkins Technology Center	6	2	3	4	3
<b>TOTAL NURSING STUDENTS</b>	<b>132</b>	<b>132</b>	<b>107</b>	<b>181</b>	<b>297</b>
EXTERNS	2019	2020	2021	2022	2023
# of extern rotations	11	11	8	14	14
Retention	82%	64%	100%	79%	TBD

CNDH Nurse Residency Academy Cohort Learning Results											
	(Cohort 1) 2022				(Cohort 2) 2022				(Cohort 3) 2023		
	OB	ED	ICU		OB	ED	ICU		OB	ED	ICU
CNDH AI Clinical Judgement	71	67	63		68	70	75		66	68	62
AI National Comparison	60	57	61		60	57	61		60	69	65
CNDH Knowledge Assessment	85	78	60		79	82	60		77	83	72
Knowledge National Comparison	74	80	74		81	80	74		74	79	77

Better

▲  
Better

3: Nurse Residency Academy Learning Results



# OPERATIONS

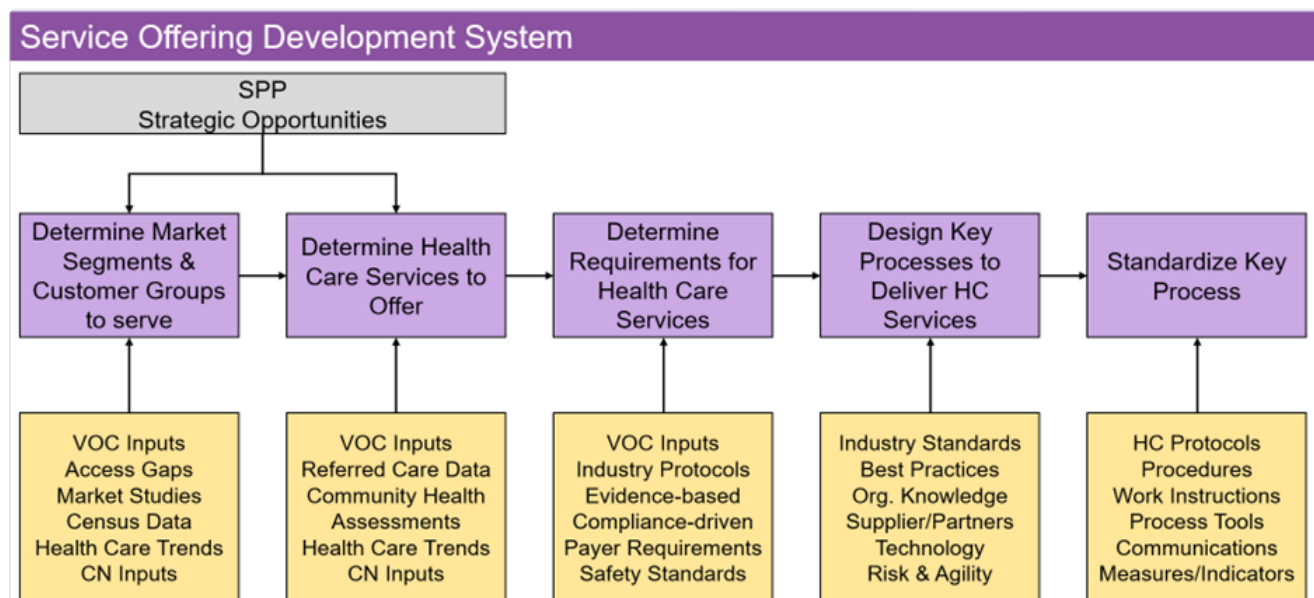
---

# Operations

## 1 - Briefly describe and/or depict your key processes used for the following:

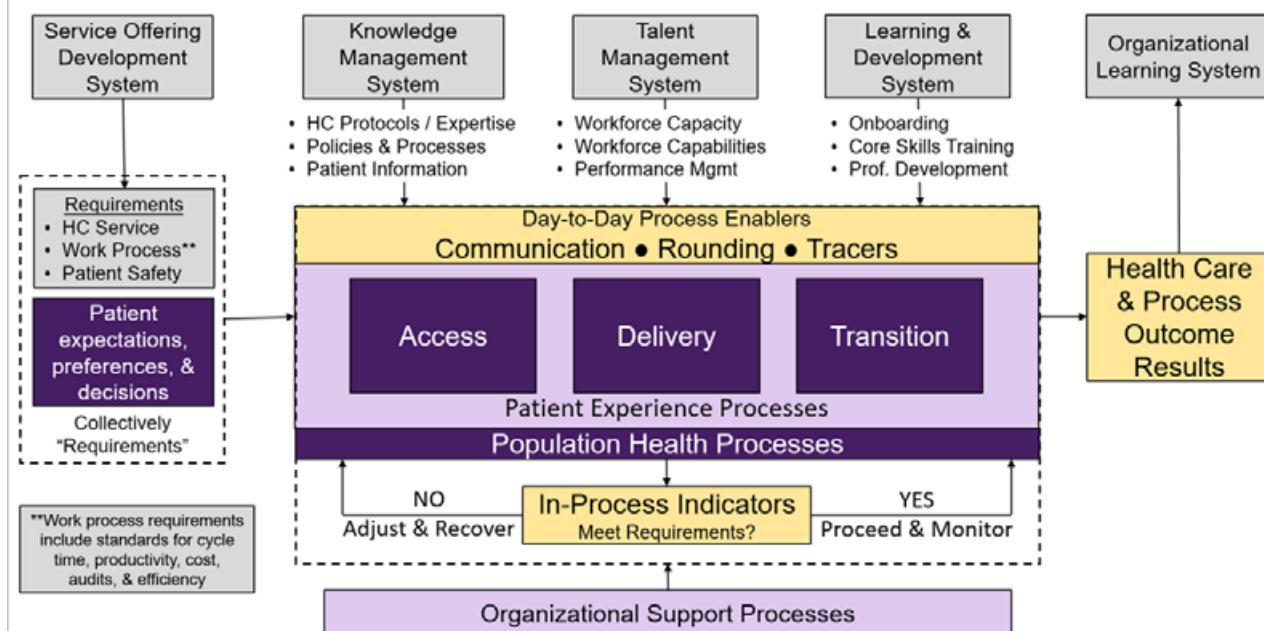
1. design and delivery of your products and services,
2. supply network management, and
3. innovation management.

**DESIGN OF SERVICES:** The Service Offering Development System illustrates the flow of processes and inputs used in the design of our health care services. Most of the services we offer are common in the health care industry, with a wide and deep body of knowledge available for the requirements of each service, which we acquire from VOC methods and a panoramic evaluation of requirements from various sources and stakeholders. The findings from this due diligence phase are vetted against internal organizational knowledge and further confirmed during the process design phase. **DELIVERY OF SERVICES:** Systematic processes for delivering safe, high-quality health care services are encompassed in the Process Management System. Key work processes represent the daily methods of operation through which health care services are delivered to meet requirements, aligned with the flow of the patient experience through a service delivery encounter. The three macro-level groupings of key work processes are: Access, Delivery, and Transition. Key support processes are organized in two categories: the first include those processes that are not directly involved in the delivery of health care services, but enhance the patient experience, complement health care service delivery, or are aligned with compliance and regulatory requirements for the health care service; collectively, these are “Patient Experience” processes. The second category consist of those processes that support all CNDH operations in general, which collectively are “Organizational Support” processes. **SUPPLY NETWORK MANAGEMENT** is one of these support processes, and involves systematic methods for selection, alignment, communication, and evaluation. **INNOVATION MANAGEMENT** occurs as a part of our Organizational Learning System. Processes related to innovation include hypothesis, experimentation, evaluation, adjustment, and the decision to expand or end.



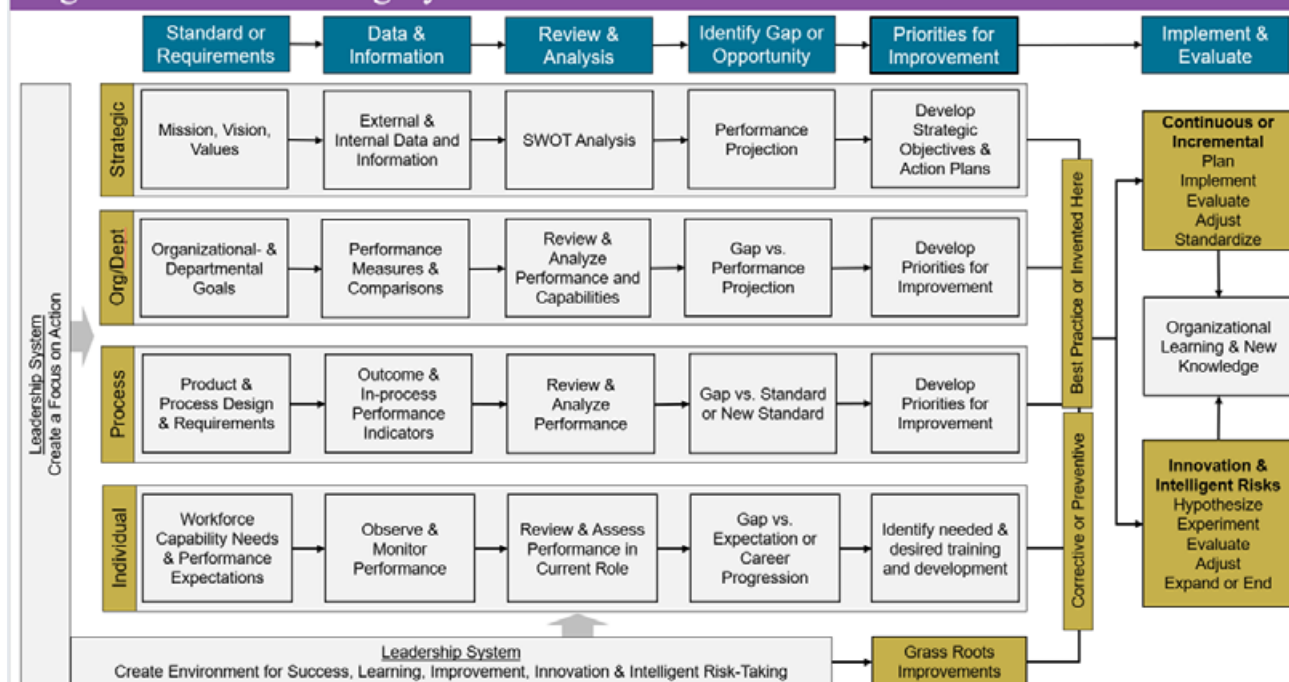
1: Service Offering Development System

## Process Management System



2: Process Management System

## Organizational Learning System



3: Organizational Learning System

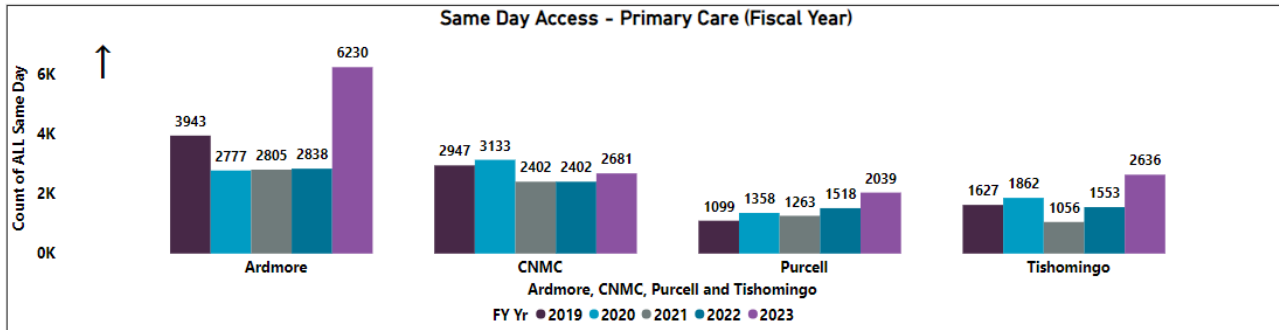
### 2 - What are your results for the effectiveness and efficiency of your key processes?

1: (KEY) A strategic focus over the past five years has been to improve access to patients for care when they need it. After a lull during the height of the COVID pandemic, we saw the fruits of our efforts in 2023, transitioning a significant portion of walk-in patients to a scheduled visit while increasing our ability to schedule same day visits at a rate exceeding 140% of pre-pandemic levels.

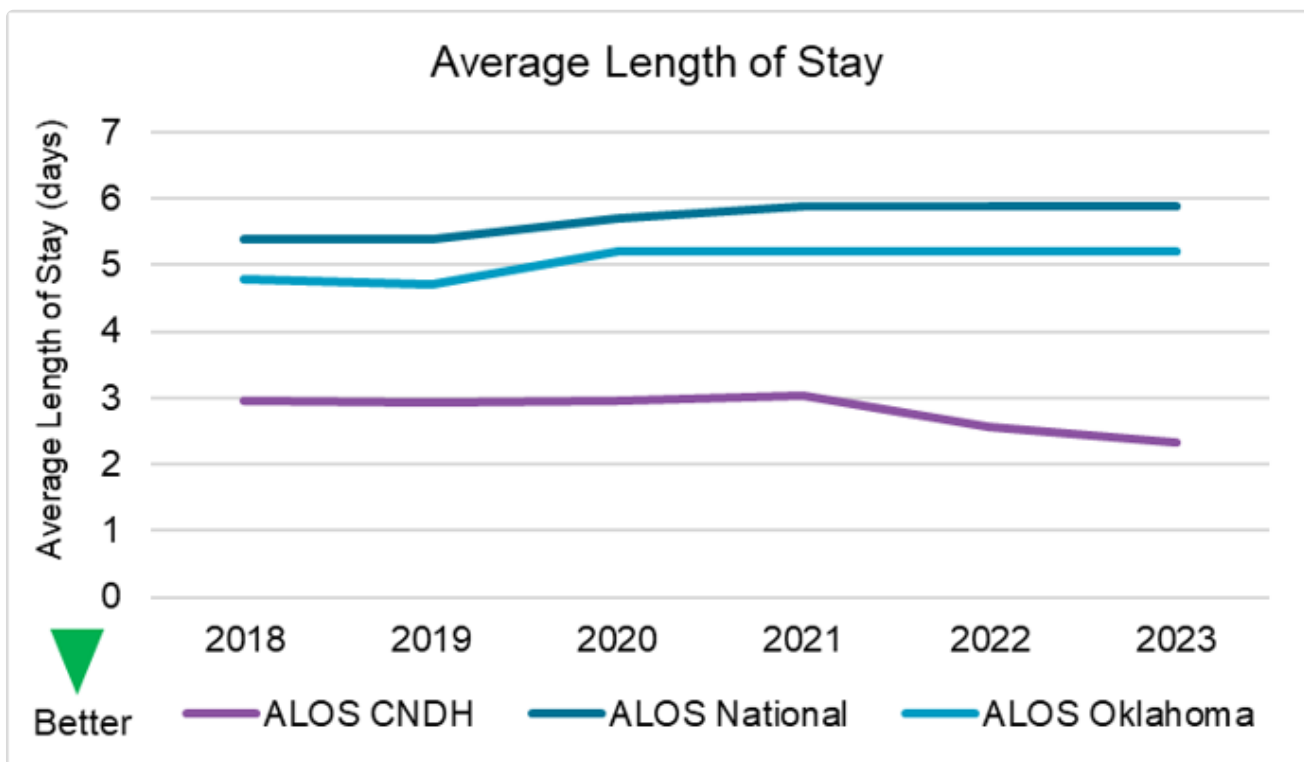
2: Average length of stay is a standard metric in the health care industry when it comes to the effectiveness of service delivery in the inpatient setting. CNDH performance has exceeded national and state comparisons for

the past six years, with trends that have continued to improve in recent years.

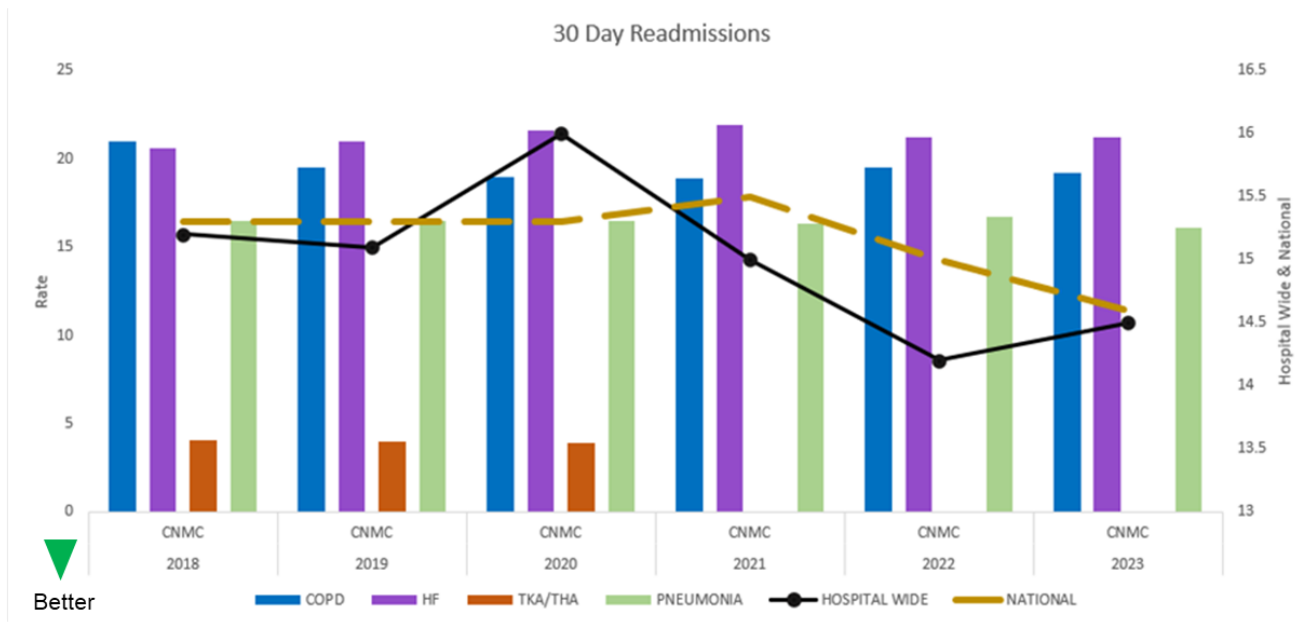
3: 30-day readmission is another standard health care metric, as a key measure of the effectiveness of transition from care. CNDH demonstrates leadership over national comparisons, with segmented results that depict sustained or improving performance over the past five years.



1: Same Day Access Patient Visits



2: Average Length of Stay



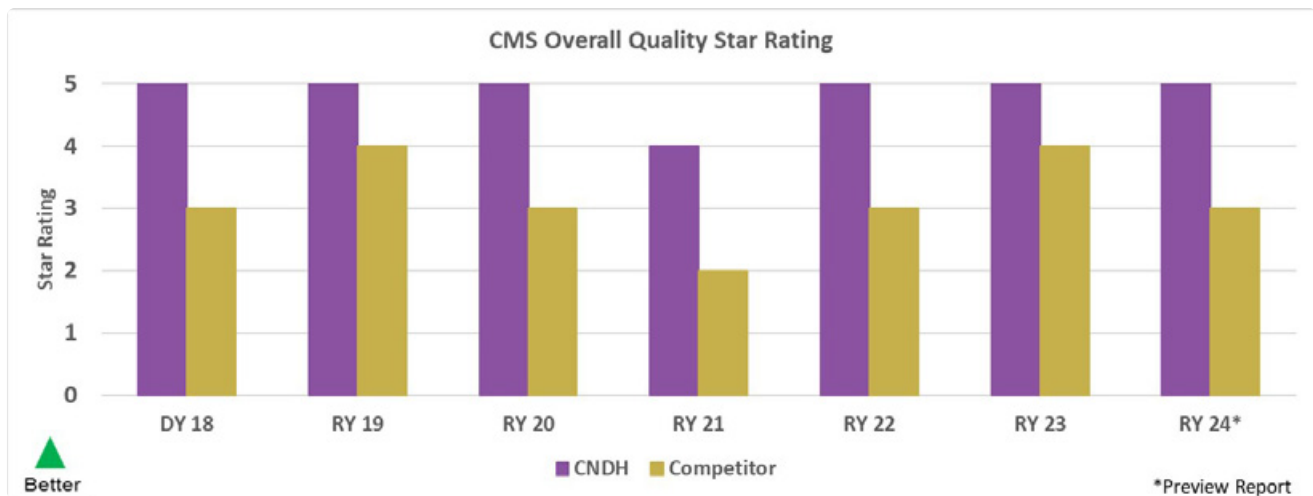
3: 30 Day Readmissions

### 3 - What are your results for the performance of your key products, services, and/or programs?

1: (KEY) The CMS star rating is a composite measure of over 40 key quality measures, with 5 stars representing the highest rating at top decile performance. We have achieved and maintained a 5-star rating for many years, the only exception being a 4-star rating during the height of the COVID pandemic with limited CMS review, exceeding competitor performance.

2: In 2017, we created a campaign called "Getting to Zero," benchmarking a similar program from the airline industry, focused on 35 measures that represent the most significant safety issues for patients during their stay in the hospital; PSI metrics were part of our Getting to Zero focus. CNDH has sustained zero events in most of these PSIs over the past five years.

3: We track over 30 ambulatory measures (AOS) but have highlighted three in these results that relate to all ambulatory health (not just primary care) and align with our focus on population health and the impact to the broader community.

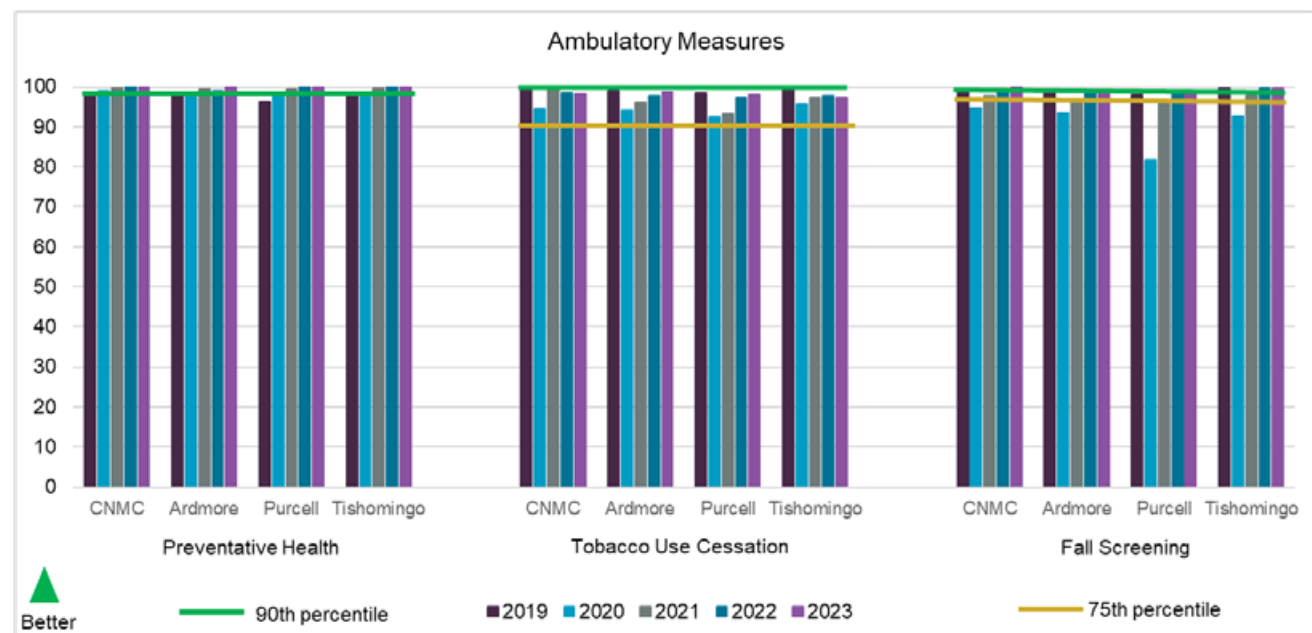


1: CMS Overall Quality Star Report



Patient Safety Indicators (PSI) (Lower is better)	2019	2020	2021	2022	2023	AHRQ Benchmark
<b>PSI 02-</b> Death in Low-mortality DRGs - Per 1000 Inpatients	0	0	0	0	0	0.48
<b>* PSI 03-</b> Pressure Ulcer - Per 1000 Inpatients	0	0	0	0	0	0.67
<b>PSI 04-</b> Death in Surgical IP w/Ser Comp, Overall - Per 1000 Inpatients	0	0	0	0	0	150.36
<b>PSI 04a-</b> Death in Surgical IP w/Ser Comp, PE/DVT - Per 1000 Inpatients	0	0	0	0	0	44.7
<b>PSI 04b-</b> Death in Surgical IP w/Ser Comp, Pneumonia - Per 1000 Inpatients	0	0	0	0	0	95.7
<b>PSI 04c-</b> Death in Surgical IP w/Ser Comp, Sepsis - Per 1000 Inpatients	0	0	0	0	0	225.68
<b>PSI 04d-</b> Death in Surgical IP w/Ser Comp, Shock - Per 1000 Inpatients	0	0	0	0	0	291.3
<b>PSI 04e-</b> Death in Surgical IP w/Ser Comp, GI - Per 1000 Inpatients	0	0	0	0	0	87.59
<b>PSI 05-</b> Retained Surgical Item/Device Fragment - Per 1000 Inpatients	0	0	0	0	0	N/A
<b>* PSI 06-</b> Iatrogenic Pneumothorax - Per 1000 Inpatients	0	0	0	0	0	0.19
<b>* PSI 07-</b> Central Venous Catheter-related BSI - Per 1000 Inpatients	0	0	0	0	0	0.12
<b>* PSI 08-</b> In Hospital Fall with Hip Fracture - Per 1000 Inpatients	0	0	0	0	0	0.27
<b>* PSI 09-</b> Postoperative Hemorrhage or Hematoma - Per 1000 Inpatients	0	0	0	0	0	2.26
<b>* PSI 10-</b> Postop Acute Kidney Injury Requiring Dialysis - Per 1000 Inpatients	0	0	0	0	0	0.96
<b>* PSI 11-</b> Postoperative Respiratory Failure - Per 1000 Inpatients	0	0	0	0	0	7.29
<b>* PSI 12-</b> Perioperative Pulmonary Embolism or DVT - Per 1000 Inpatients	0	0	0	0	1	3.47
<b>* PSI 14-</b> Postoperative Wound Dehiscence - Per 1000 Inpatients	0	0	0	0	0	1.6
<b>PSI 14a-</b> Postoperative Wound Dehiscence, Open - Per 1000 Inpatients	0	0	0	0	0	2.59
<b>PSI 14b-</b> Postoperative Wound Dehiscence, Non-Open - Per 1000 Inpatients	0	0	0	0	0	0.18

2: Patient Safety Indicator Results



3: Ambulatory Measures

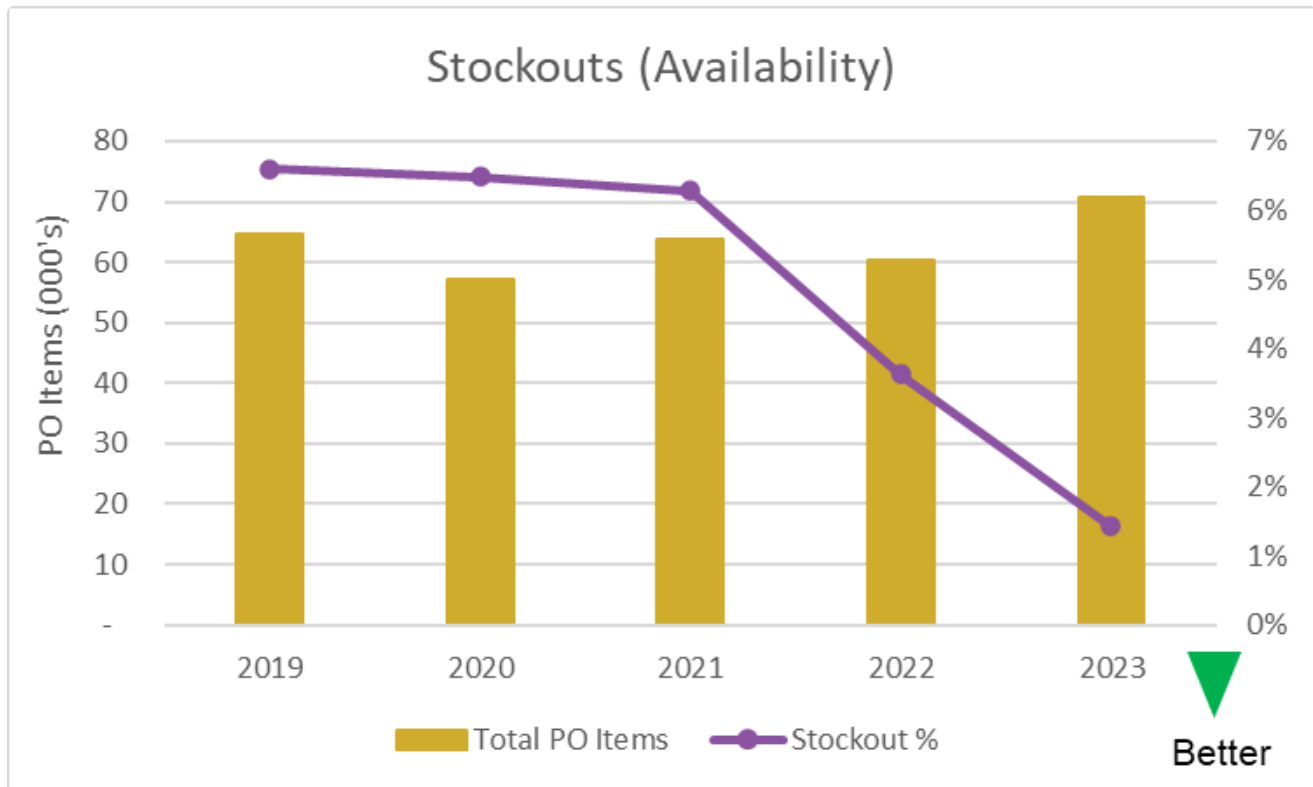
#### 4 - What are the results for the performance of key components of your supply network (e.g., on-time delivery, availability of critical materials, quality)?

1: Stockouts represent the instances in which we need critical supplies, but they are not available. As a % of total purchased items, we have improved dramatically in this area. While we experienced limited supply disruptions during the height of the COVID pandemic, we made the decision to build a new warehouse to maintain additional supply levels for resiliency in the future, resulting in sharp reduction in stockouts during 2022 and 2023.

2: A key component of our supply network management processes is an annual evaluation of key suppliers based on our primary supply chain requirements. Results summarized for the top five suppliers illustrate strong

relationships, communication, and partnering to ensure these critical suppliers meet or exceed expectations over the past five years.

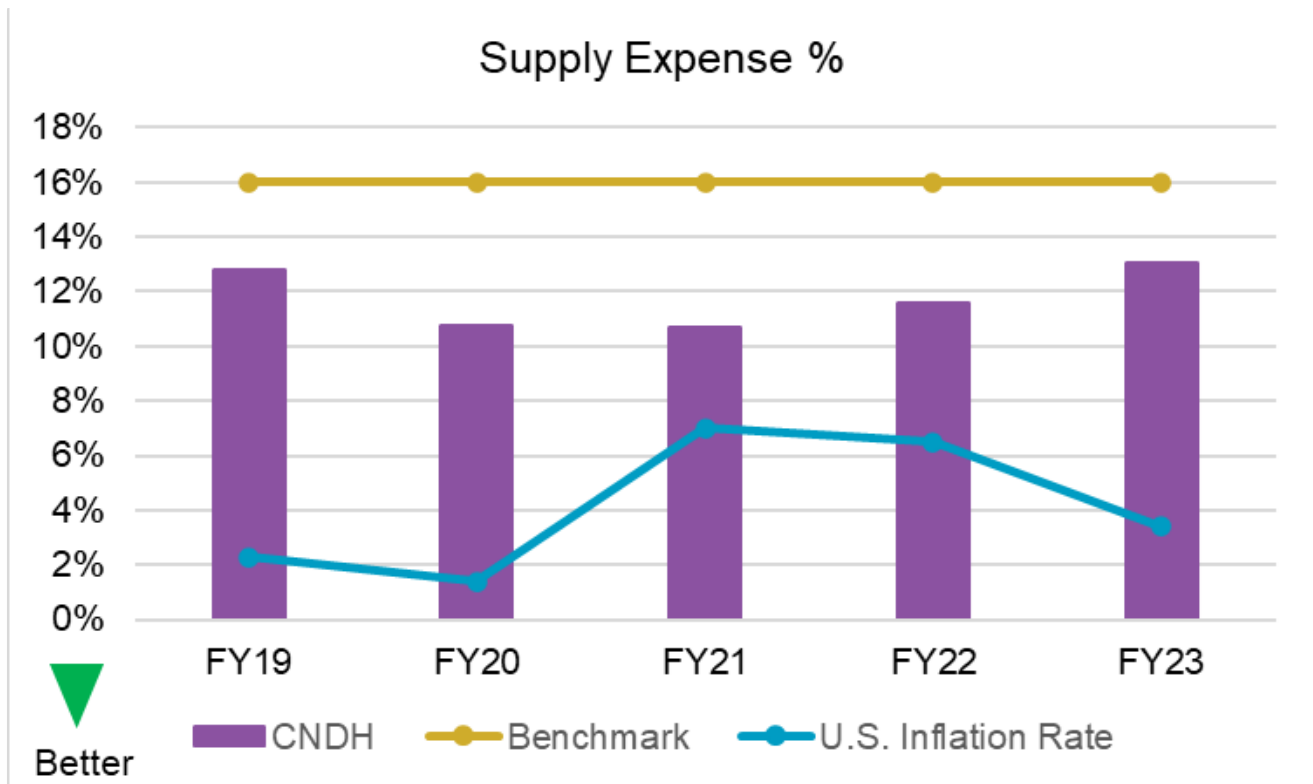
3: Inflationary pressures over the past few years have increased overall supplies expense as percent of revenue, but CNDH levels remain well below the benchmark.



1: Stockouts

Key Supplier Annual Evaluation					
	2019	2020	2021	2022	2023
<b>Medline Industries</b>					
Quality	Meets	Meets	Meets	Meets	Meets
Timely	Meets	Meets	Meets	Meets	Meets
Customer Service	Meets	Meets	Meets	Exceeds	Exceeds
Communication	Meets	Meets	Meets	Meets	Exceeds
Accountability	Meets	Meets	Meets	Meets	Exceeds
<b>McKesson</b>					
Quality	Meets	Meets	Meets	Meets	Meets
Timely	Meets	Meets	Meets	Meets	Meets
Customer Service	Meets	Meets	Meets	Meets	Meets
Communication	Meets	Meets	Meets	Meets	Meets
Accountability	Meets	Meets	Meets	Meets	Meets
<b>Cardinal Health</b>					
Quality	Meets	Meets	Meets	Meets	Meets
Timely	Meets	Meets	Meets	Meets	Meets
Customer Service	Meets	Meets	Meets	Meets	Meets
Communication	Meets	Meets	Meets	Meets	Meets
Accountability	Meets	Meets	Meets	Meets	Meets
<b>Stryker</b>					
Quality	Meets	Meets	Meets	Meets	Meets
Timely	Meets	Meets	Meets	Meets	Meets
Customer Service	Meets	Meets	Meets	Exceeds	Exceeds
Communication	Meets	Meets	Meets	Exceeds	Exceeds
Accountability	Meets	Meets	Meets	Meets	Meets
<b>Johnson &amp; Johnson</b>					
Quality	Meets	Meets	Meets	Meets	Meets
Timely	Meets	Meets	Meets	Meets	Meets
Customer Service	Meets	Meets	Meets	Meets	Meets
Communication	Meets	Meets	Meets	Meets	Meets
Accountability	Meets	Meets	Meets	Meets	Meets

2: Key Supplier Annual Evaluations



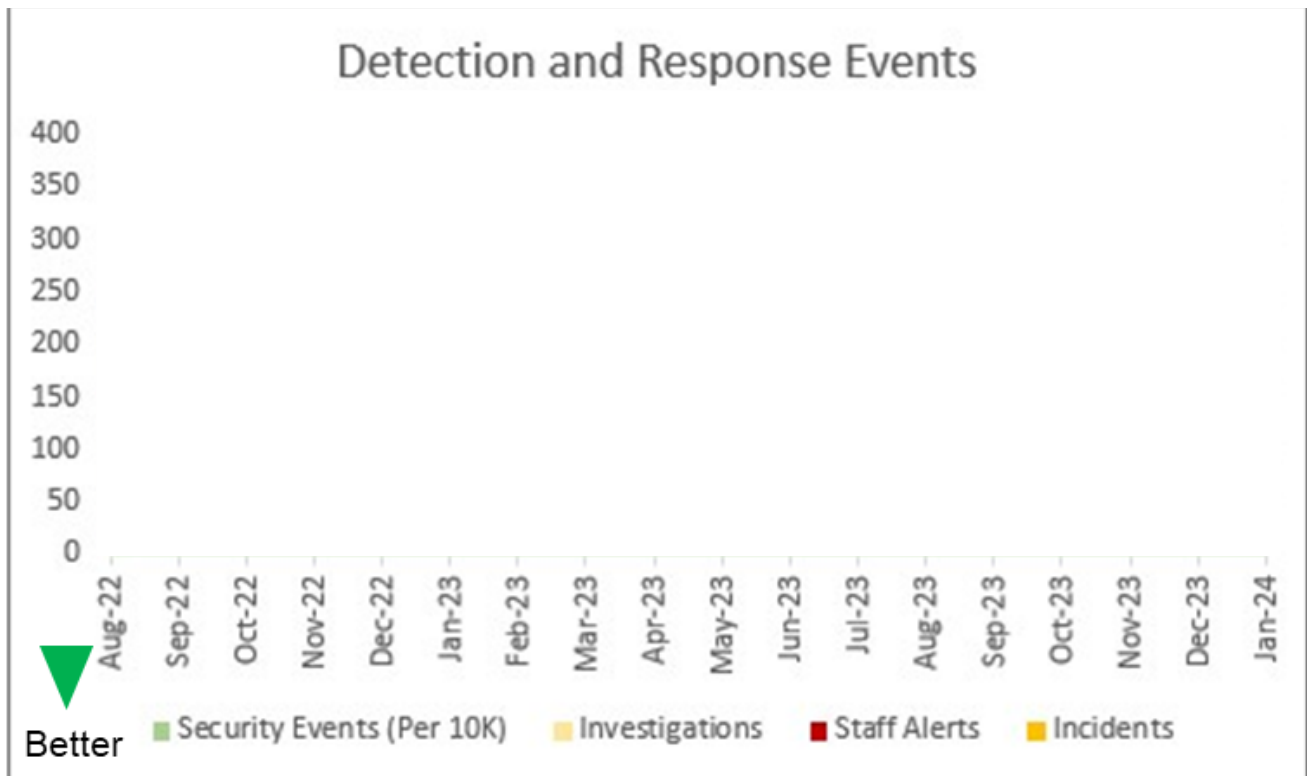
3: Supplies Expense

#### 5 - What are your results for cybersecurity effectiveness, including intrusion attempts versus incidents?

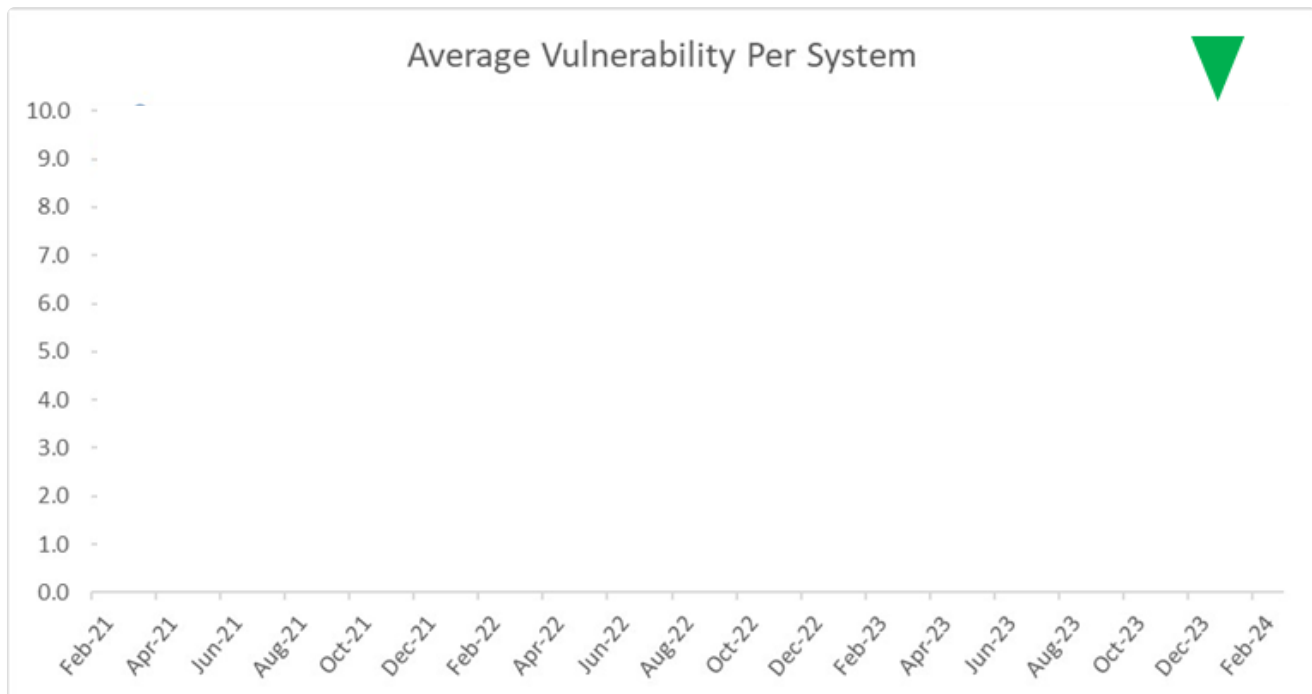
1: Over the past two years, the volume of cyber-related risk events has declined dramatically, with a small percentage of those reaching the level of threat that required investigations or staff alerts. After a non-critical incident in November 2022, mitigation efforts have prevented any additional incidents over the subsequent sixteen months.

2: The precursor to security events and alerts in our information systems is the vulnerability of threats across our systems infrastructure. Based on data-driven analytics, the average vulnerability per system has been reduced significantly over the past three years.

3: The key success factor in the fluid environment of cybersecurity is the ability to assess risk and then develop mitigation mechanisms to reduce the risk threat. This graphic depicts our success in reducing our risk profile, with the majority of our identified risks falling into the low to very low category after mitigation efforts have been implemented.



1: Cyber Detection and Response Events



2: Cyber Average Vulnerability per System





3: Cyber Mitigation of Risks

# OPERATIONAL CONTINUITY

---

## Operational Continuity

---

### **1 - Briefly describe and/or depict your key processes used for the following:**

- 1. risk management,**
- 2. continuity of operations, and**
- 3. emergency preparedness.**

**RISK MANAGEMENT:** In a health system with the geographic reach and complexity of CNDH, risks can come from a multitude of directions. Many are associated with continuity of operations - or our ability to recover in the event of a catastrophic event - and emergency management, which mostly involves risk of personal injury to patients and our employees. Outside of these, the other major risks fall into three broad categories: 1) Risk to our reputation or brand image, most closely associated with patient safety events and our patient experience; 2) Risk of financial losses, which we manage through disciplined stewardship of resources entrusted to us, supplemented by strategically designed insurance coverages, and 3) compliance risks, addressed through disciplined processes for meeting legal, regulatory, and accreditation requirements.

**CONTINUITY OF OPERATIONS / EMERGENCY PREPAREDNESS:** The CNDH Emergency Operations Plan (EOP) is a well-defined, well-rehearsed, well-trained systematic approach for ensuring that CNDH is prepared for disasters and emergencies. The EOP addresses four phases of emergency management: preparedness, response, mitigation and recovery. Each phase includes documented standard operating procedures and protocols. Preparedness includes identification of the highest potential risks to CNDH through a data-driven Hazard Vulnerability Analysis (HVA). Once an incident occurs, the phases of Response, Mitigation and Recovery are managed through a formal Incident Command Structure (ICS), providing the organizational structure with defined roles and responsibilities for executing the EOP. The Response phase involves the general protocols upon deployment of the ICS, and the specific SOPs for each type of identified disaster, to include those in the Mitigation phase where the focus is to minimize or eliminate harm to people, damage to property and equipment, and disruption of operations.

# Patient Safety Processes

	Processes
<b>Prevent</b>	<ul style="list-style-type: none"> <li>• Joint Commission accreditation standards</li> <li>• Patient Safety Officer training</li> <li>• FMEA project completed every 18 months</li> <li>• Each clinical department has a process/performance project</li> </ul>
<b>Inspect</b>	<ul style="list-style-type: none"> <li>• Quality Council meets monthly with a multi-disciplinary group of leadership to review performance reports from Infection Control, Environment of Care, Patient Safety Action Team and Accreditation Committee.</li> <li>• Routine Hazard Surveillance walk throughs and mock tracers</li> <li>• Monitoring of performance and outcome data</li> <li>• Discipline-specific focus (e.g., Perinatal Safety Committee focused on perinatal safety, Surgical Safety Committee focused on surgical safety)</li> <li>• AHRQ Culture of Safety Survey deployed to all staff</li> <li>• Joint Commission audits</li> <li>• Voluntary external audits for processes such as central sterile supply, perinatal services, surgical services, etc.</li> </ul>
<b>Investigate</b>	<ul style="list-style-type: none"> <li>• Events/variances entered by any staff member on any computer throughout CNDH, all receive on-site follow-up.</li> <li>• Risk Management department reviews all events/variances</li> <li>• Root cause analysis initiated through Risk Management where event is considered a trend or significant one-time event.</li> <li>• Standardized TJC tool used for root cause analysis, completed with a multi-disciplinary group of employees.</li> </ul>
<b>Recovery</b>	<ul style="list-style-type: none"> <li>• All events are compiled and reviewed at a department level and by type through the multi-disciplinary Patient Safety Action Team (PSAT)</li> <li>• IHI model used to complete PDSA cycles for improvements identified through investigations.</li> </ul>



## 2: Emergency Management Processes

---

### 2 - What are the results for the effectiveness of your risk management plan, including the following:

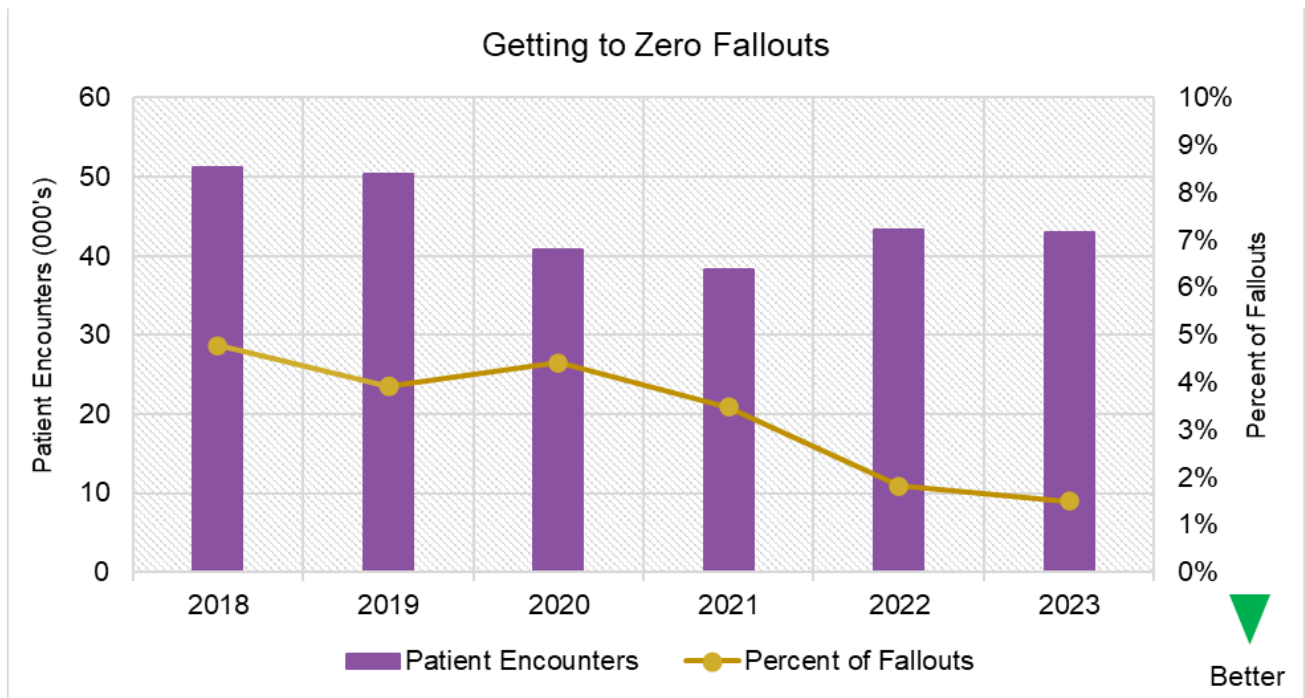
1. number of risks identified versus number of risks mitigated,
2. cost of losses, and
3. cost savings of risks averted and risks mitigated?

1: (KEY) Our brand message is "We are Quality"; any significant event that potentially could threaten the safety of our patients creates a risk of loss to our reputation, finances, etc. Benchmarking an airline industry program, we created a campaign called "Getting to Zero" in 2019, focused on 35 measures that represent significant safety issues for patients. A "fallout" is any event that occurred during a visit that could affect patient safety or the patient experience, regardless of severity.

2: Any potential risk we have will likely ultimately translate to a financial loss; mitigation includes maintaining the proper mix of insurance but a loss over our insurable limits could be catastrophic. No such events have occurred in our history.

3: Cost associated-related risk can show up in many ways, one is risk in the Value Based Purchasing program, for which we have successfully managed over the past several years. This program includes financial gain and financial loss opportunities.





1: Getting to Zero Fallouts

Insurance Loss Risk Management											
	2020			2021			2022			2023	
	# of Claims	Total Claim	CNDH Exposure	# of Claims	Total Claim	CNDH Exposure	# of Claims	Total Claim	CNDH Exposure	# of Claims	Total Claim
General Liability											
Property											
Workers Comp											
Totals											

2: Insurance Loss Risk Management

Value Based Purchasing - Gains from Effectively Managing Risks							
	FFY19	FFY20	FFY21	FFY22*	FFY23	FFY24	FFY25 (est)
Person and Community Engagement Domain							
Clinical Outcomes Domain							
Safety							
Efficiency and Cost Reduction Domain							
VBP ADJUSTMENT FACTOR							
TOTAL Impact							

3: Value Based Purchasing Risk

### 3 - What are the results for the testing of your continuity of operations plan?

1: Annually, we conduct a Hazard Vulnerability Analysis (HVA) using a data-driven modeling tool from Kaiser Permanente. An HVA highlights the incidents with the highest probability of occurring based on recent history and current factors. We use that information to plan and train in order to mitigate the impacts should they occur, realizing we cannot mitigate away the probability of these incidents occurring.

2: Once we have ranked vulnerabilities using the HVA, we develop drills and exercises to test readiness and potential impact. Two of the highest ranking risks continue to be tornadoes and ice storms. Risk mitigation efforts have translated into a high degree of readiness.

3: We conduct Hazard Surveillance reviews throughout the year to assess risks and identify opportunities for improvement. While any overall finding can carry with it potential risks, those in the Emergency Department are more so due to the nature of the environment.

Annual Hazard Vulnerability Analysis Results						
Potential Incident	2018	2019	2020	2021	2022	2023
Temperature Extremes	15%	22%	22%	39%	39%	67%
Tornado	44%	67%	67%	67%	67%	67%
Mass Casualty Incident (medical/infectious)	17%	30%	30%	30%	26%	60%
Novel Coronavirus	0%	20%	90%	100%	53%	60%
Epidemic	13%	19%	19%	83%	56%	50%
Ice Storm	17%	50%	50%	50%	50%	50%
Severe Thunderstorm	33%	50%	50%	50%	50%	50%
Forensic Admission	22%	40%	40%	40%	40%	40%
Terrorism, Biological	22%	40%	40%	40%	40%	40%
Civil Disturbance	11%	20%	20%	20%	20%	40%
Labor Action	0%	0%	0%	73%	73%	33%
Terrorism, Chemical	22%	44%	44%	33%	33%	33%
Small Casualty Hazmat Incident	0%	52%	22%	26%	26%	26%
Generator Failure	22%	22%	22%	22%	22%	22%
Information Systems Failure	19%	19%	19%	19%	26%	22%
Influenza Virus	0%	40%	40%	40%	40%	20%
Wild Fire	6%	33%	33%	17%	17%	17%
Flood, External	19%	14%	14%	14%	14%	14%
Sewer Failure	22%	26%	26%	26%	26%	13%

1: Hazard Vulnerability Analysis

HVA High Probability Items, Exercises, or Implementations						
Year	Yr18	Yr19	Yr20	Yr21	Yr22	Yr23
Tornado	Drill	Drill	Event	NA	Drill	Drill
Score	9	10	9	NA	8	10
<i>Success based on AAR reports of clear announcement of the code and immediate sheltering of staff and guests.</i> <b>Scale: 10 - Excellent, 0- Poor or Failed.</b>						
Year	Yr18	Yr19	Yr20	Yr21	Yr22	Yr23
Ice Storm	Drill	Drill	NA	Drill	Drill	Drill
Score	7	6	NA	3	2	1
<i>Score based on number of elements in AAR found to have a substantial impact on response efforts.</i> <b>Scale: Lower is better.</b>						

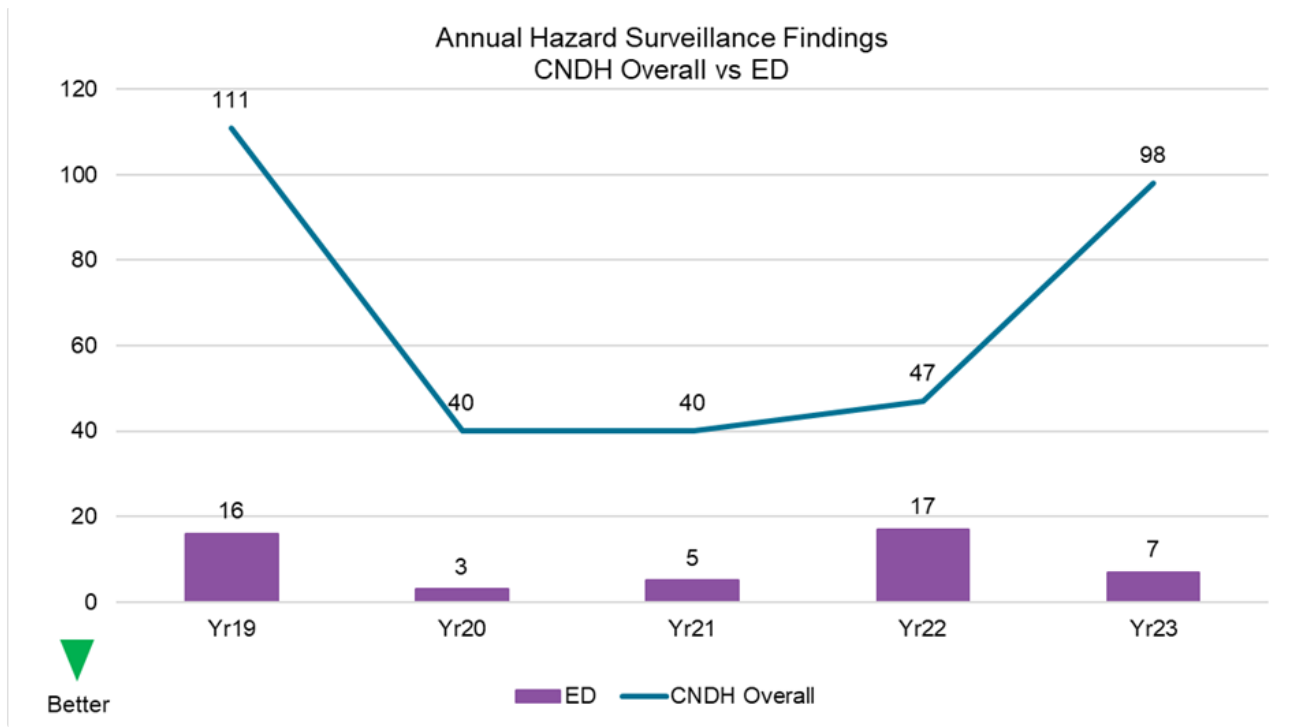


Better



Better

2: HVA High Probability Exercises



3: Annual Hazard Surveillance Findings

#### 4 - What are the results for the testing of your emergency preparedness plans (e.g., time to evacuate your facility, emergency response time, recovery time)?

1: Emergency Preparedness is sustained through regular exercises and response to actual events to test, then evaluate and improve response plans. Our Emergency Management Team ensures we are continually prepared for any type of disaster or emergency by conducting drills throughout the year for various types of scenarios and potential severity of risk (Code Red=highest; Code Pink=lowest).

2: An isolation drill is a hypothetical event during which we isolate CNMC to test our ability to functionally provide patient care safely without supplies being restocked, staff being able to report to work, and without us being able to transport patients out of the facility. We conduct an After Action Review (AAR) after each drill to assess our response based on the five basic elements of emergency management listed in the table.

3: Response times for Code Red drill have been well below our goal of 10 minutes for the past several years.

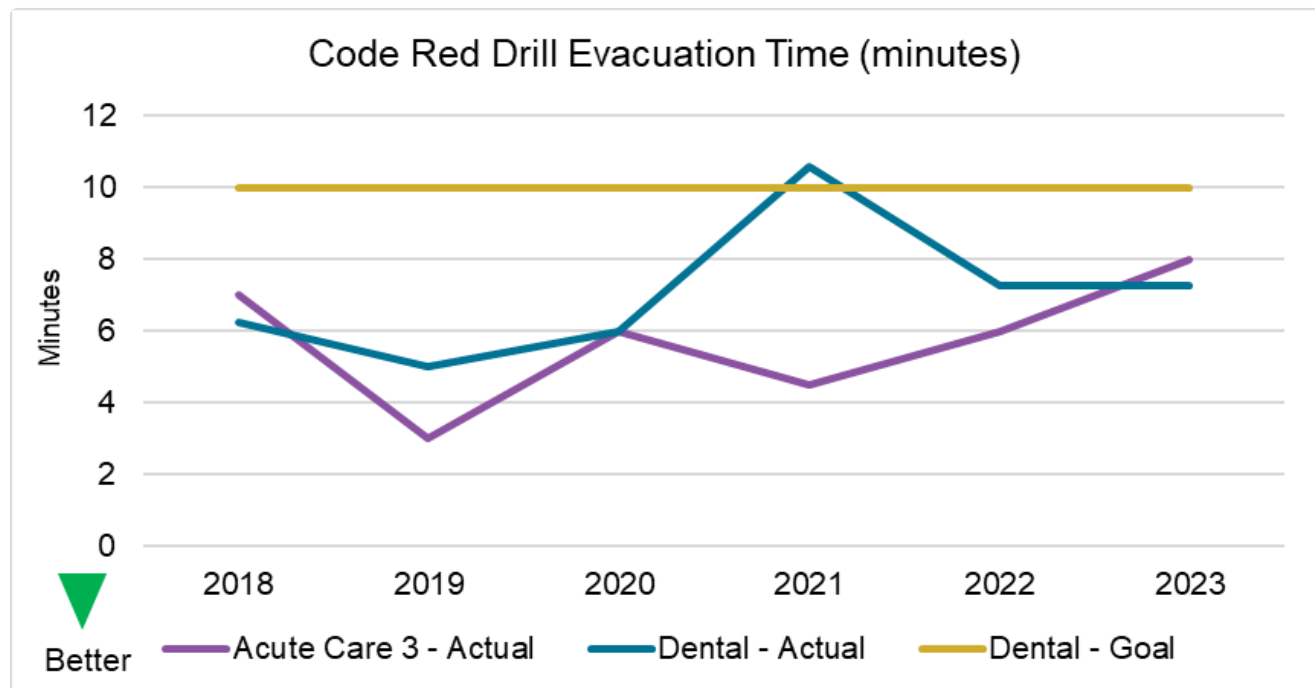
Emergency Preparedness Drills						
	2018	2019	2020	2021	2022	2023
Code Red	29	34	17	19	23	26
Target	19	19	19	19	19	19
Code Yellow	3	5	1	3	3	3
Target	3	3	3	3	3	3
Code Black	4	4	4	4	5	4
Target	4	4	4	4	4	4
Code Pink	9	9	4	7	10	10
Target	9	9	9	9	9	9

1: Emergency Preparedness Drills

Isolation EM Drills AAR Findings					
Category	2018	2019	2021	2022	2023
Communication	8	3	4	3	2
Resources	4	2	2	1	1
Patient Care	3	2	2	3	0
Safety/Security	1	1	0	1	0
Utilities	1	1	2	0	0

▼  
Better

2: Isolation EM Drills AAR Findings



2: Code Red Drill Evacuation Time



WORKFORCE

---



## Workforce

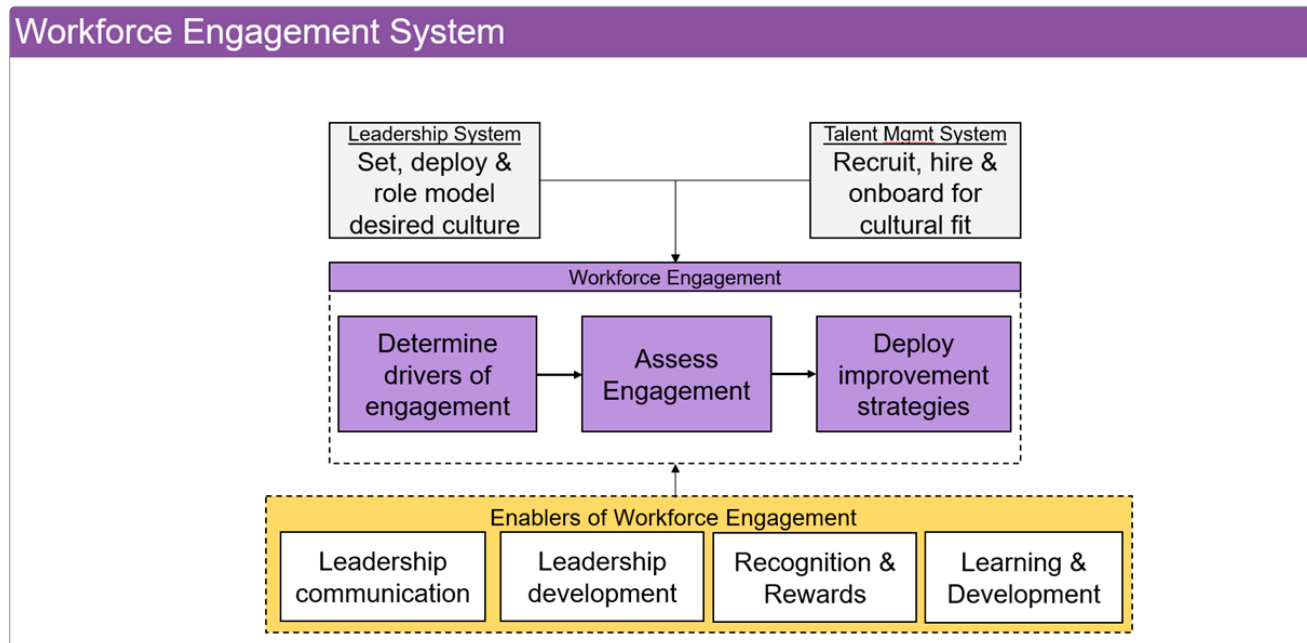
**Note:** Results presented below should include discrete data for key workforce segments, where available.

### 1 - Briefly describe your key processes used for the following:

1. workforce engagement,
2. workforce development and job skills training, and
3. ensuring workplace health and safety.

**WORKFORCE ENGAGEMENT:** We realize we do not achieve role model performance without a highly engaged workforce, so we have invested heavily in this area over the past five years. An outcome of the 2019 strategic plan was to create a Workforce Support Team, whose purpose is to engage all employees more fully in the CNDH mission, vision, values, and strategic plan. One of the initial action plans for this team was to create focus groups to collect data on issues impacting engagement, that ultimately provided insight into many of the currently identified key drivers of engagement. Today, the Workforce Support Team aggregates data and information relative to workforce engagement to identify common themes and trends across all employees as well as those specific to the identified workforce segments. **WORKFORCE DEVELOPMENT:** The primary focus of our learning and development framework is to support workforce performance management processes that promote high performance in the skills and capabilities needed to deliver safe, high quality health care and an exceptional patient experience in alignment with our key work processes, as well as development to support the career progression system. The learning and development framework includes job-specific skills-based training, customer service, culture orientation and reinforcement, and leadership development, with an annual incentive that encourages all employees to grow their skills and education. **WORKFORCE SAFETY:** A comprehensive safety program incorporates standards, education, assessment, and improvement to provide a safe operating environment. CNDH takes a holistic approach to employee well-being, with individual goals and measures for employee health included in each IDP.

EE survey results: due to the timing of our survey, benchmark data lags one cycle behind. Also, due to an ERP conversion for HR at the beginning of 2024, segmented 2024 results were not available at the time of this application but will be AOS.



1: Workforce Engagement System

CNDH Learning & Development System	
Job Specific Skills-Based Training	
<ul style="list-style-type: none"> <li>• Lippincott: guidelines for patient care</li> <li>• HeartCode: lifesaving skills and certifications</li> <li>• Annual competencies specific to unit, process, equip.</li> <li>• The Power of Influencing Change</li> <li>• Breastfeeding Certification Course</li> </ul>	
Culture Orientation & Reinforcement	
<ul style="list-style-type: none"> <li>• Mission, Vision, and Core Values</li> <li>• Customer Service</li> <li>• Chickasaw History</li> <li>• Dr. Wong Bedside Trust</li> </ul>	
Leadership Development	
<ul style="list-style-type: none"> <li>• Core Learning (Levels I-III)</li> <li>• Chickasaw Leadership Academy (Bronze-Platinum)</li> <li>• Supervisor Survival</li> </ul>	
Other Required or Elective Training	
<ul style="list-style-type: none"> <li>• HIPAA and Compliance</li> <li>• Cultural Diversity</li> <li>• Sexual Harassment</li> <li>• Infection Prevention</li> <li>• Environment of Care, Life Saving and Emergency Mgmt.</li> <li>• Quality / Process Improvement (IHI Open School)</li> <li>• De-escalation</li> </ul>	

2: Learning and Development System

CNDH Safety Program	
Standards	<ul style="list-style-type: none"> <li>• TJC compliance established as a key focus</li> <li>• OSHA TRIR used as a programmatic baseline metric</li> <li>• Policies and procedures reviewed at defined intervals</li> </ul>
Education	<ul style="list-style-type: none"> <li>• In-person workplace violence training for all staff</li> <li>• Hands-on de-escalation training</li> <li>• Mandatory online training for all staff based on roles</li> </ul>
Assessment	<ul style="list-style-type: none"> <li>• Bi-annual hazard surveillance assessments of facilities</li> <li>• Annual workplace violence facility assessments</li> <li>• Planned drills and exercises to test all program elements</li> </ul>
Improvement	<ul style="list-style-type: none"> <li>• After Action Reviews (AARs) for all exercises and events</li> <li>• Key PIs established based on program goals</li> <li>• Root cause analysis of incidents to establish improvement plans</li> </ul>

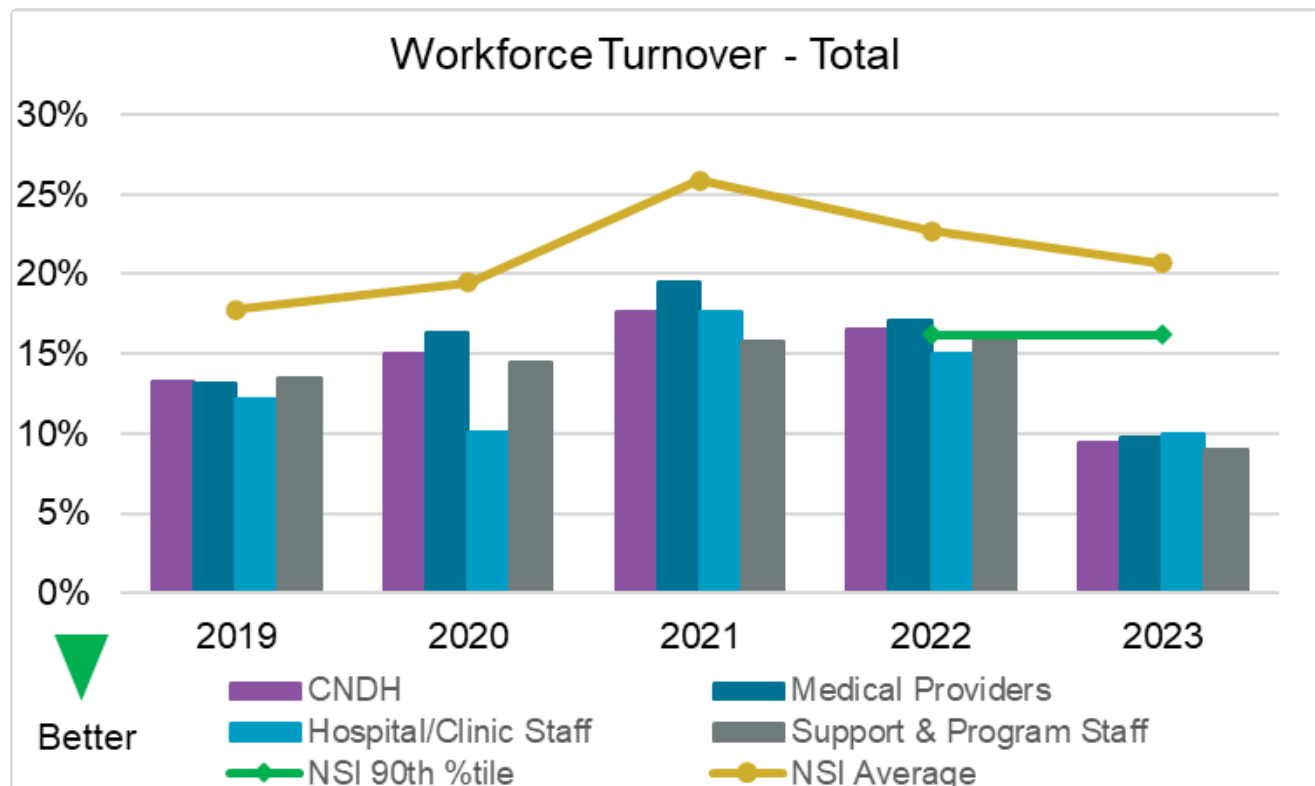
3: Safety Program Highlights

## 2 - What are your results for turnover, retention, and absenteeism?

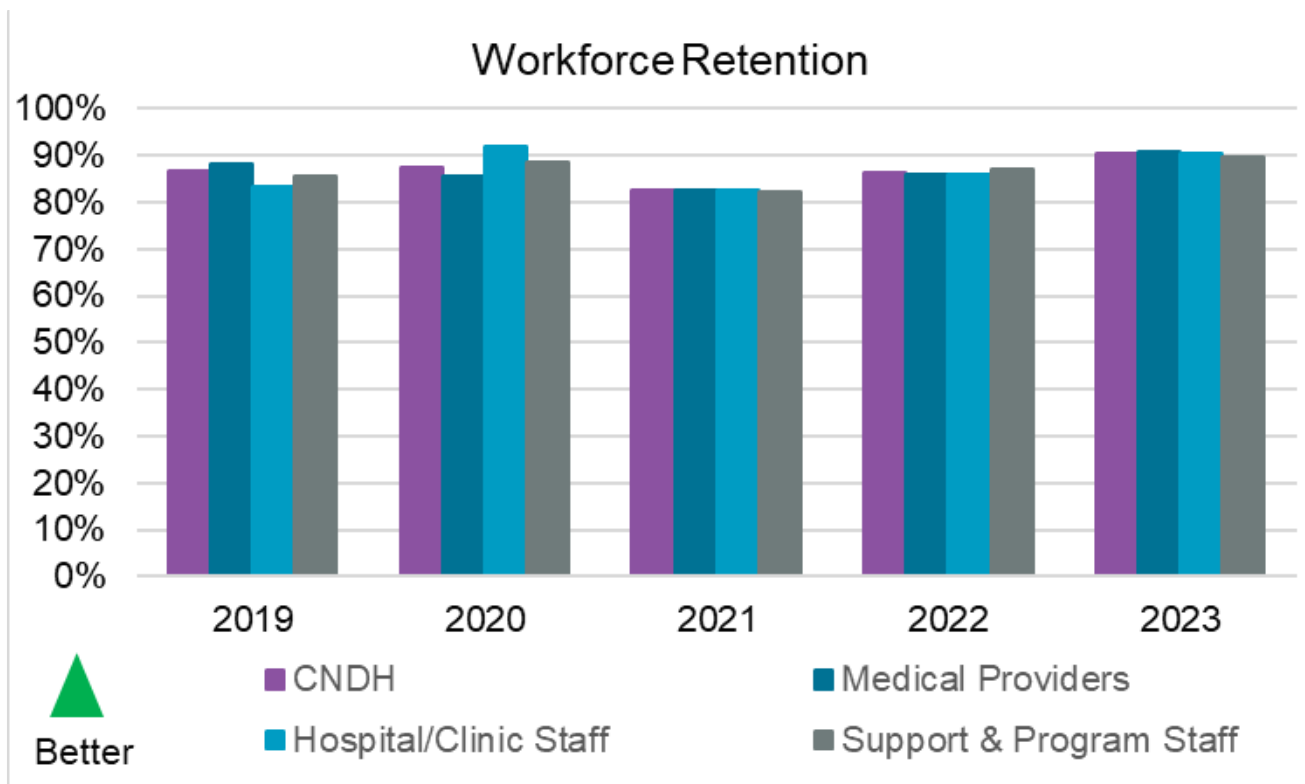
1: (KEY) Workforce turnover is well below industry benchmarks; after a 2-year increase due to a general exodus of health care professionals across the industry through the COVID era, we experienced the best performance levels in recent history in 2023; segmented data reflects the same improvement trends.

2: (KEY) Workforce retention measures the percentage of employees who remain with CNDH from year-to-year, with results rebounding after coming through the COVID pandemic. Segmented data demonstrates role model performance above 90% for all macro-level workforce groups by 2023.

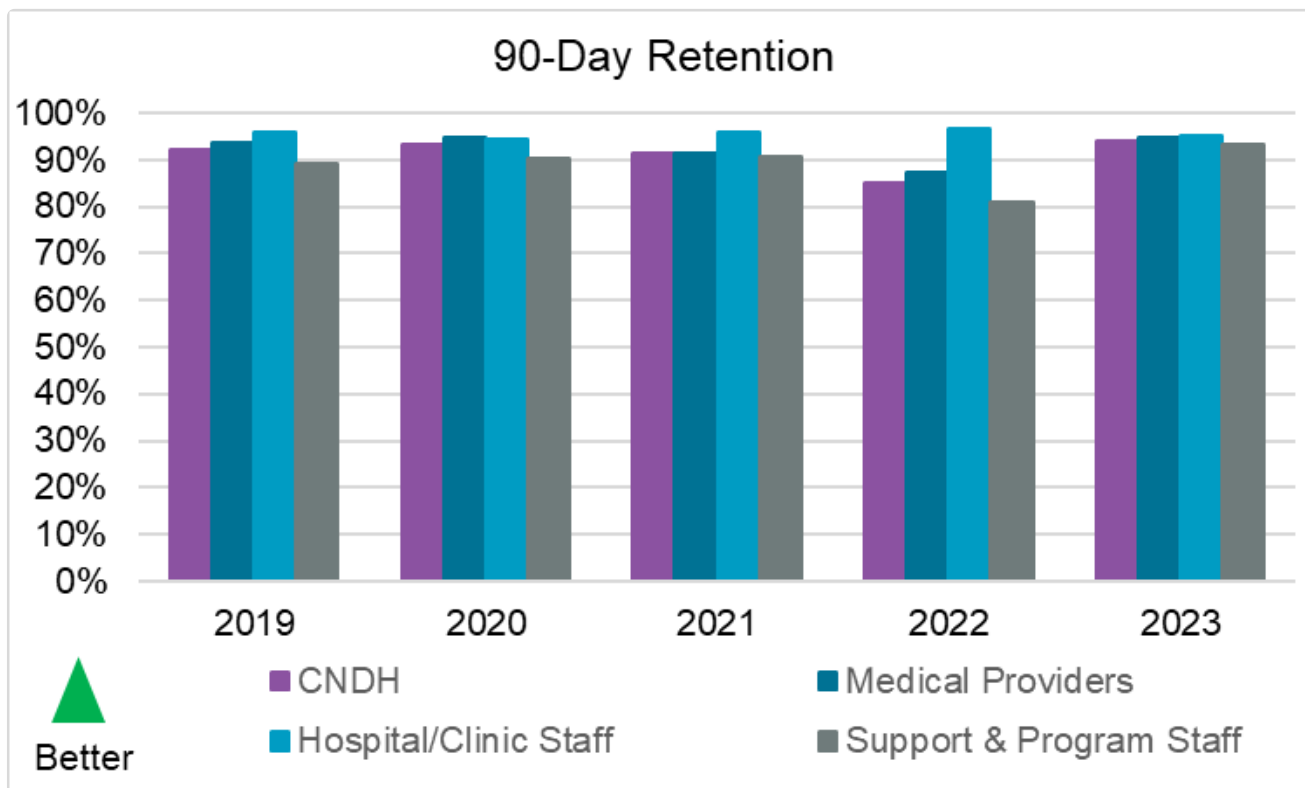
3: 90-day retention is a reflection of the effectiveness of our recruiting, hiring, and onboarding processes. To ensure the fit of new workforce members within our organization, we evaluate and assess new employees during and after completion of their first 90 days of employment. Results indicate a consistently high level of performance nearing 95% in 2023, contributing to improvements in turnover and retention.



1: Workforce Turnover - Total



2: Workforce Retention



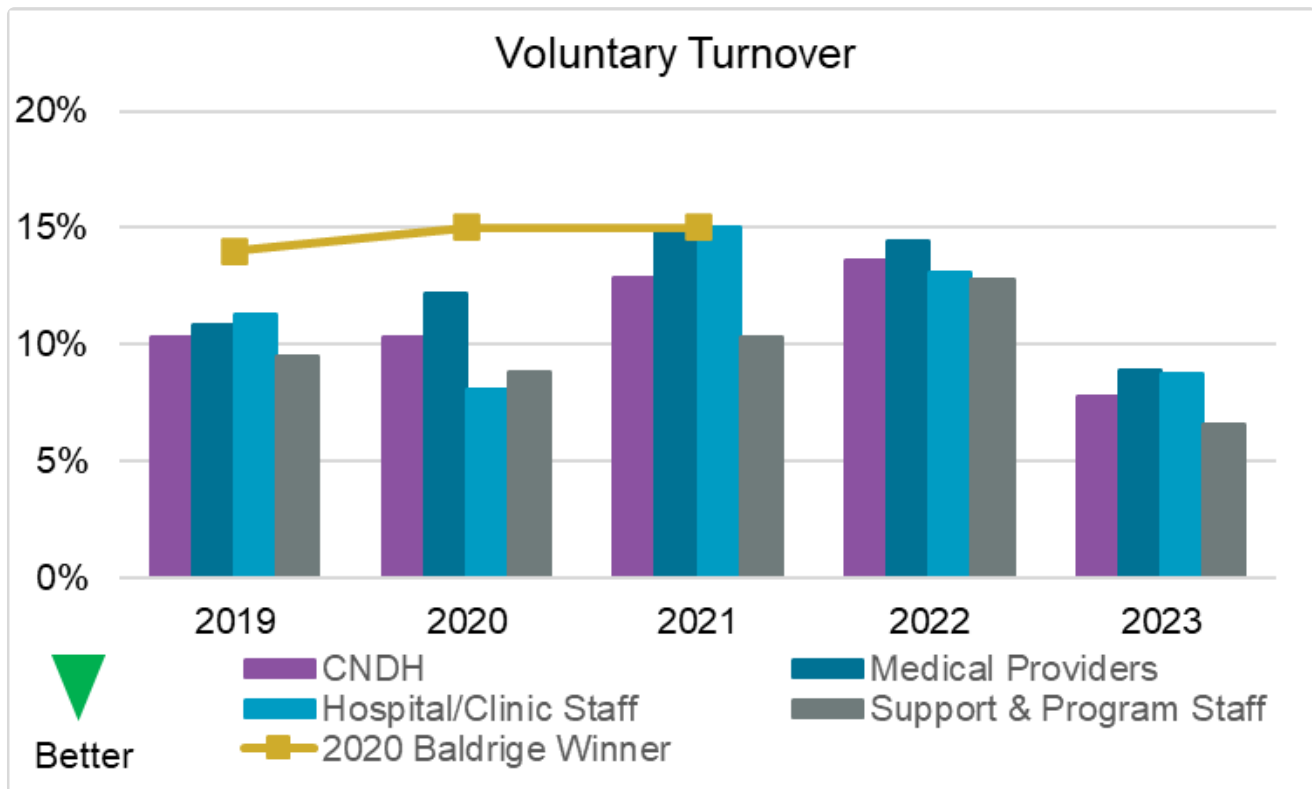
3: 90-Day Retention

### 3 - What are your results for workforce satisfaction and dissatisfaction?

1: (KEY) Voluntary turnover provides one of the best indicators of workforce satisfaction, depicting the choice made by employees to leave. A certain amount of voluntary turnover is to be expected due to retirements, and the COVID era saw health care professionals making a choice to leave the industry all together, but otherwise, we have experienced a historically low level of voluntary turnover, exceeding benchmark performance.

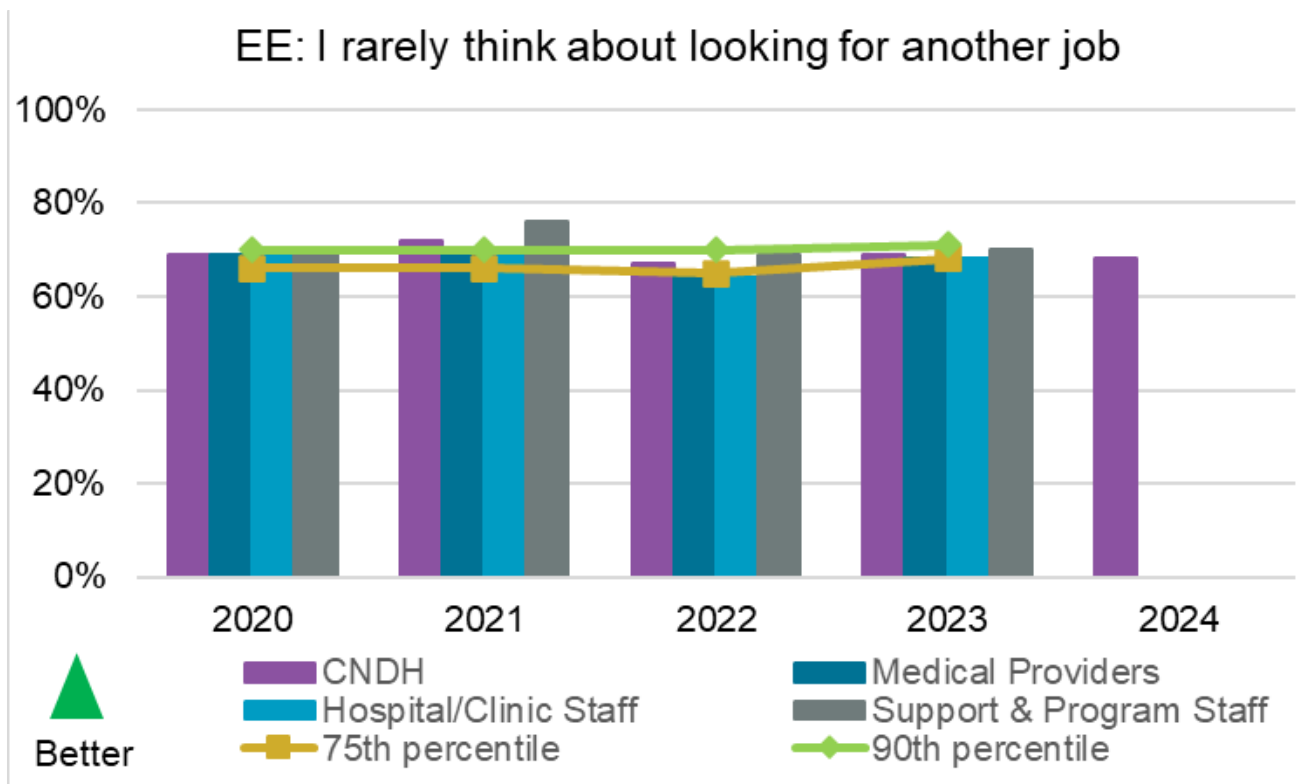
2: The precursor to voluntary turnover is actually thinking about looking for a new job, which is one of the overarching questions related to workforce satisfaction in the annual EE survey. Overall and segmented results have been at top quartile or top decile performance for the past five years.

3: One of the fundamental factors when it comes to workforce satisfaction is having the resources needed to do the job and meet expectations. CNDH excels in this area, achieving top decile performance in overall, and for most segmented results, over the past five years.

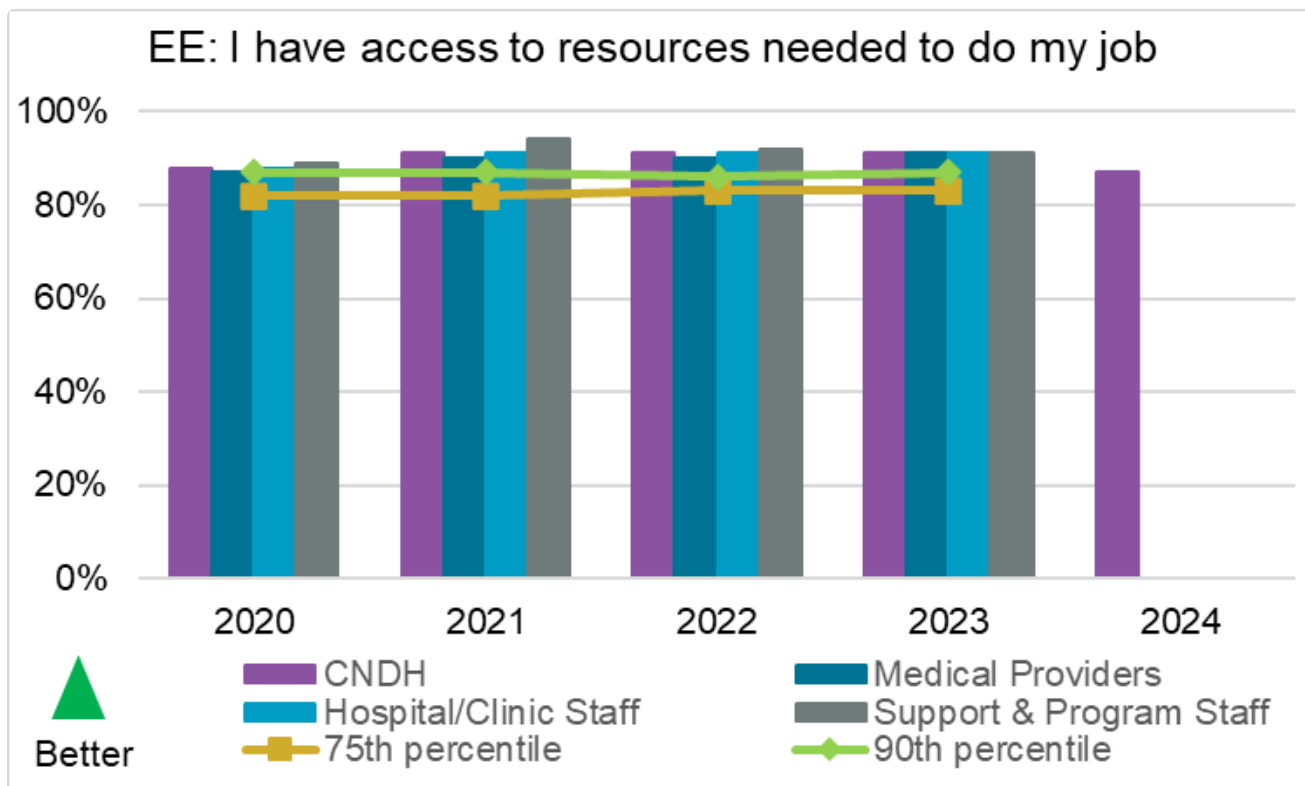


1: Voluntary Turnover





2: EE - Rarely think about looking for another job



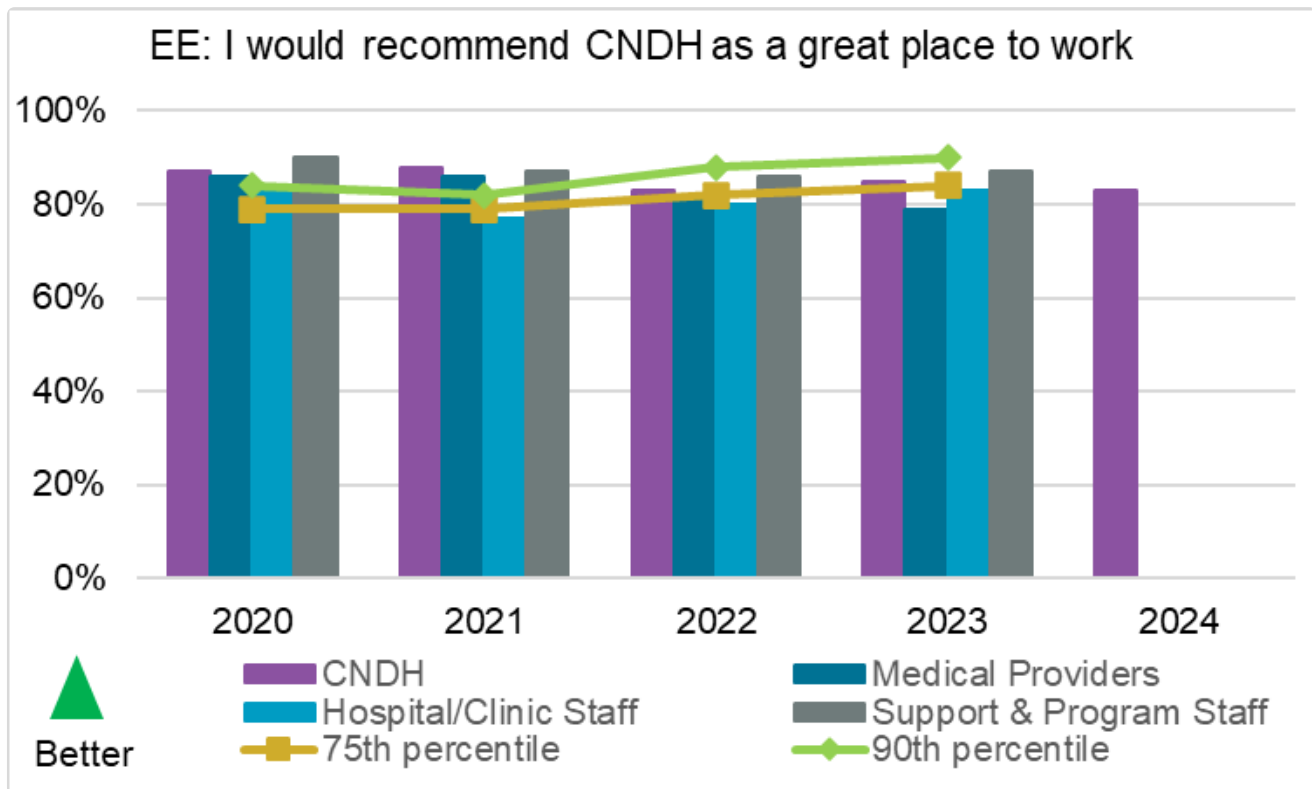
3: EE - Access to resources to do my job

#### 4 - What are your results for workforce engagement?

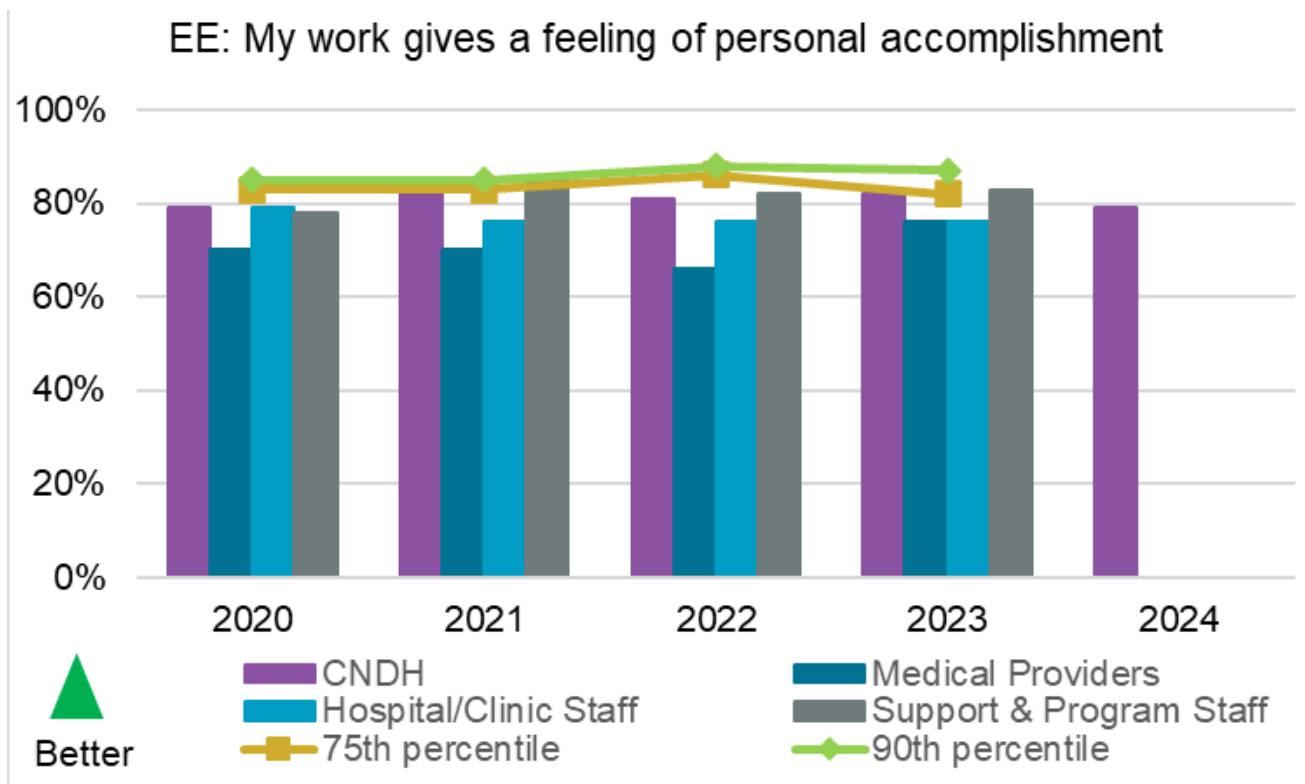
1: (KEY) In terms of workforce engagement, the willingness to recommend CNDH as a great place to work is the strongest overall indicator. Performance over the past five years has been at top quartile, and at times top decile, performance in overall and segmented results.

2: Engagement is the extent of workforce members' emotional and intellectual commitment to accomplishing the work of the organization; when employees connect their work to a feeling of personal accomplishment, it is a strong indicator of emotional engagement. CNDH results are generally at top quartile performance in this annual EE survey question over the past five years.

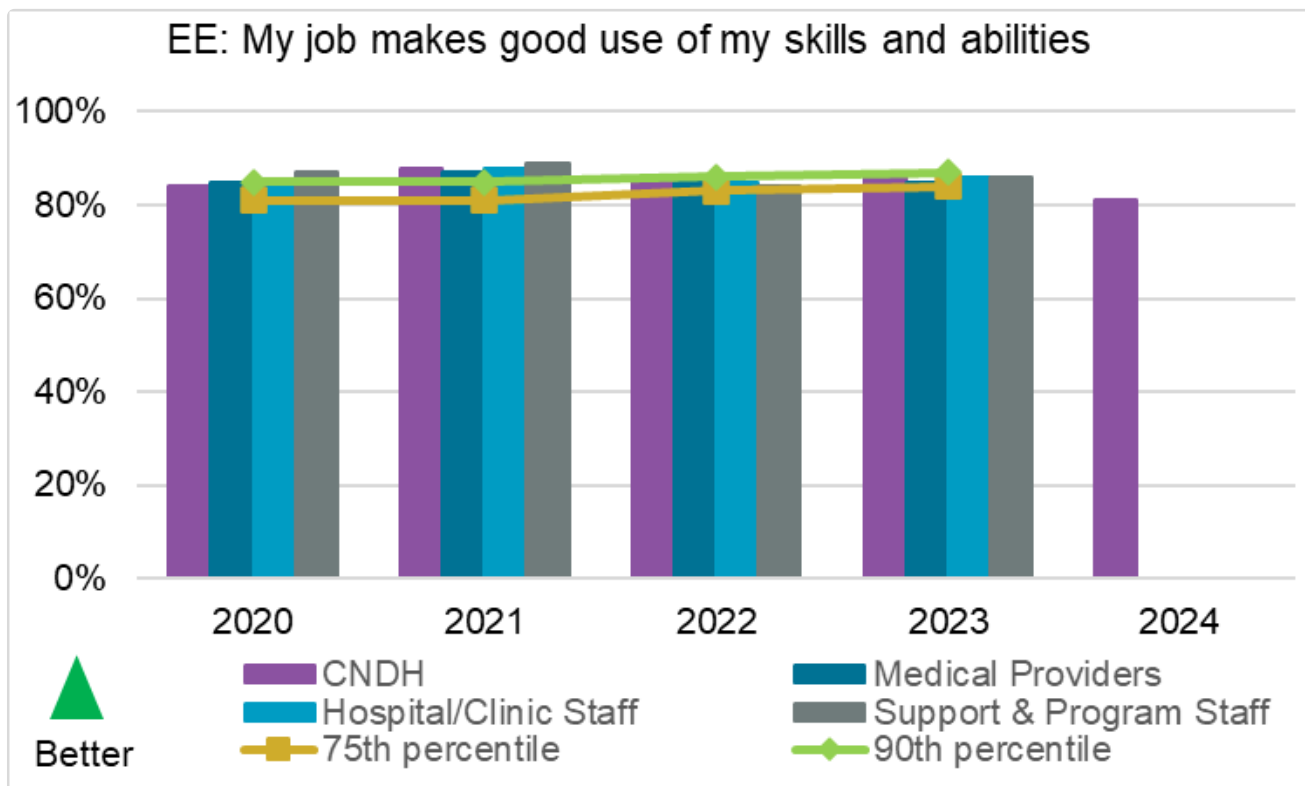
3: When employees feel that their job makes good use of their skills and abilities, that is an indicator of intellectual commitment that drives higher levels of workforce engagement. CNDH overall, and segmented, performance is at top decile performance over the past five years.



1: EE - Recommend CNDH as a Great Place to Work



2: EE - Work Gives a Feeling of Personal Accomplishment



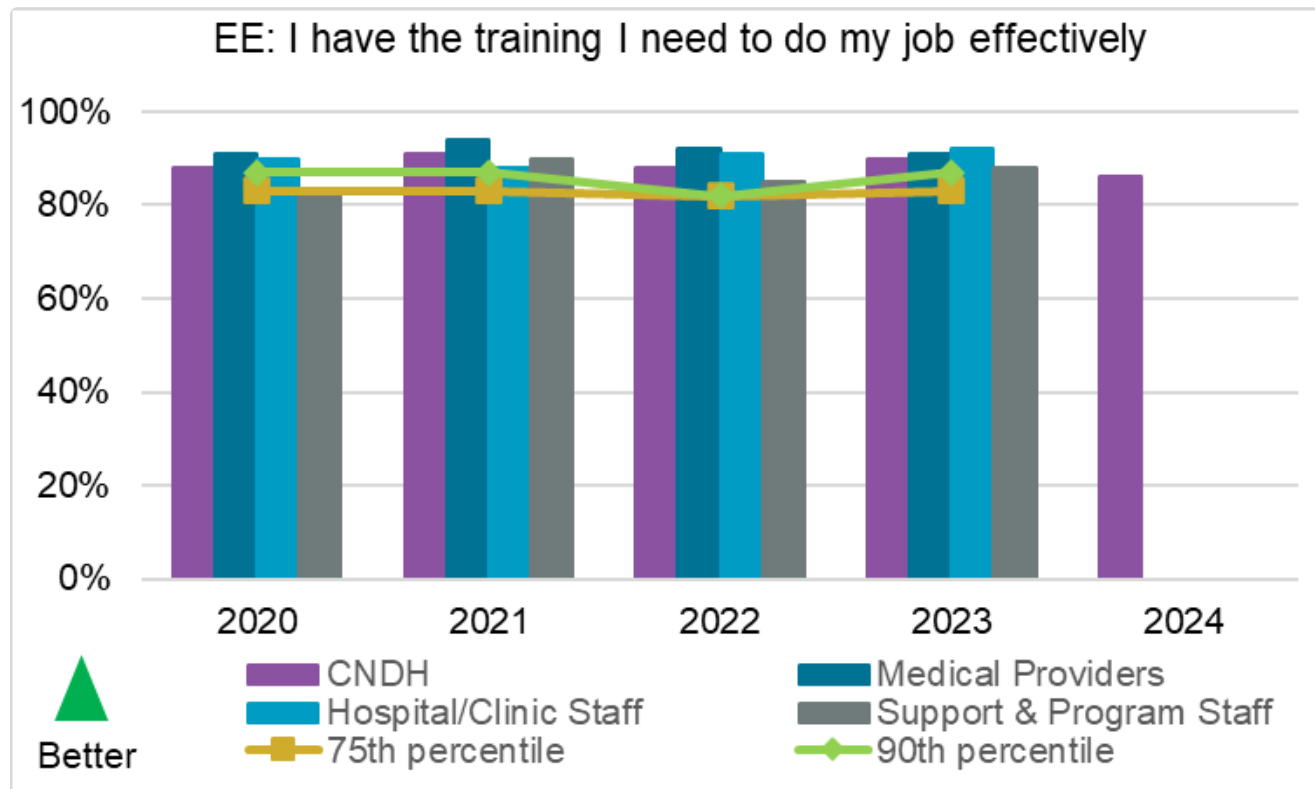
3: EE - Job Makes Good Use of Skills and Abilities

## 5 - What are your results for workforce and leadership development, including job skills training?

1: (KEY) When it comes to training that equips our employees with the skills to do their job effectively, CNDH is a role model. EE survey results for the past five years demonstrate top decile performance overall, and for segmented results.

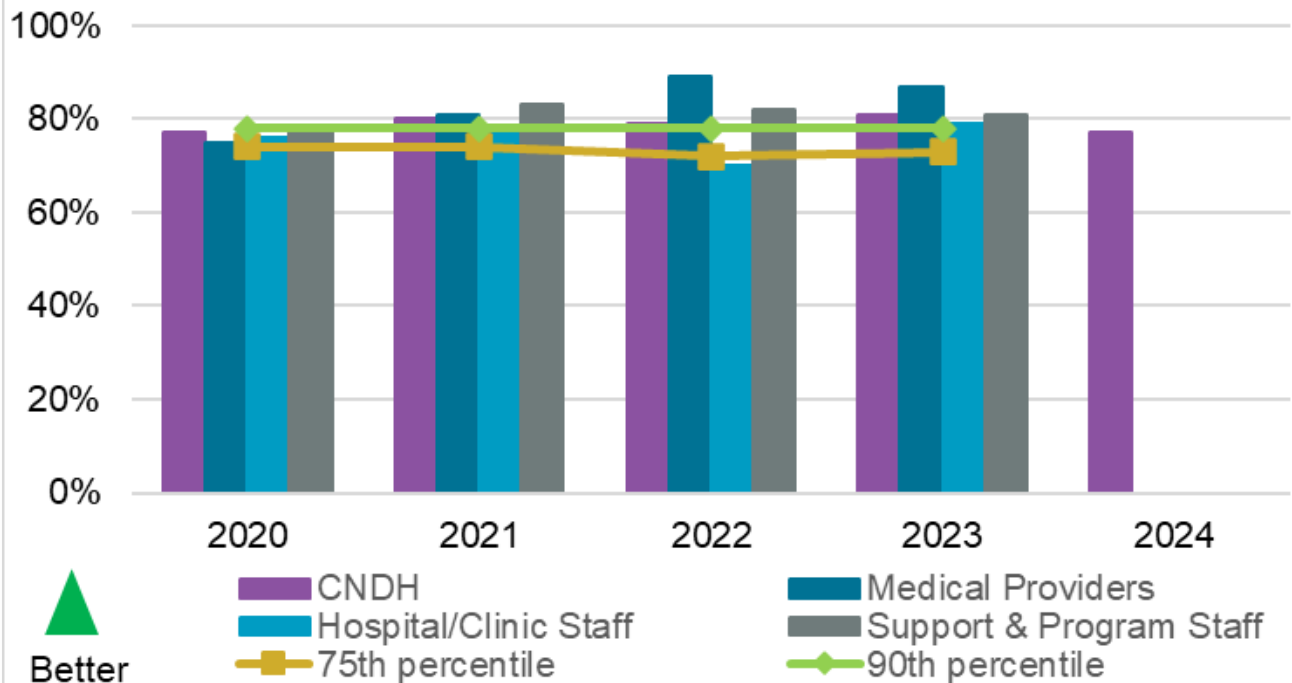
2: In terms of career opportunities, perception of employees indicates a high degree of optimism, with EE survey results, both overall and segmented, at top decile performance.

3: After a lull in the midst of the COVID pandemic, key training and development indicators have rebounded in the past couple of years, mostly exceeding pre-COVID era levels, with an overall increase in training activity, a significant increase in participants completing the progressive leadership development programs, record levels of tuition reimbursement, and continued emphasis on preparing internal candidates for promotional opportunities.



1: EE - I have training needed to do job effectively

## EE: Feel that my career goals can be met at CNDH



2: EE - Feel career goals can be met at CNDH

	2019	2020	2021	2022	2023
Training Activity					
Training Hours - General	39,278	36,113	20,651	34,113	49,901
Leadership Development					
Bronze	6	7	5	10	14
Silver	13	13	4	8	11
Gold	3	3	1	5	5
Tuition Reimbursement					
Participants	62	71	51	99	117
Amount Awarded					
Internal Promotion Rate					
Hospital/Clinic Staff	6.30%	4.10%	6.60%	6.70%	6.90%
Medical Providers	2.00%	1.30%	1.30%	1.90%	3.00%
Support and Programs Staff	11.40%	23.70%	9.00%	11.90%	9.70%
<b>Total</b>	<b>8.00%</b>	<b>12.30%</b>	<b>7.20%</b>	<b>8.60%</b>	<b>7.80%</b>

3: Training and Development Metrics

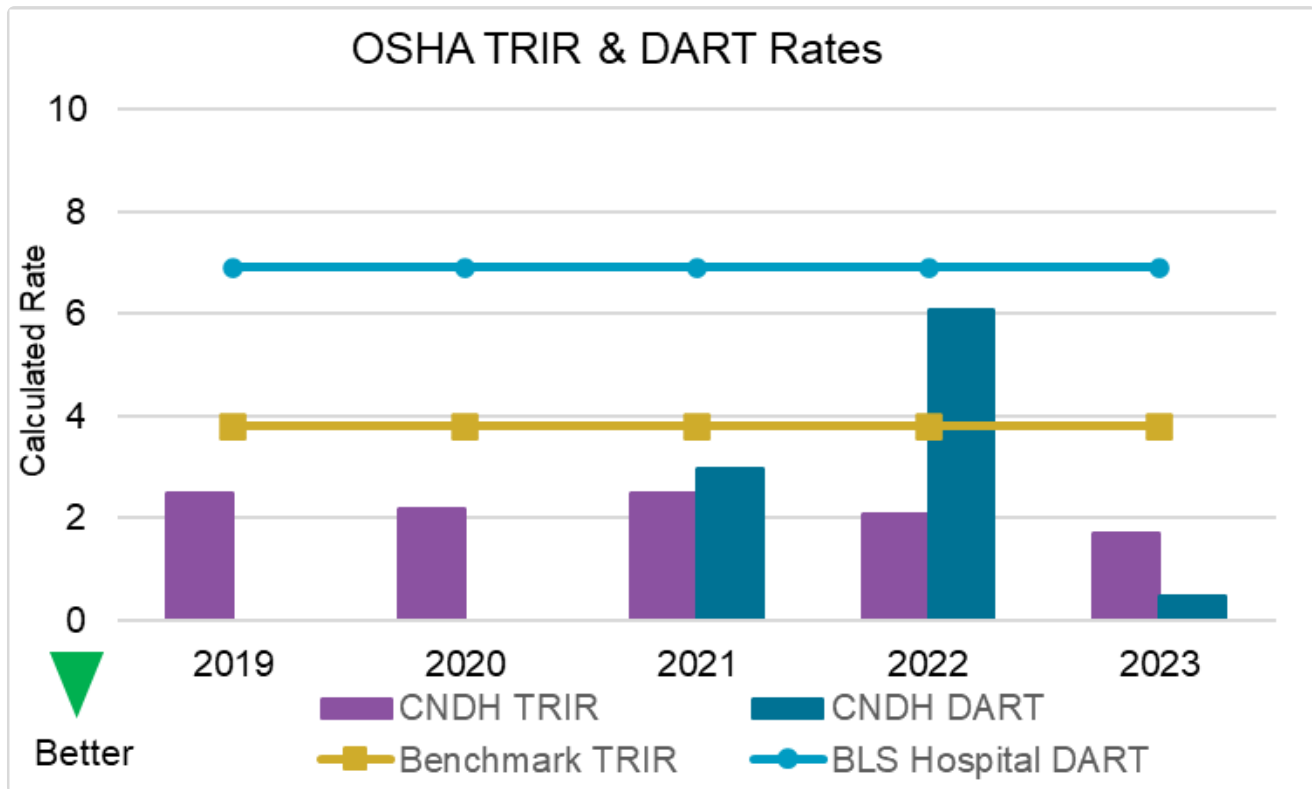
## 6 - What are your results for significant safety-related incidents, including Occupational Safety and Health Administration (OSHA) reportable incidents?

1: (KEY) Our world-class safety team continues to support a workplace environment with role model results, as evident in the OSHA TRIR, which is well below the industry benchmark. Our DART rate is historically very low, with zero injuries in most years requiring days away or restricted duty; we had two separate cases in 2021 and 2022 that resulted in longer-than-normal days away/restricted, and after-action reviews generated improvements to mitigate these risks in the future.

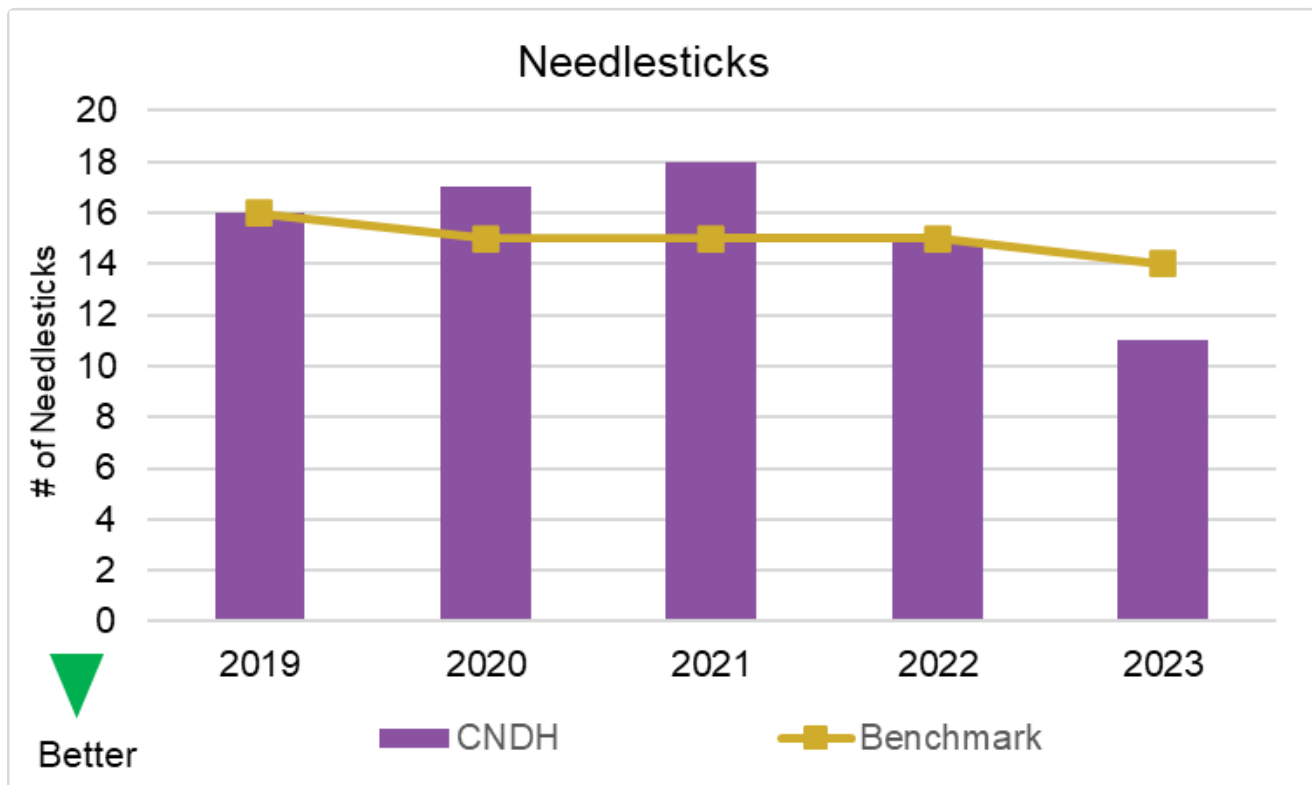
2: A common safety indicator in the health care industry is Needlestick incidents. We increased the focus on this key safety metric after seeing our results decline, and since that time have exceeded benchmark levels.



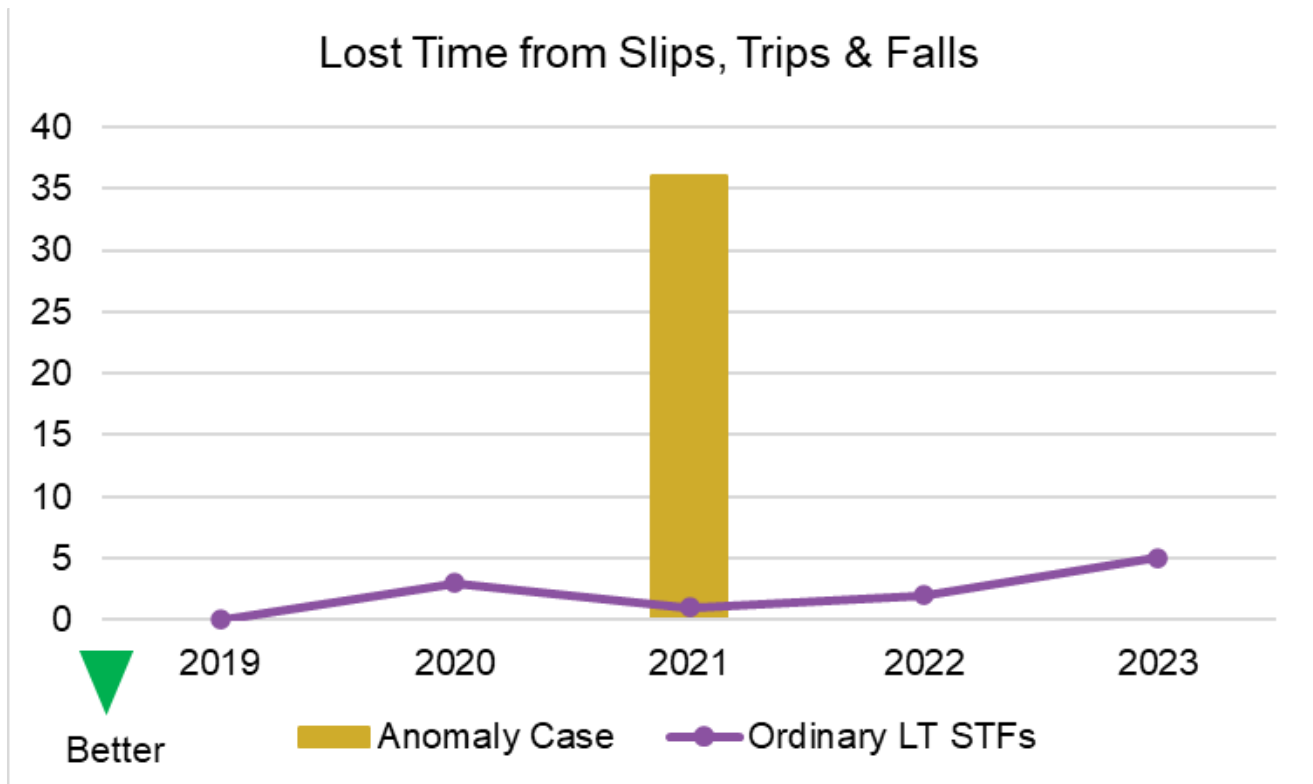
3: Lost time incidents from slips, trips and falls have been minimal over the past five years, with the exception of an anomaly incident in 2021.



1: OSHA TRIR and DART Rates



2: Needlesticks



3: Lost Time from Slips, Trips and Falls

**7 - What are your results for additional indicators of workplace health and safety (e.g., results of safety audits, near-miss tracking)?**

1: (KEY): The Certified Healthy Oklahoma Program is a certification for organizations promoting health and wellness in the workplace and community; "Excellence" is the highest designation.

2: The COVID pandemic put immense pressure on health care workers across the country, resulting in chronic feelings of burnout. In 2023, we engaged an expert to study the effects of burnout across CNDH, which included a wellbeing survey. Though only one data point, the results against benchmarks show how CNDH's culture has influenced this pervasive health issue for our employees.

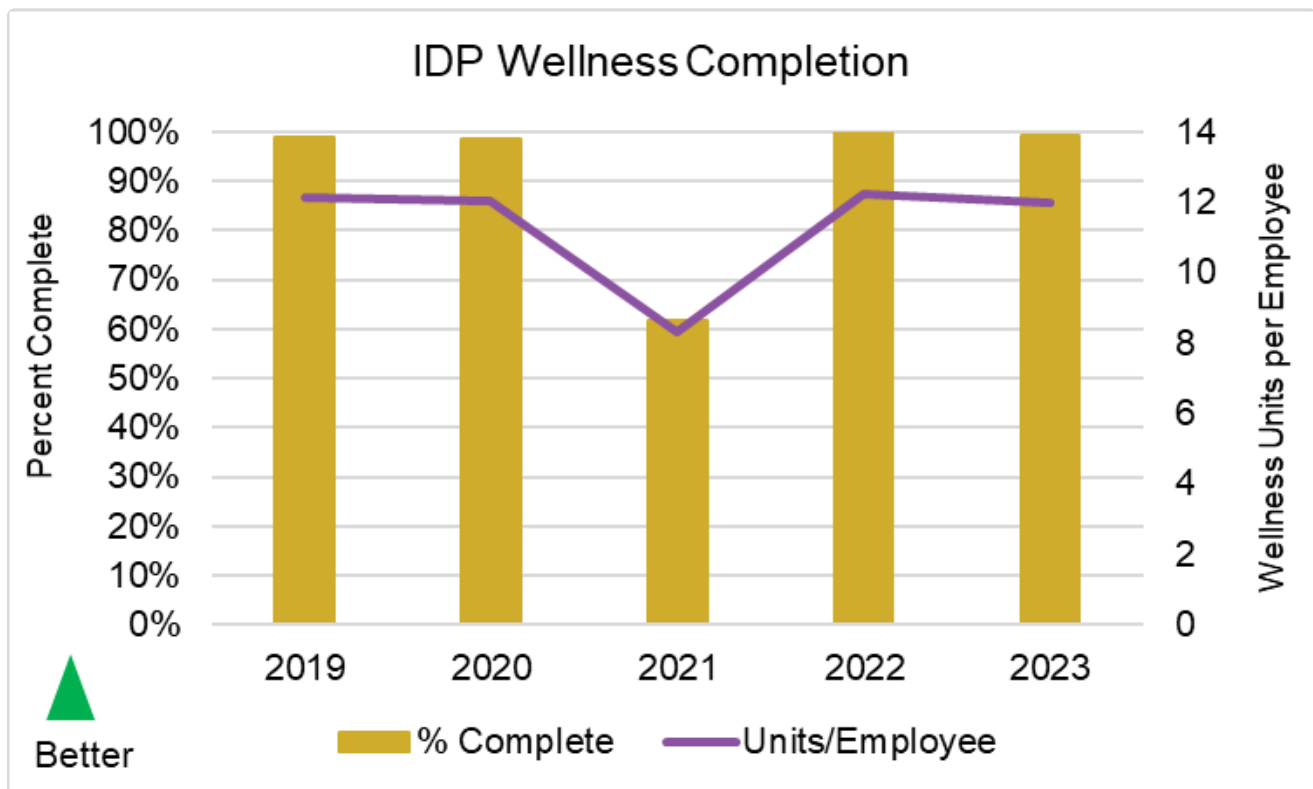
3: Individual Development Plans (IDP) include a wellness component, for which an employee needs to accumulate the required number of "credits" to meet the goal (e.g. 2.5 points for annual flu shot, .125 units per exercise day). Aside from the height of the COVID era, our workforce has maintained high levels of wellness activities, with just under 100% of employees meeting the required credit goal over the past five years.

Certified Healthy Oklahoma	
Year	Award Level
2019	Excellence
2020	Excellence
2021	Excellence
2022	Excellence
2023	Excellence
** Award level designations are Basic, Merit, and Excellence	

1: Certified Healthy Oklahoma

2023 Wellbeing Survey Results	Burnout impact on safety (lower is better)		Turnover intention (lower is better)		Fair Accountability (higher is better)		Treated differently (lower is better)		Bullying or intimidation* (lower is better)		Safety: inside (lower is better)		Safety: outside (lower is better)	
Workforce Segment	CNDH	Benchmark	CNDH	Benchmark	CNDH	Benchmark	CNDH	Benchmark	CNDH	Benchmark	CNDH	Benchmark	CNDH	Benchmark
Physicians	51%	58%	2%	10%	86%	58%	6%	11%	N/A	N/A	2%	6%	6%	7%
APPs	45%	59%	0%	9%	57%	44%	14%	10%	N/A	N/A	23%	9%	9%	9%
Nurses	46%	64%	2%	10%	39%	38%	14%	17%	N/A	N/A	13%	25%	8%	17%
Nurse Managers	68%	67%	4%	6%	69%	72%	5%	14%	N/A	N/A	26%	16%	9%	13%
Allied Health	54%	49%	8%	7%	37%	38%	12%	10%	17%	26%	11%	15%	8%	15%
Office & Infrastructure	39%	41%	6%	6%	48%	52%	7%	8%	9%	26%	8%	8%	6%	11%
EVS, Nutrition, Transport	36%	37%	3%	9%	63%	48%	5%	7%	7%	16%	4%	12%	4%	10%

2: Wellbeing Survey Results



3: IDP Wellness Completion



# CUSTOMERS & MARKETS

---

## Customers and Markets

---

### **1 - Briefly describe your key processes used for the following:**

- 1. customer listening,**
- 2. customer engagement, and**
- 3. customer support.**

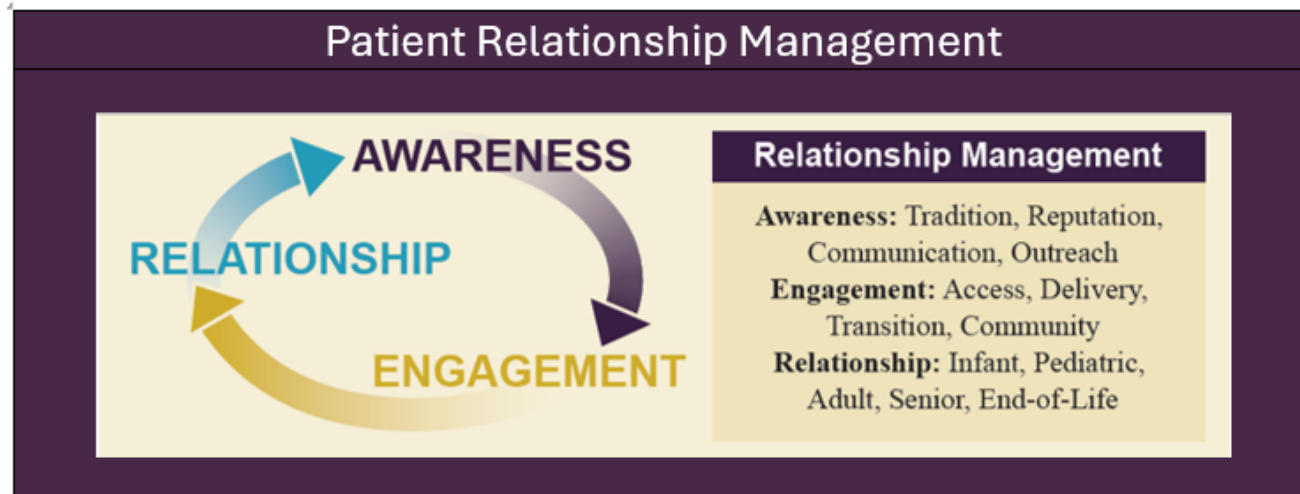
**CUSTOMER LISTENING:** a variety of approaches (collectively “VOC Methods”) are used to listen to, interact with, and observe patients and customers, which are summarized in the Customer Listening System. **CUSTOMER**

**ENGAGEMENT:** We enjoy a relationship with our patient community that is unique compared with non-tribal health care systems; the patients and customers we serve are often fellow tribal citizens, friends, and family. Relationship management begins with “awareness,” and that can be for new potential patients, former patients, or to expand services with existing patients. The next relationship phase is “engagement,” where our aim is to consistently deliver an exceptional patient experience through access to, delivery of, and transition from health care services, as well as engagement of patients and customers in community support activities. As we build and maintain our reputation with our patients through the delivery of high quality, safe, patient-centered care, we earn their loyalty throughout their life cycle, which for our patient community often means from birth to their elder years. **CUSTOMER SUPPORT:** Many of our VOC methods are designed to enable patients and other customers to seek information and support. For example, our website is a primary mechanism for access, which includes phone numbers and email address contacts. Telemedicine access is a recent improvement, allowing for virtual patient visits. Additionally, the Chickasaw transportation department will arrange to drive patients from their home to one of our facilities, if needed. We also have mobile care units throughout our service area providing access to patients for a limited number of services. As a cycle of learning and improvement targeted at reducing the amount of time a patient spends initially during registration when they come into our facility, we implemented an approach to obtain pre-registration information as part of the phone call to confirm a patient’s appointment.



CNDH Customer Listening System					
Method	Status	KWP	Freq	2W	
CNDH Website	C,F,P	A,T	AN	N	
Social Media	C,F,P	A,T	AN	Y	
Email	C,F,P	A,T	AN	Y	
Community / Tribal Events	C,F,P	A	AN	Y	
Population Health Events	C,F,P	A	AN	Y	
Special Purpose Focus Groups	C,F,P	A	AN	Y	
Special Purpose Surveys	C,F,P	A	AN	Y	
Community Health Assessment	C,F,P	A	B	N	
Chickasaw Newsletter	C,F,P	A	M	N	
Personal Interactions	C,F,P	A	AN	Y	
Appointment Confirmation Phone Calls	C	A	D	Y	
Registration/Pre-registration	C	A	D	Y	
Intake / Screening	C	D	D	Y	
Consultation / Plan of Care	C	D	D	Y	
Rounding	C	D	D	Y	
Compliments & Complaints	C	D	D	Y	
Post-care Instructions	C	T	D	Y	
Follow-up Care & Benefits Coord	C	T	D	Y	
CMS Satisfaction Surveys	C	T	D	Y	
Outpatient Satisfaction Surveys	C	T	D	Y	
Follow-up Phone Calls	C	T	D	Y	
Text Messaging	C	A,T	AN	Y	
Call Centers	C	A,T	AN	Y	
Smart Phone Apps	C	A,T	AN	N	
Employees as Patients	C	A,D,T	AN	Y	
<b>LEGEND:</b> Status: C = Current    F = Former    P = Potential (patient/customer) KWP: A = Access    D = Delivery    T = Transition Freq: D = Daily    M = Monthly    B = Bi-annually    AN = As Needed					

1: Customer Listening System



2: Patient Relationship Management

## Patient Access and Support

High Quality • Safe • Comprehensive • Patient & Culturally Centered

### Access

- Scheduled Appointment
- Walk-in
- Ambulance / transfer
- Tele-health

### Timely, Easy

- Preferred appointment availability
- Pre-registration phone call
- Transportation & valet services
- Clean, up-to-date facilities, grounds, equipment
- “One-stop Shop” philosophy

### Delivery

- Primary & Specialty Care
- Elective Surgery
- Emergency Care
- Pharmacy, Lab & Ancillary Services
- Nutrition Services

### Safe, Timely, Equitable, Efficient, Patient-centered

- Integrated care teams, continuity of care
- Competent, empathetic, service-driven providers & staff
- Mindfulness of how and where patients & families wait
- Listening, communication, education
- High quality, nutritious meals
- Family support & spiritual resources

### Transition

- Post-care Education
- Referred Care
- Benefits Support
- Social Services

### Supportive, Empathetic, Comprehensive

- Pharmacy & Ancillary services coordination
- Referred care & follow-up appointment coordination
- Case management for social service needs
- Thank you notes & follow-up phone calls

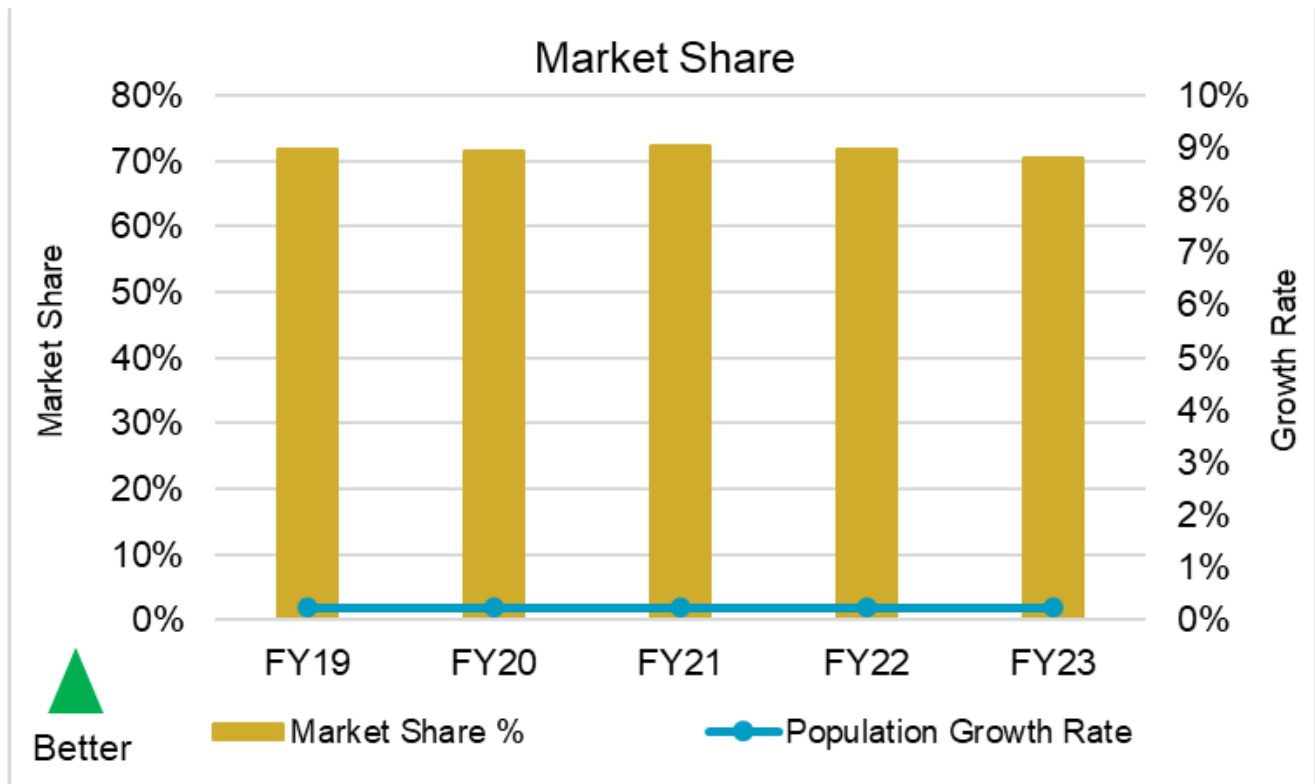
3: Patient Access and Support Methods

## 2 - What are your results for market size and market share, by business unit or product/service, as appropriate?

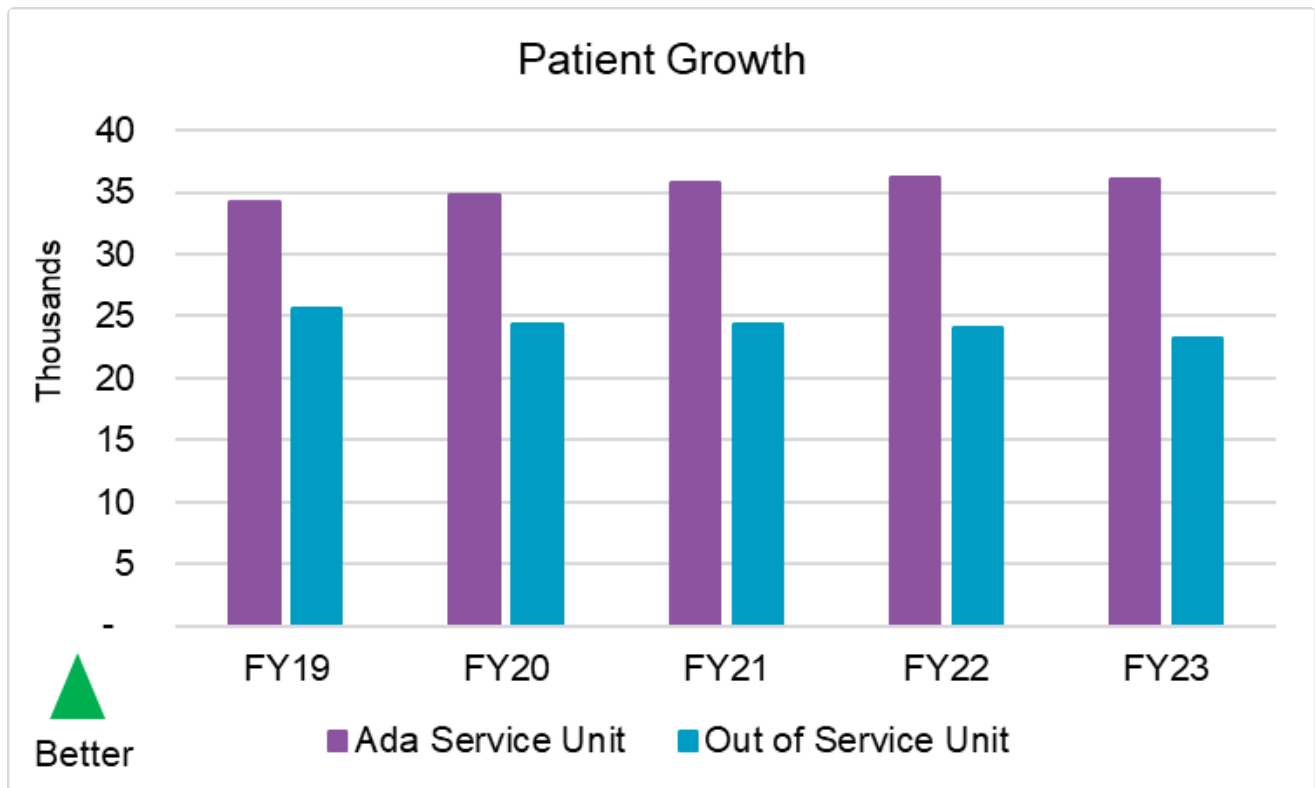
1: While the overall population growth rate of our service area has remained relatively stagnant, we have maintained a commanding share of our geographic service area market, with over 70% of the eligible user population according to IHS statistics.

2: CNDH's 13-county service area is a relatively mature market with a much lower rate of population growth than larger metropolitan areas such as Oklahoma City and Tulsa. However, we continue to see growth in the number of patients of those living within the service area boundaries.

3: The number of patient visits has increased as well, which is significant, since we have improved our ability to bundle services delivered in a single patient visit. Segmented outpatient data illustrates growth in access across all of our clinic sites.



1: Market Share



2: Patient Growth

Growth in Patient Visits					
	FY19	FY20	FY21	FY22	FY23
Total Encounters	957,145	966,584	1,118,952	1,065,641	1,083,515
Segmented Outpatient Visits					
Ada	396,486	367,985	397,114	639,175	646,463
Ardmore	131,832	129,192	134,051	193,975	197,818
Purcell	84,443	82,395	91,966	146,654	153,024
Tishomingo	70,029	67,262	69,069	85,837	86,210

▲  
Better

3: Growth in Patient Visits

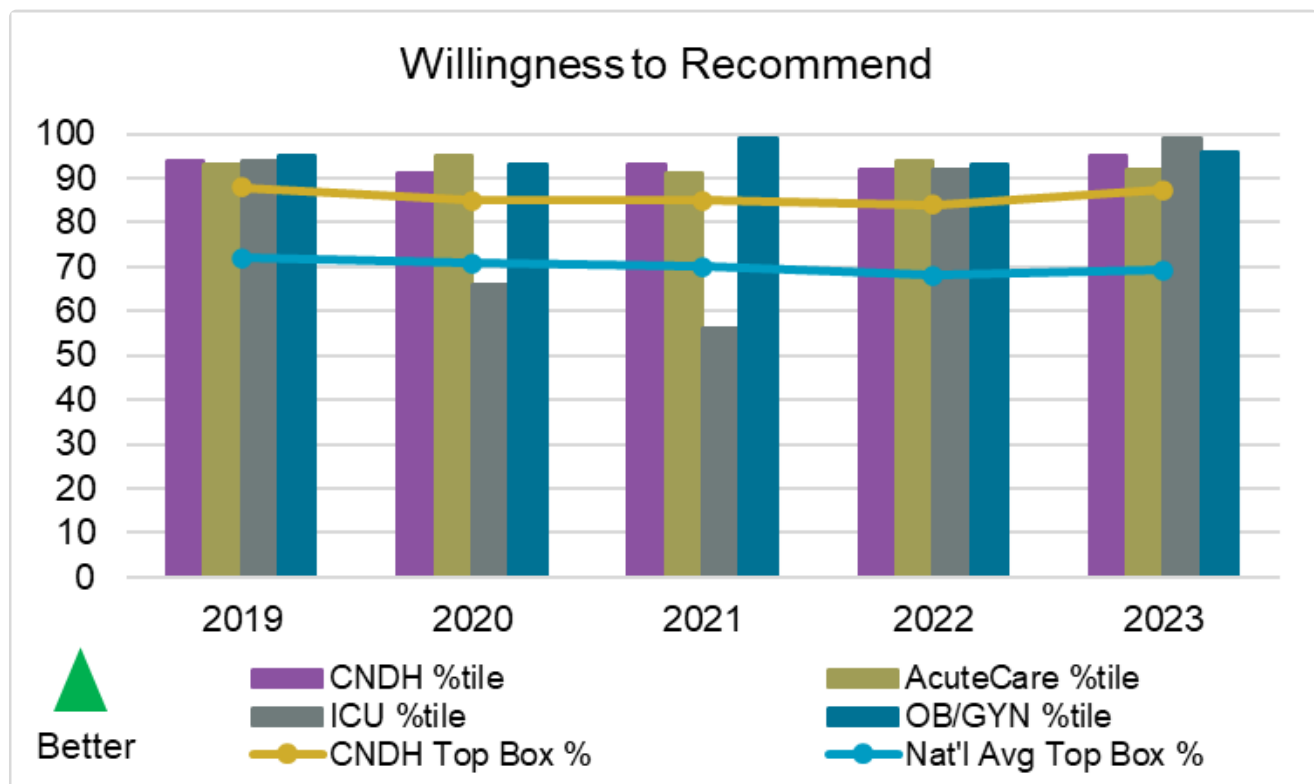
### 3 - What are your results for your customer loyalty, including likelihood to recommend your organization, by key customer segments?

**Note:** For health care organizations, as appropriate: Include your results for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) or CAHPS scores.

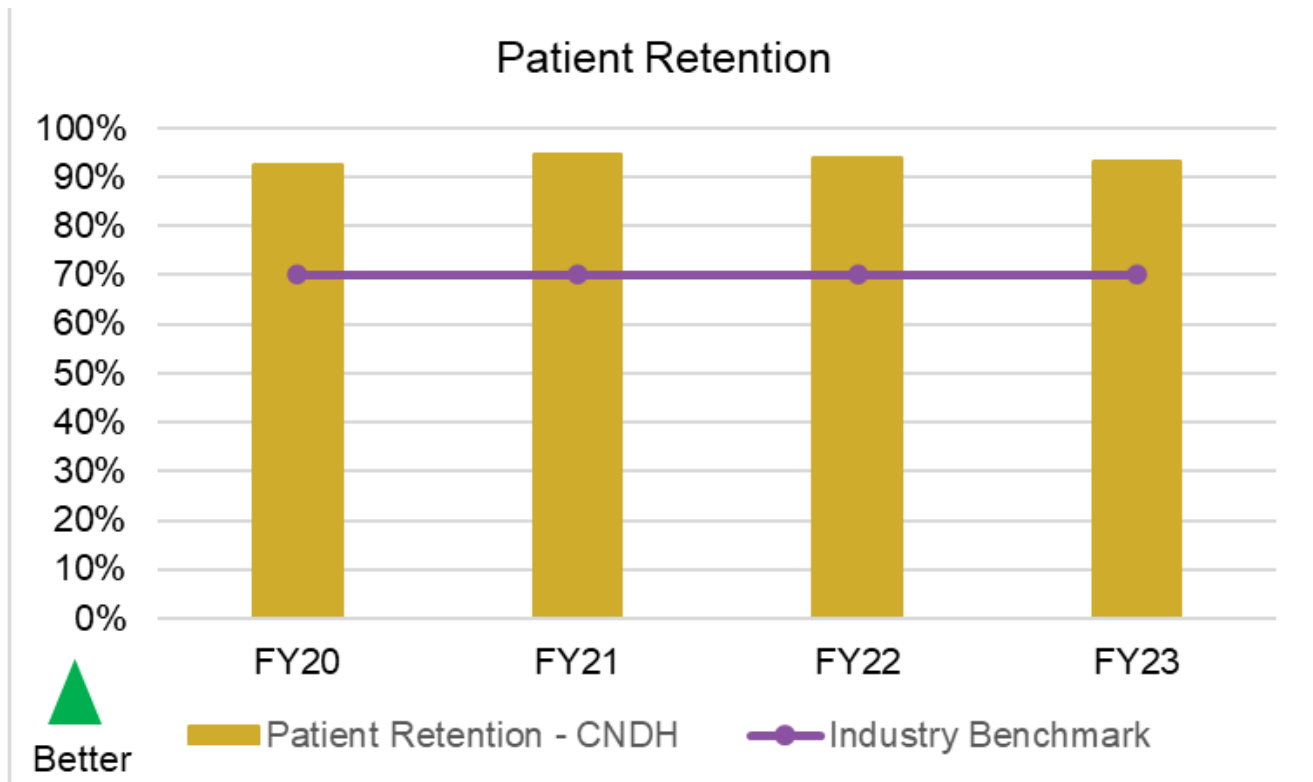
1: (KEY) Sustained role model performance is demonstrated in patient loyalty, as depicted in the results for Willingness to Recommend, which exceed the 90th percentile ranking overall for the past five years, as have most of our segmented results. Trends for Top Box scores have generally followed those of the national average, but at exceedingly higher levels.

2: One of the most compelling indicators of loyalty is reflected in the year-over-year retention of patients, with CNDH results well over 90% reflecting the long-term relationships we enjoy with our patient community across a life cycle that can literally span from birth to well into a patient's elder years.

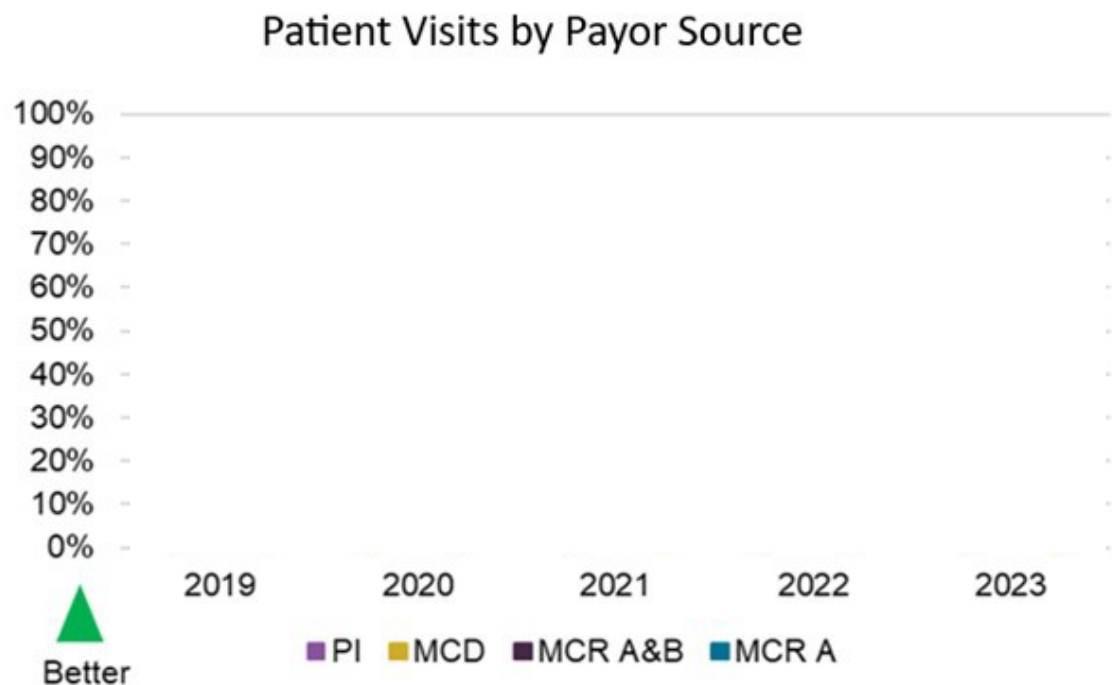
3: Our patients never receive a bill for services received at CNDH, which might suggest this is the reason for our very high rate of retention. However, nearly 90% of our patients have some form of third-party payer source, a trend that continues to increase each year, indicating that we are their provider of choice.



1: Willingness to Recommend



2: Patient Retention



3: Patient Visits by First Payor Source

#### 4 - What are your results for customer complaints, by key customer segments, if available?

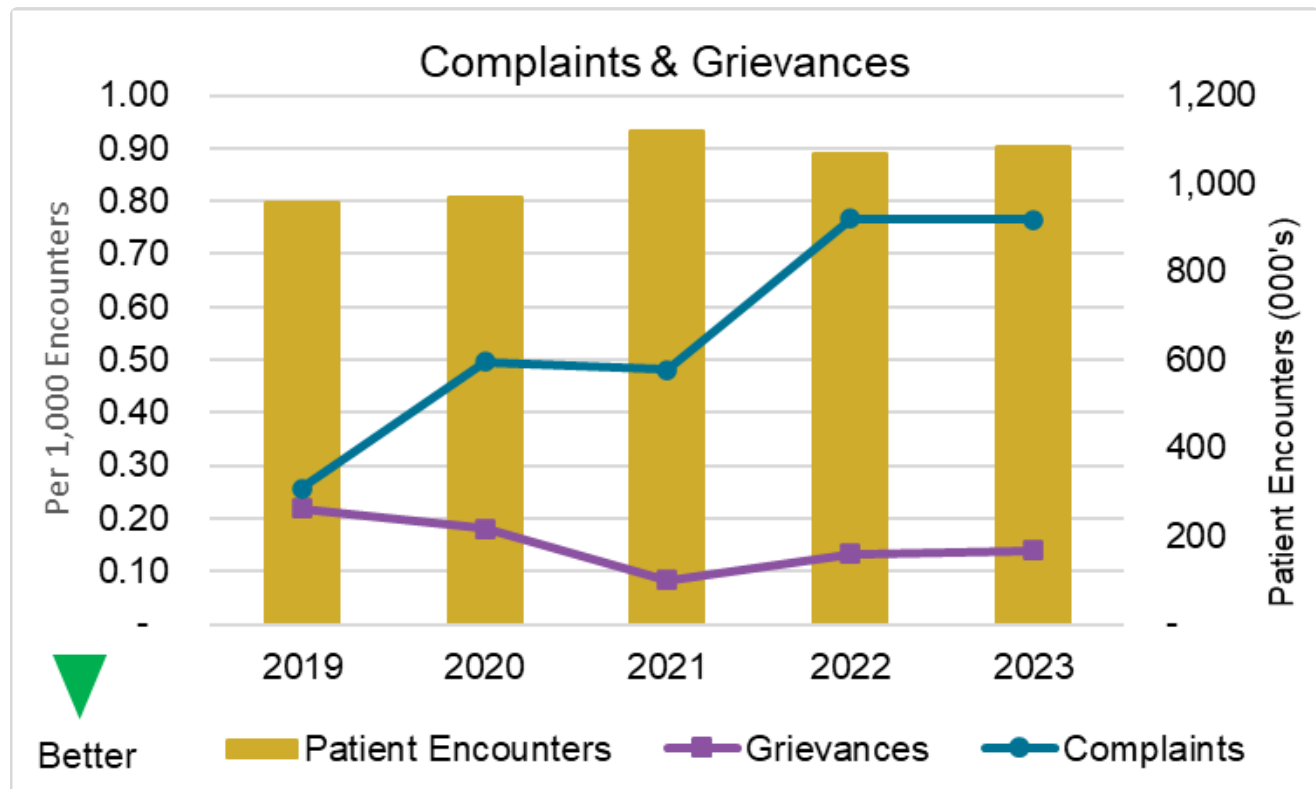
1: Our focus on the patient experience over the past five years included a cultural shift throughout the organization to report any and all patient complaints; ultimately our aim is to lower the number of grievances, which are much more



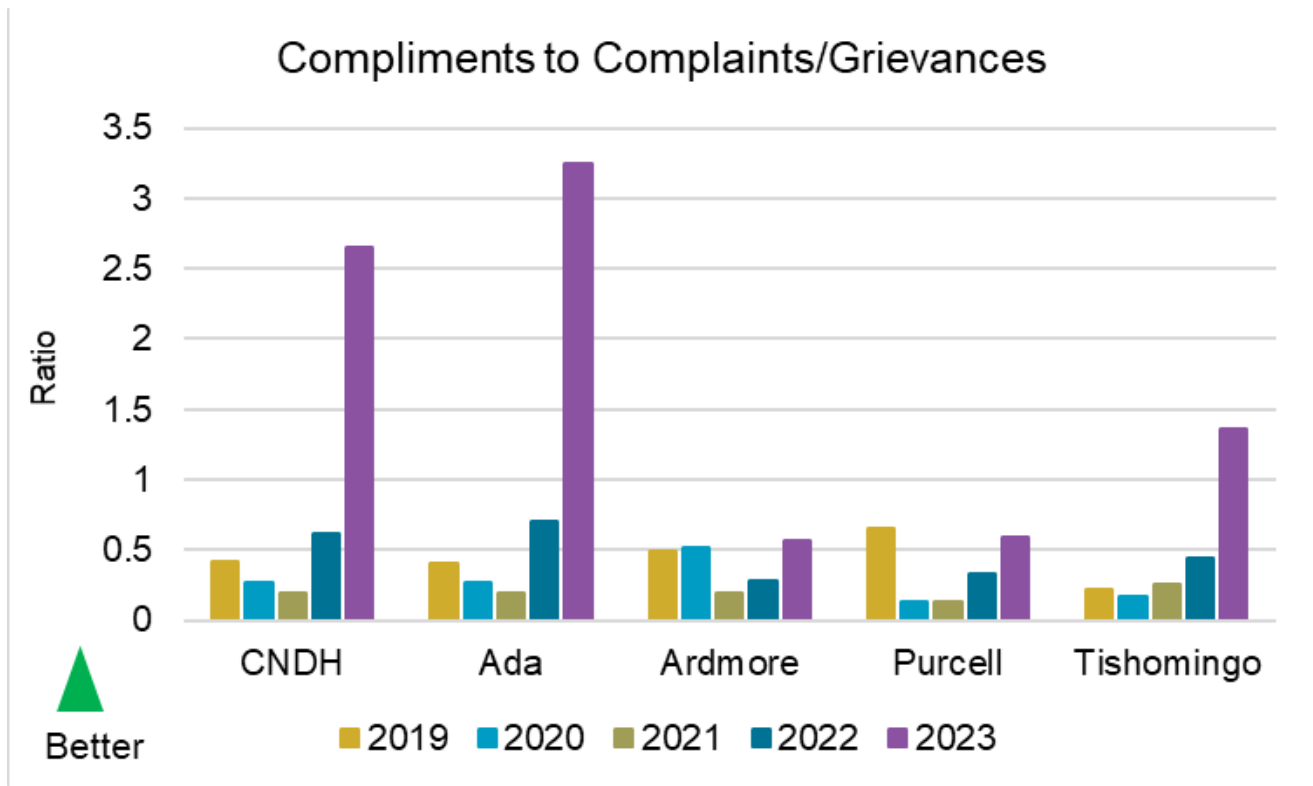
significant in terms of the quality of care and patient safety. Despite growth in the number of patient encounters, the number of grievances per thousand encounters has remained low.

2: The ratio of patient compliments received to complaints and grievances has increased dramatically, after a COVID-era decline, which is all the more impressive considering the focus for the past five years to ensure we capture as many complaints as possible to identify opportunities for an improved patient experience.

3: Patients are provided with complaint information from our internal Patient Relations team, Joint Commission, and CMS. We have had zero external complaints filed with TJC or CMS for 2019-2023.



1: Complaints and Grievances per 1,000 Encounters



2: Compliments to Complaints/Grievances

CNDH Patient Complaints to External Oversight Organizations					
	2019	2020	2021	2022	2023
The Joint Commission (TJC) Complaint Response Required					
CMS Complaint Response Required					

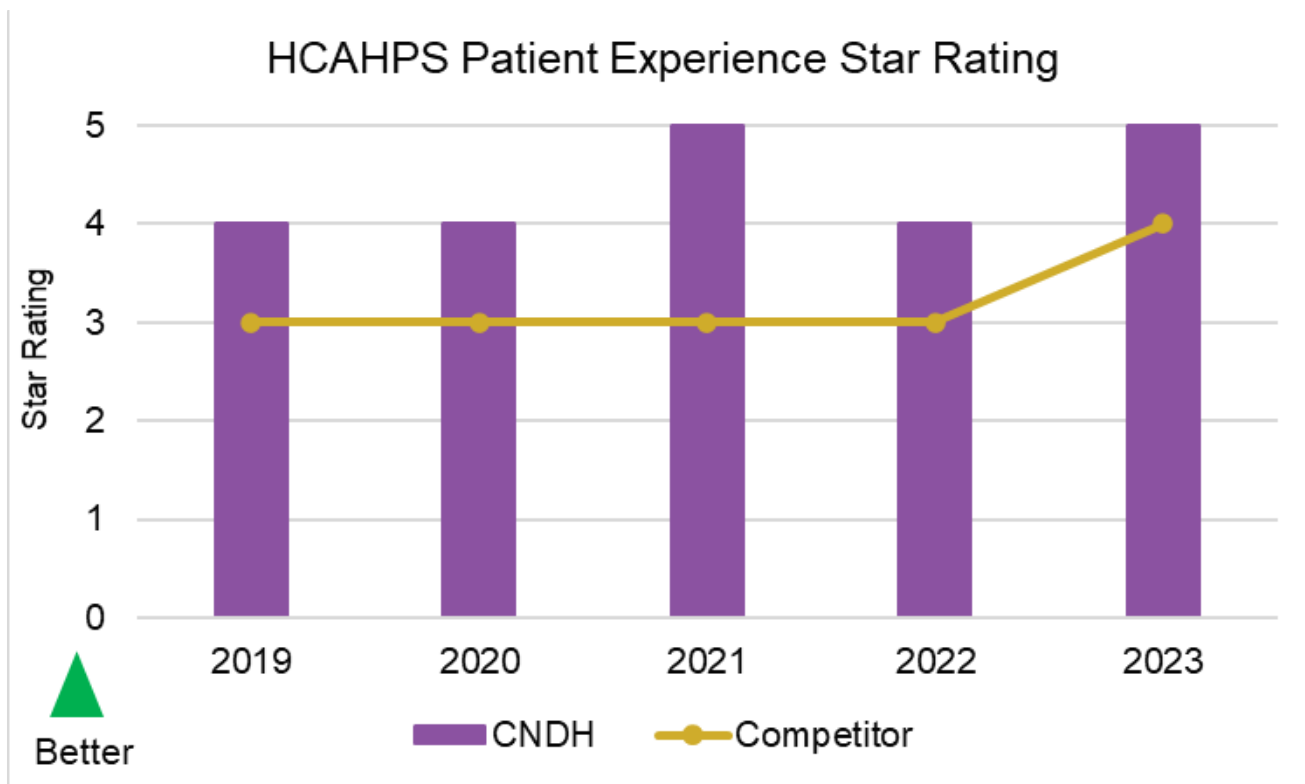
3: Patient Complaints to External Oversight Organizations

#### 5 - What are your results for customer satisfaction and dissatisfaction, by key customer segments?

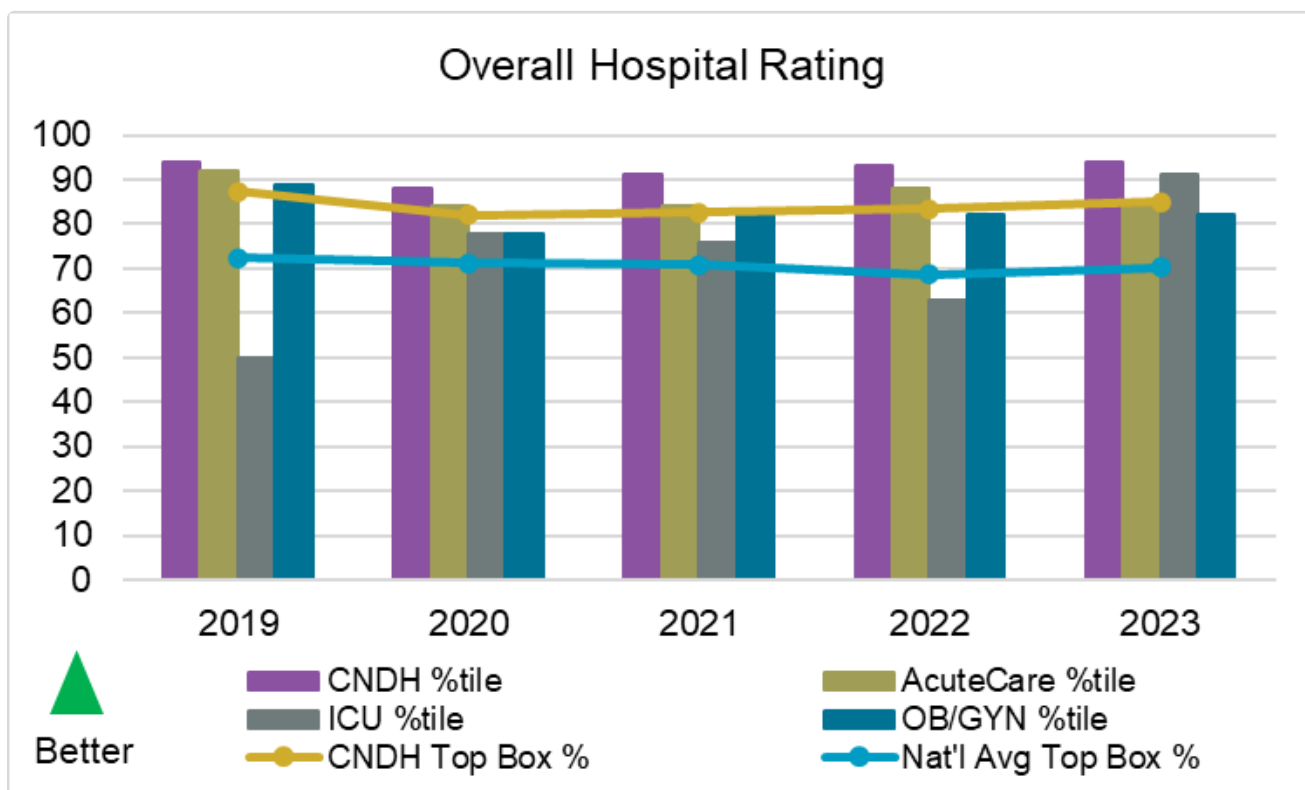
1: (KEY) Out of nearly 5,000 hospitals nationwide, only about 30 each year achieve 5-stars in both the CMS overall rating, and the HCAHPS Patient Experience Survey Star Rating; CNDH has achieved that elite distinction in 2 of the past 5 years, never dipping below a 4-star rating, and consistently outperforming our local competitor.

2: (KEY) Sustained role model performance is demonstrated in patient satisfaction, as depicted in the results for Overall Hospital Rating, exceeding the 90th percentile ranking for the past five years, with segmented results generally sustaining high percentile levels as well.

3: We implemented an innovative outpatient survey process in 2021, utilizing QR codes and iPads to capture patient feedback. Three significant drivers of patient satisfaction are the experience with nurses, the provider, and registration staff. We have seen consistently high levels with all three relationship encounters since inception of the survey process.



1: HCAHPS Patient Experience Star Rating



2: Overall Hospital Rating

Outpatient Survey	2021	2022	2023
Rate nursing staff on being courteous & respectful			
Excellent	94%	92%	92%
Good	5%	7%	8%
Poor	1%	1%	0%
How well did your provider address concerns			
Extremely well	88%	87%	88%
Very well	10%	12%	11%
Not well at all	2%	1%	1%
Rate registration staff on helpful, courteous & respectful			
Excellent	87%	88%	87%
Good	11%	10%	11%
Average	1%	1%	0%
Poor	1%	1%	2%

3: Outpatient Drivers of Satisfaction



# COMMUNITY ENGAGEMENT

---

## Community Engagement

**1 - Briefly describe your key processes for community engagement and societal contributions. Be sure to include your processes for the following:**

- 1. listening and engaging with your key communities, and**
- 2. supporting your key communities.**

Our primary community is the citizens of the Chickasaw Nation which aligns with our mission; secondarily, we have determined our 13-county service area to be a key community, since it is the broader environment within which we live and work. Our long-term success and resilience as an organization depends on that of our communities, so our focus for engagement and contributions is through programs, events, and activities that address wellness and healthy living, capitalizing on our core competencies. We realize this is unique as compared with other health systems, which inhibits finding relevant measurable benchmarks, so we gauge our success on growth in the depth and breadth of engagements and contributions each year, focused on priority community health needs. Resilience is demonstrated in the innovative ways we found to maintain engagements through the height of the COVID pandemic.

We have multiple listening mechanisms across community stakeholders, including a bi-annual Community Needs Assessment which helps prioritize community engagement efforts. Our world-class Nutrition Services team addresses a fundamental need in our community, which is lack of available education, resources, and funds to support basic daily nutrition. As a health care organization, societal well-being is at the core of our purpose and is incorporated into our strategy and daily operations. To further address priorities identified through the Community Needs Assessment, our innovative Division of Research and Public Health (DRPH) manages a multitude of programs focused on critical issues impacting societal well-being throughout our communities. Our Office of Environmental Health and Engineering Sanitation Facilities Construction team ensures basic health needs, such as water and septic systems, throughout our communities. From an environmental stewardship perspective, our facilities team has made significant strides in reducing the impact on our natural resources over the past decade.

Community Listening Method	Freq	2W
CNDH Website	OD	N
Social media	OD	Y
Email	OD	Y
Community/Tribal Events	AN	Y
Population Health Events	AN	Y
Special Purpose Focus Groups	AN	Y
Special Purpose Surveys	AN	Y
Community Health Assessment	B	N
Chickasaw Newsletter	M	N
Legend		
AN=As needed	OD=On-demand	
BA=Bi-annual		
	M=Monthly	

1: Community Listening Methods



## CNDH Nutrition Services Programs

**Women, Infants and Children Supplemental Nutrition Program (WIC)** provides eligible pregnant or postpartum women, infants, and children 5 and younger, nutritious foods at no charge. WIC educators, nutritionists and breastfeeding specialists are available to assist mothers and fathers in feeding their families and helping their children grow to their full potential by providing helpful nutrition information and counseling.

**Summer EBT for Children** provides a monthly summer food package via an electronic benefit card to school-age children who qualify for free or reduced priced school meals and attend a participating school within the Chickasaw or Choctaw Nation boundaries.

**Impa' Kilimpi' (Strong Food)** provides nutrition education for a wide variety of youth organizations, schools and community members. Nutrition education is taught through interactive cooking classes, food demonstrations, interactive classroom lessons, health fairs and more.

**Impa'chi Meals for Kids Program (Let's Eat)** provides access to nutritious meals for children between the ages of 1-18. Impa'chi provides an opportunity for children to have access to healthy foods. In addition to accessing food in Okchamali's Café and five Nutrition Centers, in a traditional setting, Impa'chi is also available in various locations like parks, youth camps, events, etc.

**Food Distribution Program (FDP)** serves as an alternative to the SNAP program. FDP provides a nutrition food package in five grocery store settings to eligible participants.

**Packed Promise** is a food delivery program for Chickasaw students pre-K through Grade 12 who qualify for free or reduced priced meals and reside within the Chickasaw Nation boundaries. Participants select a desired shelf-stable food package and a \$15 FRESH check to purchase fresh and/or frozen produce is shipped directly to the participant's doorstep.

**Senior Farmers' Market Nutrition Program** provides an EBT card for the purchase of fresh fruits and vegetables, from authorized farmers' market and farm stands throughout the Chickasaw Nation during the summer. As funding is available, this program is available to Chickasaw seniors, Native American seniors and Warrior Society members.

**Winter Fruit/Vegetable Program** provides fresh, frozen, and canned fruits and vegetables to Chickasaw seniors during six months throughout the winter with the distribution of food packages.

CNDH Societal Contributions
Environmental
<ul style="list-style-type: none"> <li>• Clean water set-ups and septic systems at no charge throughout our community</li> <li>• Environmentally friendly (LEED guidelines) construction</li> <li>• Targeted waste reduction in operations</li> </ul>
Social
<ul style="list-style-type: none"> <li>• Research, grant funding, partnerships, and project management to address social issues impacting communities throughout our service area</li> <li>• Opportunities for community members to gather during health fairs, nutrition classes and CN-sponsored events</li> <li>• Transportation services for patients to attend appointments or social events within and outside of the service area</li> <li>• Emergency management and disaster recovery services throughout the community to boost awareness, preparedness, mitigation, and recovery</li> </ul>
Economic
<ul style="list-style-type: none"> <li>• Major employer in the community for quality jobs with competitive wages and outstanding benefits</li> <li>• Food distribution programs and other nutrition services for those throughout the community with financial needs</li> <li>• Purchasing from local suppliers for a variety of goods and services</li> </ul>

3: CNDH Societal Contributions

**2 - What are your results for engaging and building relationships with your key communities? Be sure to include results for the following:**

- 1. the number and type of engagements,**
- 2. the frequency of each engagement type (how often the engagement happens), and**
- 3. the length of time of engagements.**

1: Our world-class Nutrition Services team engages community members through a variety of programs, all focused on education, support, and resources for healthy living through better nutritional choices. The Impa' chi Kids Meal program is a perfect example of how CNDH "wraps its arms around our community" delivering nutritious meals during the height of the pandemic to those in need.

2: Our innovative DRPH has significantly grown its level of engagement with community members in a variety of programs aimed at priority public health issues.

3: There may be no more basic need on Maslow's hierarchy than clean water and working sewer systems. The OEH division engages those in need throughout our service area, managing several projects each year that

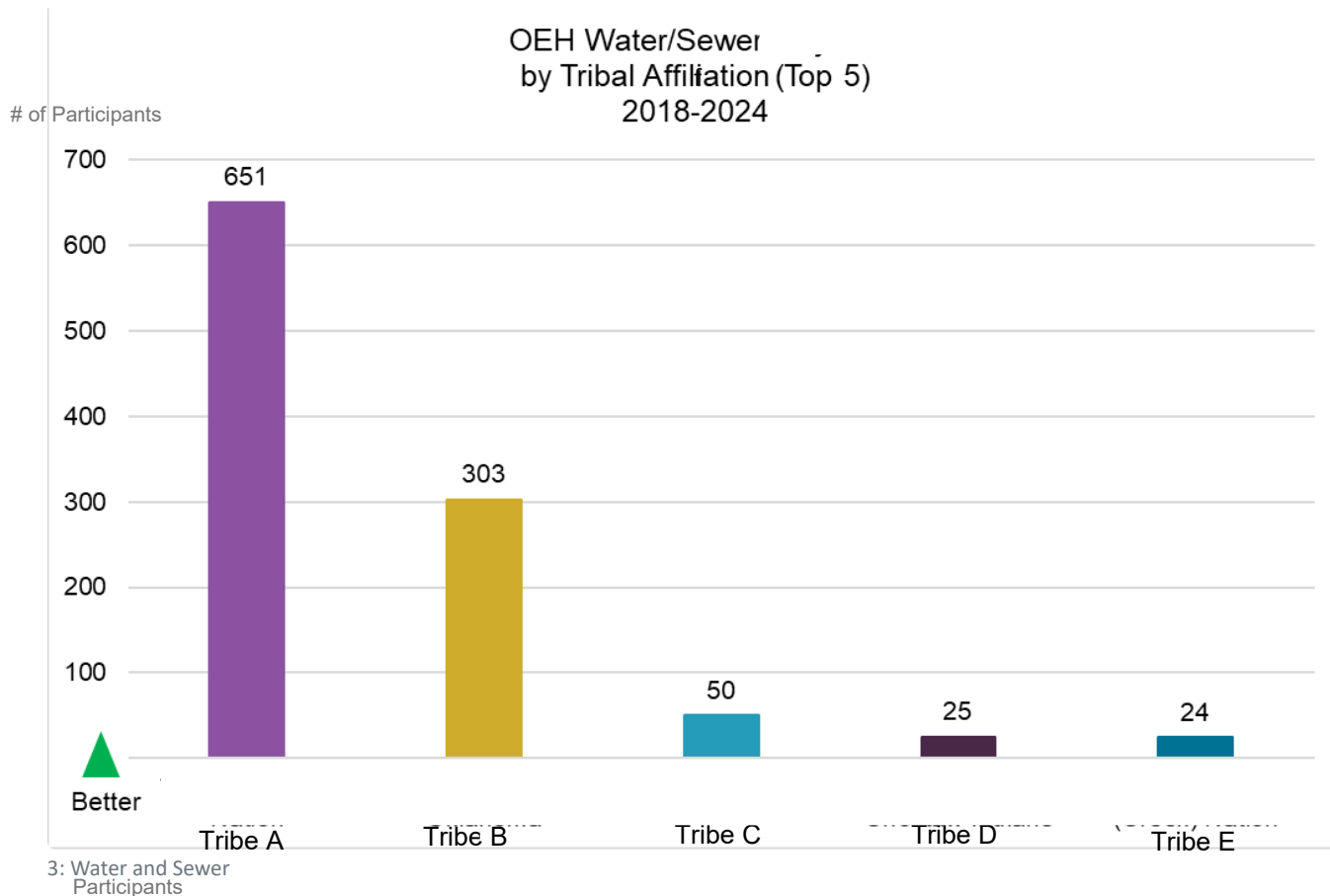
impact hundreds of homes. While the number of engagements can vary each year based on the needs of the community, the volume of CNDH engagements far exceeds those of competitors.

Nutrition Services Community Members Served						
Program	Frequency	2019	2020	2021	2022	2023
WIC	Year-round	3,978	4,009	3,869	3,903	4,285
Summer EBT	May-Jul	30,604	31,840	34,037	44,816	47,689
Food Distribution Program	Year-round	43,121	44,385	29,639	25,910	27,010
Winter Fruit & Vegetables	Nov-Mar	2,815	3,299	3,100	3,277	3,371
Senior Farmers Market	Jun-Oct	4,500	3,850	3,750	4,019	3,517
Packed Promise	Year-round	4,576	1,869	1,811	1,656	1,688
Impa' Kilimpi'	Year-round	7,103	7,811	11,868	11,695	10,438
Impa' chi Kids Meals	Year-round	87,742	126,743	1,992,724	1,439,944	135,424
Total Community Engagements		184,439	223,806	2,080,798	1,535,220	233,422

1: Nutrition Services Community Members Served

Department of Research and Public Health Programs						
Public Health Nursing						
Program	Frequency	2019	2020	2021	2022	2023
COVID-19 Vaccinations	Annually			738	956	58
Vaccinations	Annually	4,801	5,417	2,751	2,761	2,915
Headstart Health Fair	Annually	300		168	267	296
Sports Physicals	Annually	308	400	578	615	516
Case Investigation	COVID		150	2,109		3,441
Contact Tracing	COVID		2,109	6,762		
Health Education Events	Monthly	4,500			800	1,500
TOR Harm Reduction	Monthly					1,500
Inchokma Mobile Unit	Monthly	700				816
Total Community Engagements:		10,609	8,076	13,106	5,399	11,042
Opioid Misuse Prevention						
Program	Frequency	2019	2020	2021	2022	2023
Community Activities	Monthly	505		75	4,067	6,690
Advisory Groups	Monthly	199		232	261	2,232
Craft Activities	Quarterly			50	52	135
Health Fairs	Annually				209	881
Festivals	Annually				626	595
Total Community Engagements		704		357	5,215	10,533
Children's Development and Health						
Program	Frequency	2019	2020	2021	2022	2023
Advisory Group	Monthly		213	257	296	228
Positive Parenting Workshops	Monthly		767	407	251	253
Adverse Childhood Experiences Workshops	Bi-monthly			28	313	286
Child Development Virtual Groups	Weekly			1,293		
Good Behavior Game Teacher Training	Upon Request		103	157	118	91
Total Community Engagements:			1,083	2,142	978	858
Health Promotion and Awareness						
Program	Frequency	2019	2020	2021	2022	2023
Cultural 5K and Fun Runs	Quarterly	941		292	703	769
Diabetes Awareness Walk	Annually				325	516
Breast Cancer Awareness	Annually				100	150
National Public Health Week Fair	Annually	375			450	200
Men's Health Fair	Annually	200		250	200	100
Wear Red Health Fair	Annually	350				250
American Heart Association Walk	Annually					250
Total Community Engagements		1,866		542	1,778	2,235
AYA						
Program	Frequency	2019	2020	2021	2022	2023
Walking Participants	Annually	2,976	1,397	2,549	2,508	4,092
Total Community Engagements		2,976	1,397	2,549	2,508	4,092

2: DRPH Community Engagements



### 3 - What are your results for societal contributions?

**Note:** See below for some examples of societal contributions:

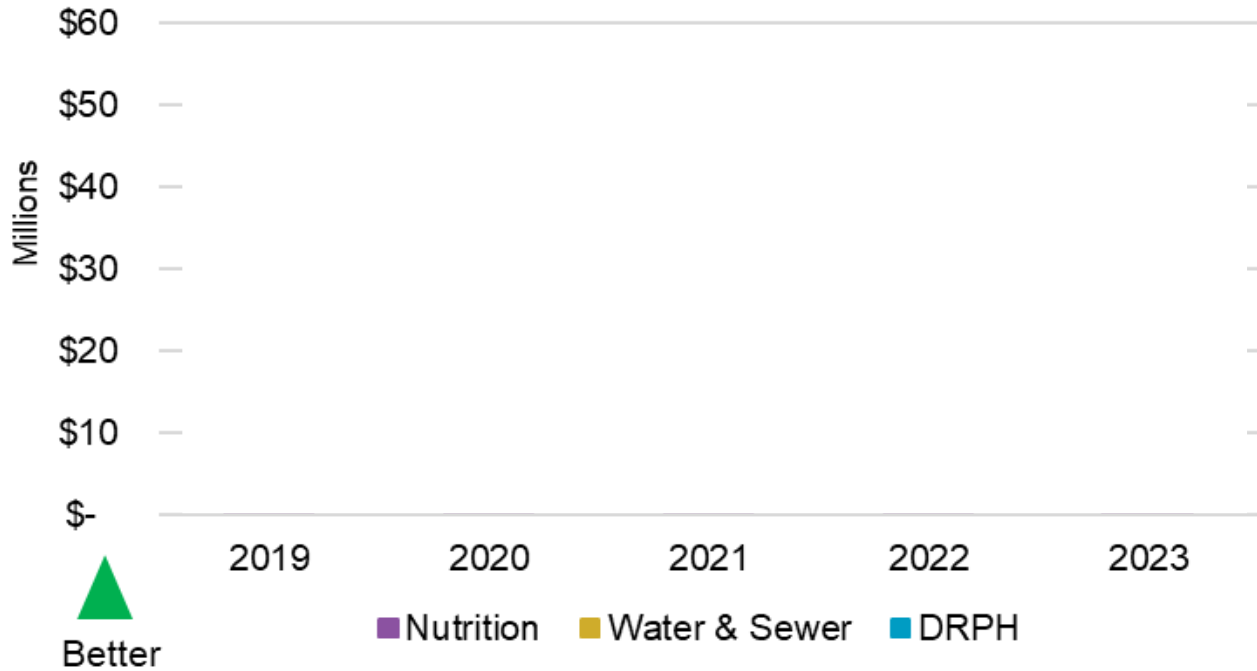
- reduced energy consumption
- use of renewable energy resources and recycled water
- reduction of your carbon footprint
- waste reduction and utilization
- alternative approaches to conserving resources (e.g., increased virtual meetings)
- global use of enlightened labor practices; and
- donations of goods or services to promote housing, community health, and food security.

1: The amount of grant funding acquired by Nutrition Services and DRPH, along with funding provided for water and sewer projects, has resulted in a combined \_\_\_\_\_ annually that is contributed back into the community to address priority issues for community health.

2: No patient receives a bill for services at CNDH, which extends to referred care services managed through the Medisaw program.

3: Naloxone is a life-saving medication that can reverse an overdose from opioids. CNDH has been a leader in our community for making this much needed medication available to help reverse the alarming trend in drug-related overdose deaths.

## Grant & Project Funding for Societal Contributions



1: Grant & Project Funding for Societal Contributions

Medisaw Referred Care		2019	2020	2021	2022	2023
Total	Referrals					
	Dollars					
Top 5 Referrals						
Dx 1	Referrals					
	Dollars					
Dx 2	Referrals					
	Dollars					
Dx 3	Referrals					
	Dollars					
Dx 4	Referrals					
	Dollars					
Dx 5	Referrals					
	Dollars					

2: Medisaw Referred Care

CNDH Naloxone Nasal Spray Purchasing and Dispensing				
Year	Purchased	Cost	Dispensed by Pharmacy	Provided for Other Programs/Events
FY19	507		479	0
FY20	198		206	0
FY21	503		136	0
FY22	680		551	0
FY23	1,705		784	622
FY24*	764		815	786
<b>TOTALS:</b>	<b>4,357</b>		<b>2,971</b>	<b>1,408</b>

3: Naloxone Nasal Spray Distribution





FINANCE

---

## Finance

### 1 - Briefly describe your key processes used for managing your organization's finances to ensure the following:

1. financial viability, and
2. access to capital during disruptions.

Stewardship is a core value that guides responsible use of all resources entrusted to us. CNDH is a role model when it comes to responsible financial stewardship, as is evident in the results we have been fortunate to achieve. This is a strategic advantage for our organization when it comes to resilience, sustainability, and long-term success. This has not happened by accident, but through strategically focused, systematic processes.

**FINANCIAL VIABILITY:** Financial budgeting and monitoring are mature processes in our organization that have gone through multiple cycles of evaluation and improvement over many years, helping us to "spend within our limits" today while building reserves for the future. Funding from IHS is somewhat limited, so we have had to be innovative in generating additional sources of revenue. Leveraging the opportunities from the Affordable Care Act and Medicaid expansion in Oklahoma, we placed an emphasis on growing third-party payor reimbursements through systematic processes for patient benefits coordination. Finally, the ongoing strategic focus of expanding services offered to deliver comprehensive health care services to our patients through a "one-stop shop" philosophy has generated growth in incremental revenue opportunities that have helped us generate cash reserves from increased operating margins. **ACCESS TO CAPITAL:** Our health system is an integral part of the Chickasaw Nation (CN) ecosystem, and as such, has a strategic advantage over non-tribal health systems when it comes to access to capital during disruptions. As is evident by our cash reserves, CN supports building reserves for resilience and growth. However, should we find ourselves in a position of needing additional capital due to unforeseen events and circumstances - such as a pandemic - CN is committed to the health of our patient community and can provide needed capital via streamlined approvals through the government structure of CN.

CNDH Budget Process					
Inputs	April to mid-June	June 1	Late June-Early July	Late July-Early August	Outputs
<ul style="list-style-type: none"> <li>Current workforce compensation</li> <li>Current operating expense levels &amp; trends</li> <li>Workforce capability &amp; capacity needs</li> <li>Equipment &amp; other resource needs</li> <li>Resource needs to support strategic action plans</li> </ul>	<ul style="list-style-type: none"> <li>Budget forms &amp; timelines sent to all budget owners</li> <li>Accountants meet with leaders to plan for the new budget year</li> <li>Workforce and equipment needs are supported by business plans or ROI analysis</li> <li>Revenue projections, including new revenue sources, are identified</li> </ul>	<ul style="list-style-type: none"> <li>Resources related to workforce plans and equipment needs are presented to SL for review and approval</li> </ul>	<ul style="list-style-type: none"> <li>Adjustments and changes, as needed, are incorporated</li> <li>Summary provided to SL for review</li> </ul>	<ul style="list-style-type: none"> <li>Final revisions</li> <li>Budget book and presentation finalized</li> </ul>	<ul style="list-style-type: none"> <li>Final budget presented to CN Governor for approval (August/September)</li> <li>Approved budget set for new fiscal year starting October 1</li> </ul>

1: Budget Process

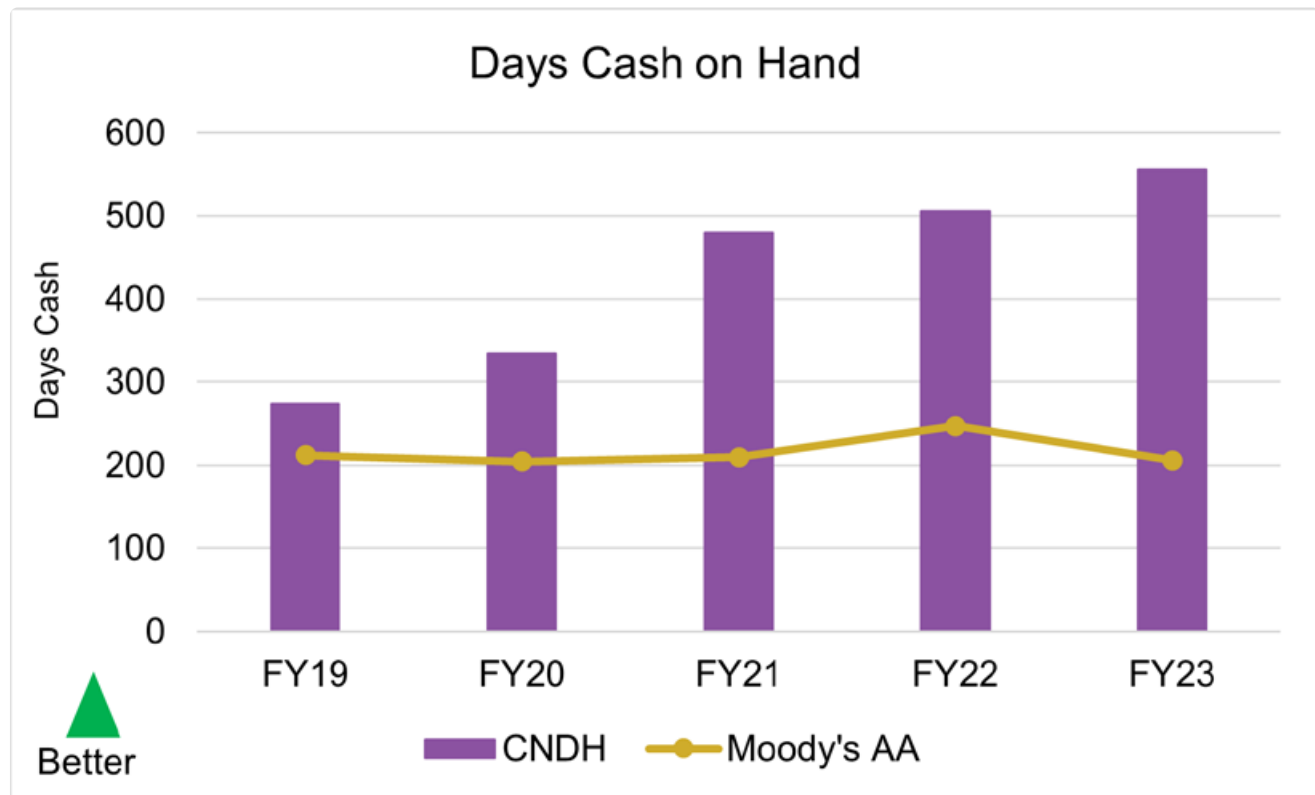
### 2 - What are your results for financial viability (e.g., liquidity, days cash on hand/reserves, credit or bond rating)?

1: (KEY) As a key measure of preparedness for resiliency and sustainability through disruptions, our disciplined processes for financial viability have produced needed cash reserves, exceeding benchmark. Segmentation for this measure is not relevant, as cash reserves are used to fund all CNDH if the need arises.

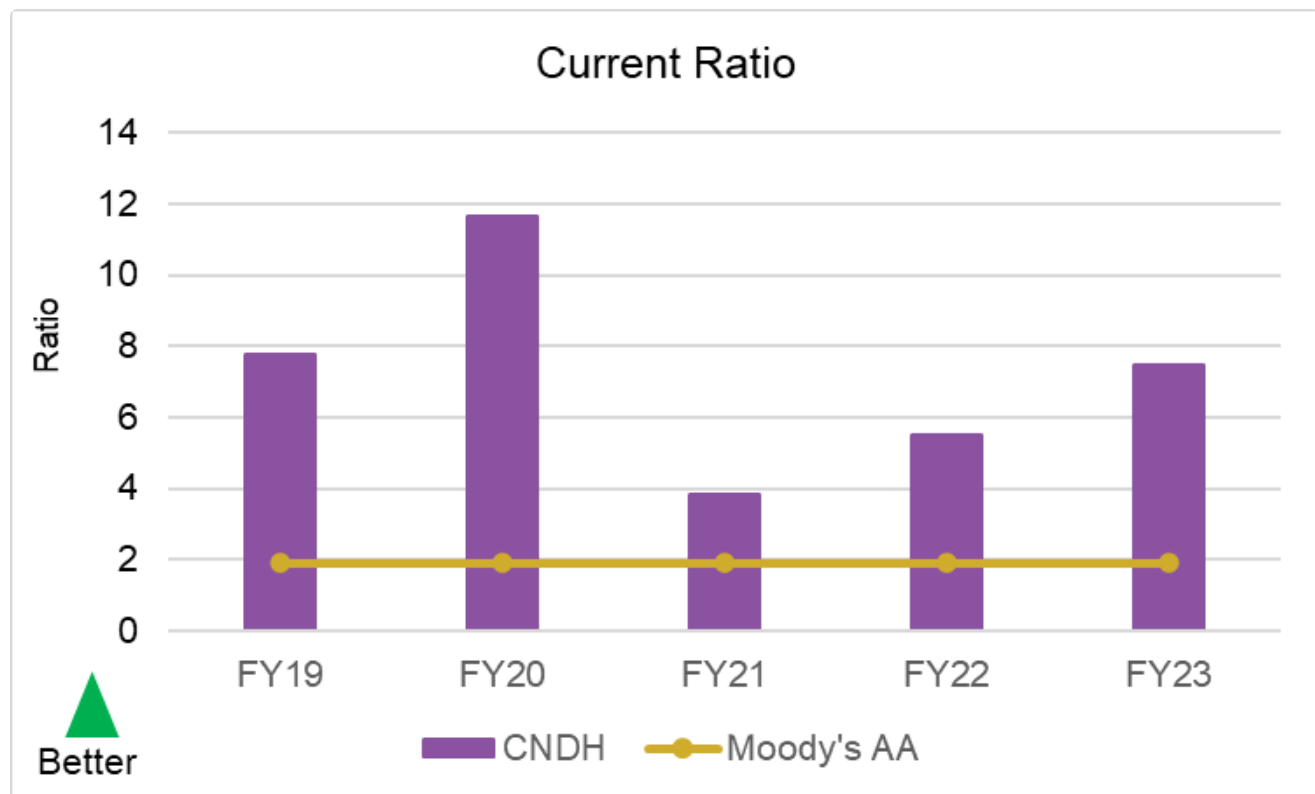
2: Current Ratio is a broader measure of liquidity, for CNDH outpaces the benchmark by nearly 4X. Segmentation is not relevant, as this is an overall indicator of financial health. The spike in FY20 is due to funds

received for COVID response, which have been classified as deferred revenue in FY21+ and will be recognized as it is earned in future time periods.

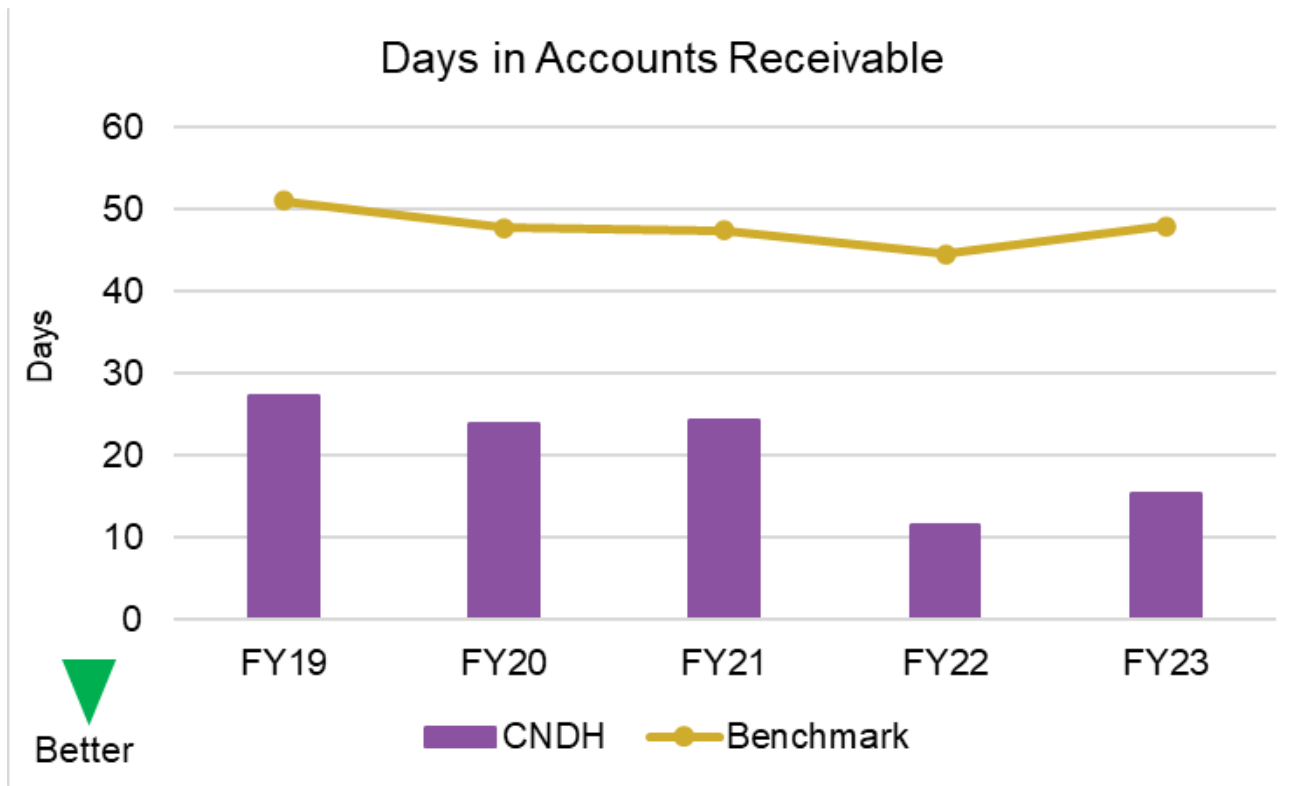
3: Contributing to cash reserves and working capital liquidity are the improvements made to reduce the number of days revenue in AR. Routine analysis includes outstanding receivables by payor, segmented data available on-site. Recent trends demonstrate a 40-50% reduction, exceeding benchmark.



1: Days Cash on Hand



2: Current Ratio



3: Days in Accounts Receivable

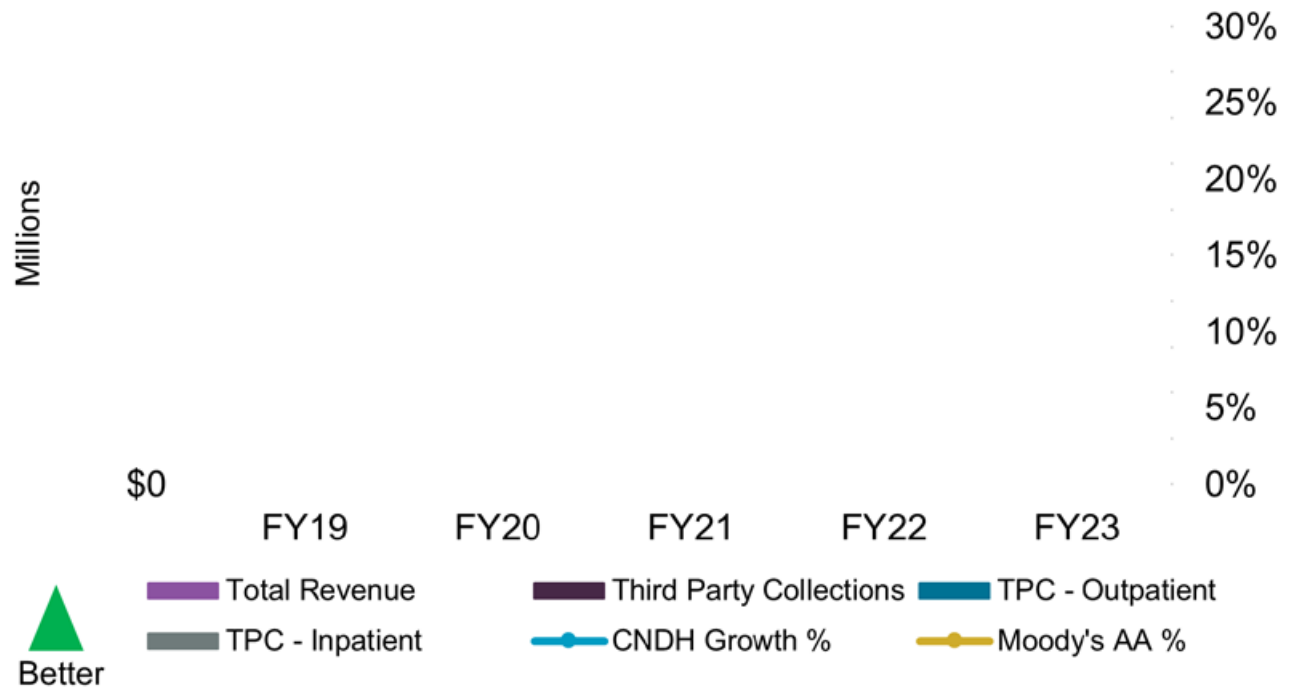
**3 - What are your results for financial performance (e.g., revenues, operating margin, performance to budget) by organization units, as appropriate?**

1: (KEY) Overall revenue growth rate has outpaced the benchmark in each of the past five years, driven primarily by third party collections, capitalizing on the strategic opportunity with Medicaid expansion in Oklahoma. The spike in FY20 and FY21 was largely due to COVID-related funds, including response to those who otherwise would not be considered eligible for our services.

2: (KEY) The core value of Stewardship is evident in the Performance to Budget results, demonstrating actual expenses less than budget for all segments over the past several years. Strong financial management over expenses has led to exceptional Operating Margin performance, demonstrating role model performance against the benchmark.

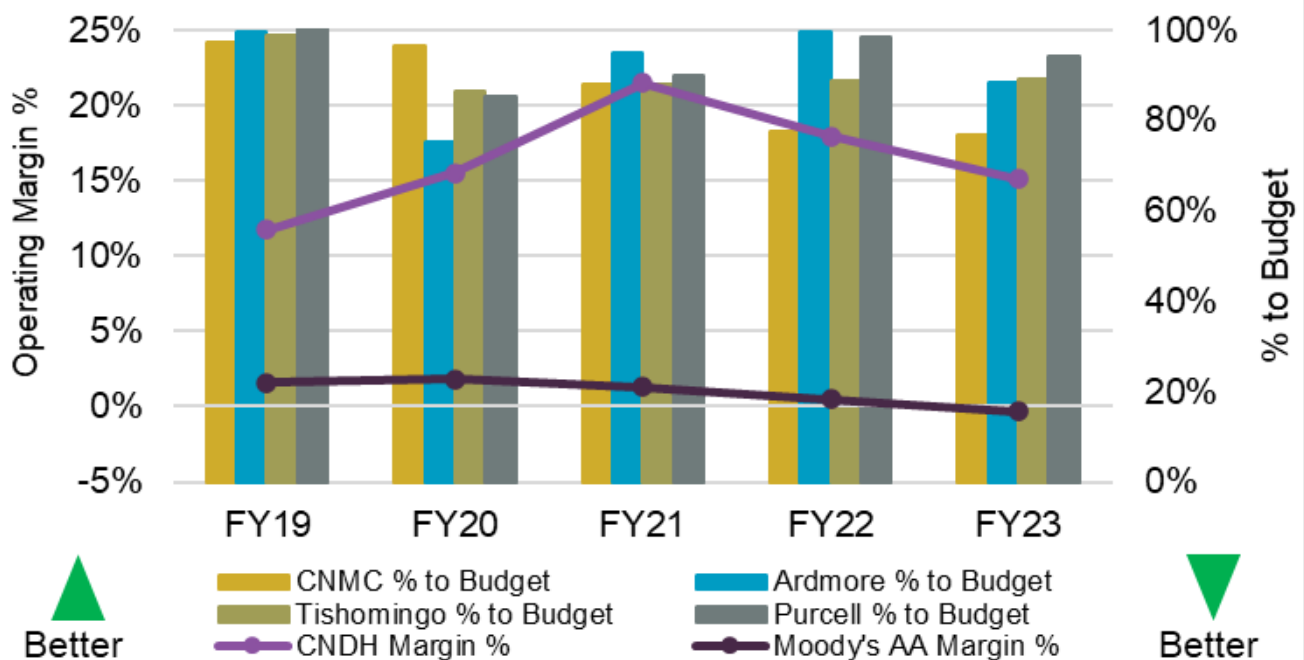
3: MSPB indicates performance in maintaining strong financial stewardship in our key IP service delivery processes. CNDH has maintained performance well below benchmarks, as well as results from a for-profit local competitor health system, for the past six years.

## Revenue Growth

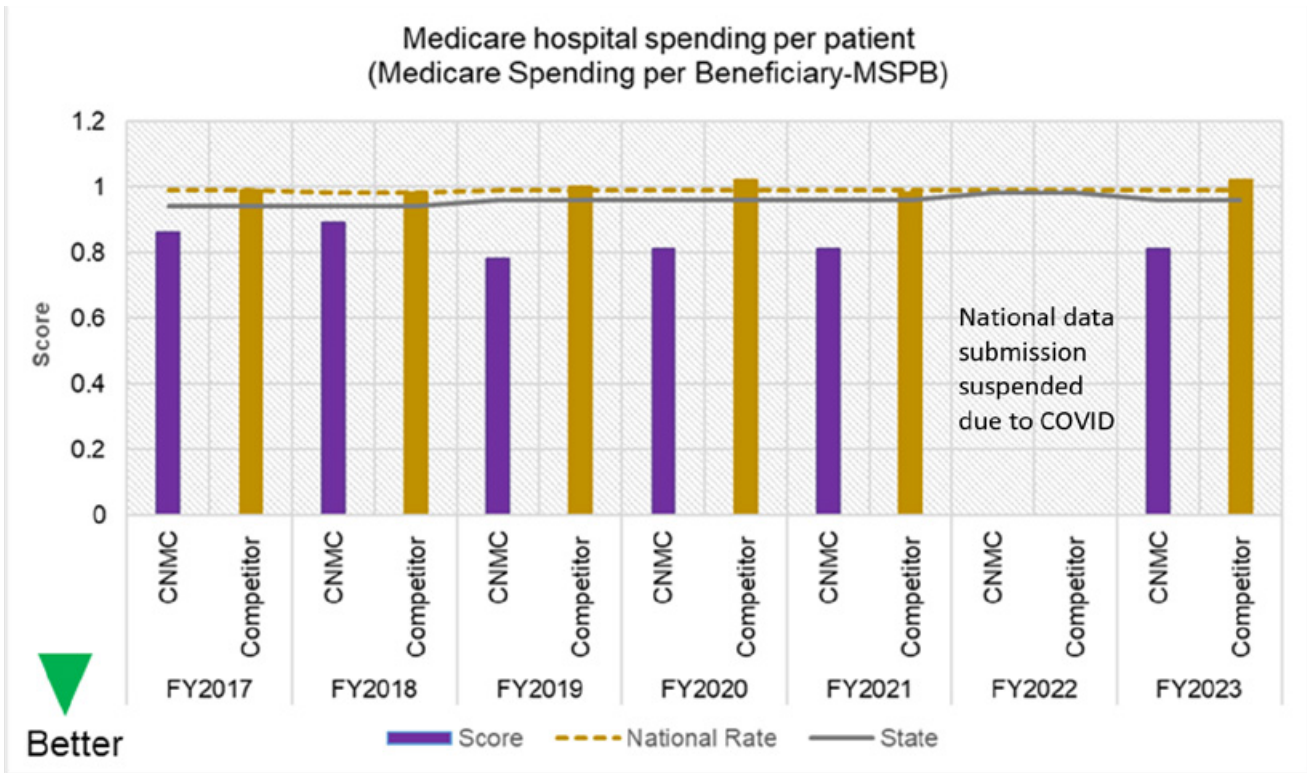


1: Revenue Growth

## Operating Margin / Performance to Budget



2: Operating Margin / Performance to Budget



3: Medicare Spending per Beneficiary





# GLOSSARY OF TERMS AND ACRONYMS

---

## Glossary of Terms and Acronyms

---

**1 - Provide brief definitions of terms and acronyms used in your responses to the criteria questions. The glossary should be pasted into the text box. Glossaries larger than 20000 characters will need to be uploaded as an image. A maximum of three images is permitted. If uploading an image of your glossary, please enter “n/a” in the text box to activate the image upload icon.**

**Note:** Acceptable examples of a glossary entry are:

**PES:** Performance Evaluation System

**SPP:** strategic planning process

N/A Uploading Images

## CNDH Glossary

AAR	After Action Review
ACR	American College of Radiology
AHRQ	Agency for Healthcare Quality and Research
AI	Artificial Intelligence
AI/AN	American Indian/Alaska Native
ALOS	Average Length of Stay
AOS	Available onsite
AP	Action Plan
APP	Advanced Practice Providers
AR	Accounts Receivable
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	College of American Pathologists
CDC	Centers for Disease Control and Prevention
CDIB	Certificate Degree of Indian Blood
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CLA	Chickasaw Leadership Academy
CMO	Chief Medical Officer
CMS	Centers for Medicare and Medicaid Services
CN	Chickasaw Nation
CNDH	Chickasaw Nation Department of Health
CNMC	Chickasaw Nation Medical Center
COLA	The Commission on Office Laboratory Accreditation
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
COVID	Coronavirus disease
CQO	Chief Quality Officer
CT	Computerized Tomography Scan
CY	Calendar Year
DART	Days away, Restricted or Transferred
DME	Durable Medical Equipment
DRG	Diagnostic-Related Group
DRPH	Department of Research and Public Health
DVT	Deep Vein Thrombosis
DY	Data Year
DYD	Define Your Direction Program

1: Glossary Page 1

## CNDH Glossary

EBT	Electronic Benefit Transfer
ED	Emergency Department
EE	Employee Engagement
EEOC	Equal Employment Opportunity Commission
EES	Employee Engagement Survey
EHR	Electronic Health Record
EM	Emergency Management
EOP	Emergency Operations Plan
EPIC	The name of the future electronic medical record
ERP	Enterprise Resource Planning
ESM	The name of our strategic planning and measurement software
EVS	Environmental Services
FDA	Food and Drug Administration
FDP	Food Distribution Program
FMEA	Failure Mode Effect Analysis
FQHC	Federally Qualified Health Center
FTE	Fulltime Equivalent
FY	Fiscal Year
GI	Gastrointestinal
GTZ	Getting To Zero
HC	Health Care
HCAHPS	Hospital Consumer Assessment for Healthcare Providers and Systems
HF	Heart Failure
HHS	Health and Human Services
HIPAA	Health Information Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
HR	Human Resources
HVA	Hazard Vulnerability Analysis
ICS	Incident Command Structure
ICU	Intensive Care Unit
IDP	Individual Development Plan
IEH	Institutional Environmental Health
IHI	Institute for Healthcare Improvement
IHS	Indian Health Service
IP	Inpatient
LEED	Leadership in Energy and Environmental Design
LT	Lost Time

## CNDH Glossary

MAT	Medicated-Assisted Treatment
MCD	Medicaid
MCR	Medicare
MIDAS	The name of our event reporting system
MRI	Magnetic Resonance Imaging
MSPB	Medicare Spending Per Beneficiary
MVV	Mission, Vision, Values
NSI	Nursing Solutions, Inc.
OB/GYN	Obstetrics and Gynecology
OEH&E	Office Environmental Health and Engineering
OSHA	Occupational Safety and Health Administration
PDSA	Plan, Do, Study, Act
PE	Pulmonary Embolism
PI	Private Insurance
PO	Purchase Order
PSAT	Patient Safety Action Team
PSI	Patient Safety Indicator
QR	Quick Response Code
RCA	Root Cause Analysis
RFI	Requirement for Improvement
RN	Registered Nurse
ROI	Return On Investment
RY	Reporting Year
SL	Senior Leaders
SLT	Senior Leadership Team
SOP	Standard Operating Procedure
SP	Strategic Plan
SPP	Strategic Planning Process
STF	Slips, Trips, Falls
SWOT	Strength, Weaknesses, Opportunities, Threats
THA	Total Hip Arthroplasty
TJC	The Joint Commission
TKA	Total Knee Arthroplasty
TOR	Tribal Opioid Response
TPC	Third Party Collections
TRIR	Total Recordable Incident Rate
VBP	Value Based Purchasing
VOC	Voice of Customer
VTE	Venous Thromboembolism
WIC	Women, Infant and Children





# MALCOLM BALDRIGE NATIONAL QUALITY AWARD APPLICATION PACKAGE



*the*  
**Chickasaw**  
*Nation*  
DEPARTMENT OF HEALTH



# LEADERSHIP & GOVERNANCE

---

# Baldrige Award Application - Site Visit Data

## Leadership and Governance

How do the processes for leadership and governance described in your application reflect and address the evaluation factors below.

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**NOTE TO EXAMINERS:** Throughout these descriptions of the 8 key processes requested as part of site visit preparation, we make reference to process documents and results charts from the original results-focused application, as well as those included with these process descriptions. In an effort to reduce confusion, we'll refer to those in the original application as a "figure" along with where it was included; for example, "Fig. 1, Q1, Strategy" refers to the strategic planning process flow document in question 1 of the Strategy section of the original application. When referring to a process document in these process descriptions, we'll refer to those as a "graphic" and note the location; for example, "Graphic 1, Workforce Engagement" refers to the High Engagement Leadership Behaviors in the Workforce Engagement section.

Also, throughout these process descriptions we have segmented our response to focus on a particular evaluation factor: (S) will provide additional narrative for the systematic process; (D) will summarize deployment; (E) will describe evaluation of effectiveness for the process; (I&I) will highlight cycles of improvement and innovation; (A&I) will describe alignment and integration.

These should be consistent throughout all 8 process descriptions. Thank you for your time, hard work, and commitment!

**(S): Leadership System:** The CNDH Leadership System (Fig. 1, Q1, Leadership & Governance) identifies five macro-level responsibilities of senior leaders and the senior leadership team (gold font); the bulleted items represent the Core Baldrige Systems (see Graphic 1, Leadership and Governance for complete set of CBS) that operationalize each of the elements of the leadership system, while those in blue font reflect personal behaviors that SLs demonstrate to engage others:

- **Set Direction:** through the Strategy Development and Implementation System (SPP - Fig. 1, Q1, Strategy), SL set, communicate, and deploy the MVV and strategic plan, and Inspire a Shared Vision with our workforce and other partners and stakeholders to create a focus on action and engage them in the compelling future vision of the organization, helping them to connect their contributions to success in achieving our aspirations.
- **Build Culture:** through the Workforce Engagement System (Fig. 1, Q1, Workforce), SL ensure systematic processes are in place to determine drivers of engagement, assess current levels of engagement, and develop strategies to improve engagement; SL consistently Encourage the Heart with our employees during daily interactions, letting each know they are more than just a number or a means to an end, but rather are valued for the person that they are uniquely made to be.
- **Align Systems:** the core of what we do is to create an exceptional patient experience (Fig. 3, Q1, Customer & Markets) through the delivery of high-quality healthcare services and related patient-focused and support processes (Fig. 2, Q1, Operations), by a workforce comprised of the right capabilities and capacity (Graphic 2, Leadership and

Governance); SLs create an environment for success by ensuring systematic processes are aligned and integrated across these three sets of systems throughout the organization and Enable Others to Act by ensuring the right resources, equipment, information, and training are available to those accomplishing the work of the organization.

- **Embed Learning:** resiliency and sustained levels of success require that we not only run the organization as it is today, but that we improve and transform it for the needs of the future; SL ensure a focus on action through systematic processes in the Organizational Learning (Fig. 3, Q1, Operations) and Knowledge Management systems (Graphic 3, Leadership and Governance), supported by individual learning through the Workforce Development system, and create an environment that fosters improvement and innovation as they Challenge the Process in our current approaches, and allow others to do the same.
- **Model the Way:** culture is not something that can necessarily be trained in others, but rather is a product of the environment that others see and feel in an organization; SLs recognize their unique influence on the desired culture at CNDH and strive to model it in their daily behaviors and interactions with others. This starts with our core values for which SLs hold one another accountable to displaying consistently, which include promoting and demonstrating a commitment to legal and ethical behavior facilitated by transparency and accountability among the SL team as well as between SL and their respective functional teams. All this comes together by taking the posture of a servant to employees who do the same for our patients, reflecting their ultimate importance to the success of the organization.

The Communication System (Fig. 2, Q1, Leadership & Governance) supports deployment across all five elements while the Performance Measurement System supports evaluation and learning. The graphic depicts how we are driven by our Mission as we strive to achieve the compelling future Vision for our organization, all the while grounded in our Core Values as the foundation for all we do. SL personal behaviors (blue font) are reinforced by training and development, feedback and performance management, mentoring and succession planning. See additional discussion of High Engagement Leadership Behaviors in the description for Workforce Engagement processes.

**Governance System:** Responsible governance for CNDH is accomplished through transparency and accountability on multiple levels (see also Fig. 3, Q1, Leadership & Governance):

- **SLT and Functional Committee Structure:** establish policies and procedures to address organizational risks; direct resources to ensure legal, ethical and regulatory compliance; establish systematic performance review and analysis across a panoramic perspective of stakeholder priorities and organizational functions.
- **CNDH Governing Board:** establish policies and provide accountability for the SLT for responsible stewardship of financial resources, compliance with legal, ethical and regulatory requirements, independence of external and internal audits, and accomplishment of the Strategic Plan.
- **CN Government Structure:** the Secretary of Health is part of the CN Governor's Cabinet, and the Secretary, Deputy Secretary, Under Secretaries, Executive Officers and Directors are part of the CN Governor's Executive Branch Leadership Team which ensures accountability for the mission and core values, financial stewardship, and protecting the traditions, image and reputation of the Chickasaw Nation.

**(D):** The Leadership System is deployed through the systematic processes for the CBS aligned with each responsibility, which are mostly described in other process descriptions. The High Engagement Leadership behaviors and practices are deployed through the daily interactions and communications, and while variation may occur in the practice of each of the behaviors and practices based on the strengths of each leader, the overall set of behaviors are deployed with little variation across the organization.

**(E):** The Leadership System is a CBS, and as such, undergoes formal evaluation at least every three years, along with priorities for improvement identified through the Organizational Learning System. The indicators used to evaluate the effectiveness of the Leadership System include:

- Success in achieving our strategic plan KPMs and action plans (see results for questions 2-4 in Strategic Planning section of the original application)

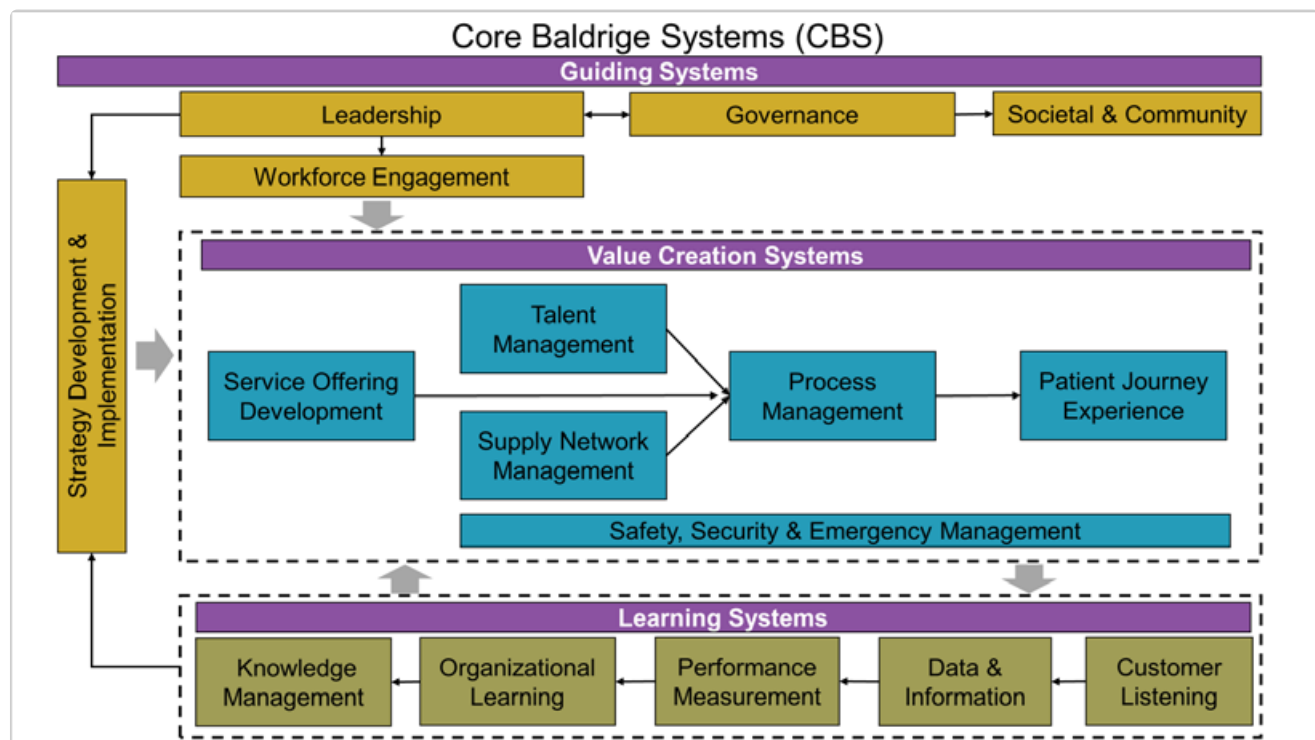
- Results and trends for key healthcare outcomes and patient safety (see results for question 3 in Operation section of the original application)
- Maintaining high levels of legal, ethical, and regulatory compliance (see results for question 4 in Leadership section of the original application)
- Workforce engagement results from the annual EES (see those for question 2 in Leadership section and those in the Workforce section of the original application)

Governance processes are evaluated during review of the Leadership System.

**(I&I):** Recent cycles of improvement and innovation include:

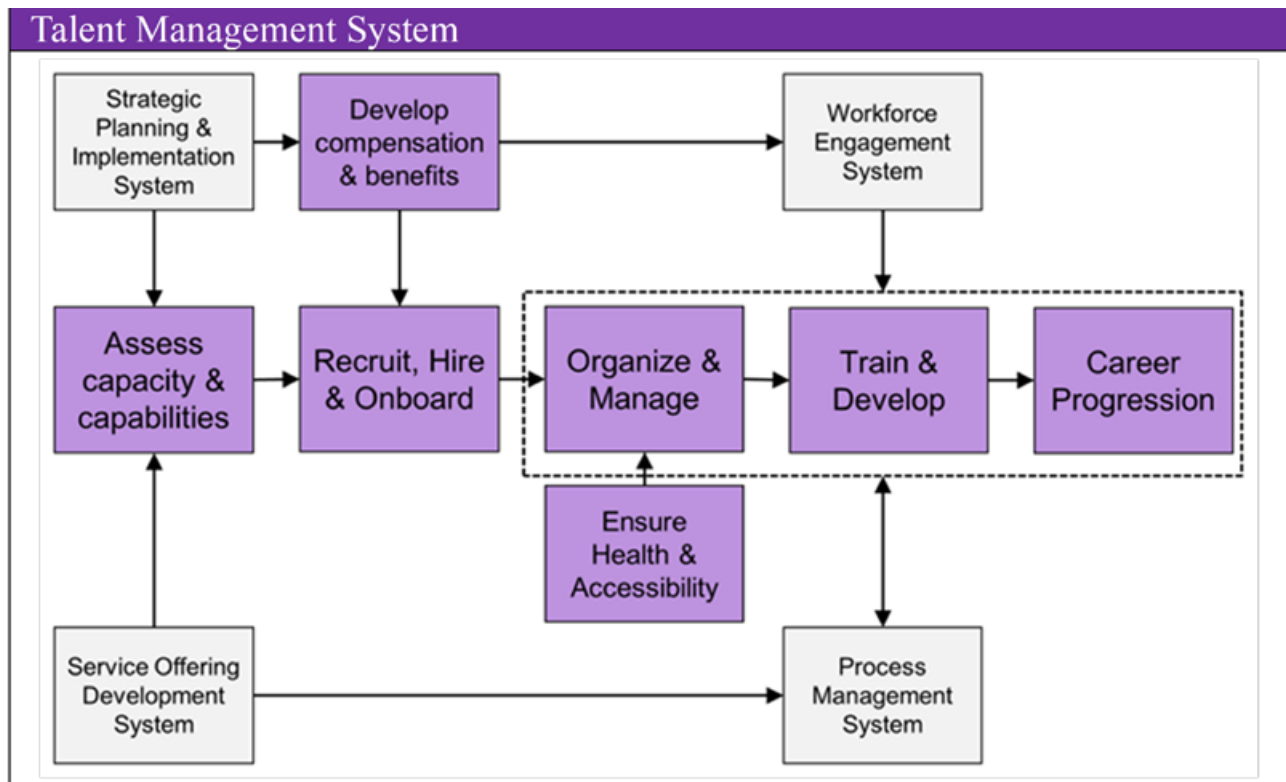
- Improved effectiveness in setting direction through a more robust SP process
- Significant improvements related to workforce engagement and communication, including the creation of a Workforce Support Team based on best practices adopted from our successful CN Casino industry teams
- Improved systems-perspective by adopting the CBS from the Baldrige Framework
- Improved organizational learning by establishing a Functional Committee structure adapted after a benchmarking visit to multi-year Baldrige recipient Southcentral Foundation
- Improvements to the Governance System include implementation of a more comprehensive monthly report to the CN Governor and improved data and information for reporting patient safety indicators

**(A&I):** as noted above, one of the primary objectives of the Leadership System is to create alignment throughout the organization, which is accomplished by the systematic process described previously. Integration among the various aspects of the Leadership System is depicted in the Leadership System graphic, which depicts a systems perspective for leading high performance across the organization. Integration between the Leadership and Governance systems is accomplished by clearly defined and delineated roles and responsibilities, along with embedding SLs in various committees and governance functions of the Governance System. As described in the Workforce Engagement section, the Leadership System and the personal behaviors and practices leaders use to foster high engagement (Graphic 1, Workforce Engagement) are a key input to the Workforce Engagement System.

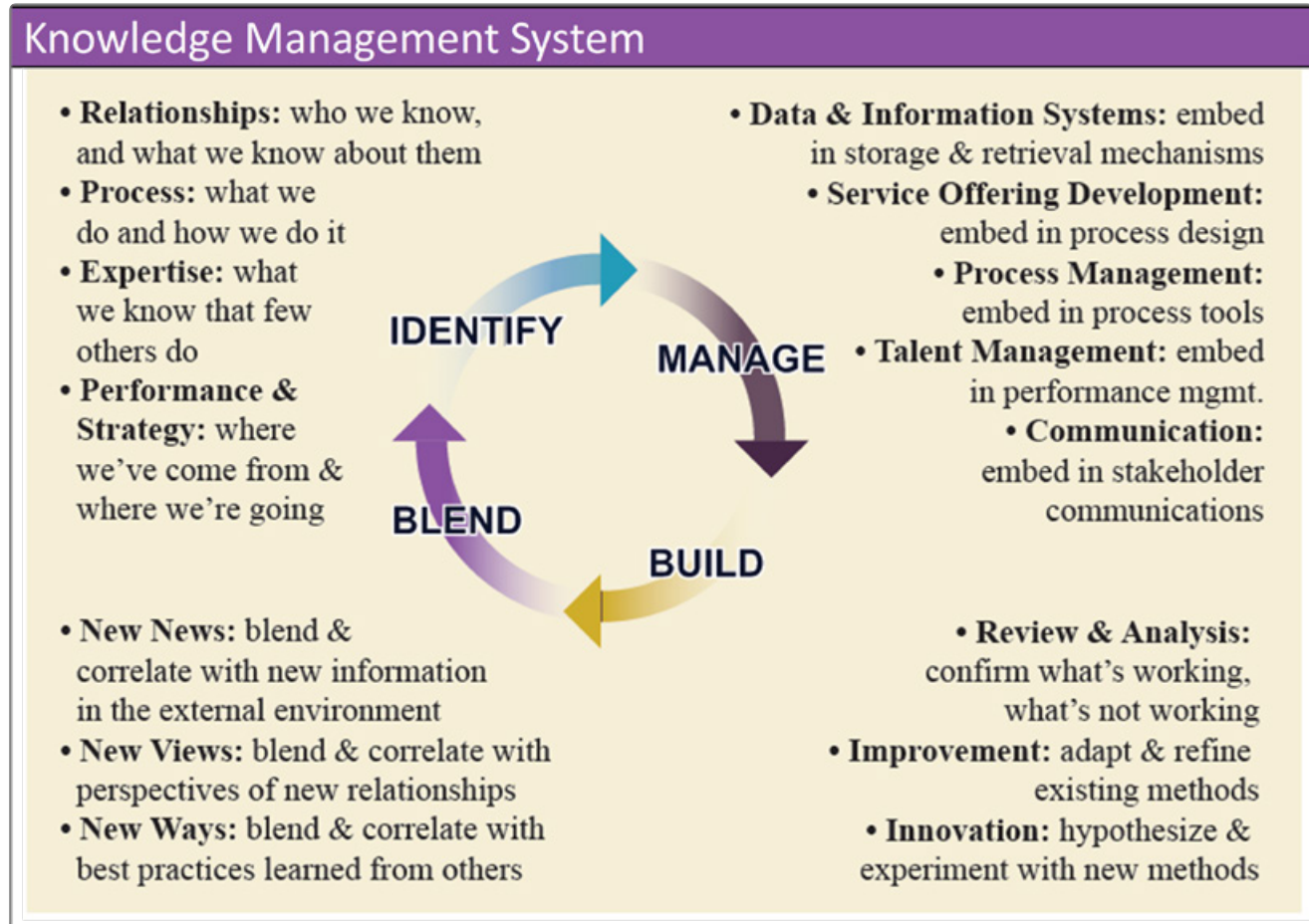


Graphic 1: Core Baldrige Systems





Graphic 2: Talent Management System



Graphic 3: Knowledge Management System

# STRATEGY

---



# Strategy

## Strategic Planning and Execution (including Workforce Planning)

How do the processes described in your application for strategic planning and execution (including workforce planning) reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S):** The strategic planning process (SPP) for CNDH is robust, involving a broad cross section of the workforce and other stakeholders. The three macro phases of the SPP include: Strategy Development, Strategy Implementation and Strategic Discussions —each of which consists of multiple steps (Graphic 1).

**Strategy Development** (steps 1-4): this is the phase in which we identify high level desired outcomes for our patients, customers and stakeholders, creating longer-term strategic objectives to accomplish and sustain these outcomes. An external facilitator guides a multidisciplinary group of employees (to include senior leadership) and partners as planning participants through each step of the Strategy Development process.

- The first step is to **validate/revalidate** who we are, where we are headed and the principles that guide us—our mission, vision and core values. These statements define our long-term direction and the ground rules for the journey.
- The next step is to **collect and analyze** a robust set of information that includes external influences, such as community health needs, regulatory activity and health care trends; and internal indicators, such as performance of key work systems and processes, and workforce capability, capacity and engagement. Data and information sources are listed in Fig. 2, Q1, Strategy.
- Based on a review of external and internal data and information, participants are led through a facilitated discussion to **identify** CNDH's strengths, weaknesses, opportunities and threats (SWOT), through which the potential need for change is identified. Strengths are considered Strategic Advantages, while Weaknesses and Threats are Strategic Challenges.
- The output of the SWOT analysis then leads into identification of **strategic level objectives and goals** to leverage our strengths, address weaknesses and threats and take advantage of opportunities, which ultimately includes a prioritization of change initiatives. Aligned with the objectives and goals are key performance measures (KPM) that define success and enable us to evaluate progress and effectiveness of strategies and action plans.
- The final step prior to deployment and implementation is to **check/ensure alignment** with, and balance among, key stakeholders, to include CN, community stakeholders and key partners and collaborators.

The planning horizon for Strategy Development is every 3-4 years, which coincides with the political election of the CN Governor to ensure alignment of priorities; the current strategic plan is for the period 2024-2027. In between long-term planning horizons, annual planning sessions are conducted each year by the Strategic Planning Committee, with a more limited participant group but representing all major areas of the organization and key external stakeholders.

**Strategy Implementation** (steps 5-7): in this phase, we bring strategy to life and get it into the hands of those who make it all happen, ensuring we have the resources needed to accomplish these aspirational goals:

- Action plans are conceptually identified and prioritized during Strategy Development, developed for execution as we **assess & review** the effort and resources needed to accomplish them. We build each action plan with a SMART goal

format (Specific, Measurable, Attainable, Realistic, Time-bound), and deploy the strategic action plans. ESM, our strategy execution software tool, can map the overall action plan to department-level action plans, with related milestones and targeted completion dates.

- While short-term assessment of workforce capability and capacity is more fully described in the Workforce category and is an outcome of the annual planning cycles, workforce plans aligned with strategic objectives and action plans are developed and executed through the process depicted in Graphic 2.
- Financial resources are allocated to strategic action plans through the financial budgeting process depicted in Fig. 1, Q1, Finance.
- Performance measures aligned with each strategic objective and action plan, and related performance projections, are validated and finalized.
- How we **deploy the strategic plan** is something we consider to be a role model practice. Strategic Plan booklets are presented to each employee, with a "book signing" by our CEO. The Secretary of Health records a video message that is deployed to all employees through a required course in the LMS describing the "why" behind the plan and expressing commitment to achieving the aspirational goals within it. This is further reinforced through rounding and Strategic Discussions (SD) with a variety of employee groups throughout the organization. The integrated, cascading feature of the ESM system creates line-of-sight visibility for each team and employee to the overall strategic plan.

**Strategic Discussions** (step 9): this phase of the SPP bridges the gap between each planning cycle, providing ongoing validation/revalidation throughout the year of decisions made in Strategy Development, and building agility into the process in order to modify objectives and action plans. SLs participate in SD that take place during leadership, multiple committees (i.e. MEC, Governing Body, Strategic Planning committee, etc.), and work group meetings, engaging others in conversations about strategic objectives, outcomes and action plans, as well as confirming the current, or identifying modified, SWOT elements. As a result of these SDs, action plans may be created, modified, and deployed as needed, ensuring agility and operational flexibility. This ongoing cycle of strategy development and deployment has created a strategic SLT that fosters an environment for action, innovation and continuous improvement.

**(D):** Deployment of the strategic plan is noted above, through communication, education, alignment, and engagement. From a process deployment perspective, the SPP in its entirety occurs at the organizational level; however, each department conducts a SWOT analysis, develops action plans to address the SWOT, and engages in Strategic Discussions.

**(E):** The SPP is a CBS, and as such, undergoes formal evaluation at least every three years. Step 8 of the SPP is evaluation, which occurs after every planning cycle, facilitated by the Strategic Planning Committee. This committee also meets quarterly to review performance data associated with the strategic KPMs and action plan progress through ESM, which has built in triggers to alert when measures are trending in an unfavorable direction and allows for action plans to be initiated if/when needed. The Strategic Planning Committee reports to Leadership for their updates and delegated authority. Recognition and response occur by monitoring and communicating changes in the external environment, to include regulatory and legislative changes, as well as operational events and results of KPMs through the structure of the organizational learning system.

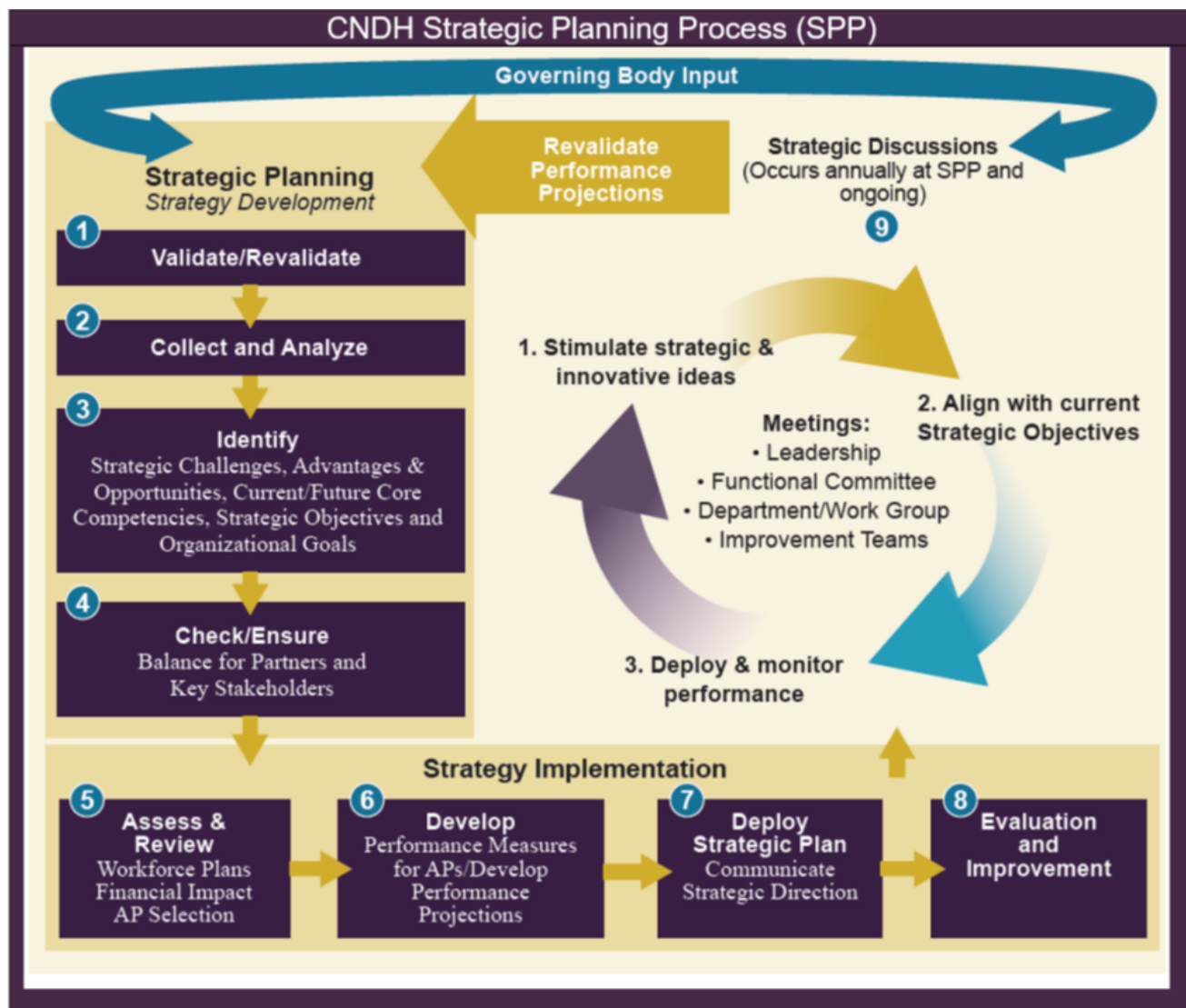
**(I&I):** The current SPP was developed and implemented in 2020 from shared best practice learning from Baldrige award winner; prior to 2019, the process was more tactical in nature, with annual planning cycles addressing mostly operational needs for the coming year. Our current SPP was designed to focus the organization on strategic-level changes and improvements, and measurable targets for evaluating progress toward our high-level goals. Since that time, multiple improvements have been made based on evaluation, to include:

- The addition of the external facilitator in the planning process improved CNDH's ability to identify potential blind spots by having an external perspective challenge the planning team with clarifying questions and by ensuring that all perspectives of those in the planning process are verbalized and included in the SWOT analysis.
- Improvements to the collection and analysis of data and information used as inputs to the SPP, resulted in the creation of the planning binder for all participants, identified during a best practice learning event. The contents of the planning binder provide participants with the same information, leading to much more informed and robust

dialogue. Prior to this cycle of learning, information was provided inconsistently with each planning cycle, with planning participants presenting information for their respective areas of the organization without a holistic view of the entire information set.

- The ESM strategy deployment software was a cycle of improvement implemented after a best practice visit to a 2-time Baldrige recipient, ultimately deciding on the tool utilized by leading organizations such as the Office of Inspector General and the Mayo Clinic.
- An innovative approach is utilized to deploy the strategic plan that includes introduction and review of the plan by our CEO to every employee.

**(A&I):** CNDH strategic planning aligns with the 20-year overall strategic business operations plan (2017-2036) of CN for long-term planning to ensure sustainability of services and care for the CN citizens and First Americans we serve. Our 4-year plan offers aligns with a broader 10-year plan developed to provide a framework for growth and expansion. The 4, 10 and 20 year plans are in sync to ensure that at each year milestone progress is being made for the future to achieve the strategic overall vision. The 4-year plan aligns with our CN Governor's term that promotes alignment throughout the entire CN organization. The strategic plan process is integrated with our budget and financial system as key priorities are accounted for each year to ensure funds are allotted for key priorities and goals. The strategic planning pillars of customer and workforce also ensure alignment with our patient relationship management process, workforce process and our operations system approach as well. Our performance management system plays a large role in the success of our strategic plan outcomes as it provides a mechanism to analyze relevant data and requires a response for data trending in a negative direction.



Graphic 1: CNDH Strategic Planning Process

## CNDH STRATEGIC WORKFORCE PLANNING MODEL



Graphic 2: CNDH Workforce Planning Cycle

# OPERATIONS

---



## Operations

### Operations, Specifically Design and Delivery of Products/Services

How do the processes for the design and delivery of products and services described in your application reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S): DESIGN:** the Service Offering Development System (Fig. 1, Q1, Operations) depicts the flow of systematic processes used to design health care services and key delivery processes. A core cross-functional team, supplemented with additional internal and external SMEs as needed, are responsible for execution of the processes.

- Most of the services offered are common in the health care industry, so we typically begin the design process of the service on a foundation of evidence-based designs or industry standards, with a wide and deep body of knowledge available for the requirements of each service.
- We compile and consolidate requirements through a due diligence phase, taking into consideration requirements determined from VOC methods, as well as a panoramic evaluation of requirements from various sources and stakeholders; findings from this phase are vetted against internal organizational knowledge and further confirmed during the process design phase. We then tailor those as needed to address any unique needs of our patient community or specific requirements of other stakeholders.
- Included in these inputs along the development cycle are considerations for new technology, organizational knowledge, evidence-based medicine, health care service excellence, patient and other customer value, consideration of risk, and the potential need for agility.

Key processes to deliver and support the services are also determined as part of the Service Offering Development System. Design of key processes extends from the design of health care services, and includes three main process steps:

1. To arrive at a base foundational flow of key processes involved in the delivery of the health care service, we initially look to common industry sources such as evidence-based protocols, benchmarking other health care organizations, regulatory agency knowledge base, as well as the experience of our nurses and physicians
2. With this initial process flow as a starting point, cross-functional project design teams convene to brainstorm and identify process steps and detailed procedures, walking through the Access-Delivery-Transition patient experience journey, ensuring key requirements identified in previous phases of service offering development are incorporated into each process step
3. The design process is iterative, following a PDSA model to experiment in a controlled environment, seek feedback, study performance and make improvements until the process is operating to meet patient and stakeholder requirements. Many of the approaches used to improve processes are also leveraged in the design of processes, such as the IHI improvement model.

**DELIVERY:** The Process Management System (Fig. 2, Q1, Operations) illustrates the systematic processes for delivery of health care services and related support processes.

- The key processes for Access, Delivery, and Transition represent the daily methods of operation through which health care services are delivered to meet requirements, aligned with the flow of the Patient Experience Journey through a service delivery encounter, each supported by more discrete activity-based subprocesses and standard operating procedures). Additionally, each health care service offering has its own set of specific processes, protocols and standard operating procedures that align with the three macro-level key work processes across the distinct environments in which patients engage our services (Inpatient, Outpatient and Population Health).
- Patient Experience processes are not directly involved in the delivery of health care services, but enhance the patient experience (e.g., Patient Relations, Facilities), complement health care service delivery (e.g., Case Management, Food Services), or are aligned with compliance and regulatory requirements for the health care service (e.g., Quality and Compliance).
- Organizational Support processes consist of those that support all CNDH operations in general.
- Additionally, while patients and customers of Population Health services generally follow the same Access-Delivery-Transition process flow, there are unique processes and requirements related to these operations that are considered separately.
- Graphic 1 summarizes the requirements and examples of key performance measures associated with each macro level process and related sub-processes.

Processes are designed to meet requirements as noted above, and are operationalized through standard operating procedures and protocols, including work instructions, written procedures, process control documents, and/or checklists to ensure the requirements of the process are consistently achieved in daily operations. Process documentation is maintained and accessible electronically through the intranet, with automated workflows to ensure systematic reviews; policies are required to be reviewed every three years, while process documentation require review every year, and any may require more frequent reviews as requirements change. Daily communications reinforce these standards and protocols, to include huddles, shift transitions and leadership rounding. Functional leaders ensure consistent use of key processes at facilities and departments throughout the health system. Key outcome measures and in-process data and information are monitored on a daily, weekly, and monthly basis. The Quality Department conducts monthly tracers using a multidisciplinary team including representatives from the Accreditation team, Safety team and staff from the applicable area(s) being reviewed, following a specific patient's journey from their entry into the facility through their care experience and transition from the facility to ensure standards are being met, the environment is safe for patients and staff, infection prevention practices are being utilized appropriately, and standard operating procedures are being followed.

**(D):** The Service Offering Development System is deployed for all health care services, although the degree of due diligence may vary based on the risk profile of the new service. The Process Management System is well deployed across Access-Delivery-Transition, Patient Experience, and Organizational Support processes, tailored appropriately for all three patient environments (Inpatient, Outpatient and Population Health).

**(E):** The Service Offering Development System is a CBS, and as such, undergoes a formal evaluation at least every three years; with each iteration of new service offering development, a post-implementation review is conducted to highlight and prioritize opportunities for improvement. The Process Management System is a CBS as well and undergoes a litany of reviews and evaluations to include internal quality tracers; external tracers and overall review from TJC; accreditation audits and reviews; targeted FMEA projects at least every 18 months; annual PI projects; Functional Committee, departmental, and facility level KPM review and analysis. The most significant indicators of effectiveness include:

- CMS Overall Quality Star Rating (Fig. 1, Q3, Operations)
- Patient Safety Indicators (Fig. 2, Q3, Operations)
- Ambulatory Measures (Fig. 3, Q3, Operations)
- Patient Access Indicators (Fig. 3, Q2, Customers & Markets; Fig. 1, Q2, Operations)

**(I&I):** Significant improvements to the Service Offering Development System over the past few years include:

- Review of new service offering (quality, patient experience, financial) 6 months after implementation
- Incorporating financial ROI in development and evaluation processes
- Deploying market study process for facility expansions

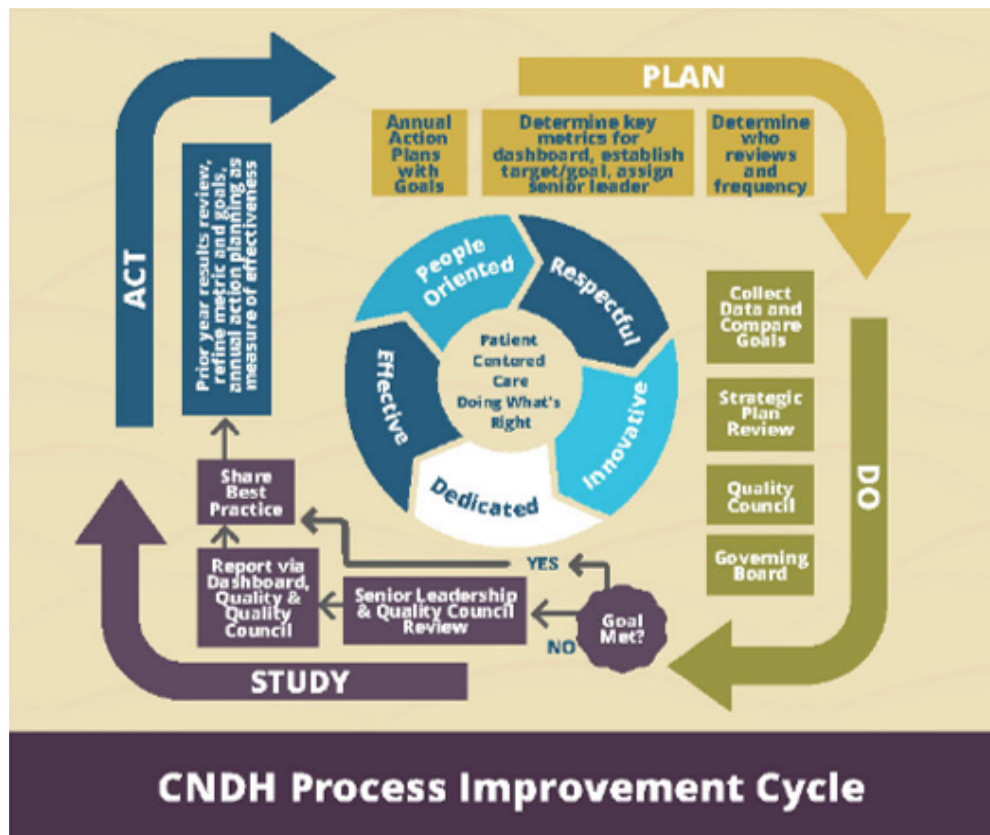
Within the Process Management System, we follow the IHI model for process improvement, which is built around a PDSA framework, depicted in Graphic 2, and incorporates several tools, including RCA, FMEA, DMAIC and Lean, among others depending on the process we are working to improve. Multiple trained facilitators are available to guide improvement teams through the IHI methodology, with dozens of improvement projects documented over the past several years (AOS), examples of which include:

- Improvements in patient safety protocols to achieve GTZ stretch goals (Fig. 2, Q3, Operations)
- Improvements to statin therapy and education for patients with cardiovascular disease; through this work, the CNDH has reached the national top decile for this quality measure
- Improvements in diabetic foot exams, essential for continued mobility and limb preservation of our diabetic patients, resulting in a 10+% increase in compliance.
- Improvements to spirometry testing across all primary care locations, resulting in a 13% increase in spirometry quality.

**(A&I):** Process management and performance is closely linked to the Talent Management System, since work process effectiveness is highly dependent on our workforce; as an integral part of the approaches to ensure that processes are performed as designed and that they meet requirements, we hire enough people with the right skills and onboard them into our culture and our processes; we train and develop them to consistently perform the standard protocols and procedures inherent in the work processes; and we provide feedback and coaching to them on their performance to ensure that our workforce is knowledgeable about process requirements and able to perform the processes in order to achieve those requirements in daily operations. The Process Management System is highly integrated with the Service Offering Development System, with processes designed and operationalized to meet requirements identified through the development cycle. The Patient Experience Journey processes (Graphic 1, Customer Engagement) are the patient-facing aspects of the processes described in the Process Management System, to include consideration and communication of patient preferences identified in customer listening approaches. The Knowledge Management System (Graphic 3, Leadership and Governance) supports the Process Management System with patient and process knowledge.

Key Health Care Delivery & Support Processes			
Macro-level	Sub-Processes	Requirements	Key Outcome Measures
<b>Access</b>	<ul style="list-style-type: none"> <li>▪ Patient Eligibility</li> <li>▪ Appointment</li> <li>▪ Pre-registration</li> </ul>	<ul style="list-style-type: none"> <li>✓ Timely</li> <li>✓ Ease of use</li> <li>✓ Support</li> </ul>	<ul style="list-style-type: none"> <li>○ Same-day Access</li> <li>○ Access to PCP</li> <li>○ Avg. Days, New PC Request</li> <li>○ ED Wait Time</li> </ul>
<b>Delivery</b>	<ul style="list-style-type: none"> <li>▪ Intake</li> <li>▪ Consultation</li> <li>▪ Plan of Care</li> <li>▪ Communication</li> <li>▪ Ancillary Services</li> <li>▪ Treatment</li> </ul>	<ul style="list-style-type: none"> <li>✓ High Quality</li> <li>✓ Safe</li> <li>✓ Timely</li> <li>✓ Equitable</li> <li>✓ Efficient</li> <li>✓ Patient-centered</li> </ul>	<ul style="list-style-type: none"> <li>○ Patient Safety Indicators</li> <li>○ GTZ Fallouts</li> <li>○ Ambulatory Measures</li> <li>○ CMS Overall Quality Star Rating</li> <li>○ 30-day Readmission</li> <li>○ Average Length of Stay</li> <li>○ HIM Documentation</li> </ul>
<b>Transition</b>	<ul style="list-style-type: none"> <li>▪ Post-care Instructions</li> <li>▪ Referred Care / Follow-up</li> <li>▪ Ancillary Services Coord.</li> <li>▪ Benefits Support</li> </ul>	<ul style="list-style-type: none"> <li>✓ Supportive</li> <li>✓ Empathetic</li> <li>✓ Comprehensive</li> </ul>	<ul style="list-style-type: none"> <li>○ Insurance Enrollments</li> <li>○ Medicare Premiums</li> <li>○ Medisaw Referrals</li> <li>○ Mail Order Rx</li> </ul>
<b>Patient Experience</b>	<ul style="list-style-type: none"> <li>▪ Patient Relations</li> <li>▪ Transportation</li> <li>▪ Facilities Management</li> <li>▪ Food Services</li> <li>▪ Case Management</li> <li>▪ Quality &amp; Compliance</li> </ul>	<ul style="list-style-type: none"> <li>✓ Enhance patient experience</li> <li>✓ Complement HC service delivery</li> <li>✓ Ensure safety &amp; compliance</li> </ul>	<ul style="list-style-type: none"> <li>○ CMS Patient Survey Star Rating</li> <li>○ Complaints &amp; Grievances</li> <li>○ Patient Transport</li> <li>○ Overall Environment</li> <li>○ Food Quality</li> <li>○ TJC Findings</li> </ul>
<b>Population Health</b>	<ul style="list-style-type: none"> <li>▪ Data Surveillance</li> <li>▪ Research / Assessment</li> <li>▪ Funding Application</li> <li>▪ Program Administration</li> <li>▪ Community Engagement</li> <li>▪ Education and Outreach</li> </ul>	<ul style="list-style-type: none"> <li>✓ Prevention-focused</li> <li>✓ Community-centric</li> <li>✓ Data-driven prioritization</li> <li>✓ Program-specific requirements</li> </ul>	<ul style="list-style-type: none"> <li>○ Nutrition Services Participation</li> <li>○ Public Health Program Participation</li> <li>○ Water &amp; Septic Projects</li> </ul>
<b>Organizational Support</b>	<ul style="list-style-type: none"> <li>▪ Human Resources</li> <li>▪ Information Technology</li> <li>▪ Procurement</li> <li>▪ Finance / Accounting</li> <li>▪ Safety / Emergency Mgmt</li> <li>▪ Legal / Risk Management</li> </ul>	<ul style="list-style-type: none"> <li>✓ Expand capability &amp; capacity</li> <li>✓ Protect stakeholder interests</li> </ul>	<ul style="list-style-type: none"> <li>○ Vacancy Rate</li> <li>○ PHI Breaches</li> <li>○ Stockouts</li> <li>○ Days Cash in Reserve</li> <li>○ TRIR / DART</li> <li>○ Emergency Drills</li> <li>○ Cyber Threats</li> </ul>

Graphic 1: Key Health Care Delivery & Support Processes



Graphic 2: CNDH Process Improvement Cycle

# OPERATIONAL CONTINUITY

---



# Operational Continuity

## Operational Continuity, Specifically Continuity of Operations Planning

How do the processes for continuity of operations described in your application reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S):** The Emergency Operations Plan (“EOP”) details planned actions and procedures to respond to and recover from emergency events effectively and efficiently. The foundation of preparational activities is based on specific response plans (e.g., fire, severe weather, medical emergency) and plan annexes (e.g., Decontamination) developed from the results of the hazard vulnerability analysis (HVA) process. The HVA is a best-practice tool developed by Kaiser Permanente used by high performing health care systems across the nation. The HVA is used to determine the types of incidents with the highest probability of occurring based on locations and a SWOT analysis of the specific facility for which the HVA is being performed. The HVA is created by a multi-disciplinary team within CNDH and also includes members of other area healthcare facilities, as well as local and regional emergency management partners. A cross-functional team has the responsibility to conduct an annual HVA and the responsibility to review and make any necessary alterations to it at least annually. Input is received from other entities such as Mercy Hospital Ada, Pontotoc County Emergency Management and the Region 3 MERC to ensure an accurate assessment of their response capabilities. Mercy Hospital Ada, Pontotoc County and MERC emergency management plans are also reviewed to assist in understanding and defining CNDH’s local and regional response capabilities and limitations. Each hazard or threat that is identified in the HVA and that reaches a level of concern greater than 33% is accounted for in an Emergency Response Plan or an Annex plan. Based on the results of the annual HVA, an emergency response strategy is made up focusing on the main Response and Recovery goals for all services provided by CNDH or other relevant facilities which includes Appendices for issues specific to the response and recovery plan and Annexes which detail specific responses to major events or issues such as Decontamination, as well as the ability to continue operations under emergency circumstances.

The plan focuses on the key elements of any emergency response:

- **Communications:** The Interoperable Communications Plan is an Annex to the EOP and addresses communication capability with internal and external emergency response individuals.
- **Managing resources and assets:** CNDH manages all means of maintaining care to patients for a minimum of 96 hours through supply stocks and resupply of all necessary resources and assets during a disaster. These supplies are inventoried by departments such as Supply, Pharmacy, and Dietary and can be collected by IEH staff if a situation requires it.
- **Staff management:** Elements of staff management, such as employee identification during times of emergency operations, the changing nature of roles and responsibilities during emergency events, support provided to staff after the incident is over, as well as ongoing staff education.
- **Maintaining required utilities:** Details steps to be taken in the event of power loss (or other significant utility such as water supply) that impacts the ability of the CNDH to function.
- **Patient management:** During an emergency, staff will focus on the immediate care and protection of affected patients with protocols in place to ensure scheduling, triage, assessment and treatment, admission and discharges, assisting vulnerable populations, and other elements of patient care.
- **Maintaining a safe and secure environment:** CNDH prepares for managing safety and security during emergency events by implementing measures designed to reduce threats and risks in various situations. The various measures

will depend on the type and scope of the emergency event, including internal security and safety measures, monitoring access and movement throughout facilities, hazardous materials response and isolation and decontamination, if needed.

Preparedness includes identification of the highest potential risks to CNDH in an annual threat assessment exercise. Where safeguards can be put in place to reduce or eliminate a threat, those safeguards are designed, implemented and tested to ensure their effectiveness. Once an incident occurs, the phases of Response, Mitigation and Recovery are managed through a formal Incident Command Structure (ICS), providing the organizational structure with defined roles and responsibilities for executing the EOP. The Response phase involves the general protocols upon deployment of the ICS, and the specific SOPs for each type of identified disaster, to include those in the Mitigation phase where the focus is to minimize or eliminate harm to people, damage to property and equipment, and disruption of operations. In the Response phase, the focus is on returning to normal operations and transitioning the ICS to inactive status once the threat has passed. The EOP and ICS structure are fully supported by senior leaders, who provide trust in the EOP Command Staff to manage emergency incidents and disasters through the defined EOP.

**(D):** Each CNDH facility has an Emergency Operations Plan that is specific to their environment, but all are managed under the umbrella of the system-wide CNDH EOP.

**(E):** Results of the annual HVA are reviewed and evaluated by the IEH team, at Environment of Care Committee and then EOC reports through Quality Council, Medical Executive and Governing Body. Action plans are developed based on HVA priorities identified. Evaluation occurs after each drill or event (via an after-action debriefing and report) and reported through the EOC Committee.

**(I&I):** The EOP is formally reviewed after each drill, simulation or incident and is reviewed for improvements on an annual basis. The current EOP has been in place for over a decade, benefitting from multiple cycles of refinement. Recent innovations were implemented as a result of careful after action reviews of various emergency response operations, both real and exercise-based to include

- Providing an extra layer of alternative communication sources between ED staff and incident command through the distribution of walkie talkies, incorporating text communications with the House Supervisor, expanding incident drill scenarios to include DME operations to properly test their processes, and allowing ED leadership to create the triage descriptions for the incident "victims" to help create more realistic scenarios.
- We incorporated a multitude of learnings from our COVID-19 response into the EOP to benefit future emergency responses. First Americans are 70% more likely to be diagnosed with, 370% more likely to be hospitalized with and 240% more likely to die from COVID-19 than non-Hispanic white persons (CDC), making this public health emergency unprecedented within First American communities. This state of emergency not only put our EOP to the test functionally, it also tested the endurance, agility and effectiveness of the EOP and ICS. We evaluated the effectiveness of the response and implemented cycles of learning at a rate not experienced in the past. As a result, through most of the pandemic, the CN workforce had levels of infection 50% or less than that detected in the general population to which we were also offering testing services. Workplace spread was low (usually <1%) which we ascertained with surveillance testing by randomly sampling a statistically significant portion of our workforce every week. We studied ways that other industries delivered critically important, high reliability services utilizing the Toyota Production System methodology to design testing and vaccine lines and delivery processes and evaluating and improving cycle time, Takt time, customer service, access, customer acquisition and growth, marketing and standard operations as we continued to expand and roll out new services. We had 100% vaccination in our CNDH workforce; administered over 82,000+ vaccines and over 250,000 COVID-19 tests by April 2022. Efficiency was key to running an effective operation and enhancing customer experience as we achieved a median time of 18 minutes for each COVID-19 vaccination (with 15 minute wait) and 45 seconds for each COVID-19 test using convenient drive-up testing and vaccination. We used electronic tools and dashboards for pre-registration vaccination and testing, daily employee screening, etc. for data capture and to inform a robust multi-level infection control and disease surveillance, response and treatment and public health program. A detailed COVID-19 dashboard, coupled with disease activity-based employee activity guidance, helped give us confidence in our data and enhance delivery of

valid education for our customers and employees. Policy decisions were made using data and a collaborative multi-department approach. The CNDH was relied upon by the entire CN to inform effective public health practices. We were among the first organizations in the US to make testing and vaccines available to not only our employees and patients, but also members of the public. Notably, the CN made vaccines available to teachers prior to most States in our region. Our use of data coupled with action informed continuous learning and adaption played a significant role in our outcomes. This approach helped meet our mission and keep our community safe.

**(A&I):** Continuity of operations aligns with our mission, to enhance the overall quality of life of the Chickasaw people, as it provides a roadmap to ensure sustainability of services to our people. Operational continuity is integrated into the strategic planning process to ensure we are considering the results of the HVA in setting our future strategic goals. It is also integrated in our operational processes to highlight risk reduction opportunities and enhance our patient safety program.

Essential functions in continuity of operations planning	
1	Identify and prioritize essential functions *
2	Identify minimal staffing requirements and a management plan/contingency for each essential function.
3	Identify resource requirements for each essential function.
4	Identify critical data and data systems for each essential function.
5	Identify needed support activities as part of essential functions.
6	Create processes and procedures to acquire resources necessary to continue essential functions and sustain operations for up to 30 days.
7	Develop relationships/MOUs with back up vendors.
8	Develop relationships/MOUs with like providers for support; staff sharing; patient coverage; supplies
*	<i>Essential function is defined as those functions necessary to continue to provide vital services and sustain an economic base during an emergency.</i>

Graphic 1: Essential Functions in COOP

# CNDH Emergency Operations Plan

## INCIDENT COMMAND STRUCTURE

Mitigation

Preparedness

Response

Recovery

Facility-specific plan \* Roles & Responsibilities \* Training & Drills

<b>Mitigation</b>	<p><b>Preventing future emergencies or minimizing their effects.</b></p> <ul style="list-style-type: none"> <li>• Includes any activities that prevent an emergency, reduce the chance an emergency will happen, or reduce the damaging effects of unavoidable emergencies</li> <li>• Mitigation activities take place before and after emergencies</li> </ul>
<b>Preparedness</b>	<p><b>Preparing to manage an emergency.</b></p> <ul style="list-style-type: none"> <li>• Includes plans or preparations made to save lives and to help response and rescue operations.</li> <li>• Preparedness activities occur prior to an emergency</li> <li>• Evacuation plans and stockpiling food are both examples of preparedness</li> </ul>
<b>Response</b>	<p><b>Responding to safely to an emergency.</b></p> <ul style="list-style-type: none"> <li>• Includes actions taken to save lives and prevent further property damage in an emergency situation. Response is putting your preparedness plans into action.</li> <li>• Response activities occur during an emergency.</li> <li>• Seeking shelter from a tornado is an example of response.</li> </ul>
<b>Recovery</b>	<p><b>Recovering from an emergency.</b></p> <ul style="list-style-type: none"> <li>• Includes actions taken to return to a normal or an even safer situation following an emergency.</li> <li>• Recovery occurs after an emergency.</li> <li>• Recovery includes repairing any damage or entering any downtime documentation and can take weeks, months and sometimes years.</li> </ul>

Graphic 2: Incident Command Structure



WORKFORCE

---



# Workforce

## Workforce, Specifically Workforce Engagement

How do the processes for workforce engagement described in your application reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S):** The Workforce Engagement System (Fig. 1, Q1, Workforce) consists of inputs from the Leadership System (High Engagement Leadership Behaviors) and the Talent Management System (recruiting, hiring, and onboarding processes), with systematic processes for determining drivers of engagement, assessing current levels of engagement, and developing strategies to improve engagement, which leverage systematic processes that most closely correlate with high levels of workforce engagement (“enablers”).

Inputs:

**High Engagement Leadership:** the systematic processes depicted in the CNDH Leadership System are designed to promote high levels of workforce engagement by creating an environment for success and a focus on action, directed toward accomplishing our mission, vision, and strategies while staying true to our core values. Woven throughout are behaviors and practices exhibited by CNDH leaders that foster a high-engagement culture (Graphic 1, Workforce Engagement), that align with drivers of workforce engagement (Fig. 1, Q4, Org Profile):

- When leaders **Inspire a Shared Vision** with employees, they “**lead with why**” behind everything we do, which is the health and well-being of our patients and community, aligning our employees with the MVV and connecting them to the SP.
- **Encourage the Heart** is about making a personal connection with employees by “**caring about who**” they are uniquely made to be and how their individual contributions support the aspirations of the organization.
- **Enable Others to Act** includes setting clear expectations, providing the right resources to achieve those expectations, and empowering employees to make decisions that align with the MVV; in doing so, we invest heavily in training opportunities to “**develop for how**” we do what we do and live up to the “We are Quality” standard of excellence.
- **Challenge the Process** encourages others to find a better way of doing things that lead to improvements and innovations to transform our organization for the needs of the future, as we “**build for where**” we are headed as an organization, both in terms of attracting talent and fostering collaboration and teamwork throughout the organization.
- Finally, CNDH leaders **Model the Way**, particularly when it comes to the core values, taking the posture of a servant to our employees who do the same for our patients, inviting feedback in an environment of high transparency and accountability.

These leadership behaviors and practices are included in the Chickasaw Leadership Academy training content, but perhaps more importantly, have been reinforced in our leadership culture through decades of stable leadership continuity and mentorship, not only within the health system, but at the highest levels of leadership at CN. The Governor of CN selects leaders for the health system that exhibit these behaviors and holds them accountable for these high standards, which then cascades to health system leaders and their direct reports in leadership positions.



**Recruiting, Hiring & Onboarding:** high levels of engagement exist at the crossroads of a culture that fosters it, combined with the people who find that culture worth investing not only their hands, but their hearts and minds as well. CNDH has systematic processes (G2, Workforce Engagement) to ensure that we select those who will fit into our unique, high-performing culture through recruiting, hiring, and onboarding.

- Behavior-based interview techniques and tools, as well as skills tests, are used throughout the interview and hiring process to assess skills and behaviors that align with the CNDH culture. All hiring managers attended the Hiring Manager Certification course to ensure consistent practice when selecting applicants.
- All new employees are required to attend a three-day orientation conducted by CN. During this orientation, new workforce members learn about the history, values, and culture, as well as more specific information such as benefit plan enrollment and employment policies of the Chickasaw Nation.
- After this three-day orientation, new employees of CNDH then spend another two days with topics specific to the Department of Health.
- After attending these required sessions, new employees will have specific onboarding to each department and/or position. Nurses go through extensive onboarding with a week of initial training that focuses on skills, documentation, and general nursing knowledge within CNDH. They then remain in an orientation training program, to include being assigned to a selected onboarding advisor for 3-6 months, depending on their prior experience and skill level. Medical staff/ physicians undergo a focused practice evaluation with intense monitoring from a peer for at least the first ninety days of their practice.

Given those inputs, the Workforce Engagement System includes systematic processes for determining drivers of engagement, assessing current levels of engagement, and developing strategies to improve engagement.

- **Determining Drivers of Engagement:** The current identified drivers of engagement were initially based on benchmarking industry-leading engagement solutions from Qualtrics, our engagement survey vendor. These drivers were then vetted against inputs from the two-way communications encompassed in the Leadership Communication System and the workforce engagement assessment methods summarized in Graphic 3. As we have progressed, HR, Leadership and the Workforce Support Team aggregate data and information relative to workforce engagement to identify common themes and trends across the workforce as well as those specific to segments of the workforce. Key engagement drivers identified through this analysis are vetted through Administration discussions and through conversations leaders have with their team members. Once the key drivers of engagement are validated and confirmed, they are included as questions on the annual employee engagement survey to assess performance formally and systematically.
- **Assessing Engagement:** Multiple approaches are used to assess workforce engagement include direct assessment processes, summarized in Graphic 3. Our annual employee engagement survey (EES) is administered electronically to all employees each year, with safeguards to ensure confidentiality.
- **Strategies to Improve Engagement:** Data and inputs from these assessment methods are aggregated and analyzed by Leadership, HR and the Workforce Support Team to identify opportunities for improvement, which are then reviewed and approved by Administration. These strategies typically include one or more of the four enablers of workforce engagement (leadership communication, leadership development, rewards and recognition, or learning and development opportunities), but could also include compensation and benefits, organization and management, workforce environmental factors, and career progression.

**(D):** The processes for determining drivers of engagement and assessing engagement are well deployed across the organization without significant variation. The processes for determining strategies to improve engagement are also well deployed, although variation could occur based on the specific needs of each workgroup. Both sets of processes are owned by HR in collaboration with the Workforce Support Team, which provides standardization of deployment throughout the organization.

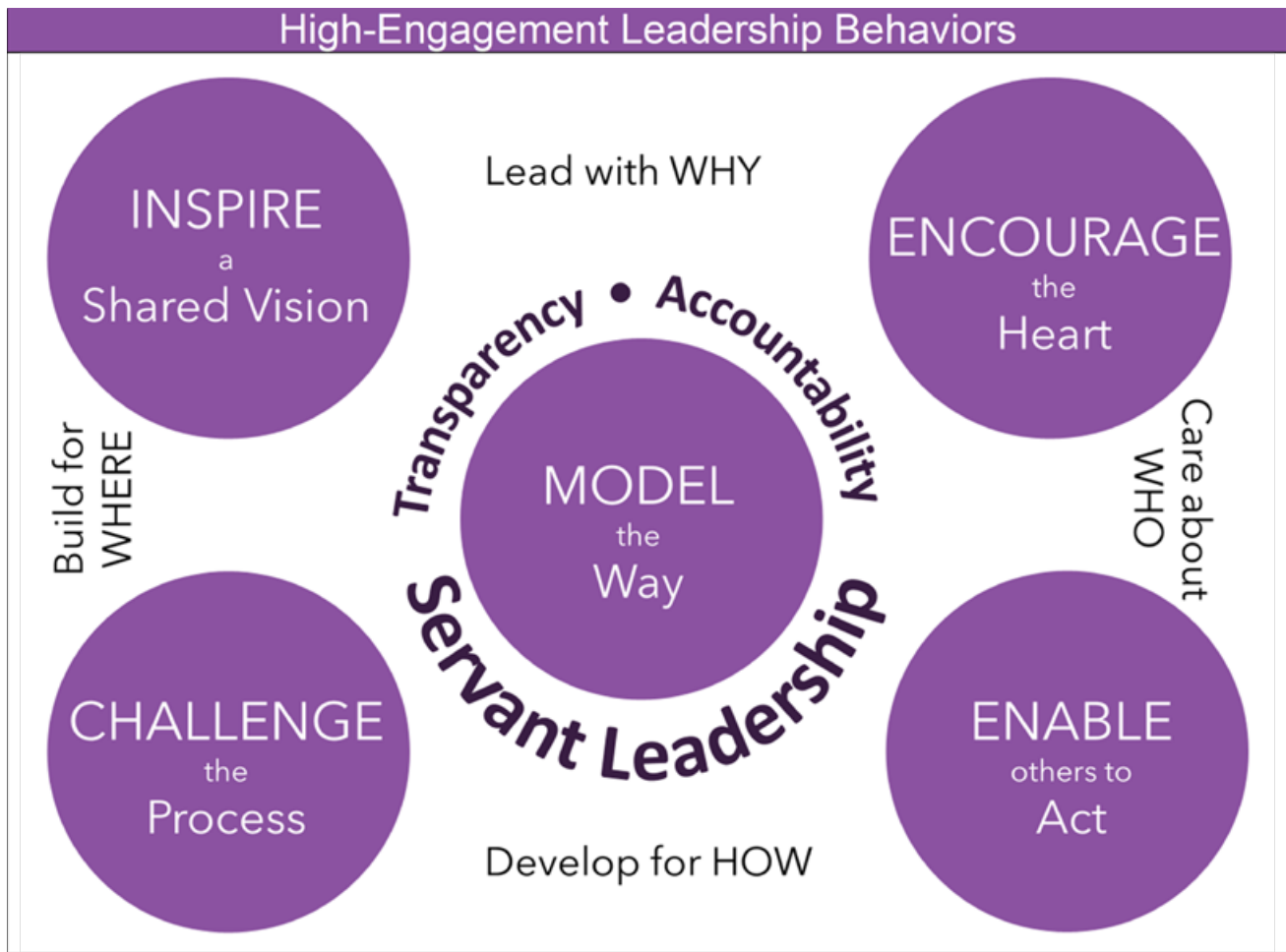
**(E):** The Workforce Engagement System is a CBS and undergoes formal evaluation at least every three years; the most recent review highlighted the need to better leverage indirect and informal methods to assess engagement, to complement the results we receive through the EES. Throughout the year, priorities for improvement are identified

through the Organizational Learning System as the Workforce Support Team, Leadership and HR review and analyze inputs from the methods used to assess engagement (G3); EES results and turnover metrics are the primary measurable indicators used to evaluate the effectiveness of the Workforce Engagement System, with particular emphasis on summary results:

- I would recommend CNDH as a great place to work (Fig. 1, Q4, Workforce)
- I rarely think about looking for another job (Fig. 2, Q3, Workforce)
- Voluntary Turnover (Fig. 1, Q3, Workforce)

**(I&I):** We made significant investments in and placed a considerable amount of focus on improving the employee experience as one of the strategic objectives in our 2020-2023 SP, and continue to do so as an objective in our current SP. Improvements deployed over the past several years are summarized in Fig. 1, Q4, Strategy, to include creation of the Workforce Support Team as a resource to employees for issues related to satisfaction and engagement; deployment of multiple employee listening and communication mechanisms, to include the EES; and data-driven review processes for identifying priorities for improvement; hiring manager required training; 6 month onboarding survey. Coming through the COVID pandemic, we recognized a lagging trend for medical providers and hospital/clinic staff in key measures, particularly the EES question “My work gives me a feeling of personal accomplishment” (Fig. 2, Q3, Workforce). Through focus groups and other listening mechanisms, we highlighted burnout as a potential root cause and in 2023 commissioned an extensive study on wellbeing/burnout throughout our organization, which surfaced continued mental health challenges in certain areas carrying over from the pandemic era. We are currently developing and implementing action plans based on the findings.

**(A&I):** Workforce engagement is tightly aligned with the Leadership System and the High Engagement Leadership Behaviors, as well as the systematic processes for recruiting, hiring and onboarding, as described more fully above. The Workforce Engagement graphic depicts the high level of integration across key processes with inputs from the Leadership and Talent Management systems, and support from the systematic processes for the Enablers of Workforce Engagement.



Graphic 1: High Engagement Leadership Behaviors

Recruiting, Hiring and Onboarding					
1.0	Recruiting	2.0	Hiring	3.0	Onboarding
1.1	Understand position needs & requirements	2.1	Conduct Interviews	3.1	Initial HR intake
1.2	Identify sourcing channels & strategies	2.2	Assess candidate fit with job description & culture	3.2	CN & CNDH orientations
1.3	Screen candidates for capabilities & culture fit	2.3	Select best candidate	3.3	Position-specific orientation
1.4	Schedule interviews with hiring managers	2.4	Obtain approval	3.4	Competency assessment
		2.5	Present formal offer letter	3.5	90-day evaluation

Graphic 2: Recruiting, Hiring, and Onboarding Processes

## Workforce Engagement Assessment

### **Direct / Formal Assessment Methods:**

- Annual Employee Engagement Survey (Qualtrics)
- Culture of Safety Survey (every 2 years)
- Annual performance review discussions
- Exit / transfer interviews by HR
- Workforce Turnover levels/trends

### **Informal Assessment Methods:**

- Leadership rounding conversations
- Discussions during employee events
- Social media

### **Indirect Assessment Methods:**

- Patient Accountable Care Assessment
- Patient Satisfaction & Grievances
- Productivity measures
- Absenteeism / Presenteeism

Graphic 3: Workforce Engagement Assessment Methods

# OPERATIONAL CONTINUITY

---



# Customers and Markets

## Customers and Markets, Specifically Customer Engagement

How do the processes for customer engagement described in your application reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S):** The Patient Experience Journey (Graphic 1) depicts the macro-level processes for patient engagement across the relationship life cycle as well as through an individual patient encounter.

- Patient and customer engagement occurs through relationship management processes, beginning with “**awareness**,” which can be for new potential patients, former patients, or to expand services with existing patients. Awareness occurs in several ways, including tradition and referral from family and friends; reputation for quality in our service area, within IHS or throughout the state and local health care community; various communications targeted to our markets and patient community; and through a multitude of outreach efforts to promote healthy living and well-being. Our brand image (“We are Quality”) sets the expectation for excellence in processes for the delivery of health care services, in the patient experience, in our workforce and in our facilities and equipment. We employ systematic marketing, messaging, and brand management strategies to reinforce that image with current and potential customers/patients.
- The next relationship phase is “**engagement**,” where our aim is to consistently deliver an exceptional patient experience through the key processes associated with access to, delivery of, and transition from health care services, as well as engagement of patients and customers in community support activities. As we build and maintain our reputation with our patients through the delivery of high quality, safe, patient-centered care, we earn their loyalty throughout their life cycle, which for our patient community often means from birth to well into their elder years.

Most of our **relationship** management efforts are up-close-and-personal through the stages of a patient care encounter (Access, Delivery, and Transition) to not only meet requirements, but to exceed expectations and build confidence in CNDH as the health care provider of choice; these are depicted in the Patient Access and Support processes to include:

- **Access to Care:** CNDH considers three aspects of access to care: 1) the geographic proximity of our facilities to our patient community; 2) the breadth of services available to patients at our facilities; and 3) the patient experience when accessing care in a singular patient encounter, with systematic processes in place to evaluate and improve our effectiveness with each. Relationship building in the patient experience begins the moment a patient arrives at one of our facilities, as they are immediately met with beautiful landscape and meticulous care of our grounds and facilities, reinforcing the Quality brand image. Free valet service and warm hospitality for patients and their families - to include free coffee, water, and coloring books for children - create an inviting atmosphere. For those who cannot drive, we provide free transportation services throughout our service area. When family and friends need a place to stay overnight, our Chikasha House provides a warm and friendly environment for these overnight guests, free of charge. CNDH staff receive ongoing customer service training, and services are available to patients during registration, or transition from care, for insurance enrollment and other support such as access to social workers. A chapel is available, and a chaplain is on staff for families’ spiritual needs.
- **Delivery of Care:** The relationship between patient and caregivers is of utmost importance in a health care setting; without a trusting relationship, patients are less likely to seek the care they need or to be engaged in managing their



long-term health. We empanel patients to a team of providers for primary care (e.g., primary provider, nurse, pharmacist, nutritionist, mental health professional) to build and maintain trusting relationships over time. We strive to ensure patients are able to receive their first, second or third requested option when scheduling their appointment. Additionally, multiple health care services are provided at each facility, allowing patients the convenience to bundle appointments for a single visit for a one-stop shop experience. Competency of staff, the condition and quality of equipment, and our core values exhibited by providers and staff all contribute to patient focused excellence.

- **Transition from Care:** Once the delivery of care has been provided, patient relationship management continues to be woven through the transition of care processes. We make sure post-care instructions are communicated to and understood by the patient. Any lab work, pharmacy needs, or follow-up visits are scheduled before the patient leaves. Should a patient need to be referred to another provider or facility, our staff schedules the referral appointment, and through our Medisaw program we cover the cost of this purchased care for the patient. Additionally, staff are available to assist the patient with insurance and benefits filing, social services, or even certain needs at the patient's home such as ensuring utilities are on and that the home is physically safe to return to after care. A high-quality meal is available to purchase prior to departure (free for inpatient guests and their children), after which the valet service retrieves the patient's vehicle or transportation is scheduled to return the patient safely to their home. Multiple patient communication processes are deployed as part of the Customer Listening System (Fig. 1) to follow-up with patients on their experience and any subsequent health care needs. In addition, a full suite of nutrition and health care services is available to support the patient with long-term healthy living and lifestyles.

**(D):** All processes are well deployed, as appropriate to current patients and customers across all CNDH locations. Additionally, the processes associated with "awareness" and the community aspects of "engagement" are deployed to former and potential patients and customers.

**(E):** The Patient Experience Journey is a CBS and undergoes formal evaluation at least every three years. Throughout the year, processes for patient and customer engagement are evaluated through multiple lenses.

- Growth in eligible patients, patient visits, and encounters are reviewed monthly to evaluate our efforts in the "awareness" processes.
- Those for "engagement" are evaluated through multiple key metrics and indicators, including patient satisfaction survey results which are reviewed monthly (OP) and quarterly (IP), and patient compliments/complaints/grievances as well as patient safety event data, which are reviewed daily, weekly, and monthly.
- Processes for "relationship" are evaluated with segmented patient/visit/encounter growth and patient retention data annually.
- Patient experience data is formally reviewed by Leadership, Medical Executive, Medical Staff and Governing Body committees weekly and monthly.

**(I&I):** Patient-focused excellence is at the center of our mission, which elevated our Patient Experience Journey processes as a priority immediately upon assuming responsibility for the health system in 1994.

- Early improvements were primarily focused on the location, capacity, and condition of our facilities and equipment throughout the remainder of 1990's and early 2000's.
- Multiple improvements directed at the patient experience were incorporated in the 2020-2023 Strategic Plan (Fig. 1, Q2, Strategy), driving the sustained, improving role model results provided in our application. Perhaps the most overarching is reinforcing and reinvigorating our brand image of "We Are Quality" in our messaging and communications, leveraging this with our patients as part of the Awareness and Engagement processes, but also with setting the expectation internally as part of our workforce engagement efforts.
- Relationships with health care providers and staff is a key driver of patient engagement; multiple improvements to our recruiting and hiring processes, compensation and benefits, and workforce communication and engagement, to include the formation of the innovative Workforce Support Team, were specific actions from the 2020 Strategic Plan to ensure we attract and retain the best team of patient-focused professionals.

- We also made significant investments in the growth of our Patient Experience Team as part of our 2019 Strategic Plan to ensure each patient encounter was supported by a team of professionals with the capability and capacity to address any issue that may arise, and we supported that investment by strengthening the effectiveness of the Leadership Rounding process.
- Along with that, we invested in the Midas System for capturing real-time data on issues related to patient safety, and overall patient satisfaction during their encounter, made more powerful with the evolution of PowerBI dashboards for reporting and analytics.

**(A&I):** We enjoy a relationship with our patient community that is unique compared with non-tribal health care systems, and that relationship is at the center of our mission. The patients and customers we serve are often fellow tribal citizens, friends, and family, most of whom have other choices in the market for health care services but choose us for the exceptional patient experience they enjoy at CNDH, reflecting our core competency of “Patient-focused Excellence.” The Patient Experience Journey processes are aligned with key customer requirements noted in the Org Profile and are supported by and rely upon the mechanisms in the Customer Listening System. The processes associated with the patient journey through the key processes for Access to, Delivery of, and Transition from a service encounter are merely the customer-facing portions of our key work and support processes (Fig. 2, Q1, Operations and Graphic 1, Service Design & Delivery) which, as processes core to our success, are aligned with many of the workforce processes, in particular those for capability and capacity, performance management, and engagement.

## Patient Experience Journey Key Processes



### Relationship Management

**Awareness:** Tradition, Reputation, Communication, Outreach

**Engagement:** Access, Delivery, Transition, Community

**Relationship:** Infant, Pediatric, Adult, Senior, End-of-Life

### Access & Support

High Quality • Safe • Comprehensive • Patient & Culturally Centered

#### Access

- Scheduled Appointment
- Walk-in
- Ambulance / transfer
- Tele-health

#### Timely, Easy

- Preferred appointment availability
- Pre-registration phone call
- Transportation & valet services
- Clean, up-to-date facilities, grounds, equipment
- “One-stop Shop” philosophy

#### Delivery

- Primary & Specialty Care
- Elective Surgery
- Emergency Care
- Pharmacy, Lab & Ancillary Services
- Nutrition Services

#### Safe, Timely, Equitable, Efficient, Patient-centered

- Integrated care teams, continuity of care
- Competent, empathetic, service-driven providers & staff
- Mindfulness of how and where patients & families wait
- Listening, communication, education
- High quality, nutritious meals
- Family support & spiritual resources

#### Transition

- Post-care Education
- Referred Care
- Benefits Support
- Social Services

#### Supportive, Empathetic, Comprehensive

- Pharmacy & Ancillary services coordination
- Referred care & follow-up appointment coordination
- Case management for social service needs
- Thank you notes & follow-up phone calls

Graphic 1: Patient Experience Journey



# COMMUNITY ENGAGEMENT

---

## Community Engagement

How do the processes described in your application for engaging with your key communities reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S)** We choose activities and investments for community engagement that align with our core competencies, focused on the health and wellness of our community members. Based on feedback and input from a variety of community listening mechanisms, to include the bi-annual Community Needs Assessment, we strategically select priority community health issues for which we believe we can make an impact. From a Maslow's hierarchy of needs perspective, the most basic of these are clean water and sewer systems and good nutrition. The Community Needs Assessment also highlights emerging trends related to behavioral health, substance abuse, and general wellness that are in need of funding, leadership and collaborative partnerships throughout our service area. Finally, we prioritize the financial needs of our patients in seeking referred care for which CNDH does not currently provide services, to ensure comprehensive care is available to all who need it. We have systematic processes in place engage our community for these priority issues through the following programs:

- **Community Projects:** The Office of Environmental Health and Engineering (OEHE) is a division within CNDH that provides a wide range of environmental health services to residents and also manages a program to ensure that eligible participants have access to potable water and sewer systems that are either non-existent or deteriorating and the associated city or town does not have all the resources to build or repair the systems. This is a funded partnership with the Indian Health Service, CNDH and the community in need. The projects are compiled annually and awarded through a scoring system with increased scores where a large number of First Americans live. The OEHE also offers new and existing home water and septic systems to First American's residing in the service area.
- **Nutrition Services:** CNDH supports our key communities with a world-class Nutrition Services Team that administers multiple programs and services (Fig. 2, Q1, Community Engagement), all aimed at providing education and resources to promote nutrition and security, particularly for those at risk in our communities.
- **Public Health:** the bi-annual Community Health Assessment identifies priority needs throughout our service area, for which we develop action plans to address including educational offerings, nutritional outreach, mental health connections, and wellness opportunities, deployed through home visits, community health events and programs in schools. Examples include programs such as Define Your Direction, a substance misuse prevention program; an Empowered Living clinic established from evidence-based recommendations through an expert committee of 15 national health care organizations for pediatric weight management; immunizations services; free 5k run events and more.
- **Medisaw Referred Care:** eligible patients who receive care at CNDH facilities do not pay out-of-pocket for any of our services. CNDH will support our patients to leverage any benefits for which they are entitled from third-party payors, but we never request payment directly from the patient. Because we desire to provide comprehensive health care for our patients' needs, this extends to referred care through the Medisaw program. Over the past five years, CNDH has purchased referred care on behalf of our patients in excess of \_\_\_\_\_ per year.
- **Grant Funding:** CNDH proactively seeks and acquires grant funding for innovative programs not covered by traditional government or third-party funding, aimed at issues concerning the health of our community members. Over the past five years, we have acquired grant funding to address issues such as opioid and substance misuse, health and wellness for youth, adolescents and families, health equity factors, mindfulness and the effects of air pollution on respiratory health.

**(D)** Our community engagement efforts and listening methods are well deployed across the key communities we serve, often further reaching as well. Community engagement and services are available to those eligible for services at our facility and often those not eligible for inpatient or outpatient health services within our CNDH system. This deployment spans all age ranges (i.e. infants to seniors) and include services from nutrition, public health, water and sewer needs and more.

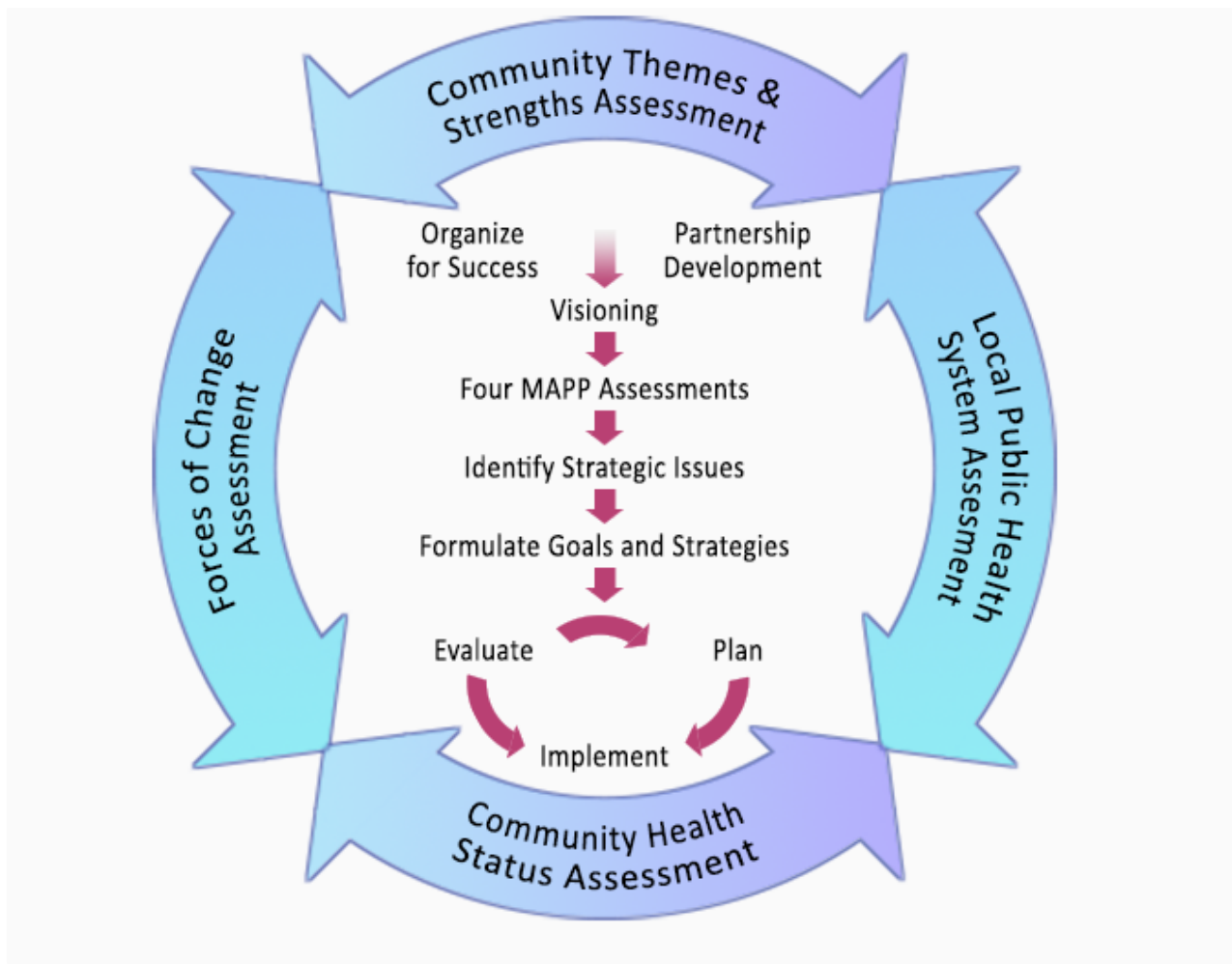


**(E)** Evaluation of community engagement occurs through multiple methods including data review of outcomes, changes in the results of the Community Needs Assessments conducted every other year, and changes in responses from community members during two-way listening sessions. Evaluation also occurs through data capture for grant dollars secured, community members served through our outreach programs (i.e. Nutrition, DRPH events, etc.). Performance improvement projects derived from the Community Needs Assessment and DRPH work are reviewed quarterly through CNDH Quality Council, Medical Executive Council (MEC) and ultimately the Governing Board on a quarterly basis. In addition, a Community Health Improvement Plan (CHIP) is an action-oriented strategic plan created to outline the priority health issues of concerns for our communities and how they will be addressed, including specific measurable objectives and strategies. These CHIP outcomes are monitored through the CHIP Steering Committee. Performance improvement projects derived through nutrition services and other departments are also evaluated quarterly through Quality Council, MEC and Governing Body. If unfavorable trends are noted action plans are put into place and followed through the Quality Council process. Evaluation also occurs as part of our grant processes that require formal monitoring and data submission to external agencies in addition to our internal processes.

**(I&I)** Several cycles of learning and improvements have been implemented to community engagement programs and the systems utilized to access them. We created an innovative approach that included a transition from boxes of food pre-selected for people, to building a grocery store and providing an electronic card that people can utilize to shop for their food. This allows the individual more dignity, to select foods that are appealing to them and their families, etc. We have made application processes to our community programs through OEHE electronic and automated to allow for easier access to the service. We found through data that only offering our summer food program through children at our physical location didn't meet those we were trying to serve where they are at, so we began offering multiple distribution sites that include neighborhood parks in underserved areas, etc.

**(A&I)** Community engagement is at the heart of our mission, ensuring basic needs are met and to promote total health and wellbeing. Our core values help guide our community engagement work by allowing opportunities to display servant leadership, promote cultural identity and selflessness all while possessing a Can Do attitude. Our community engagement efforts allow us to highlight "We Are Quality" in all the work we do in our outcomes and outreach for the communities we serve. The approaches we utilize for community engagement are integrated with related processes such as our customer listening system, our strategic planning processes, our data collection and performance management processes, patient engagement approaches and more. Community engagement efforts also integrate with our workforce development, recruitment and retention efforts as the culture we have created within our system and communities is one that attracts and retains dedicated employees interested in serving others in a system that offers the support necessary for them, and their families, to thrive. Integration with our customer listening system, as an example, occurs through our surveys and in person listening sessions that allow us to collect feedback from our communities on their health needs and their evaluation of how we are responding to those needs. Our strategic planning process includes voice of the customer data evaluation that includes information from our Community Needs Assessment and our outcomes data available via our performance management processes.





Graphic 1: Community Health Assessment Process



FINANCE

---

## Finance

### Financial Viability and Access to Capital During Disruptions

How do the processes described in your application for ensuring financial viability and access to capital during disruptions reflect and address the following factors:

**\*\*Be sure to respond to *each* of the 6 evaluation factors.**

1. Systematic (describe how processes are regular and repeated)
2. Deployed to key stakeholders
3. Evaluated
4. Improved based on evaluation
5. Innovation (examples, if any)
6. Aligned with organizational needs, as described in the Organizational Profile, and integrated with related processes?

**(S):** When it comes to resilience and long-term sustainability, our systematic financial management processes have been critical to our success and given the inability of for-profit health systems to remain financially viable and access capital in rural settings like the CNDH service area, we believe our operating and financial models provide an answer to the declining availability of quality health care in rural areas across the United States. Considering that no patient receives a bill for services provided at CNDH, we rely on funding from IHS, and while we are grateful to receive that funding, it represents only a fraction of what a non-tribal health system may charge patients for comparable services. Reflecting our core value of Stewardship through the financial budgeting process, we are disciplined in allocating the funding we receive to remain financially viable while providing the highest quality care to our patients. In recent years we recognized a strategic opportunity to leverage opportunities from the Affordable Care Act and Medicaid expansion in Oklahoma, which placed an emphasis on growing third-party payor reimbursements through systematic processes for patient benefits coordination. Ultimately, our ability to manage through disruptions has become more stable with increasing operating margins that have produced reserves of cash, making our systematic cash management processes even more important.

- **Financial Budgeting:** the financial budgeting process (Fig. 1, Q1, Finance) starts 6 months prior to the start of our fiscal year on October 1. Standardized forms are provided to budget owners and their teams, supported by experienced accountants from our Finance team who help to inform, educate, and guide budget owners in completing the required input forms and analysis. The budget process balances the need to fund the operations of the organization as they currently exist, while ensuring financial resources are available for improving, growing and transforming the organization for future needs, as reflected in strategic action plans, additional workforce capability and capacity needs, and other equipment, facility, and resource needs. Ours has primarily been an environment of growth over the past decade, so we incorporate analyses such as return on investment and formal business plans, where appropriate, to support decision making for financial allocations. As the financial budget progresses through the timeline, multiple approvals are in place to support analysis and decision-making, with the final budget approved by the CN Governor. Once the financial budget is established, monthly reporting of actual-to-budget financial performance, along with analysis and discussions of any variances, are facilitated at multiple levels throughout the organization, supported by members of the Finance team, with mitigation efforts planned and executed should projections indicate that we will likely exceed the financial budget limits.
- **Patient Benefits Coordination:** although no patient is charged for services at CNDH, we strive to maximize the opportunities that exist to receive reimbursements through benefits available to any of our patients through systematic Patient Benefits Coordination processes (Graphic 1). Much like any other health system, we inquire about available health insurance at registration to ensure we have up-to-date information available. We have Patient Benefits Coordinators who meet with patients during the Transition from care processes to help them with things such as signing up for all benefits available to them, which not only helps to maximize revenue opportunities for the health system, but contributes to an exceptional patient experience by leveraging the expertise of Benefits Coordinators to help easily navigate a patient through the often confusing myriad of questions and terminology of insurance companies.

- **Cash Management:** cash management consists of daily management of available cash to keep operations going, which has always been a smooth and easy process. Cash investment management, however, has undergone a significant overhaul since the 2010s, to include systematic processes for analyzing potential patient services needs with revenue opportunity (ROI) before approving new or expanded services, which along with increased opportunities for third-party billing, have made available an increase in cash for investment. The policy, process and agreement of the cash investment plan is managed by Health Executives, Finance, and the Chickasaw Nation Investment Group, ultimately presented to the CN Governor for approval, then monitored monthly, quarterly, and annually. The investment plan incorporates capital expenditures and timing of operational needs of the health system, reviewed annually during the financial budget process. Objectives for cash management and investment processes are summarized in Graphic 2.
- **Access to Capital:** building cash reserves is our primary strategy for providing access to capital during disruptions, with current levels equivalent to approximately one-and-a-half years of operating cash flow needs; CN support building these cash reserves for resilience and future growth rather than diverting for use in other areas of the CN. However, should we find ourselves in a position of needing additional capital due to unforeseen events and circumstances - such as a pandemic - CN is committed to the health of our patient community and can provide needed capital via streamlined approvals through the government structure of CN, which is a strategic advantage over other health systems who may need to borrow funds from financial institutions or receive funding from parent organizations, both of which may come with extensive justification and approval processes.

**(D):** The financial budgeting process is well-deployed to all operations throughout CNDH. Patient Benefits Coordination is well-deployed to all patients receiving care at CNDH, in both IP and OP settings. Cash Management processes are centralized to the Finance team but apply to all cash activities of the organization.

**(E):** The financial budget process is evaluated after every annual cycle for efficiency, ease of development for budget owners, and quality of information for review and analysis throughout the year, with the ultimate effectiveness of the process evaluated based on actual-to-budgeted expenses. Patient benefits coordination is evaluated throughout the year as one of the key processes for transition from care (see Figure 1 in Operations process section), based on indicators for overall growth in third-party revenue, percentage of patients receiving benefits, benefits declined by insurance providers, timeliness of benefits received. Cash management processes are evaluated throughout the year based on available days cash on hand and maximizing earnings on cash reserves.

**(I&I):** The financial budgeting process is very mature, having undergone more than a decade of review and improvements; those in recent years with the most significant impact include:

- Several years of focused transparent education around the budget and budget processes.
- Receiving input from managers and directors earlier in the process.
- Facilitating and involving all levels of leadership in the discussion as budgets are prepared.
- Streamlining and improving budget forms and methods for efficiency and ease of use.

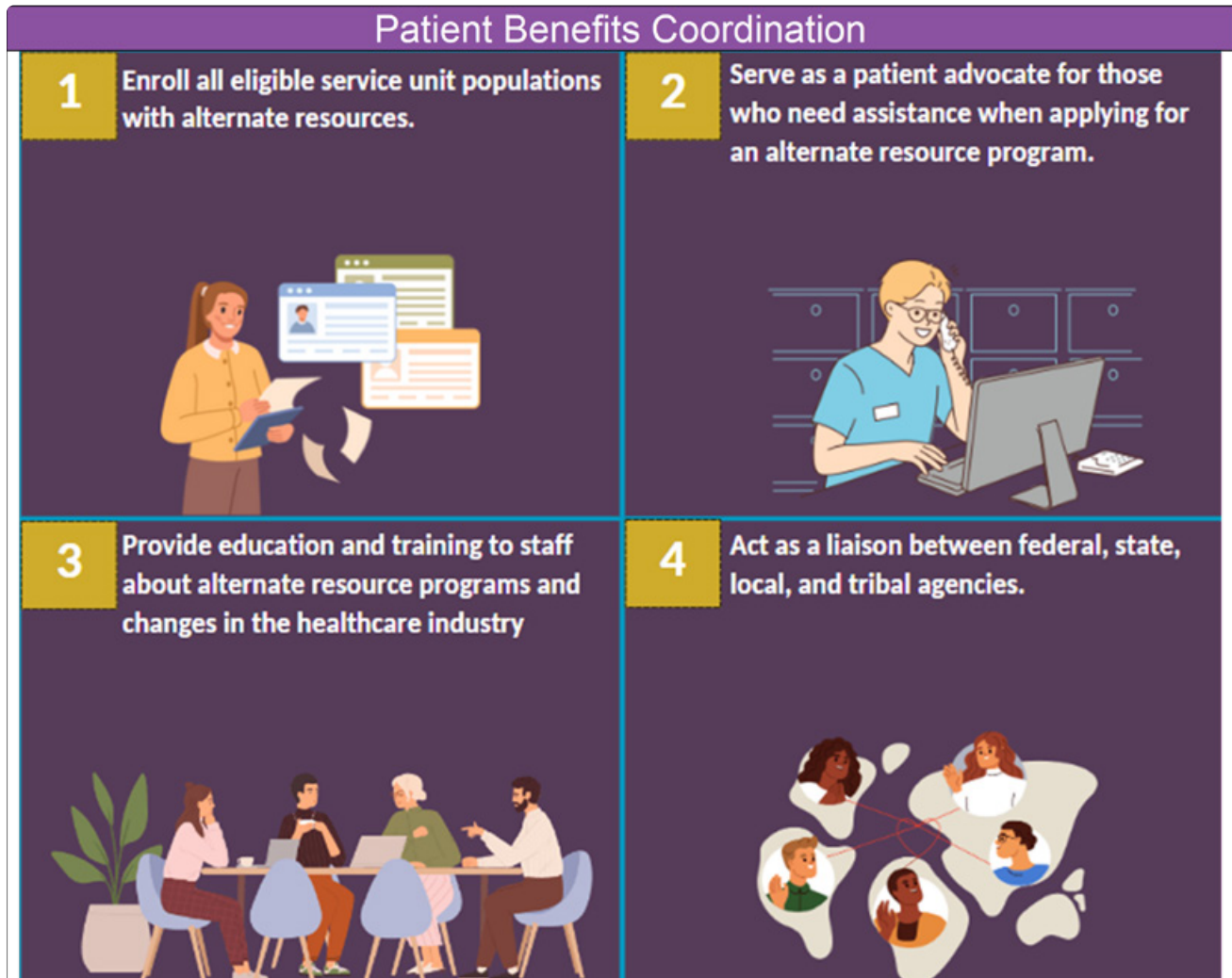
Significant improvements to the processes for patient benefits coordination include:

- Obtaining legislative authority to pay for insurance on behalf of patients to maximize revenue opportunities.
- Employing prior authorization and pre-registration staff directly has improved the efficiency of the processes.
- Home coding processes have increased productivity while saving physical space/time to travel.
- Data analysis and process review by the Quality team has helped streamline billing opportunities and data capture for third party revenue.

Significant improvements to the processes for cash management include:

- Mobile banking daily transfer processes allow for ease of transactions.
- Virtual workstations and working from home improvements to monitor spending, bank balances, and cash activity.
- Identifying short-term, liquid cash investment opportunities to maximize earnings on cash reserve balances.

**(A&I):** The financial budget process is closely aligned with key processes for assessing workforce capability and capacity, service offering development, monitoring legal and regulatory compliance, facilities management, information technology, and equipment resourcing, all of which provide inputs to resource needs included in the financial budget. All three financial processes – budgeting, patient benefits coordination, cash management – are tightly integrated to ensure financial resources are available for current operations and future organizational needs. Additionally, the processes for patient benefits coordination through our Business Office are integrated into the Patient Experience Journey during transition from care.



Graphic 1: Patient Benefits Coordination



Cash Management Process Objectives	
Deposited Funds	
Safety	Safety of principal is the foremost objective of funds, deposited funds, and contractual or fiduciary funds. Funds, deposited funds, and contractual or fiduciary funds will be managed in a way that seeks to ensure the preservation of capital. These funds will be invested such that there is minimal risk of temporary losses.
Liquidity	The funds, deposited funds, and contractual or fiduciary funds will at all times be sufficiently liquid to meet cash flow needs that are reasonably anticipated.
Risks	Funds, deposited funds, and contractual or fiduciary funds will be allocated to attain a market rate of return throughout budgetary and economic cycles, taking into account risk constraints, liquidity needs, and cash flow characteristics.
Return	Funds, deposited funds, and contractual or fiduciary funds will be invested to generate positive returns in a manner that prioritizes safety and liquidity.
Invested Funds	
Return	Invested funds will be designed to maximize the rate of return, considering liquidity needs, cash flow characteristics, and the long-term horizon.
Risks	Risks including, but not limited to, equity risk, short-term volatility risk, and liquidity risk are reasonable to assume given a long-term investment horizon. Our objective is to accept reasonable risks given liquidity needs, cash flow characteristics, and the long-term horizon.
Liquidity	Invested funds will, to the extent practicable, be matched with anticipated cash flow needs.

Graphic 2: Cash Management and Investment Process Objectives