2023–2028 STRATEGIC PLAN

Maximizing the CNMI's Health System

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Executive Summary

The Commonwealth of the Northern Mariana Islands (CNMI) government established the Department of Public Health and Environmental Services in 1978 with Public Law 1-08. The current hospital opened in 1986 when the population was less than 20,000. In 2008, through Public Law 16-51, the Department of Public Health and Environmental Services was reorganized into a government corporation, which commenced operations in late 2011 as the Commonwealth Healthcare Corporation (CHCC).
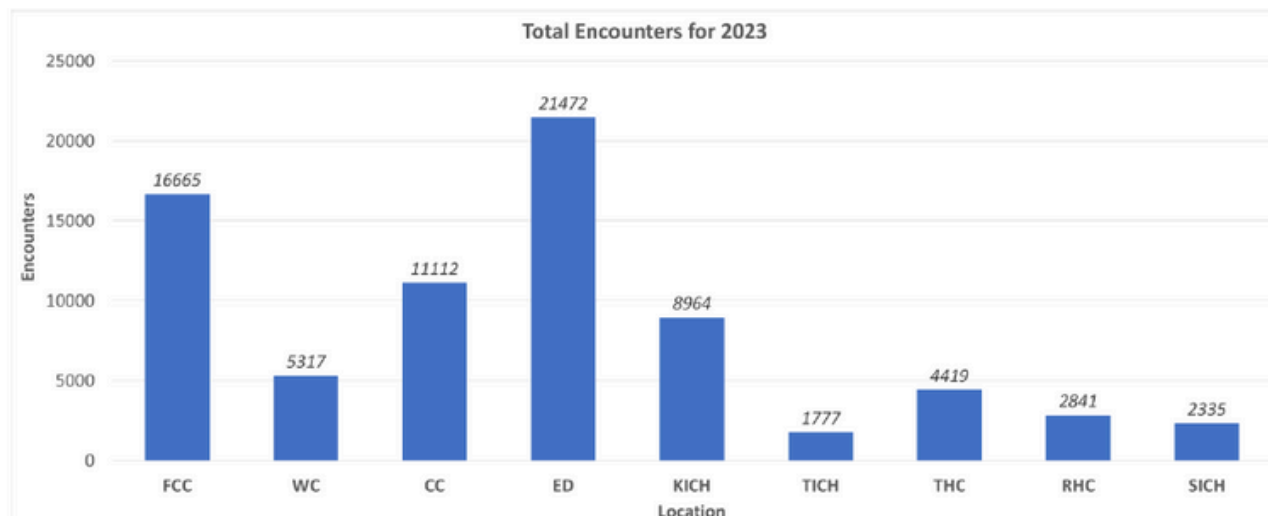
The CHCC functions as an integrated healthcare system that brings together a wide scope of services including primary, outpatient, and inpatient care; ancillary services including laboratory, pharmacy, and physical therapy; population health services including public and environmental health; and behavioral health services including addiction treatment and services. Through this integration under a single organizational structure, the CHCC provides the majority of healthcare services in the CNMI.

CHCC is an integrated, safety-net healthcare system committed to the people of the CNMI in ensuring the patient care it provides is accessible, equitable, and as valuable as the care provided by non-safety-net providers in the community. CHCC operates 1) the lone public acute care hospital, the Commonwealth Health Center; 2) outpatient clinics, Children's, Family Care, Women's, Dental, Oncology, and Hemodialysis; 3) as well as Health Centers on sister islands, Tinian and Rota.

The CHCC Emergency Department (ED) and all outpatient clinics provided 61,826 visits in 2023 alone. The ED encompasses 21,472 of those patient encounters while clinics, including Tinian Health Center and Rota Health Center, provided 40,354 visits. Facility expansions are underway for the Emergency Department, Laboratory, and Pharmacy to meet our island communities' demands for additional services, treatments, testing, and specialized personnel. CHCC continues to play a vital role in ensuring that more than 47,000 individuals of the CNMI have access to the highest level of healthcare services when needed.

Clinic/Site	Total Encounters for 2023	2023 % Ecounters
FCC	16665	22%
WC	5317	7%
CC	11112	15%
ED	21472	29%
KICH	8964	12%
TICH	1777	2%
THC	4419	6%
RHC	2841	4%
SICH	2335	3%
Total	74902	100%

CHCC
FCC - Family Care Clinic
WC - Women's Clinic
CC - Children's Clinic
ED - Emergency Department
THC- Tinian Health Center
RHC - Rota Health Center

Additional Sentinel Sites
KICH - Kagman Isla Community Health
TICH - Tinian Isla Community Health
SICH - Southern Isla Community Health

Source: Total Encounters, CNMI Weekly Surveillance Report summary data, CHCC Epidemiology Laboratory Capacity (ELC) Program, April 2024

Without a clear and chosen destination, any direction would do!

The purpose of the strategic plan is to create one, forward-focused vision, to track progress, and to improve CHCC in a targeted, meaningful, and measurable way. The plan was developed through collaborative efforts of the CHCC Board of Trustees, management, staff, and stakeholder input.

As the next five years unfold, CHCC will be compelled to address the following issues in order to fulfill its mission and statutory obligations:

• Unless funding is available for a complete new construction, CHCC's aging and deteriorating hospital infrastructure must continue to be revitalized and expanded upon, and additional emergency and inpatient beds are needed to improve access to healthcare and reduce diversion of patients referred to facilities for care in other jurisdictions. Specifically, the CNMI currently lacks specific cardiology and neurosurgery services and certain oncology treatments to better support the medical needs of the people. Further, CHCC must develop a comprehensive, facilities plan driven by strategic goals set for better health outcomes that identifies the most effective location(s) for its specialty services and ambulatory clinics, as well as consider the services offered at each location.

• In the immediate and short term, CHCC must determine how best to address the challenges of primary and specialty care access for Medicaid, underinsured, and uninsured populations. As a public provider safety net, CHCC provides the majority of primary care needed for indigent people in the CNMI. With the expiration of COVID-19 Medicaid Presumptive Eligibility, the primary care needs for this same population are returning to pre-pandemic levels and will continue to grow as the population grows, if no intervention occurs. The availability and reliability of revenues from mixed payers in 2023 and the coming years, especially Medicare and Medicaid, become critical to upholding CHCC's mission to provide quality healthcare services to all.

• CHCC should optimize its primary care presence by continuously increasing access in underserved areas, such as Tinian and Rota, diverting resources from more accessible areas where necessary. Similarly, CHCC recognizes that there are still very few providers for this population. CHCC must determine what portion of the primary care and specialty services gap it will fill year over year and by what methods. Some portion of additional primary care might be provided in partnership with FQHC and/or non-FQHC primary care providers. However, CHCC is uniquely positioned to explore public and private partnerships and expand specialty care access in the community given its relationships with its regional and federal partners, as well as partners among higher education institutions with medical programs and schools.

• CHCC must continue its focus on addressing the underlying causes of poor health, including social determinants of health, to improve the health of the CNMI people and reduce health disparities. CHCC is committed to partnering with other community organizations to improve nonmedical factors that contribute to health disparities. The impact of these long-term initiatives will manifest over decades in improved health outcomes for the CNMI.

• CHCC must continue to meet its responsibility for medical referral services through the Health Network Program since the program's transfer from the CNMI Office of the Governor in 2021. Significant costs related to medical treatment and services, pharmaceuticals, and travel, coupled with the Medicaid federal funding cap and inadequate government appropriations, create a multitude of challenges for CHCC as the administrating health system and the CNMI as the hosting Medicaid jurisdiction with the lowest cap among US Territories. Despite government funding and payments owed to CHCC complications, CHCC remains steadfastly committed to serving the health needs of the CNMI people and aimed at finding solutions to mitigate all potential jeopardies to overall health and patient safety.

There are four (4) strategic pillar perspectives that will serve as the foundation for this strategic plan and CHCC's path forward:

Financial Perspective - Identifying key financial metrics such as revenue growth, cost containment, and profitability

Patient/Population Perspective - Determining how to improve patient satisfaction, increase access to healthcare services, improve health outcomes, and build stronger relationships with key stakeholders

Internal Processes Perspective - Identifying and improving key processes such as recruitment, employee evaluations, and medical record keeping to enhance overall efficiency and quality of care

Learning and Growth Perspective - Investing in the development of employees, technology, and other resources to ensure that the CHCC is well-positioned for future growth and success

You may not be interested in strategy, but strategy is interested in you. –Leon Trotsky

STAKEHOLDER INPUT

Listening to the community's voice—both internal and external—is essential to a successful strategic plan.

Internal Analysis

To better understand major strengths, weaknesses, opportunities, and threats (SWOT) of the CHCC, one-on-one confidential interviews were conducted with 21 staff members in leadership positions throughout the CHCC to inform a thematic analysis. This method included transcribing and coding the interviews, and identifying patterns and themes which emerged around major issues and areas for improvement within the CHCC. From this analysis, the following themes and subthemes emerged most strongly in interviews (by order of frequency and emphasis of importance expressed in interviews).

Participants were encouraged to share honest feedback, including some that was not positive, offering crucial insights to inform constructive change and improvement strategies. Participants were generous with their time and forthright with their input, providing insight on where the most value can be offered by CHCC, including how CHCC can support efforts in the broader community to improve health. This information was used to inform the strategic plan.

Themes of Strengths – CHCC Leadership Interviews

1. Growth in workforce, services, revenue, capacity
2. Greater linkages between preventive and curative services
3. Integrated services
4. Committed staff

Themes and Sub-Themes of Weaknesses – CHCC Leadership Interviews

1. People
 a. Untimeliness in processing (vacancies, contracting, etc.)
 b. High turnover
 c. Lack of standard/regular evaluations

2. Process/Policy
 a. Process variability/undocumented process
 b. Lack of adherence to policy
 c. Outdated/undocumented policy -> increases risk

3. Organizational Behavior
 a. Work culture
 i. Unclear/inconsistent expectations -> undermines accountability

ii. Lack of support for a growth mindset -> fear of punishment for mistakes, blame culture, difficult environment for constructive feedback or to offer a different perspective
iii. Lack of intercultural competence

4. Accountability
a. Need for greater feedback on performance (e.g. documentation, revenue, patient outcomes, etc.)
b. Need for transparent performance metrics

5. Health Information Technology
a. Ineffective EHR
b. Lack of sufficient data analytics capacity

6. Organizational Change
a. Lack of internal communication/awareness of projects, initiatives, activities
b. Lack of planning

7. Finance
a. Lack capital for necessary investments (facilities, equipment, etc.)
b. Grant-dependent -> not necessarily aligned with needs, not reliable
c. Lack support from local government (policy and dollars)

8. Patient Experience
a. Long wait-times
b. Non-standardized care
c. Need for patient experience evaluation

Past CHCC Strategic Planning Activities

The results of this thematic analysis echo earlier strategic planning activities conducted in 2018 and 2021. In 2018, a few weeks before the disruption of super typhoon Yutu, CHCC leadership met to discuss their perspectives on the CHCC's SWOT.

A summary of factors holding the CHCC back from its goals included:

People perspective: staff mindset, misunderstanding, inability to give/accept constructive feedback, lack of communication, resistance to change, lack of training, recruitment and retention problems

Patient perspective: lack of awareness, lack of insurance

Operations perspective: outdated information systems, siloed operations, and lack of internal policy enforcement

The larger group activity in mid-2021 to develop the CHCC's strategic plan resulted in the following SWOT:

STRENGTHS
- Dedicated workforce
- Resourceful
- Integrated
- Community-focused

WEAKNESSES
- Communication
- Customer service
- Financing
- Turnover
- Accountability
- Transparency
- Limited space

OPPORTUNITIES
- Training
- Collaboration
- Integration
- Accountability

THREATS
- CNMI Government - reputation and finances
- Staff poaching/turnover
- Staff burnout
- Financing

The 2021 activity went further and grouped participants according to their role into four groups: CNMI health objectives, corporate functions, corporate sustainability, and service delivery.

Goals that were developed by each group are as follows:

CNMI Health Objectives:

1. Improve access to health care (affordability, availability, etc.)
2. Lead the CNMI in health planning, and setting goals for health outcomes
3. Incorporate social determinants into health planning

Corporate Functions:

1. Improve recruitment and retention
      a. Need professional development and training
      b. Invest in building and supporting local workforce supply chains
2. Succession Planning
      a. Perform annual performance evaluations
      b. Improve knowledge management systems of SOPs
3. Improve Marketing and communications
      a. Need transparent communications
      b. Improve coordination of services and navigation for patients

Corporate Sustainability:

1. Improve partnership with government for funding
2. Explore public/private partnerships
3. Expand services – look at what is needed on the whole

Service Delivery:

1. Focus on patient-centered care
      a. Reduce barriers for patients – phones, appt availability, workflows, parking, patient educators, greeters, etc.
2. Augment and retain support staff
      a. Providers can't do their jobs without support staff
3. Expanding services
      a. Improve process for deciding what services should be expanded, why, cost/benefit etc.
4. Communication
      a. Improve communication between admin and clinical
      b. Establish a staff portal/repository of information

External Analysis

The **PESTLE** framework is a tool used to evaluate the external factors that can have an impact on an organization. The acronym stands for Political, Economic, Social, Technological, Environmental, and Legal factors. This is used to assess the current state of these factors and to predict how they may change in the future, which can help the CHCC anticipate and plan for potential challenges and opportunities.

Political:

• The new government administration may bring changes to the overall healthcare policy, which could impact the CHCC.
• With the CNMI government's reputation at risk of deteriorating in the eyes of federal grantors, vendors, debtors, etc., the CHCC's reputation is similarly at risk because it also represents the CNMI government. This may possibly affect CHCC's interactions with its grantors, and relationships with off-island medical referral providers.

• Lack of health insurance protections is a concern for patients who do not have access to affordable healthcare. The CHCC is the safety-net provider for these patients.
• The upcoming Medicaid Presumptive Eligibility expiration will likely result in decreased funding for the CHCC, which can impact our ability to provide services.
• The Medicaid State Plan also impacts the CHCC's ability to provide services. Changes to the state plan, including benefits coverage, eligibility, and reimbursement rates significantly impact CHCC's finances and service plans.
• CNMI Nursing Board experiences significant delays in processing certifications, which in turn causes delays in staff recruitment and renewals.

Economic:

• Impending CNMI government financial crisis will lead to underfunding medical referral, a reduced likelihood that government capital is available for an MRI, and also means a continued lack of appropriations to CHCC from tax earmarks (such as tobacco tax), or for subsidies for uncompensated care, and the Medicaid local share.
• As the costs of goods and services rise, the CHCC may experience an increase in expenses, putting a strain on our budget and making it more difficult to maintain adequate staffing levels and purchase necessary equipment. Further, because of our reliance on imported goods, the increased transportation costs and tariffs due to inflation can exacerbate this problem. Inflation will likely also reduce our purchasing power, as the same amount of money will not buy as much as it used to. Diminished purchasing power is at further risk to reimbursement rates which do not keep pace with inflation, particularly Medicaid reimbursements. Inflation may also discourage our patients from seeking medical care, which may increase the utilization of emergency or higher acuity services. Inflation also increases the cost of living in the CNMI, which is acutely felt by our staff members on Rota, and to a slightly lesser extent, Tinian.

The CHCC may have difficulty offering attractive salaries against the backdrop of higher cost of living.

• Healthcare workforce shortages lead to an increased strain on existing staff members, which can lead to burnout and decreased job satisfaction. This can also lead to longer wait times for our patients and reduced access to care, particularly on our geographically isolated islands. Additionally, shortages in certain specialties, such as nurses, can make it more difficult for the CHCC to provide a full range of services to the community. This can also lead to increased costs for the CHCC, as we are forced to hire temporary or contract staff at much higher rates to fill the gaps.

Socio-Cultural:

• Growing expectations for services can affect the CHCC by increasing the strain on existing resources, putting pressure on the CHCC to provide new (sometimes costly, capital-intensive) services, and increasing scrutiny on the quality of care.
• Expected loss of Medicaid coverage for thousands of CNMI residents can lead to strains on the CHCC's cash flow. Further, this loss of coverage will disproportionately impact the CNMI's non-citizen population, who were already at high risk of being uninsured before the pandemic. This disparity can lead to poorer health outcomes.

• Distrust of health professionals and vaccine hesitancy present challenges to healthcare-seeking behavior and vaccine uptake (increasing risk for disease outbreaks). Further, distrust of health professionals and vaccine hesitancy can make it more difficult for public health staff and providers to communicate accurate information about vaccines and other health issues, which can lead to confusion and misinformation.

Technological:

• Artificial Intelligence (AI) presents opportunities for the CHCC in several ways:
   o Predictive modeling: AI can be used to analyze large amounts of data, including text, to identify patterns and make predictions about patient outcomes, such as the risk of hospital readmission or the likelihood of developing certain conditions. This can help CHCC improve patient care and make more informed decisions about resource allocation.
   o Diagnosis and treatment: AI can be used to assist our providers in making accurate diagnoses and developing effective treatment plans. For example, AI algorithms can be used to analyze medical images, such as X-rays or CT scans, to identify signs of disease.
   o Clinical decision support: AI can be used to provide real-time recommendations to clinicians based on a patient's medical history and current condition. This can help healthcare providers make more informed decisions and improve patient outcomes.
   o Streamlining administrative tasks: AI can be used to automate tasks such as scheduling, patient registration, and medical billing, which can help to reduce administrative burden and improve efficiency.
   o Population health management: AI can be used to identify and track population-level health trends and patterns, which can help healthcare providers identify and target specific health needs and improve overall population health.
 • Telehealth, when planned, designed, and implemented appropriately, presents many opportunities for the CHCC:
   o Remote patient consultations: Connect patients in the CNMI with specialists on the mainland, allowing them to receive medical consultations and treatment without needing to travel off-island.
   o Remote monitoring: Remotely monitor patients with chronic conditions, such as diabetes or heart disease, allowing providers to track patients' health and intervene early when necessary.
   o Improved communication and coordination: Telehealth can be used to connect healthcare providers on Tinian and Rota with providers on Saipan, allowing them to share patient information, collaborate on treatment plans, and consult with specialists as needed.
   o Cost savings: Telehealth can help to reduce the costs associated with travel and lodging for patients who need to travel off-island for medical care. Telehealth can also help to reduce costs associated with staff and facility requirements, as specialists can be consulted remotely.
   o Reduced burden on the hospital: Telehealth can help to reduce the burden on our small hospital by allowing patients to receive medical care remotely, which can free up resources and capacity for other patients.
• Increasing interest in broadband equity has trickled down to the CNMI. Federal funding opportunities and efforts made by the CNMI Office of Planning and Development have created additional opportunities for CHCC's broadband capacity. Broadband equity bolsters the CHCC's capacity and our patients' capacity for utilizing telehealth. Further, improved broadband capacity can enable improved communications between the islands, and can help improve the CHCC's operational efficiency by allowing staff to access and share information electronically, reducing the need for manual, paper processes.

• Digitization can help to improve efficiency at CHCC by reducing the need for paper records and manual processes, increasing opportunities for automation, and allowing staff to spend less time on repetitive administrative tasks. Further, digitization of records and contracts can enable automated quality control processes, such as electronically verified signatures.

Environmental:

• Climate change presents considerable risks to the CHCC, including:
   o Sea level rise, high winds, flooding, and storm surge considerations for building can threaten the physical infrastructure of the health system, potentially causing damage to facilities and interrupting services. Climate change considerations should be considered when building or retrofitting CHCC infrastructure.
   o Greater risk for wildfires, stronger tropical storms and typhoons can also disrupt transportation and communication networks, potentially creating additional importation and IT challenges. The CHCC is a powerful force in typhoon recovery efforts, and disaster response duties will likely increase.
   o Smoke and ash from increasingly common wildfires can negatively affect air quality, which could impact the health of patients and staff.
   o Increased frequency of hot days and fewer cool nights can cause heat-related illnesses, which could strain the health system's resources and potentially increase demand for services.
   o Threats to the water supply and food security can impact the health of patients and staff, as well as increase demand for services related to waterborne illness and nutrition-related conditions.
   o Increases in standing water can increase the mosquito population, increasing vulnerability to mosquito-borne disease outbreaks.
Source: Climate Change in the Commonwealth of the Northern Mariana Islands: Indicators and Considerations for Key Sectors, PIRCA 2021

Legal:

• Commonwealth Utility Corporation (CUC) arrears present legal risks to the CHCC, including the potential for a lawsuit from the CUC and liability risks, should utility services be discontinued from the CHCC. Further, these arrears have impeded the CHCC from accessing affordable financing. There is an opportunity to work with the legislature and the government to identify a solution to these arrears and achieve fair utility rates for the CHCC moving forward.
• CHCC is also subject to the omnipresent risks of any US health system, including HIPAA compliance, compliance with the Conditions of Participation (CMS), and medical malpractice suits.
• CHCC must also diligently avoid non-compliance with its procurement regulations and noncompliance with its personnel regulations to guard against employment and procurement lawsuits and disputes.

VISION, MISSION AND VALUES

At the heart of this strategic plan is a steadfast commitment to the Commonwealth Healthcare Corporation's Vision, Mission, and Values.

Vision

The Commonwealth Healthcare Corporation provides sustainable, innovative, equitable, and comprehensive culturally responsive services to achieve accessible, high quality, patient-centered wellness outcomes for all people in the CNMI.

Mission

Provide quality comprehensive health services and promote healthy environments for a resilient community

Values

CHCC is committed to exceeding standards by providing a culture of compassionate, effective, quality care, honoring the dignity of its stakeholders and community, and promoting equity and transparency as well as continued accountability and growth throughout the corporation.

CHCC TODAY

CHCC's history spans more than 45 years, offering a broad range of treatment and services to meet the CNMI people's healthcare needs.

History and Governance

In 1978, the CNMI Department of Public Health was formed under the executive branch of government. Over the next thirty years, it came to operate the sole territorial hospital and emergency department, several outpatient clinics, a dialysis unit, ancillary services, behavioral health services, and all public health functions.

The Commonwealth Healthcare Corporation's Board of Trustees was established in 2008 by CNMI Public Law 16-51, which also established the corporation itself. A second law, Public Law 19-78, was enacted in 2017, which revised and expanded the scope and duties of the Board. The Board of Trustees consists of five members, appointed by the CNMI governor with the advice and consent of the Senate. Their purpose is to govern the corporation, which includes appointing and evaluating the CEO, CFO, Director of Medical Affairs, Director of Nursing, Director of Community Guidance Center, and the Resident Directors of the Tinian and Rota health centers. The Board is also responsible for preparing the CHCC's strategic and business plans, annual budget and report, employment guidelines, and other policies.

Treatments and Services

The Commonwealth Healthcare Corporation Hospital is an 86-bed, Medicare-certified hospital that opened in 1986 and was expanded in 2007. The hospital's scope of services includes emergency medicine, obstetrics, postpartum care, nursery, adult and neonatal intensive care, surgery, general medicine, pediatrics, nursing, physical therapy, respiratory care, radiology, medical social services, dietetic and food services, medical laboratory, pharmacy, hemodialysis, mental health, and various outpatient services.

The CHCC Team

Locations: Saipan, Tinian, Rota

CHCC BY THE NUMBERS IN 2023:

- 1 Hospital - Commonwealth Health Center - the only hospital in the CNMI
- 2 Resident Health Centers
- 10+ Behavioral Health Programs

- 3 Same-Day Clinics - Children's, Family Care, Women's
- 3 Specialty Clinics - Oncology, Dialysis, Oral Health

- 1 Outpatient Pharmacy
- 1 Mobile Health Unit
- 10+ Public Health Programs

- **1,016 Employees**

Source: 2023 Workforce Data, CHCC Office of Human Resources, March 2024

CHCC employees and other workers join to form teams that provide services and support the delivery of high-quality healthcare. By end of 2023, CHCC had over a thousand active employees, and the composition of staff is representative of the diversity of the Commonwealth: 91% are Asian or Pacific Islander, of which 35% are Filipino, 5% are Korean, and 1% are Chinese; and 8% are White (not of Hispanic origin). Nearly 100% of CHCC employees live in the CNMI, many hired from the island communities where there is greater need for health equity. 1% or fifteen employees are based on Guam, Hawaii, and Southern California to serve patients of the Health Network Program. Throughout the entire health system, 51% of employees are clinical and 49% are designated among various non-clinical positions.

Partnerships

CHCC recognizes the importance of collaborating with other organizations to meet the needs of the CNMI's island communities.

Academic Partner

The CHCC serves as a nurse training site for the Northern Marianas College Nursing Program and provides graduate nurses with assistance with the NCLEX certification exam. Functioning as a key training facility supports the community by assuring a constant pipeline of nursing professionals. This is especially important for the CNMI to meet the anticipated increase in need as the population's health status is projected to continue to place demands on the health system for the next two decades.

Community Partners

CHCC has partnerships with many organizations that share a common goal to ensure that CNMI people can access quality, affordable healthcare. CHCC also collaborates with a number of community-based organizations to address the social determinants of health that contribute to health disparities. Many of these partners provided valuable input for the strategic plan.

This past year, CHCC areas of Population Health conducted parallel community needs assessments that align and support this strategic plan. With various local, regional, and national partnerships involved in planning and development efforts, CHCC continues to have an opportunity to impact the uninsured, improve quality outcomes, and reduce healthcare costs in the CNMI. Key initiatives include leveraging resources and federal programs to expand insurance coverage for the uninsured population of the CNMI and increasing the number of providers in the CHCC health system to support timely primary, specialty, and inpatient care for uninsured CHCC patients.

Collectively, the partnership focuses on mitigating health disparities in underserved communities and leveling the playing field as it relates to physical, behavioral and social determinants that affect the communities all partnering organizations serve. With CHCC's commitment to enhanced collaboration, there are opportunities to maximize operations through increased shared services for patients/community members as well as through programs, such as apprenticeships, build to create healthcare-related employment and educational opportunities.

CHCC Patients

CHCC treats a diverse population representative of the CNMI. In Fiscal Year 2023, 74,838 unduplicated patients received care at CHCC. Of these patients, 121,393 encounters across the healthcare system were provided.
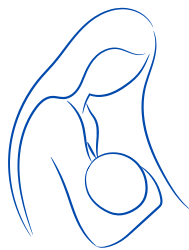
Health of the CNMI

Health Trends at a Glance

- STI/Ds continue to affect an average of 50% tested each year. Among those tested positive with an STD were individuals among adolescents and young adults ages 15-24.

- Decreasing birth trends since 2017

- Approximately 75% of children receive routine vaccination before 24 months

- Non-communicable disease rates continue to play a critical role in demand for health services

1 out of 3 adults is likely to have prediabetes

6.2% of children in the CNMI have special health needs

68% of cancer diagnoses among CNMI adults are tobacco-related

93% of CNMI babies were ever breastfed - Only 45% breastfed through 6 months

49% of patients have poorly controlled diabetes, which can lead to greater need for healthcare treatment and services related to kidney disease, amputation, and blindness

Source: Legislative Health Committees Presentation, CHCC Executive Office, February 2023

IMPORTANCE TO THE COMMUNITY

The CNMI continues with high numbers of its population without either private or public insurance. Individuals without adequate or any insurance attempt to pay for care out-of-pocket but often are unable to cover the full cost of care.

As a public safety net system, CHCC's revenue sources are consistent with how other government owned and operated safety-net health systems are funded. Sources include patient revenues, Medicaid supplemental payment programs, taxpayer funds, and other smaller sources such as philanthropic donations. Patient revenue is primarily derived from government supported or administered healthcare programs (Medicaid and Medicare).

Fiscal Year 2023 Revenue Sources

CNMI Appropriations
5%

Grants and Contributions
19%

Other Services
4%

Net Patient Revenues
72%
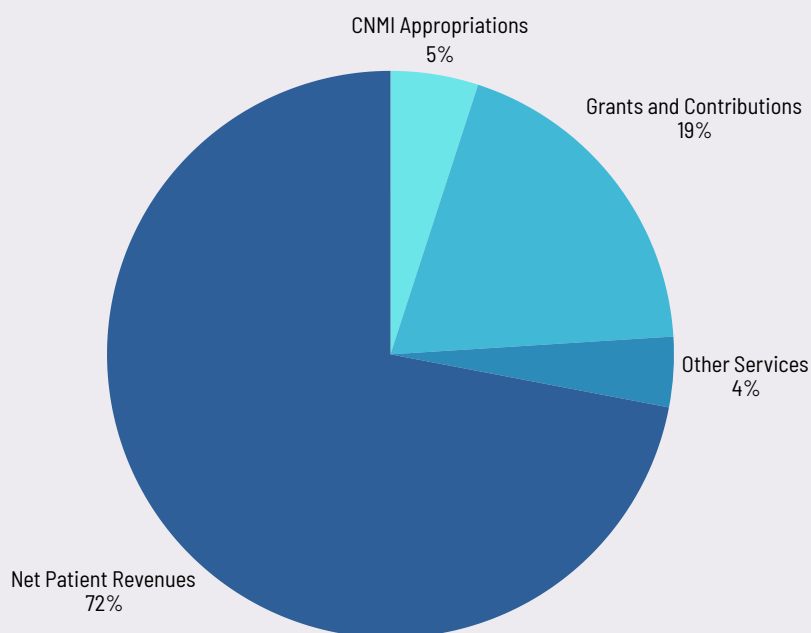
Of the 72% of Net Patient Revenues,

- 37% Medicaid
- 14% Medicare
- 19% Private Payers
- 2% Self Pay

FUNDING FOR SERVICES

Dependence on Governmental Revenue Streams

Because CHCC's revenue streams are so closely tied to government funding sources—Medicare and Medicaid patient revenue, Medicaid supplemental payments, taxpayer subsidies, and tax revenue appropriations—the level of their continued funding is always a source of public discussion and potential risk. As the COVID national emergency ended, American Rescue Plan Act of 2021 (ARPA) funds disbursed, and Medicaid Presumptive Eligibility program expired, the landscape of adequate healthcare funding remains uncertain with CHCC's funding streams continuing to face public scrutiny and be at risk for reduction. However, what remains certain is the need for CHCC to continue ensuring low-income individuals receive high-quality healthcare.

Philanthropy

While the primary driver of revenue, as outlined above, is related to patient revenue, CHCC needs to be able to explore the advantages of philanthropic opportunities for funding special projects. CHCC is currently advocating for change in legislation to allow for the establishment of an affiliated foundation whose performance should also be evaluated periodically using benchmarks to determine the effectiveness of fundraising efforts in support of the healthcare system.

UNCOMPENSATED CARE AT CHCC
of the Uninsured and Underinsured

The expiration of Medicaid PE has brought uncompensated care rising back to pre-pandemic levels amounting to over $10m in 2023.

UNCOMPENSATED CARE 2018-2023
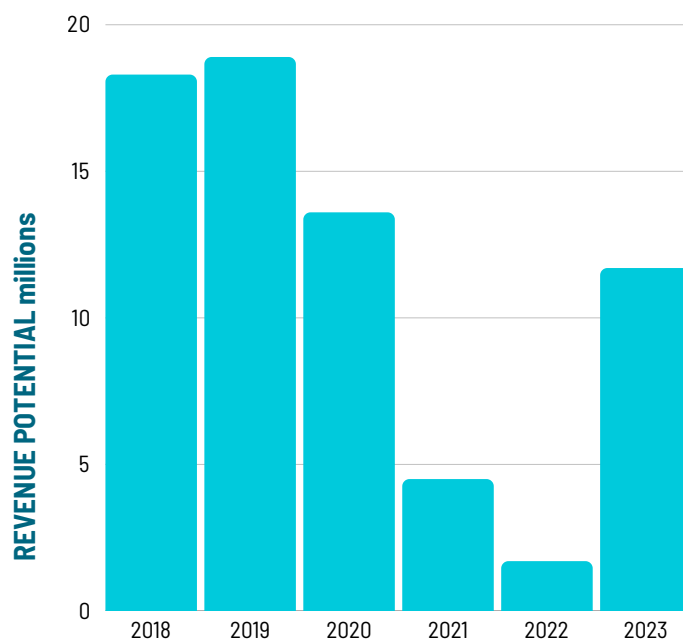
THE HEALTHCARE LANDSCAPE

While developing a strategic plan, CHCC must be aware of the impact of a changing healthcare landscape. Strategies for future success need to be informed by current realities and likely developments locally, regionally, and nationally. The healthcare sector faces constant economic challenges and regulatory complexity as well as great opportunities for innovation and transformation of care delivery.

Economic Challenges and the Pandemic

During 2020, in addition to the normal pressures on health systems, the pandemic caused by COVID-19 ate further into revenues. The CARES Act funding provided some relief; however, given the slow rollout of the COVID-19 funding and reimbursements due to pressures and demands of the federal government, hospital systems, such as the Commonwealth Health Center, can anticipate many more months of dealing with the pandemic's impact, particularly among human resources. It will require significant resources and time for a seamless changeover and assure continuous care is available to all without reducing patient services anywhere in the system.

Opportunities for Innovation and Transformation

Financial success for health systems is increasingly determined by how effectively prevention is addressed, while still delivering high-quality, complex medical care. Support for behavioral health and substance use disorder treatment and non-communicable disease self-management education and support programs; partnerships with public health and other prevention-oriented partners; and a strong primary care network are all necessary to improve the health of the population. Similar proven interventions now empirically recognized for their long-term positive impact exist for smoking cessation, infectious disease control, and data-informed management of healthcare events such as readmissions to the hospital.

The last decade has also seen an explosion of innovation in healthcare beyond prevention. Technology has played a key role in transforming how patients both seek and receive care, leading to a recognition that telehealth can meet many needs. The pharmaceutical industry has developed innovative treatments that prolong life and enhance the quality of life for millions, including the unprecedented, rapid development of effective vaccines and treatments to combat the COVID-19 pandemic. Given its imperative to control costs while improving quality and patient experience among a largely uninsured population, CHCC's future success and sustainability are dependent on the ability to broaden visionary scope while strategically addressing the challenges of the changing healthcare landscape in the period of this strategic plan.

Teaching

CHCC has played a significant role in the education of the future nursing workforce for the CNMI and beyond borders. With the advancement and expansion of medical services and treatments, specialty service areas, diagnostic and surgical equipment, alongside facility growth and enhancements, the development of graduate medical training for physicians through affiliated medical programs and schools has become a topic of conceptual planning for CHCC.

The opportunity to develop the western Pacific region's access to healthcare providers, as well as having direct advantage of retention of the providers/physicians who complete their education and training in the CNMI, is strategic planning aimed at projecting future healthcare demands and meeting population health needs.

Trauma Services

Aligned with opportunities for innovation and transformation, the development of trauma services among associated regional, medical partnerships, is the result of quality of care data reviews related to emergency response and treatment for patients suffering from major and/or multiple traumatic injuries, such as motor vehicle collisions, gunshot or other wounds, disaster incidents, or falls. CHCC is often forced to go on trauma diversion or through medical referral due to a lack of infrastructure to support emergency patient care due to trauma. Specifically, trauma diversion is a direct result of a lack of high-level specialty medical/surgical/telemetry, intermediate and/or intensive care beds. Further, operation of a trauma center is often expensive and some areas may be underserved by trauma centers because of that expense. As there is no way to schedule the need for emergency services, patient traffic at trauma centers can vary widely. These issues must be addressed first to assure the CNMI's access to designated trauma-level care.

Primarily, transformation of trauma-related services positions CHCC to meet demands for trauma services within the CNMI and among growing western Pacific populations. In some cases, persons injured in remote island areas and transported to a distant trauma center by helicopter can receive faster and better medical care than if they had been transported by ground ambulance to a closer hospital that does not have a designated trauma center. Secondly, CHCC would realize that with designated trauma-level services comes the ability to attract medical school graduates interested in emergency medicine and surgical specialties focused on trauma. It would also attract and help retain expert faculty to train students and residents at CHCC.

IDENTIFYING FUTURE NEEDS

CHCC plays a crucial role in providing care to vulnerable populations in the CNMI.

The CNMI has a total population of just over 47,300 with 33.7% of families below the federal poverty level (2020 US Census data) and median household income at $31,362 prior to the pandemic. Among the population, more than a third have no insurance, and over a third have public health insurance, such as Medicaid. These two categories' numbers of government-insured vs. not insured may be skewed as census enumeration in the CNMI continued past the onset and availability of Medicaid PE due to the COVID-19 pandemic. Prior to the end of Medicaid PE eligibility, over half of the population was with Medicaid coverage.

Source: 2020 Island Areas Censuses: CNMI, October 20, 2022
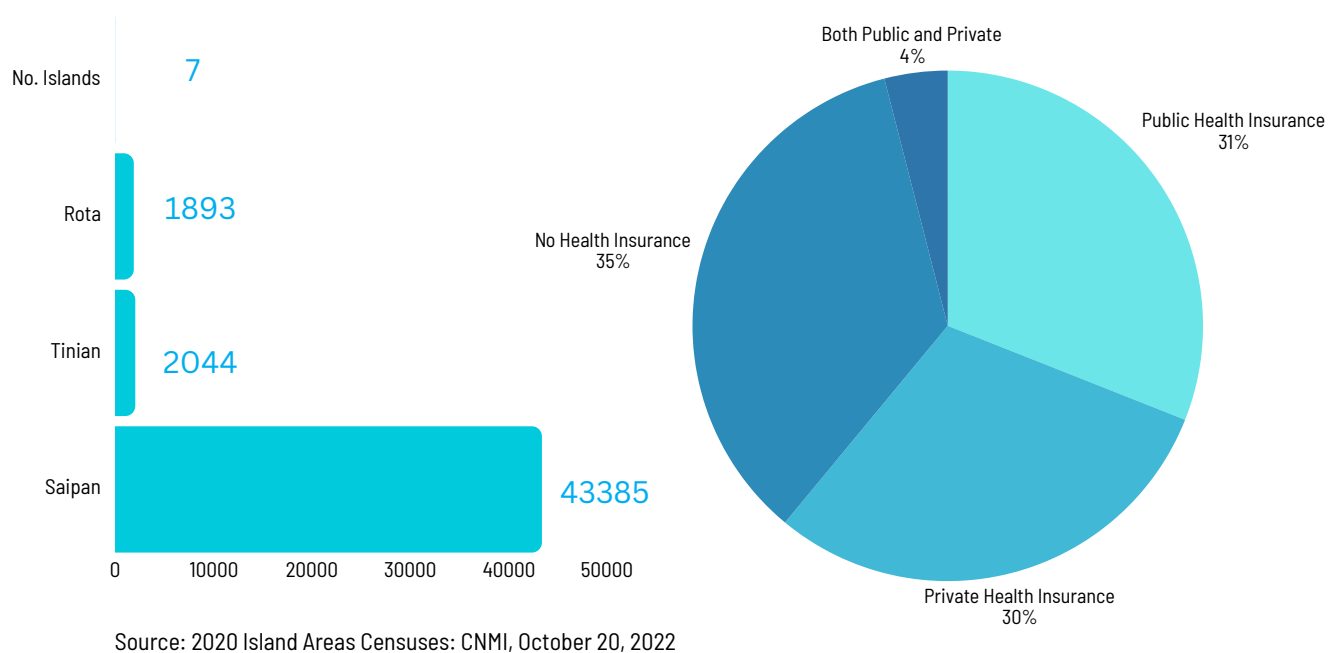
Healthcare Needs of the Population

Accessing healthcare is very challenging in the CNMI for people with low income, particularly those without health insurance. This reality was expressed in some form among many stakeholder interviews. Public health data reveals some of the consequences of barriers to accessing healthcare include poor diabetes control, avoidable hospitalizations, and higher mortality rates in lower-income census tracts. Uninsured patients coming in for late-stage disease, including cancer, is all too common, and each is a painful reminder of these access challenges.

Determining the amount of healthcare resources needed to adequately address these challenges is complicated. However, the following key findings inform strategies and shape the vision for CHCC's future.

Projected Need for Primary Care

With over a third of the population underinsured and uninsured, it is the expectation that CHCC be able to provide primary care for over 80% of the CNMI primary care needs while FQHCs in total have a calculated capacity to serve an additional 15%. An unknown amount of primary care for those under federal poverty levels occurs in other care settings such as private practice clinics with 3% or less as a reasonable estimate.

The underinsured and uninsured population at greater risk of having their primary care needs unmet, alongside any projected population growth, results in the long-term need for additional primary care provider FTEs to fully meet the needs of the population, particularly under the federal poverty level.

At a current approximate cost of $350,000 per primary care FTE (a blended rate for physicians and midlevel providers that includes salaries, benefits and overhead), this would result in an increased cost to the health system of $2-$4 million per year through the next decade. If CHCC aims to be prepared to cover 80-85% of the additional primary care provider FTEs needed for CNMI-wide coverage, this cost will increase accordingly.

In addition to needing more primary care providers overall in the CNMI, there are specific areas in which significantly more primary care is required to address the needs of the low-income population. Finally, there are some CHCC primary care sites in areas with relatively lower need and with significant capacity provided by other providers, suggesting continuous consideration of moving the sites of service or redistributing primary care providers from those clinics to other higher-need areas.
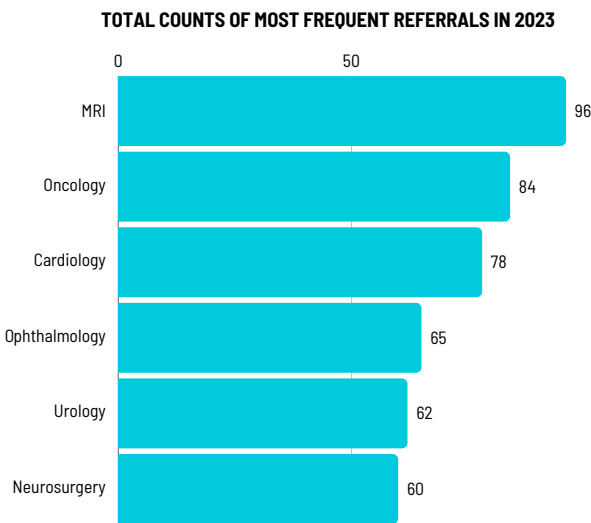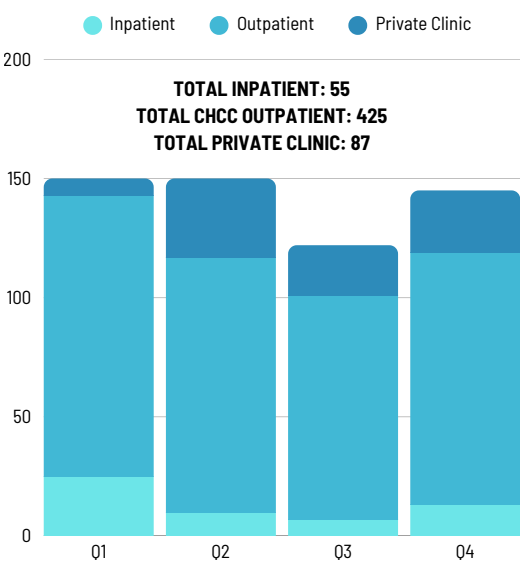
Projected Need for Outpatient Specialty Care

Unfortunately, there are fewer alternatives for specialty services than for primary care. FQHCs also primarily rely on CHCC to provide these services for their patients. Uninsured patients have difficulty accessing private specialists, and a large portion of the needs of this population go unmet. Moreover, each specialty within CHCC meets a different amount of the total identified need. For instance, outpatient cancer treatment may meet a certain percentage of the need for the identified population whereas orthopedics may meet a considerably lower percentage, reflected in very difficult ambulatory access for orthopedic patients who do not have urgent and/or severe needs.

The need for additional specialists is also evidenced by internal data indicating significant clinic wait lists and off-island medical referral for clinic visits mostly related to cardiology, urology, neurosurgery, ophthalmology, and MRI diagnostics. Significant investment is required to meet a higher percentage of this defined population's need, as indicated in the charts below.

Moreover, costs per these specific types of provider FTE are estimated using a blended rate for all specialties (salaries, benefits and overhead) and would be modified based on the specific types of specialists CHCC adds. Costs of space and incremental CHCC clinical and support staff will also need to be projected and included.

2023 Total Off-Island Medical Referrals by Quarter

TOTAL INPATIENT: 55
TOTAL CHCC OUTPATIENT: 425
TOTAL PRIVATE CLINIC: 87

TOTAL COUNTS OF MOST FREQUENT REFERRALS IN 2023

Source: 2023 Annual Report, CHCC Health Network Program

Projected Need for Hospital Beds

The CHCC hospital is nearly 40 years old and advancing in total age of useful life. Additionally, as is the case with primary care and ambulatory specialty care, CHCC's 86 licensed beds are insufficient to serve the population. The risk of this became particularly acute during the threat of the COVID-19 pandemic. Architectural and engineering consultants indicate it may be more practical and feasible to replace these facilities than to renovate them entirely.

As CHCC develops a comprehensive facility plan for all sites, it must consider both its immediate and future bed needs. Additionally, CHCC should consider the services offered on both hospital and outpatient sites, as well as at the health centers on Tinian and Rota, in the short and long term. Moreover, CHCC should also consider the addition of radiation therapy, cardiac catheterization, and neurosurgical capabilities on the Saipan campus.

Psychiatric beds are also critical, and behavioral health experts report a growing gap in the number of mental health services available for individuals among island communities needing services. Should the gap translate to a shortage of psychiatric beds needed to serve the CNMI population long-term, CHCC will need to consider projections of future need. Lack of inpatient psychiatric beds in any community results in patients being held for admission for long periods in the Emergency Department. In partnership with others in the community, CHCC will need to perform further analysis across the continuum of behavioral healthcare to determine the right balance of investments between more psychiatric beds and other behavioral health services such as medication-assisted substance use disorder treatment and addiction recovery services and support.

Although the capital cost is undoubtedly high, current interest rates and the life of a new building could make construction less expensive than repeatedly outsourcing care by paying for services in other hospitals and clinics in the US for the next 10-20 years and beyond. Support from the CNMI government leadership and taxpayers will be of the utmost importance as CHCC pursues the replacement and enhancement of facilities to add inpatient beds and services needed to support hospitalization needs. Additionally, CHCC will need to explore new revenue streams and enhanced philanthropic efforts to support this need.

Social Determinants of Health

CHCC remains committed to partnering with other community-based organizations to address social determinants of health (SDOH) such as nutritious food security, health literacy, employment and economic empowerment, social support networks, and safe/protected childhood development. CHCC recognizes that social determinants of health matter because they set the conditions for the health of individuals, communities and populations, and if the social determinants of health are not distributed fairly, they can lead to health inequities.

Increasingly, policymakers and health systems such as CHCC view reducing the impact of negative upstream SDOH (e.g., food and housing insecurity) as a useful strategy for reducing long-term health care costs. Rising health care costs have placed an enormous financial burden on patients and families. The high costs of medical care and health insurance are more than many families can afford; medical and insurance costs also eat away at employers' bottom lines and strain government budgets.

These initiatives are long-term and require investment of resources that may not yield results for a number of years. While the significance of these initiatives cannot be overstated, it is also important to note that many will have minimal impact on healthcare utilization and costs in the immediate and short term. Similar to addressing the social determinants of health contributing to the poor health of the community, lack of access will have to be addressed in partnership with other healthcare and non-healthcare community-based organizations.

Improving Access

Addressing access issues related to primary care, specialty care and inpatient care will have the most immediate impact on island communities' health. In Fiscal Year 2024, CHCC is projected to spend approximately $7-10m on outsourced, medical referral services.

Although outsourcing of services is helpful to address immediate needs, it is not sustainable for the lone hospital and must determine the types and volumes of services it should insource in the future as part of its strategy to meet community need. A more detailed study on the feasibility and economic impact of insourcing these services will be conducted as part of the larger, longer-term financial strategic planning process.

CHCC'S STRATEGIC PILLARS AND OBJECTIVES

The purpose of the strategic plan is to create one, forward-focused vision, to track progress, and to improve our organization in a targeted, meaningful, and measurable way. The plan was developed through collaborative efforts of the CHCC's Board of Trustees, management, staff, and stakeholders.

In 2023, in recognition of CHCC's significant efforts toward advancing an accessible, equitable, and inclusive environment for patients, employees, and the community, CHCC chose to create four pillars specifically with its own set of goals, objectives, measurements and recommended tactics to articulate the actionable steps CHCC will take both immediately and in the future.

The goals and objectives for each of the four pillars will serve as the means by which the integrated health system measures its success over the next five years in achieving its mission to improve the health of those most in need in the CNMI. The tactics listed are designed to assist CHCC in achieving the stated goals and objectives.

The objectives shown below have been identified as the **Top Four Priority Objectives** of focus for this strategic plan in order to continue the course towards CHCC's Vision, remain in alignment with its Mission, and unwaveringly uphold its Values.

Increase access to capital for investment in local health care capacity

FINANCIAL HEALTH

Additional objectives identified:
Develop and maintain strong relationships with external partners to support financial stability

Elevate the patient experience across the care continuum

PATIENTS AND COMMUNITY

Additional objectives identified:
Optimize CNMI Population Health

Modernize policies and procedures to ensure they align with best practices and current standards of care

INTERNAL PROCESSES

Additional objectives identified:
Uphold compliance with CMS Conditions of Participation while actively seeking out additional accreditation opportunities;
Utilize data effectively to improve the patient experience, health outcomes, and business decisions
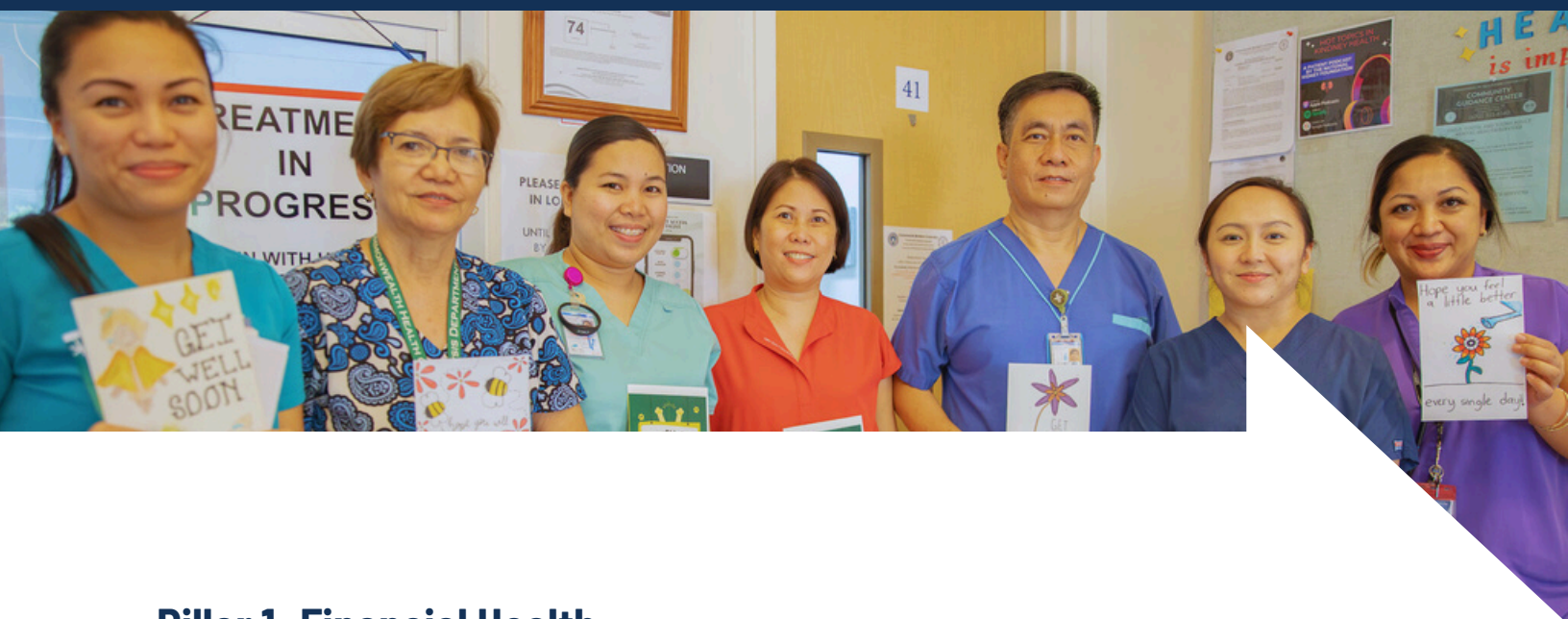
Foster a work culture where employees thrive in their roles, feeling valued, respected, and engaged

PEOPLE AND LEARNING

Additional objectives identified:
Maintain sustainable staffing levels and services to support continuity of care

Pillar 1: Financial Health

Aim

CHCC will become a health system with increased access to capital for investment in local health care capacity, leading to improved patient care, consistent cost-savings measures, and increased financial stability.

Goals

1. Investments in state-of-the-art medical equipment and technologies and implementation of associated best practices
a. Measurements:
i. 100% replacement of inoperable and obsolete equipment and technologies
ii. Reduction in fixed asset ratios
iii. Increased return on divisions' net assets

2. Enhancement of existing facilities or development of new ones to support expansion
a. Measurements:
i. Increased number of patients and patient encounters served, particularly in underserved areas
ii. Increased number of hospital beds, outpatient services, and specialty services

3. Operational maintenance with sufficient capital even in challenging financial situations
a. Measurements:
i. Reduction in overall budget shortfalls
ii. Increased operating margins

Objectives

1. Implement Activity-Based Costing in identifying CHCC's indirect cost activities to provide accuracy of true costs associated with specific activities to better inform pricing strategies and resource allocation, identify inefficiencies, and streamline operations.
a. Measurement:
i. Increased departments with cost assignments per activity

2. Establish and participate in a separate but affiliated CHCC Foundation to serve as a powerful vehicle for channeling investment into pivotal areas such as expansion of essential services, facility improvements, technological upgrades, and new program developments.
a. Measurement:
i. Increased corporate powers to create CHCC's own foundation through enactment of public law

Recommended Tactics

- Assemble a multidisciplinary project team of finance and accounting, clinical staff, and IT specialists to conduct the following:
  -Create cost pools to accumulate costs of similar activities
  -Identify cost drivers that best allocate costs in the cost pools to individual activities
  -Develop an initial ABC model using the identified cost pools and cost drivers
  -Test the model on a small scale to identify issues and validate accuracy
  -Collect feedback from internal stakeholders and make necessary adjustments
  -Train staff and stakeholders on the new costing methodology
  -Integrate ABC into existing financial and clinical software systems
  -Implement ABC across CHCC, starting with one department and expanding to others
  -Use ABC data for continuous process improvement and strategic decision-making

- Secure political champion to sponsor legislation to amend CHCC corporate powers established in PL 19-78 and engage in legislative advocacy for bill passage in Northern Marianas Commonwealth Legislature and CNMI Office of the Governor

- Develop and maintain strong relationships with external partners to identify potential Foundation members who support overarching healthcare goals and represent a broad range of skills, expertise and perspectives to support CHCC financial stability and growth

Pillar 2: Patients and Community

Aim

CHCC will elevate the patient experience across the care continuum to ensure patient satisfaction and retention, quality of care, and community trust.

Goals

1. Implementation of comprehensive, data-driven patient satisfaction and retention initiatives
a. Measurements:
i. Improvement in quantitative and qualitative instruments used to capture baseline data on patient experience
ii. Increase in patient satisfaction survey response and scores, particularly improvement in "overall rating of hospital" and "recommend hospital/clinic"
iii. Expanded involvement and representation of CHCC patients and family in advisory capacities

2. Optimization of facility design and amenities for improved patient experience
a. Measurements:
i. Increase in signage and other directional aids in CNMI official languages for patients and visitors
ii. Increased patient experience scores with specific improvement in "navigating facility"
iii. Increased patient satisfaction scores for experience in hospital/clinic waiting areas

3. Streamlined administrative processes for ease of patient
Measurements:
i. Increased access across all departments to up-to-date patient information
ii. Increased patient satisfaction scores specific to reduced "administrative process"

Objectives

1. Develop robust patient experience data collection system for baseline data to assess current state of the patient experience
a. Measurement:
i. Increased target goals from baseline patient satisfaction surveys

2. Create comfortable, stress-free environments that contribute to enhanced patient wellbeing
a. Measurements:
i. Improvement in conditions of waiting areas and inpatient and clinic rooms
ii. Increased patient satisfaction survey scores specific to CHCC waiting and service areas

3. Demonstrate a culture of patient-centered care that values reduction in administrative burdens while accessing services
a. Measurement:
i. Increased digital access to patient information and forms

Recommended Tactics

- Develop data collection instruments to fill gaps in analyzing patient experience with continuous data analysis and review of challenges to patient satisfaction

- Enhance existing patient and family advisory roles and opportunities for feedback

- Improve signage quality and placement for navigational ease of facility

- Enhance CHCC workforce aimed to assist patient and visitors upon entrance with consideration of a volunteer greeter/navigator program

- Update waiting areas with modern amenities, including visual displays, reading materials, and reliable guest Wi-Fi services

- Identify digital opportunities for patients to access medical records, schedule appointments, and make payment for forms, processes, and services
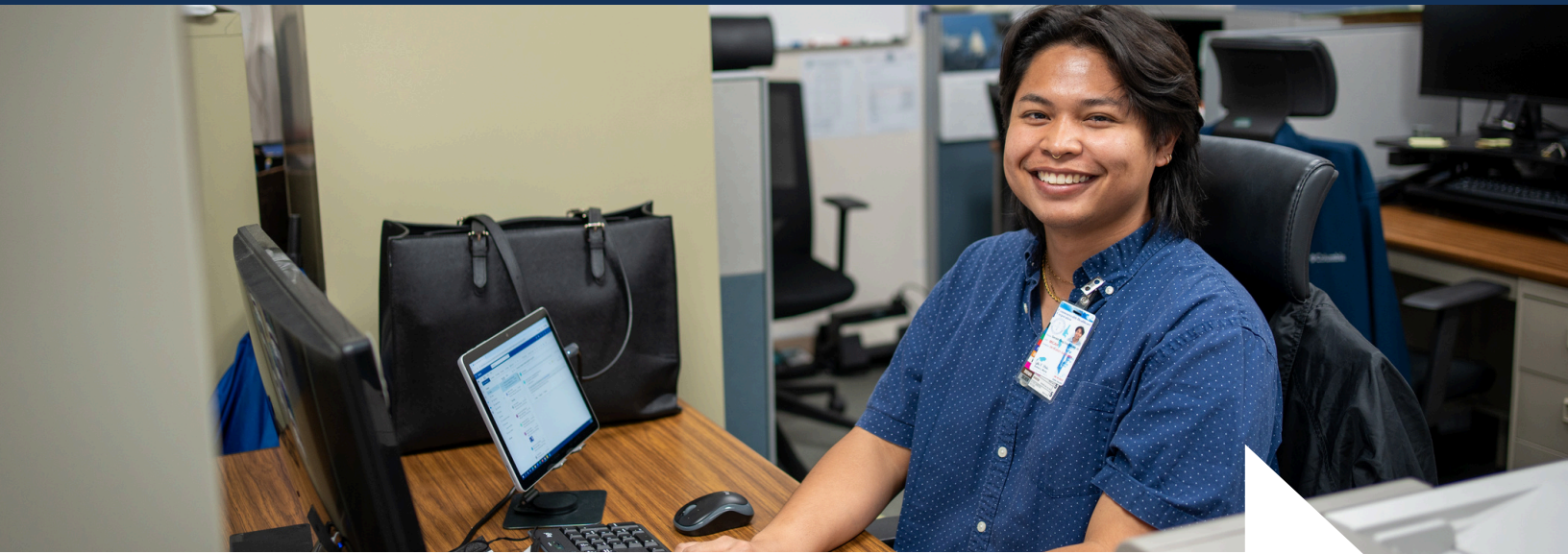
Pillar 3: Internal Processes

Aim

CHCC will act as one system in its approach to the modernization of policies and procedures for the management and delivery of healthcare in alignment with best practices and current standards of care.

Goals

1. Digital transformation and centralization of policies and procedures
a. Measurements:
i. Improvement in percentage of policies and procedures included in a centralized, digital repository
ii. Improvement in the percentage of staff with direct access to a centralized, digital repository for policies and procedures

2. Enhanced onboarding and orientation for new staff and continuous education for existing employees on CHCC policies and practices
a. Measurements:
i. Increased timelines and percentage of new staff with completed orientation that covers policies and procedures
ii. Increased professional development program offerings to keep existing employees abreast of polices
iii. Improved percentage of existing staff with completed professional development on policies and best practices

3. Implementation of audits at regular intervals for policy and procedure updates
a. Measurement:
i. Improvement in percentage of policies and procedures reviewed and completed for updates annually or sooner as deemed necessary

Objectives

1. Implement a centralized digital platform accessible to all staff with search, filter, and feedback functions
a. Measurements:
i. Increased number of digitized policies and procedures with real-time access
ii. Increased staff user log activity, including policy searches and feedback submissions

2. Develop timely and consistent employee onboarding, orientation, and professional development programs to ensure training and understanding of policies and procedures among all employees
a. Measurements:
i. Improvement in the number of employee attendance at orientation and subsequent professional development sessions addressing policies and procedures
ii. Improvement in assessments of employee understanding of policies and procedures, including access and feedback mechanisms

3. Establish systematic evaluation of healthcare policies and procedures to remain relevant and effective with current medical standards and practices
a. Measurements:
i. Improved processes of systematic policy reviews
ii. Improved staff engagement in policy reviews and amendment
iii. Increased number of policies reviewed and updated based on audit findings

Recommended Tactics

- Integrate data modernization practices to include transparency of policies and procedures

- Explore opportunities for employees to provide input on proposed policy changes within a continuous loop to optimize feedback on day-to-day experiences and challenges

- Establish a cross-sectional committee responsible for timely review and tracking of policies using audit findings to inform updates

- Foster a culture of continuous improvement with policies as dynamic tools that evolve with the healthcare landscape

- Explore the use of generative language through artificial intelligence policies and procedures to assist staff to create and update policies
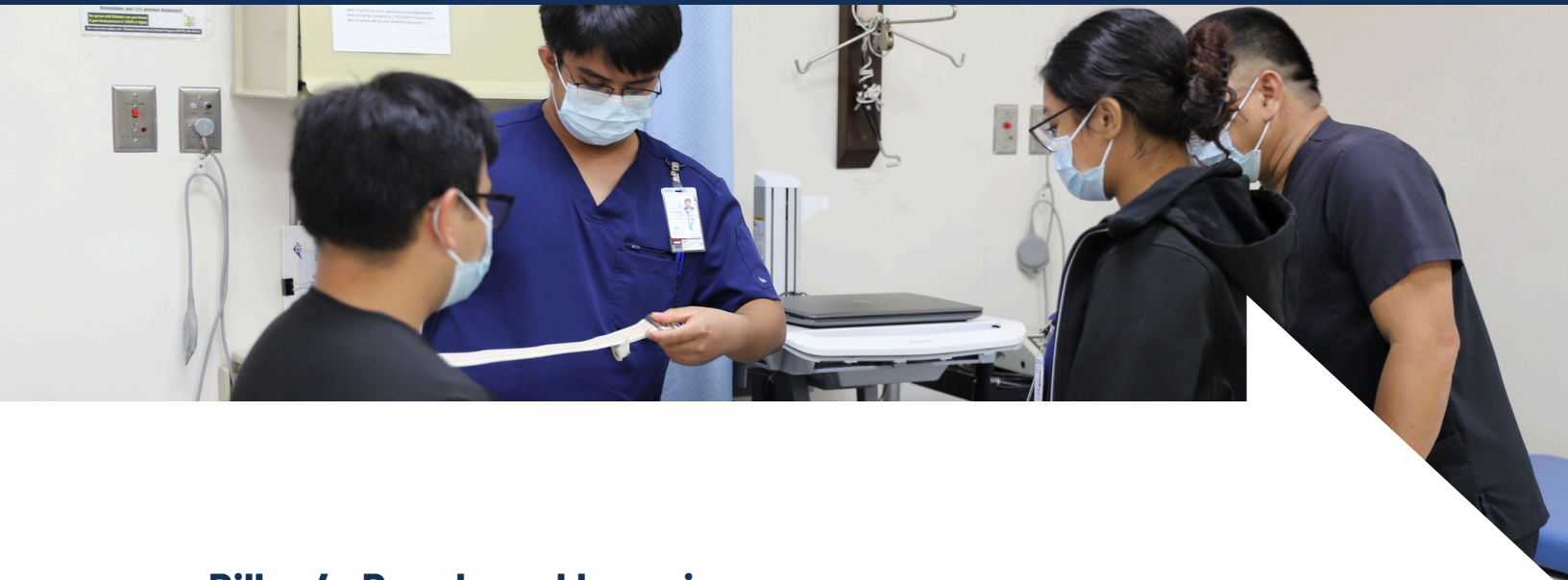
Pillar 4: People and Learning

Aim

CHCC will foster and measurably improve its employee work culture where employees thrive in their roles, feel valued, respected, and engaged and thereby strengthen its ability to attract and retain top talent to ensure the provision of high-quality healthcare services.

Goals

1. Optimization of new hire orientation, engagement, and role initiation
a. Measurements:
i. Improvement in comprehensive orientation program for new hires
ii. Increased percentage of new employee satisfaction rates
iii. Improvement in the percentage of new hire retention rates

2. Clear communication and timely completion of processes involving continuous improvement, performance evaluations, and contract renewals/expirations
a. Measurements:
i. Increased number of performance evaluations completed overall and by divisions and departments
ii. Improvement in timeline notices and communications of contract renewals/expirations
iii. Improved merit-based linkages between performance evaluations and recognitions/incentives

3. Enhanced tracking of employee engagement, feedback, and satisfaction levels for effective monitoring of burnout and decreased morale and wellbeing

a. Measurements:

i. Increased number of comprehensive assessment tools engaged to measure workforce key performance indicators

ii. Improvement in easily accessible and anonymous employee assessment platforms

iii. Increased number of follow-up communications to employee feedback

4. Implementation of cross-departmental growth opportunities

a. Measurements:

i. Increased number of cross-departmental training sessions

ii. Improvement in employee mentorship opportunities

iii. Increased rate of employee knowledge of department-specific initiatives, projects, and functions

5. Enhanced visibility of leadership in day-to-day operations

a. Measurements:

i. Increased number of interaction opportunities between senior leadership and staff

ii. Improvement in employee satisfaction of management guidance and support

iii. Increased rate of participation of leadership in departmental meetings

Objectives

1. Design an extensive orientation program that aligns new hires with organizational vision, mission, and values alongside operational policies and procedures

a. Measurements:

i. Improvement in comprehensive coverage of employee orientation topic areas

ii. Increased number of interactive sessions that cover essential policies, safety protocols, and role-specific responsibilities

iii. Increased levels of new hire satisfaction of guidance and support during initial probationary period

iv. Decreased turnover rates by department, manager, and/or position

2. Enhance continuous improvement plans for high-performing and low-performing employees alike

a. Measurements:

i. Increased retention rates for high-performing employees

ii. Improvement in performance improvement plans for low-performing employees

iii. Decreased involuntary and voluntary turnover rates

3. Execute regular employee engagement and satisfaction surveys

a. Measurements:

i. Decreased rate of overall employee turnover

ii. Improved professional development opportunities for enhanced employee morale and wellbeing

iii. Increased overall retention rate

4. Implement cross-departmental opportunities, such as training sessions, internal job rotations, and mentorship programs

a. Measurements:

i. Increased average length of employment

ii. Decreased overtime and other costs associated with limited staffing and employee turnover

5. Foster "Open Door Policy" initiatives among all sectors of leadership
a. Measurements:
i. Improved engagement of leadership with employees during operations
ii. Increased visibility of leadership at corporate events
iii. Increased employee satisfaction survey rates of leadership engagement and participation in workplace meetings and discussions
iv. Increased employee satisfaction survey rates of leadership responsiveness to employee feedback (ideas, concerns, questions)

Recommended Tactics

- Prioritize a comprehensive orientation program that includes e-learning platforms prior to and upon onboarding for efficient staff time on live-learning

- Assign new hires an interim mentor or "buddy" to build a supportive network and ease the integration process for the new employee

- Develop role-specific training focused on specific skills and knowledge required to ensure new employees' confidence and productivity in their new positions

- Structure the employee evaluation system with clear criteria and timelines for performance review

- Streamline communication processes and timelines about any contract renewal processes, including any changes in terms and conditions

- Encourage all employees to engage in practical mentorship opportunities to maximize employee learning and contribution

- Explore an internal job rotation program to increase exposure of employees within the health system and develop versatile skill sets

- Improve leadership visibility and accessibility by walking around work areas, engaging with employees at their workstations, and attending departmental meetings and events to share insights, provide guidance or simply listen to team discussions

- Promote and celebrate achievements and improvements with timely consistency to reinforce a positive work culture that motivates continuous personal and professional growth

The best strategy ever: Care.

– Gary Vaynerchuk

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