



# 2024 STRATEGIC PLAN



**CHEROKEE INDIAN  
HOSPITAL AUTHORITY**

## **Letter from CIHA Governing Board Chair and Cherokee Beloved Woman, Dr. Carmaleta Monteith, and CIHA CEO, Casey Cooper**

Dear CIHA community,

In pursuit of achieving our commitment to Cherokee Indian Hospital’s patients and of our endeavor to be the employer, provider, and investment of choice for the community, we have updated our priorities (goals, objectives, and initiatives) in our strategic plan, “Committed to Serving.”

“Committed to Serving” is a dynamic (fluid, living, and breathing) document that will provide the framework for guiding the Hospital’s direction into the future and help distinguish this Hospital as a state-of-the-art, world-class, first-choice institution.

This strategic plan will serve as a proclamation of our priorities to provide accessible, patient- and family-centered, quality healthcare with responsible management of the Tribe’s resources. It will clearly communicate to stakeholders and potential community partners our focus on strengthening operations, achieving future projects, and aligning the plan with the workforce to assist in the delivery of improved services and care to the community.

This plan will align the strategic objectives and initiatives with CIHA’s four Guiding Principles and Core Purpose to achieve its Mission and realize its Vision through the three Pillars of Sustainability. These Pillars are goals, which will lead to enhanced performance and improved results in health care outcomes and drive continued progress while realizing sustainability for the future.

The strategic plan was created and developed by an appointed Strategic Planning Steering Committee, which works in collaboration with the CIHA Executive Leadership Team and department leaders. The CIHA Governing Board, which is charged with and responsible for setting the direction and the oversight of the Cherokee Indian Hospital and other health programs, then reviews and approves the plan.

Looking ahead, we will continue to review and update our strategic plan, as needed, which will drive more equitable access to healthcare and wellness resources. We are honored to be a part of leading the team and the community into the future. We will continue to honor our commitment to serve.

Sgi!



# Committed to Serving

## 2024 Strategic Plan

Employer of Choice

Provider of Choice

Investment of Choice



# CIHA STRATEGIC PLAN: COMMITTED TO SERVING

## EXECUTIVE SUMMARY - FISCAL YEAR 2024

The Cherokee Indian Hospital Authority is the primary health care system for the Eastern Band of Cherokee Indians in Cherokee, North Carolina. CIHA provides appropriate medically necessary services and care to meet the needs of over 16,000 active users (American Indians/Alaskan Natives, most of which are EBCI). This includes roughly 5,000 Medicaid beneficiaries (as well as members of other federally recognized tribes and individuals who are eligible for Indian Health Service), in a way that is consistent with the history, culture, and values of the Cherokee people, all while promoting cultural inclusion and sensitivity.

CIHA addresses the health and wellness needs of the Tribe – and does so to the highest national standards of healthcare – using a unique approach that emphasizes Cherokee history and the healing aspects of Cherokee culture, including consideration for the mind, body, and spirit.

CIHA blends state-of-the-art healthcare within a system of inpatient and outpatient resources across the Qualla Boundary (57,000 square acres that the EBCI hold beneficial title to) and outlying communities, which are comprised primarily of members and descendants of the EBCI in the five counties of Jackson, Swain, Cherokee, Graham, and Haywood.

CIHA uses a relationship-based approach to nurture and heal the local community and improve their health by increasing patient and family engagement in healthy behaviors. CIHA endeavors to cultivate trusting influential relationships with patients and families in order to support them in achieving their optimal health and happiness.

The development of the hospital-wide strategic plan, “Committed to Serving,” was created by an appointed Strategic Planning Steering Committee, which works in collaboration with the CIHA Executive Leadership Team and department leaders. This diverse group provided their input and expertise to identify key objectives and initiatives to ensure alignment with and support of a shared agenda. They also captured the voice of the customer, ensuring that key relationships were created and maintained, and leveraged the Hospital’s culture and the community for success.

The strategic plan was then reviewed and approved by the CIHA Governing Board. The Board is charged with and responsible for setting the direction and the oversight of the Cherokee Indian Hospital and other health programs that may be assigned to CIHA, per EBCI Tribal Council resolutions and laws codified at Sec. 130B of the Cherokee Tribal Code.

The Strategic Planning Steering Committee aims to successfully disseminate, implement, and maintain a strategic plan, which is essential for clearly communicating CIHA’s vision for strengthening operations, achieving future projects, and aligning the workforce to the plan to improve the delivery of services and care to the community. It is imperative for the strategic plan to be accessible, measurable, specific, clear, transparent, aligned, and applicable to our employees’ daily work.

This plan will align the strategic objectives and initiatives with CIHA’s four Guiding Principles and Core Purpose to achieve its Mission and realize its Vision through the three Pillars of Sustainability. These Pillars are goals, which will lead to enhanced performance and improved results in health care outcomes and drive continued progress, while realizing sustainability for the future.

**Pillar of Sustainability – Goal 1 | Employer of Choice**

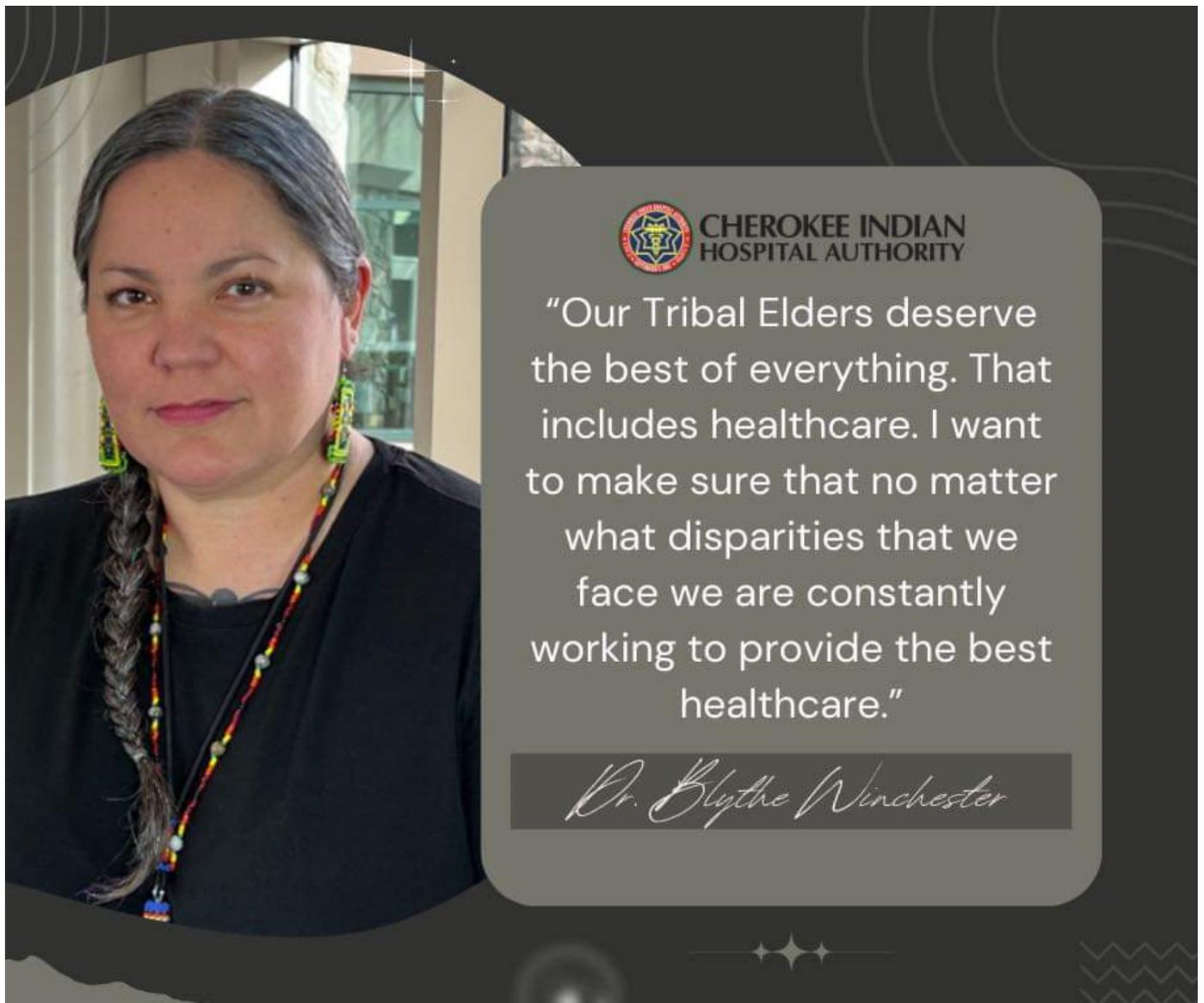
We endeavor to be the Employer of Choice for healthcare workers in Western North Carolina by providing a culture that incites empathy and compassion and creates an environment that fosters successful, positive employees and values its workforce, offering competitive wages and benefits and continuous opportunities for career development.

**Pillar of Sustainability – Goal 2 | Provider of Choice**

We endeavor to be the Provider of Choice for the community by providing a safe, trusting environment at Cherokee Indian Hospital that values patient privacy while offering convenient and expanded access to relationship-based, high-quality health care and services for all ages when and how they are needed.

**Pillar of Sustainability – Goal 3 | Investment of Choice**

We endeavor to be the Investment of Choice by being committed to operational excellence while continuously demonstrating improvements in population health and controlling cost per capita.



# CORE VALUES AND CONCEPTS

## PILLARS OF SUSTAINABILITY

Employer of Choice

Provider of Choice

Investment of Choice

### CORE PURPOSE

Cherokee Indian Hospital's Core Purpose is to assure the prosperity of the next seven generations of the Eastern Band of Cherokee Indians.

### MISSION

To provide accessible, patient- and family-centered, quality healthcare with responsible management of the Tribe's resources

### VISION

To be significant in the lives of Tribal members, chosen for excellence and exceeding customer expectations, recognized for improving the health of the Eastern Band of Cherokee Indians

### CORE VALUES

- Integrity (*Honest and Fair*)
- Excellence (*Pursuit of Perfection*)
- Engagement (*Emotional and Intellectual Commitment*)
- Stewardship
- Group Harmony (*Professional, Respectful, Supportive, Loyal, and Gracious*)
- Compassion
- Accountability

### GUIDING PRINCIPLES

#### Guiding Principle One

***U wa shv u da nv te lv***

*"The One Who Helps You from the Heart"*

We believe that care and service delivered most effectively is delivered from the heart.

#### Guiding Principle Two

***To-hi***

*"A State of Peace and Balance"*

We believe that "to-hi" can only be achieved through healthy relationships and is fundamental to living healthy lives.

#### Guiding Principle Three

***Ni hi tsa tse li***

*"It Belongs to You"*

We believe that all health care services belong to the people. CIHA serves as a steward of this health care, safeguarding it and providing it to patients/Members when and how they need it.

#### Guiding Principle Four

***di qua tse li i yu sdi***

*"Like Family to Me"*

We are committed to being the health partner of choice for this community, reinforcing the relationships found in healthy families.



### **Planning and Development Process:**

Our strategic plan is assessed quarterly at offsite meetings with Executive Leadership and annually with the Governing Board. The strategic plan's objectives and initiatives are expected to evolve, grow, and change over time. The planning and development process helps to ensure alignment with and the cascading of strategic priorities to all staff. The following key strategic advantages, challenges, and opportunities were identified during this process:

### **Key Strategic Advantages:**

- Direct appropriation of Tribal net gaming funds, providing economic certainty and flexibility to build services based on community need and not on economic profitability
- Infrastructure - New hospital facilities on campus and satellite clinics
- Care is not dictated by payer policies and an all-inclusive rate. Both of which allow us to provide the services needed by the community, not necessarily the services that are reimbursable
- Integrated Electronic Health Record - the majority of clinical areas document in a single Electronic Health Record with a few outliers
- Title V allows federal, tribal, and regional partnerships (i.e., purchasing power and partnerships for employment agreements with civil servants and commissioned officers)
- The Nuka model and The Right Way - places our patients at the center of their care and fosters and builds relationships with patients, caregivers, and co-workers
- Creation of the EBCI Tribal Option enabled us to build the infrastructure necessary to provide enhanced care management services and risk stratification for our Medicaid population
- Organizational culture
- Cultural congruency with our patients and local community that creates influence, which increases individual patient and family engagement in chronic disease management and healthy prevention behaviors
- Academic relationships/partnerships with our local, comprehensive university and community colleges within the region

### **Key Strategic Challenges:**

- Workforce shortages
- Inflation and fair market wages and benefits
- Shortage of bed capacity in the area and access to specialty care services within a rural area
- Managed Care transition, technology, workforce, and process development challenges
- Pending end-of-life of current Electronic Health Record, which requires a migration to a new platform in 3-5 years
- Engineering projects on-going and need to onboard and develop processes for new buildings
- Health disparities make it difficult to improve population health while controlling cost per-capita
- Patient and family engagement
- Implementation of an enterprise-wide performance management system that is tied to the strategic plan

### Key Strategic Opportunities:

- Use of Analytics and Risk Strategies will help reduce health disparities
- Recruitment/retention
- Formation of partnerships with local academic institutions and the development of in-house training and career ladder programs (e.g., Certified Nursing Assistants, Certified Medical Assistants, Certified Drug and Alcohol Counselors, Personal Care Aides, and Dental Assistants in-house training programs) to build workforce pipelines
- Increased access to procedural care and internal ancillary services, such as physical therapy, dental, wound care, eye, and behavioral health
- Enhanced ability to be the Employer of Choice for the region as our health care competitors become more for-profit focused
- Better utilization of the Quality and Performance Improvement department
- Sharing of our marginal or excess capacity where utilization is low by expanding eligibility to our regional partners
- Provision of enhanced care management for the entire CIHA patient population
- Utilization of the new \$125 million state-of-the-art Long-Term Care Community facility to capture more of the skilled nursing, assisted living, and adult day care market
- Buildout of the Family Practice residency with Mountain Area Health Education Center as part of our workforce pipeline initiatives

This annual strategic planning cycle resulted in a clear plan that articulates and guides how CIHA will continue to focus on whole-system transformation and continuous improvement. CIHA has defined its strategic planning process as a cycle with the following key processes:

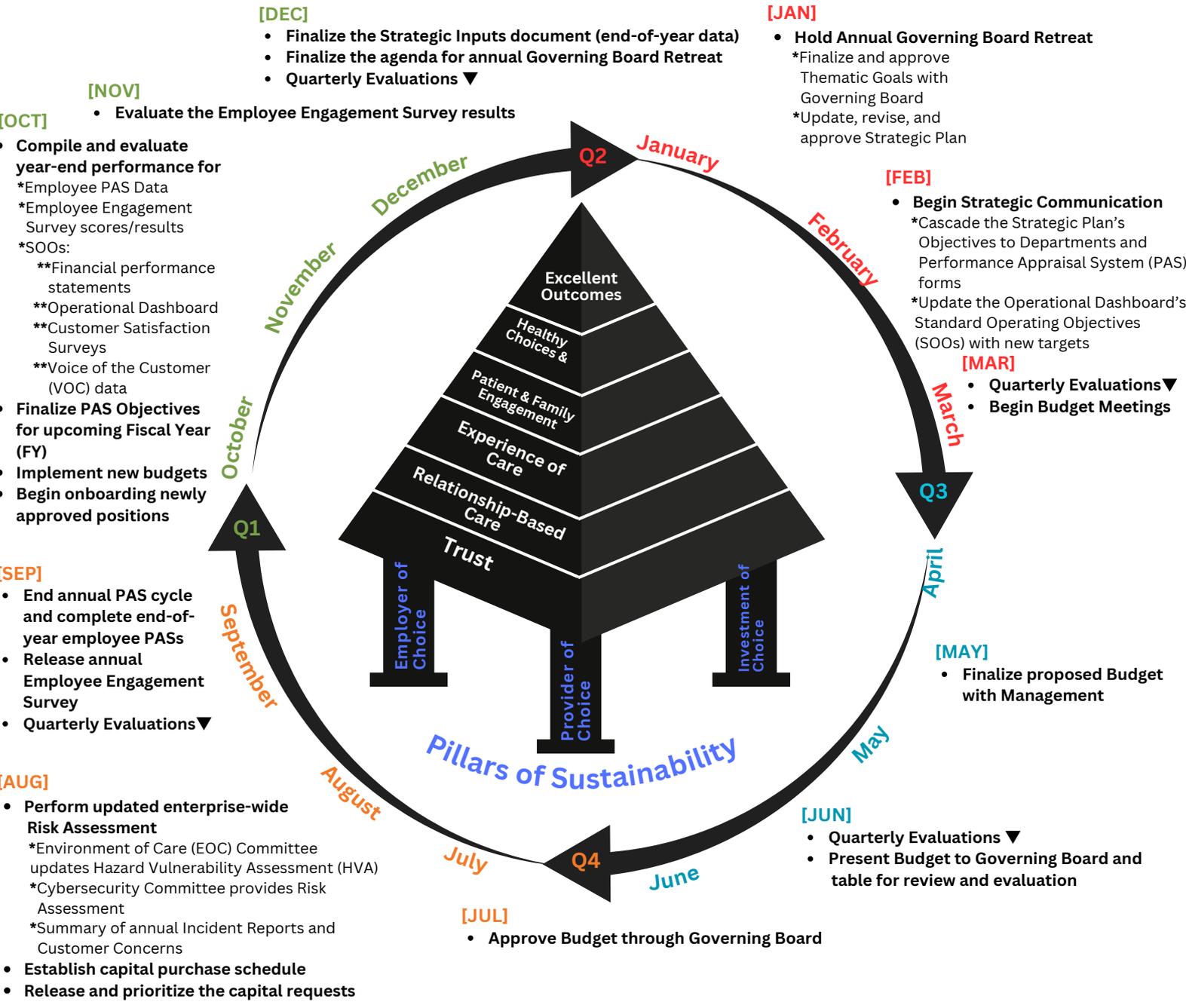
- Environmental Assessment
- Strategic Plan Validation
- Annual Planning
- Evaluation
- Quarterly Reporting

We would like to extend our utmost gratitude to all members of the Strategic Planning Steering Committee and the Governing Board for their hard work and dedication and to the many members of the CIHA workforce who contributed ideas, thoughts, and reviews throughout the strategic planning process.





# STRATEGIC PLANNING CYCLE



**Quarter 1: October, November, December:**

- **Reevaluate the state of the organization:**
  - \*Finalize Internal and External Analysis/ Environmental Scan:
    - \*Complete Internal Analysis:
      - \*\*SWOT Analysis (Internal and External)
      - \*\*Updated disease data (External)
      - \*\*Volume data (Internal)
      - \*\*Legislative landscape (External)
- **Review/Create Thematic Goals with the Executive Committee, Departmental leaders, and the Strategic Planning Steering Committee**
- **Develop Strategic Inputs document**

**Quarterly Evaluations: December, March, June, September:**

- Review and evaluate results of Thematic Goals and SOOs and update as necessary
- Review and evaluate results of Initiatives and Work Plans in the Strategic Plan and update as necessary

**Throughout the Year:**

- **Work the Strategic Plan (Initiatives and Work Plans)**

**Internal Strategic Plan:**

- **Release updated Strategic Plan annually**

**Forward-Facing Strategic Plan:**

- **Release updated Strategic Plan every three-five years**



## Cherokee Creation Story: The First Fire

### As recorded in James Mooney's *History, Myths, and Sacred Formulas of the Cherokees*

In the beginning there was no fire, and the world was cold, until the Thunders (*Ani'-Hyun'tikwala'ski*), who lived up in *Galun'lati*, sent their lightning and put fire into the bottom of a hollow sycamore tree which grew on an island. The animals knew it was there, because they could see the smoke coming out at the top, but they could not get to it on account of the water, so they held a council to decide what to do. This was a long time ago.

Every animal that could fly or swim was anxious to go after the fire. The Raven offered, and because he was so large and strong they thought he could surely do the work, so he was sent first. He flew high and far across the water and alighted on the sycamore tree, but while he was wondering what to do next, the heat had scorched all his feathers black, and he was frightened and came back without the fire. The little Screech-owl (*Wa'hulu'*) volunteered to go, and reached the place safely, but while he was looking down into the hollow tree a blast of hot air came up and nearly burned out his eyes. He managed to fly home as best he could, but it was a long time before he could see well, and his eyes are red to this day. Then the hooting Owl (*U'guku'*) and the Horned Owl (*Tskili'*) went, but by the time they got to the hollow tree the fire was burning so fiercely that the smoke nearly blinded them, and the ashes carried up by the wind made white rings about their eyes. They had to come home again without the fire, but with all their rubbing they were never able to get rid of the white rings.

Now no more of the birds would venture, and so the little *Uksu'hi* snake, the black racer, said he would go through the water and bring back some fire. He swam across to the island and crawled through the grass to the tree, and went in by a small hole at the bottom. The heat and smoke were too much for him, too, and after dodging about blindly over the hot ashes until he was almost on fire himself he managed by good luck to get out again at the same hole, but his body had been scorched black, and he has ever since had the habit of darting and doubling on his track as if trying to escape from close quarters. He came back, and the great blacksnake, *Gule'gi*, "The Climber," offered to go for fire. He swam over to the island and climbed up the tree on the outside, as the blacksnake always does, but when he put his head down into the hole the smoke choked him so that he fell into the burning stump, and before he could climb out again he was as black as the *Uksu'hi*.

Now they held another council, for still there was no fire, and the world was cold, but birds, snakes, and four-footed animals, all had some excuse for not going, because they were all afraid to venture near the burning sycamore, until at last *Kanane'ski Amai'yehi* (the Water Spider) said she would go. This is not the water spider that looks like a mosquito, but the other one, with black downy hair and red stripes on her body. She can run on top of the water or dive to the bottom, so there would be no trouble to get over to the island, but the question was, How could she bring back the fire? "I'll manage that," said the Water Spider; so she spun a thread from her body and wove it into a *tusti* bowl, which she fastened on her back. Then she crossed over to the island and through the grass to where the fire was still burning. She put one little coal of fire into her bowl, and came back with it, and ever since we have had fire, and the Water Spider still keeps her *tusti* bowl.

## CIHA's Cultural Congruence to The First Fire Creation Story

The Cherokee Indian Hospital's rotunda floor showcases a water spider as the centerpiece of the terrazzo (a mosaic flooring composed of broken chips of stone and polished when set in place). It was important for CIHA to memorialize as many aspects of Cherokee culture in the physical design of the Hospital to serve as a cultural reminder to its People. It was important to create iconography throughout the Hospital by selecting an easily recognizable, universal, and enduring symbol to the Cherokee. The Hospital chose the water spider design to culturally align with the Museum of the Cherokee People's, formerly known as the Museum of the Cherokee Indian, water spider emblem, which is symbolic of the spider in the legend of the Cherokee creation story The First Fire. In the story, the Water Spider brought fire back to the world by putting a fire coal into a bowl she wove, which she fastened to her back.

This Cherokee creation story is the first Cherokee story to represent diversity, equity, and inclusion (all birds, snakes, and four-footed animals of varying sizes and strengths were allowed to go to the burning sycamore to try and bring back fire). The intentionality of choosing the water spider design in the terrazzo was to reflect the Hospital's symbiotic relationship, philosophy, and culture of acknowledging, embracing, supporting, and accepting all its patients and workforce.

When designing the terrazzo in 2014, CIHA sought artistic input from members of the Junaluska Leadership Council, a youth leadership program comprised of local EBCI high school students, and a group of young EBCI artists, who collaborated with graphic artists to create a new and more contemporary rendition of the water spider design. The group did not want to rehash the ancient water spider design so commonly used to represent the water spider in the story, which was based on carved marine shell and copper-engraved gorgets (adornments worn around the neck). Although this ancient water spider design is widely recognizable, it was important to the EBCI youth to create a fresh design that was unique only to the Hospital. They wanted to represent fire by using the color palette of red, orange, and yellow. They were able to take artistic liberties while still honoring the water spider from the story.



# PILLAR OF SUSTAINABILITY

# EMPLOYER OF CHOICE

**GOAL 1:** We endeavor to be the Employer of Choice for healthcare workers in Western North Carolina by providing a culture that incites empathy and compassion and creates an environment that fosters successful, positive employees and values its workforce, offering competitive wages and benefits and continuous opportunities for career development.

**Objective 1.1:** Endeavor to build systems and processes to make the organization resilient to critical vacancies, reducing the time to fill these positions and to achieve the lowest turnover rates in the Region.

**Initiative 1.1.1:** Increase employee satisfaction and effectiveness by building a more robust and useful orientation for all new employees.

**Initiative 1.1.2:** Fully bring about a compensation management system that balances market competitiveness with stewardship of the communities' resources.

**Initiative 1.1.3:** Encourage Registered Nurses to continue their education by providing opportunities for them to acquire their Bachelor of Science in Nursing degree.

**Initiative 1.1.4:** Create career development opportunities within the organization to increase retention and opportunities for income growth and job satisfaction for employees.

**Initiative 1.1.5:** Develop career ladders for employees who have various strengths and interests.

**Initiative 1.1.6:** Reinstigate and regularly provide The Right Way training for all employees (75% of employees will have completed The Right Way training-608/810).

**Initiative 1.1.7:** Improve employee engagement scores.

**Initiative 1.1.8:** Minimize the time to fill critical vacancies by developing and managing data-driven processes.

**Initiative 1.1.9:** Continue partnerships with local academic institutions.

**Initiative 1.1.10:** Expand the organization-wide Leadership training program.

**Initiative 1.1.11:** Continue building career growth opportunities for employees in direct patient care who do not have a post-secondary education.

**Initiative 1.1.12:** Build effective employee relations program to increase employee engagement.

**Initiative 1.1.13:** Evolve to become a "Recovery Friendly Employer" by developing an organizational philosophy and a set of policies that support those in recovery.



**Objective 1.2:** In collaboration with local partners and academic institutions, CIHA will build “employment pipelines” to satisfy the future workforce requirements of CIHA programs and services.

**Initiative 1.2.1:** Collaborate with Western Carolina University, Southwestern Community College, Haywood Community College, and other local education systems to offer clinical rotations with a concentration on students who live locally.

**Initiative 1.2.2:** Strengthen existing partnerships with Gardner-Webb University and Mountain Area Health Education Center.

**Initiative 1.2.3:** Improve the Rural Residency Program and add capacity for 2 Family Practice residency positions.

**Initiative 1.2.4:** Improve the rural experience for medical students, residents, and advanced practice practitioner students.

**Initiative 1.2.5:** Work in collaboration with the Tribal Employment Rights Office to provide internship job opportunities for recovering substance use participants of the Mother Town Healing Program.

**Objective 1.3:** In order to promote and cultivate an engaged and aligned workforce, CIHA will build a strategic planning process which is appropriately linked to an effective performance management system that is consistent with CIHA’s Mission, Vision, and Core Purpose.

**Initiative 1.3.1:** Increase effectiveness of dual supervision for employees organized under matrix structure.

**Initiative 1.3.2:** Plan and implement organization-wide electronic performance management system.

**Initiative 1.3.3:** Improve succession planning.

**Initiative 1.3.4:** Accelerate management effectiveness by providing improved Human Resources support, tools, and training.

**Initiative 1.3.5:** Implement a strategic planning data information management system.

**Initiative 1.3.6:** Adopt organization-wide strategic planning process that will be fully integrated with the performance management system.

**Objective 1.4:** Create a safe environment that provides a safe place from harm for all employees.

**Initiative 1.4.1:** Provide a robust high-functioning program to mitigate the risk of exposure to occupational safety hazards for employees.

**Initiative 1.4.2:** Promote a culture of safety awareness through continuous improvement activities under the Environment of Care Committee.



# PILLAR OF SUSTAINABILITY

# PROVIDER OF CHOICE

**GOAL 2: We endeavor to be the Provider of Choice for the community by providing a safe, trusting environment at Cherokee Indian Hospital that values patient privacy while offering convenient and expanded access to relationship-based, high-quality health care and services for all ages when and how they are needed.**

**Objective 2.1:** Consistent with our Cherokee values of honoring our elders, we will build a state-of-the-art, world-class Long-Term Care Community facility that provides high-quality skilled nursing, assisted living, and adult day care services, providing the most recent and evidence-based design and care for patients to meet the demands of the local market.

**Initiative 2.1.1:** Achieve a CMS rating of 3 or higher from the Centers for Medicare & Medicaid Services at Tsali Care Center.

**Initiative 2.1.2:** Construct a facility that meets the most up-to-date and best practices for Long-Term Care facilities, offering private rooms and bathrooms, access to community rooms, and an abundance of natural lighting.

**Initiative 2.1.3:** Research, develop, and deploy an adult day care service by Fiscal Year 2025.

**Initiative 2.1.4:** Research, develop, and deploy a fully accredited assisted living service in Fiscal Year 2025.

**Initiative 2.1.5:** Develop a marketing and advertising plan to increase census.

**Initiative 2.1.6:** Perform gap analysis for elder care continuum.

**Initiative 2.1.7:** Construct and operationalize a world-class Long-Term Care facility, consisting of one hundred and twenty-five thousand square feet and one hundred and twenty total patient rooms, including eighty skilled nursing beds, twenty assisted living beds, twenty memory care beds, and an onsite adult day care and dialysis facility.

**Objective 2.2:** Provide a comprehensive continuum of locally available dental care services provided all in-house and in partnership with contracted providers in the market, which helps achieve and strengthen patient engagement.

**Initiative 2.2.1:** Maintain access to appointments for dentures and partials to ensure patients' prosthodontic needs are met.

**Initiative 2.2.2:** Increase access to high-quality dental services through training and development of staff.

**Initiative 2.2.3:** Provide general dentistry access that satisfies local demand.

**Initiative 2.2.4:** Expand access to oral surgery services.

**Initiative 2.2.5:** Develop a plan to rebuild and preserve access to Pediatric dental care.



**Objective 2.3:** Fully realize a world-class Behavioral Health /Substance Abuse system of care designed to meet the unique needs of the Eastern Band of Cherokee Indians.

**Initiative 2.3.1:** Complete design and construction of the Men’s Recovery Support Home.

**Initiative 2.3.2:** Operationalize and open the Men’s Recovery Support Home in the summer of 2023.

**Initiative 2.3.3:** Explore and implement alternative treatment options for children in crisis.

**Initiative 2.3.4:** Assess and strengthen the Medication-Assisted Treatment program.

**Initiative 2.3.5:** Acquire and deploy the resources necessary to provide 24/7 admission to the Analenisgi Inpatient unit and Medical Inpatient unit.

**Initiative 2.3.6:** Research and implement locally available treatment alternatives to Medical Inpatient for patients suffering from addiction disorders that also require supportive independent living, assisted living, and/or skilled nursing.

**Initiative 2.3.7:** Increase access to inpatient treatment options for youth and adolescents of Western North Carolina.

**Initiative 2.3.8:** Expand services for diabetic and for pregnant patients at Kanvwotiyi.

**Initiative 2.3.9:** Strengthen access to and effectiveness of the Domestic Violence treatment program in partnership with the judicial system.



**Objective 2.4:** Increase locally available access to specialty and procedural care.

**Initiative 2.4.1:** Expand services in the Procedure Suite, Complementary Medicine, and Specialty Clinic.

**Initiative 2.4.2:** Increase the scope of services available in the Procedure Suite provided by general surgery.

**Initiative 2.4.3:** Increase the scope of services for routine optometry, as well as explore addition of ophthalmic procedures, such as cataracts.

**Initiative 2.4.4:** Increase access to in-house specialty clinics.

**Initiative 2.4.5:** Increase access to telemedicine (virtual) consults for co-management of diseases.

**Initiative 2.4.6:** Expand services on Medical Inpatient.

**Initiative 2.4.7:** Increase the acuity level of care provided on the Inpatient unit.

**Objective 2.5:** Provide a safe environment for patients to receive care where there are robust risk mitigation strategies to protect patients from iatrogenic harm.

**Initiative 2.5.1:** Comply with Joint Commission’s annual National Patient Safety Goals:

- Improve the accuracy of patient identification;
- Improve the effectiveness of communication among caregivers;
- Improve the safety of using medications;
- Reduce patient harm associated with clinical alarm systems;
- Reduce the risk of health care-associated infections;
- The hospital identifies safety risks inherent in its patient population;
- Improve health care equity.

**Objective 2.6:** Increase and preserve the community's access to after-hours urgent and emergency services.

**Initiative 2.6.1:**

Increase 24/7 access to services that are specifically needed by victims of sexual assault.

**Initiative 2.6.2:**

Increase the quality and safety of emergency services provided to elders and geriatric patients.

**Initiative 2.6.3:** Implement measures to ensure sufficient access to urgent and emergency care services.

**Objective 2.7:** Consistent with our Vision of improving the health of the Eastern Band of Cherokee Indians, we endeavor to achieve top quartile performance in preventative health and chronic disease management.

**Initiative 2.7.1:** Align medical staff performance standards with the Strategic Plan to improve health outcomes.

**Initiative 2.7.2:** Improve chronic disease state metrics that are already at the top quartile to increase from 37.5% to 62.5% by September 2023.

**Initiative 2.7.3:** Become fully compliant with Advanced Medical Home standards in Primary Care for Medicaid patients.

**Initiative 2.7.4:** Develop a project plan to ensure all staff are compliant with completion of training and changes in policy to adhere to Advanced Medical Home standards.

**Objective 2.8:** Fully develop Galvgwodiya (It is Sacred)/Beauty for Ashes community wide.

**Initiative 2.8.1:** Establish a Cherokee-based Galvgwodiya/Beauty for Ashes entity.

**Objective 2.9:** Combat the adverse effects of stress physiology by increasing the community's trust in its healthcare system through continuous promotion of the quality of service and brand value.

**Initiative 2.9.1:** Develop a systematic process and planning of the organization's promotional efforts.

**Initiative 2.9.2:** Focus on creating a favorable public image and managing the organization's reputation by building community relationships.

**Initiative 2.9.3:** Develop an employee engagement strategy that inspires employees to be positive promoters of the CIHA health system.

**Initiative 2.9.4:** Launch a Voice of the Customer campaign to show the community how they can express their concerns and to illustrate the cycles of change that occur based off of the feedback.

**Initiative 2.9.5:** Explore clinical affiliation with respected health systems in the region to increase the quality of services for CIHA patients.

**Objective 2.10:** Increase and improve access to Inpatient, Residential, and Long-Term Care services to protect vulnerable populations.

**Initiative 2.10.1:** Improve the efficiency and effectiveness of bed coordination and discharge planning externally and internally.



# PILLAR OF SUSTAINABILITY

## INVESTMENT OF CHOICE

**GOAL 3: We endeavor to be the Investment of Choice by being committed to operational excellence while continuously demonstrating improvements in population health and controlling cost per capita.**

**Objective 3.1:** Fully realize and manage an Enterprise Risk Management framework that is fully compliant with National standards to ensure staff and patient safety and the safeguarding of assets.

**Initiative 3.1.1:** Begin the buildout and development of the cybersecurity framework to achieve data integrity, security, and availability.

**Initiative 3.1.2:** Review and refine systems to strengthen the structure that controls the Hospital finances.

**Initiative 3.1.3:** Align Finance employee performance standards with the Strategic Plan.

**Initiative 3.1.4:** Develop a process to identify and train new leaders in the Patient Access department.

**Initiative 3.1.5:** Launch a Disaster Recovery Service for all IT critical systems.

**Initiative 3.1.6:** Create a financial plan that allows for replacement of technology to maintain security standards.

**Initiative 3.1.7:** Build a more effective contract review process.

**Objective 3.2:** Effectively operate and manage a fully functioning Primary Care Case Management entity and an Advanced Medical Home program and in the future an Advanced Medical Home Plus program, all consistent with regulatory requirements.

**Initiative 3.2.1:** Meet all cybersecurity requirements for the State of North Carolina.

**Initiative 3.2.2:** Implement NCCARE360 for CIHA as provider in Primary Care (so CIHA can utilize the EBCI Tribal Option and other Prepaid Health Plans) for the Members being Care Managed.

**Initiative 3.2.3:** Develop an organizational structure for Advanced Medical Home (and future Advanced Medical Home Plus) that is designed to effectively meet the regulatory requirements and is fully staffed.

**Initiative 3.2.4:** Meet all EBCI Tribal Option and Advanced Medical Home requirements.

**Initiative 3.2.5:** Bring to fruition and consistently maintain a functioning Technology Platform that can be relied upon to effectively operate and manage the North Carolina Department of Health and Human Services Contract and the EBCI Tribal Option operations.

**Initiative 3.2.6:** Develop a system to improve performance measures and industry compare data utilizing Healthcare Effectiveness Data and Information Set benchmarks.

**Initiative 3.2.7:** Implement focused improvement activity and develop an annual improvement plan.

**Initiative 3.2.8:** Maximize the Federal Medical Assistance Percentages for “referral through services.”

**Initiative 3.2.9:** Actively manage Liquidated Damages to remain in compliance with the North Carolina Department of Health and Human Services Contract and avoid financial penalties.

**Initiative 3.2.10:** Receive and manage patients' Prior Authorizations from the North Carolina Department of Health and Human Services for EBCI Tribal Option Members for care, referrals, and services.

**Initiative 3.2.11:** Plan and prepare for Foster Care Children and Families Specialty Plan Managed Medicaid waiver program estimated to be live January 2025 (100 plus kids and families).

**Initiative 3.2.12:** Successfully implement a program that manages and assists an individual with services and supports who receive Home and Community-Based Services on the Innovations Waiver (~40-50 members).

**Initiative 3.2.13:** Successfully transition to Advanced Medical Home Plus status (this Initiative will be reevaluated in FY2026) (~300-400 members).

**Initiative 3.2.14:** Successfully implement 1915i buildout (for individuals with Traumatic Brain Injuries, Intellectual/Developmental Disabilities, Substance Use Disorders, and Mental Health disorders, and there is no cap on the number of available slots).

**Initiative 3.2.15:** Build a Data Governance Structure to ensure policies, rules, and definitions apply to all CIHA electronic data and allow appropriate access of relevant data that is secure, trusted, and reliable to all EBCI Tribal Option Members, individuals, and CIHA workforce.

**Initiative 3.2.16:** Complete training for organization-wide staff on EBCI Tribal Option and Advanced Medical Home-related courses, which must be completed within timeframes as defined in the North Carolina Department of Health and Human Services Contract, as well as their regularly assigned modules, policies, etc.

**Objective 3.3:** Utilize the Tribal resources that have been appropriated to successfully complete the construction of the 3 large capital projects.

**Initiative 3.3.1:** Plan, design, build, and operationalize:

- New Men's Recovery Support Home;
- Cherokee County Clinic;
- Long-Term Care Community.

**Initiative 3.3.2:** Develop a plan for the Municipal sewer project and work with offsite sewer construction to ensure completion of the Long-Term Care Community project.

**Initiative 3.3.3:** Complete all necessary steps to maximize Section 105(l) lease reimbursement (updates for appraisals and lease documents are completed on a three-year cycle).

**Objective 3.4:** In consultation with and support from the Eastern Band of Cherokee Indians, CIHA will fully realize a world-class Behavioral Health/Substance Abuse system of care designed to meet the unique needs of the local community.

**Initiative 3.4.1:** Increase the utilization of services on the Analenisgi Inpatient unit and at the Kanvwotiyi Residential Treatment Center.



MEN'S HOME



CHEROKEE COUNTY CLINIC



TSALI CARE CENTER

**Initiative 3.4.2:** Utilize the Tribal resources that have been appropriated for Substance Abuse treatment to increase access to Medication-Assisted Treatment and Opioid Treatment Programs and increase the number of participants in the Medication-Assisted Treatment programs.

**Initiative 3.4.3:** Achieve full fidelity to the Integrated Child Welfare Team model, consistent with the original vision and Tribal Code.

**Initiative 3.4.4:** Acquire the Behavioral Health workforce needed to be a strategic partner to the Tribal Child Care services.

**Initiative 3.4.5:** Work with local and regional partners to develop more accessible child crisis services in the five western counties of North Carolina.

**Objective 3.5:** Consistent with our stewardship responsibilities to the Eastern Band of Cherokee Indians, we will endeavor to increase the proportion of gross revenue from non-gaming sources.

**Initiative 3.5.1:** Develop and strengthen processes, policies, and procedures that ensure the highest level of reimbursement from health care insurance.

**Initiative 3.5.2:** Develop and implement a committee to focus on insurance payments for Tribal beneficiaries and non-Tribal beneficiaries, who are eligible for Eastern Band of Cherokee Indians health services under Indian Health Service 42 Code of Federal Regulations and Tribal Resolution.

**Initiative 3.5.3:** Develop, approve, and execute policies and procedures to effectively manage money received from grants.

**Initiative 3.5.4:** Develop a process to ensure grant writing staff identify funding resources that align with the Strategic Plan.

**Initiative 3.5.5:** Evaluate, develop, and revise the policies and processes for insurance reimbursement in all areas of the Hospital.

**Initiative 3.5.6:** Conduct an analysis of third-party resource systems at CIHA to possibly create a functional internal system focused on generating revenue, avoiding cost, and educating patients.

**Objective 3.6:** Restructure the Purchased/Referred Care program to enhance the acquisition of specialty care from the market, creating a seamless referral process for patients and providers while controlling cost per capita.

**Initiative 3.6.1:** Develop standard policies and practices for the Managed Care Committee that improve efficiency and effectiveness.

**Initiative 3.6.2:** Revise the structure of the Purchased/Referred Care department so that it better aligns with the functions and key processes within the department.

**Initiative 3.6.3:** Explore opportunities for the Purchased/Referred Care program to appear more like a commercial insurance plan so as to avoid unnecessary billing errors in billing by outside providers.

**Objective 3.7:** Continue to meet the requirements of a AA Bond Rating [Fitch (credit) Ratings] consistent with our peer groups, which is indicative of financial sustainability and the offerings of safe and secure investment potential.

**Initiative 3.7.1:** Increase the number of patients enrolled in the Federal Health Insurance Exchange by increasing the span of the Affordable Care Act sponsorship program.

**Initiative 3.7.2:** Achieve financial stability for Tsali Care Center.

**Objective 3.8:** Successfully transition to a new health information management system to improve quality of care and operational efficiency.

**Initiative 3.8.1:** Continue participation in Indian Health Service subgroups:

- Information Systems Advisory Committee;
- National Council of Informatics.

**Initiative 3.8.2:** Create a data committee who will have the authority to make decisions about all aspects of data management.

**Initiative 3.8.3:** Develop a plan for cash reserve and investment for new Electronic Medical Record system.

**Objective 3.9:** Assume management responsibilities for the Unity Healing Center, utilizing a 638 Title V contract.

**Initiative 3.9.1:** Secure tribal support and/or federal legislation authorizing a tribe to contract management responsibilities of the Unity Healing Center.

**Initiative 3.9.2:** Deploy a planning and implementation process subject to final federal authority.

**Objective 3.10:** Be awarded a State Malcolm Baldrige Level 4 Excellence Award from Tennessee Center for Performance Excellence.

**Initiative 3.10.1:** Be awarded a State Malcolm Baldrige Level 2 Commitment Award from Tennessee Center for Performance Excellence.





**CHEROKEE INDIAN  
HOSPITAL AUTHORITY**