OUR PROMISE TO ARKANSAS:

UNPRECEDENTED CHILD HEALTH.
DEFINED & DELIVERED.

ARKANSAS CHILDREN'S STRATEGIC PLAN 2020-2025

Arkansas Children's

HOSPITALS · RESEARCH · FOUNDATION

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Arkansas Children's

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VISION

Our Promise:

Unprecedented Child Health.

Defined and Delivered.

MISSION

We champion children

by making them better today

and healthier tomorrow.

VALUES

SAFETY

We are vigilant about creating an error-free environment for patients, families and team members.

TEAMWORK

We coordinate, communicate, cooperate and collaborate to ensure mutual respect and the highest level of service for our patients, families and team members with diverse backgrounds and perspectives.

COMPASSION

We demonstrate empathetic and equitable care and concern for patients, families and team members.

EXCELLENCE

We achieve the highest of standards and serve with distinction in order to be the best.

UNPRECEDENTED CHILD HEALTH:

THE TIME IS NOW. ARE WE READY?

A MESSAGE FROM MARCY

More than five years ago, Arkansas Children's set out to transform the way healthcare is delivered to the children of Arkansas and beyond. Together, we built a hospital for the children of Northwest Arkansas. We expanded our clinic in Jonesboro, offering more specialties and testing. We established a pediatric clinically integrated network comprised of professionals statewide who provide coordinated and accountable primary care. We formed the Nursery Alliance to address infant mortality and provide support to newborn nurseries and neonatal intensive care units across Arkansas. We expanded dental outreach and programs throughout the Delta and southern region of our state. And we did so while earning Magnet® status at Arkansas Children's Hospital and landing multiple specialties on the *U.S. News & World Report* list of "Best Children's Hospitals" year after year.

With this success, it's time now to turn our attention to the road ahead. What must we do in the next five years to make Arkansas the safest, healthiest place to be a child? First, we must continue to fulfill our promise to the state: Unprecedented child health. Defined and delivered.

We have our work cut out for us for many reasons. COVID-19 has changed the way we operate. Masks are part of our dress code for the foreseeable future. Entire teams have worked from home for several months and are likely to do so for a few more. Our clinical teams and frontline staff adapt daily to new visitor restrictions, testing procedures, cleaning processes and more. We've shifted as needed, and one thing remains steadfast: our ability to deliver effective, compassionate medical care in clean, child-focused hospitals and clinics.

And in the midst of the pandemic, children's health and well-being remains at risk outside the walls of our hospitals and clinics. Consider this very real snapshot of one week in Arkansas last summer:

- An infant died of injuries sustained from co-sleeping with a loving, well-intentioned parent.
- A toddler was pronounced dead at the scene of a car accident. He was not properly restrained.
- Authorities were called to a home in Saline County, where they discovered the body of a young child in unthinkable conditions—the victim of unspeakable abuse.

Our primary work—delivering exceptional medical care to children—could not have saved these lives. But perhaps our outreach, education and advocacy efforts could. This is the work that will define and deliver unprecedented child health.

OUR STRATEGIC FRAMEWORK

About a year ago, we began envisioning a new five-year strategic plan. The planning process has been inclusive across the entire organization, as strategy doesn't belong to one leader, one professional group or department, one geographic location or one shift. Our aims require a new way of thinking. By working together, with grit and courage, we will be an organization with a bold strategy in a time that calls for one.

Over the next five years, we will:

1 **Solidify Arkansas Children's as a destination for pediatric care.**
We will embrace clinical excellence through signature programs, centers and institutes focused on specific disease conditions. We will continue to build relationships and partnerships with other entities focused on championing children.

2 **Address and improve the whole health of the child.**
We will focus on the first 2,100 days of each child's life. The 40 weeks of pregnancy and first five years of a person's life create a foundation for future health, happiness, growth, development and learning. We will expand service delivery, improve infant mortality, reduce adverse childhood experiences and expand preventative care and education. We will advance a culture of research and innovation by building a health-focused workforce prepared to boldly support a new era of child health. We will pursue a regulatory and legislative agenda to create the most beneficial environment for improved child health in Arkansas.

3 **Deliver healthcare without walls.**
Distance, availability and inefficiency challenge healthcare delivery for children in our state and region. We will create greater, easier access to specialized pediatric care for every child. We will build a pediatric healthcare network supported by a digital infrastructure that allows Arkansas Children's to anticipate an individual child's needs, work to keep them healthy, and deliver as much care as possible within a 60-mile radius of their homes, schools, family workplaces and communities.

Does this work seem overwhelming? Too complicated? Too risky? There will be days, weeks and months ahead when it feels like all three. There will be difficult failures and heroic successes. Our goal cannot be small improvements. We must be brave. We must aim higher than ever before. Children are depending on us.

We won't solve every health-related problem for children in Arkansas in the next five years. But we can build the framework for a groundswell of change. In the next five years, we will make progress that gives the state's most influential leaders and the broad community the confidence that together we can save and improve the lives of children in Arkansas.

THE TIME IS NOW. OUR CHILDREN ARE READY. AND BY EMBRACING STRATEGY, TAKING RISKS AND BEING BOLD...WE ARE READY, TOO.

Marcy Doderer, FACHE
President and CEO
Arkansas Children's

Child Health in Crisis

Arkansas is among the least healthy and least safe states for children.

Children across the state of Arkansas are born, grow and develop in a variety of family and community environments. These networks significantly influence the physical, mental and behavioral health of children over the course of their lifetimes. As the leading pediatric advocate in the state, it is crucial that we take a holistic approach to child development as we champion children.

The current state of child health is in crisis, and the economic, social and political stressors of our time exacerbate the systemic health challenges our children face. With nearly 80 percent of the factors impacting health existing outside the walls of our traditional anchor institution, we must think innovatively about how to redefine Arkansas as a safe and healthy place to be a child.

The State of Child Health in Arkansas

703,000 Children
(191,000 under age 5)[1]

Arkansas is among the least safe and least healthy places for a child to live.[2]

80% of child maltreatment fatalities involve at least one parent as the perpetrator; 44 children died from neglect or abuse in 2018 in Arkansas[3]

54% of children have experienced at least one adverse childhood event; the national average is 45%[4]

Arkansas has the 2nd highest infant mortality rate in the nation: 8.2 deaths per 1,000 live births or more than 300 infants per year[5]

48% of children are living in low-income households with a high housing-cost burden[6]

27% of children under 5 are living in poverty[7]

27% of children have one or more emotional, behavioral or developmental conditions[8]

23% of children have special healthcare needs[10]

11% of children are not in excellent or very good health[11]

Arkansas ranks 8th among states for unintentional injury. Unintentional injuries are the leading cause of death for children in the state.[12]

Arkansas had 8,538 substantiated cases of child maltreatment in 2018; for every confirmed case, there are two more cases that go unreported, bringing the estimated total to 30,000 cases of child abuse in Arkansas every year.[9]

Arkansas has the 4th highest rate of childhood trauma in the United States.[13]

GUIDING PRINCIPLES

Arkansas Children's pursuit of unprecedented child health is dependent on the tangible benefits and value we create. These are the fundamental beliefs upon which this plan is written:

1. Financial sustainability through efficiencies, philanthropy, grants and government support fuel child health progress.
2. Delivering the right care at the right time in the right space creates the right value and allows Arkansas Children's to serve more children.
3. A child health crisis—physical and behavioral—is brewing in Arkansas.
4. Arkansas is uniquely positioned to scale solutions to meet epic challenges.
5. Healthy parents and guardians are a child's best resource.
6. Strong communities are essential to a healthy childhood.
7. Progress is demonstrated through clear pathways, transparency and outcomes.
8. The evolving nature of child health requires a dynamic and agile approach.
9. Clinical expertise is the engine for everything we do.
10. Our highest priority partner is the University of Arkansas for Medical Sciences.

STRATEGIC PLAN
FRAMEWORK

3 PILLARS WHAT WE WILL DO

ADVANCE PATIENT CARE

Strengthen the continuum of care and embrace our unique role to serve the whole child.

BUILD COMMUNITY

Act boldly to develop safer, healthier communities and implement tests-of-change to demonstrate scalability.

CHAMPION EXCELLENCE

Search beyond Arkansas and achieve models of excellence to elevate our work to best in class.

3 DRIVERS HOW WE WILL DO IT

DIGITAL TRANSFORMATION

Harness the power of technology and systems to extend reach, efficiency and engagement.

PARTNERSHIPS

Build mutually beneficial and well-defined relationships to galvanize networks.

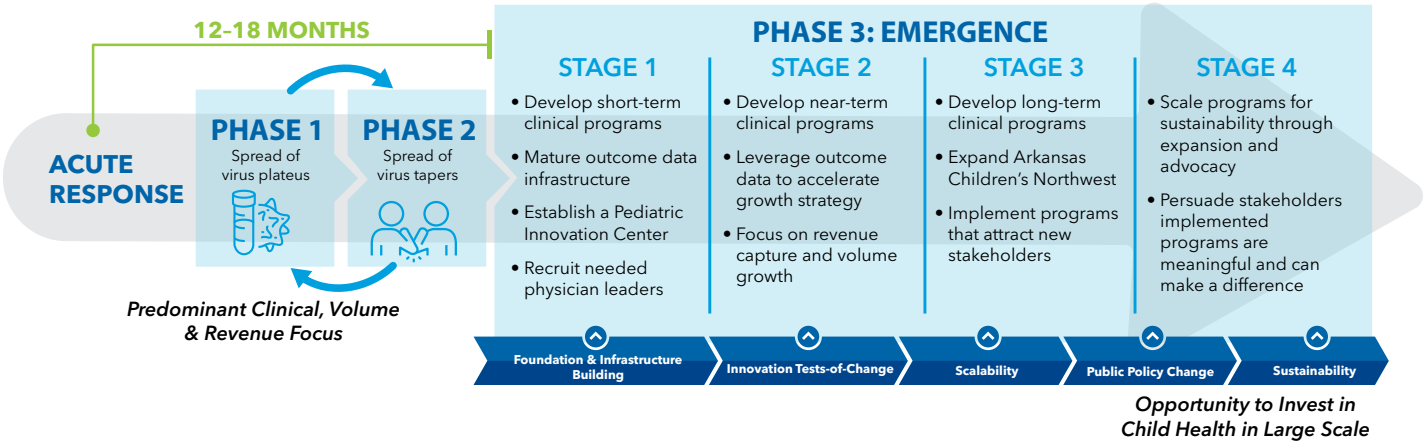
ADVOCACY

Promote a child first agenda that reprioritizes child health and advances public policy and community action.

Strategic Plan Timeline

Implement a phased approach to the strategy that accounts organizational, market and partnership readiness.

The interruption and impact created by the COVID-19 global pandemic required a revision to the initial draft of this strategic plan. While the revised plan largely charts the same focus and direction as the pre-COVID-19 plan, the prioritization of attention and effort has shifted in some areas. The significant need to rebuild base clinical operations and volumes will require an early inward focus over the first 12–24 months with a focus on scaling community efforts in Phase 3. The organization will remain responsive in order to adapt to new facts and realities with unprecedented speed and will increase emphasis on collaboration as we execute our recovery and stabilization strategies.



PHASE 1: RECOVERY

COVID-19 Focus

- Rebuilding of patient flow and volume
- Systematic review and reassessment of deferred care
- Short-term redeployment of workforce in focus and scale
- Ambitious pursuit of alternative payment sources
- Coordinated surge plan with area hospitals
- Comprehensive re-engagement of services plan, including national benchmarking, operational strategy, external relations campaign and predictive analytics effort.

PHASE 2: STABILIZATION

COVID-19 & Strategic Priorities Focus

- Near- to long-term appropriate redeployment of workforce in focus and scale
- Near- to long-term telehealth strategy
- Standardized virtual team experience
- Standardized social distancing experience
- Bold communications strategy encouraging timely care
- Advocacy to extend "emergency" regulatory shifts into long-term agreements
- Systemic adjustment to foundation and fundraising operations
- Unprecedented support to community healthcare partners
- Modeling and preparation for second wave of pandemic
- Exploration of pediatric market opportunities
- Near- to long-term clinical programs development

PHASE 3: EMERGENCE

Strategic Priorities Focus

STAGE 1

- Short-term clinical program development
- Establish a Pediatric Innovation Center
- Mature outcomes data infrastructure
- Recruit needed physician leaders
- Operationalize excellence across strategic imperatives
- Create internal synergies among team in space and effort
- Partnership and foundational-relationship building; align partner focuses

STAGE 2

- Near-term clinical program development
- Leverage outcome data to accelerate growth strategy
- Focus on revenue capture as well as volume growth
- Expand reach and strategic program development to maximize capacity and scale Arkansas Children's services to an evolving financial framework

STAGES 3 & 4

- Long-term clinical program development
- Expand Arkansas Children's Northwest
- Create new value through improvement in care pathway metrics
- Implement meaningful programs that attract new stakeholders
- Persuade new stakeholders that we can implement meaningful programs that make a difference
- Scale programs to be sustainable through expansion and advocacy

PILLAR:

Advance Patient Care

Strengthen the continuum of care and embrace our unique role to serve the whole child.

Advance Patient Care Imperatives

We will implement growth and solvency strategies, maintain a health outcomes focus and strengthen a commitment to delivering the right care at the right time in the right space. We will focus on the following five imperatives:

1 Nationally Ranked in Outcomes

Demonstrate universal excellence and relevance in specialty care.

By reaching more children with better outcomes than ever before, 10 strategic service lines will aim to achieve unprecedented progress in quality care. Each service line—Cancer; Cardiology & Heart Surgery; Diabetes & Endocrine Disorders; Gastroenterology & GI Surgery; Neonatal Care; Nephrology; Neurology & Neurosurgery; Orthopedics; Pulmonology; and Urology— will establish a five-year roadmap that prioritizes access, quality, growth and high-acuity care, digital transformation and research integration.

2 Arkansas Children's Northwest Anchored

Expand from community hospital to pediatric anchor.

Over the next five years, Arkansas Children's Northwest (ACNW) will expand from a community hospital to an anchor pediatric institution. ACNW will strengthen its clinical care hub and expand its outreach arm. Specific initiatives are aimed at maximizing capacity, increasing acuity level of care, formalizing research and education partnerships, expanding the physical plant, and recruiting and retaining a workforce that mirrors and meets the diverse needs of Northwest Arkansas.

3 Quaternary Care & Niche Services Development

Take a quantum leap for quaternary care.

As a leading children's hospital and the state's only pediatric health system, Arkansas Children's is solely responsible for providing excellent, highly specialized pediatric care to the children of Arkansas. For more than a century, families have turned to Arkansas Children's to care for the most complex childhood illnesses and injuries. Arkansas Children's embraces this responsibility and will significantly expand high-acuity, or tertiary, care and the types of highly advanced medicine and novel procedures, or quaternary care and niche programs, available to patients from Arkansas, surrounding states and across the globe. These expansions of existing program components—along with new program development—will treat complex disorders and life-threatening diseases. The development of a coordinated, seamless patient experience will significantly increase the ability to serve children locally, regionally and internationally.

4 Coordinated Primary Care

Ensure a robust and solvent statewide pediatric primary care network focused on health.

Primary care is fundamental to achieving unprecedented child health and foundational for overall child development. To impact child health outcomes, we will create a coordinated system of primary care focused on the holistic needs of the patient and family. To positively impact child health outcomes in the state, Arkansas Children's will leverage a community-based and collaborative preventative care model by investing in its clinically integrated network and establishing operational excellence in hospital-based and community clinics.

5 60-Mile Commitment to Every Child

Expand the statewide network to include care hubs within a 60-mile radius of every child.

Preventative care and a medical home play a crucial role in unprecedented child health. Yet 55 percent of Arkansas children are without a medical home and 72 of 75 Arkansas counties are medically underserved.[14, 15] To better serve the more than 703,000 children in Arkansas, we will expand statewide care delivery through a partnership model so that every child has a connection point to Arkansas Children's within 60 miles of their home.

Expand Hospital-Based and Community Clinic Presence

Strengthen Healthcare Partnerships

Advance Patient Care

Chief Aims, Key Indicators and Drivers will guide, measure and accomplish the imperatives and core strategies that will advance patient care.

CHIEF AIMS

- **Ensure every child has the care they need in Arkansas, regardless of ability to pay.**
- **Develop a regional and national specialization.**
- **Incentivize and build capacity for high-acuity care.**
- **Guarantee access to care within 2 weeks.**

KEY INDICATORS

- ↑ Children served from Arkansas
- ↑ Children served from outside the state
- ↑ National rank of strategic service lines in outcomes by 2025
- ↑ Acuity of care
- ↑ Payor mix
- ↑ Number and diversification of network providers
- ↑ Market share
- ↑ Timely access to service
- ↑ Access to provider of choice when requesting appointment
- ↑ Start at least one new program or elevate an existing program each year
- ↑ Financial performance in contracts
- ↑ Establish core set of quality and health measures
- ↑ Improve core set of quality and health measures
- ↓ Unnecessary emergency department visits for children assigned to an Arkansas Children's primary care provider

DRIVERS

DIGITAL TRANSFORMATION

- Low-Acuity Care Delivery
- High-Acuity Care Communication
- Emergency Department Telehealth
- Behavioral Health Care Delivery
- Outcomes Data Democratization

PARTNERSHIPS

- UAMS–Quaternary Care & Statewide Digital Network
- Community Hospitals–Emergency Departments
- State Employers & Payors
- Referring Provider Network
- Clinically Integrated Networks

ADVOCACY

- Telehealth Parity
- Prioritize Unique Value Proposition of Pediatric Healthcare
- Health Outcomes Data Transparency
- Alternative Delivery Models

PILLAR:

Build Community

Act boldly to develop safer, healthier communities and implement tests-of-change to demonstrate scalability.

Build Community Imperatives

We will act boldly to develop safer, healthier communities, giving particular focus to four interconnected issues: adverse childhood experiences, infant mortality, vaccination compliance and expanded access to behavioral health resources. Two imperatives will guide this work:

1 A Focus on the First 2,100 Days of Life

Scale efforts to address traumatic events and critical child health threats.

The 40 weeks of gestation and first five years of a child's life create the foundation for future health, happiness, growth, development and learning achievement. In order to build a community of healthy children, Arkansas Children's will scale efforts that create meaningful improvements to critical child health metrics. The health system's bold commitment to being a lead partner in social solutions will address healthy neighborhoods, child abuse intervention and prevention, unintentional injury prevention, and prenatal, neonatal, home visiting and vaccination.

Arkansas Children's work will depend on the ability to leverage county-level and neighborhood partnerships to create meaningful impact in communities. This strategic approach embraces the interconnectedness of these health threats and focuses on parent empowerment, clinical integration of social risks, prevention research and predictive analytics, and broad-based public advocacy.

2 Behavioral Health

Become a change agent for better mental and behavioral health.

One in four Arkansas children has at least one developmental, emotional or behavioral health issue, ranging from normal stress to serious trauma.[8] When a child in Arkansas requires care for behavioral health, lack of access to a comprehensive and coordinated system of services leaves their families in a dilemma.

Many community pediatricians do not feel adequately trained to identify or treat these conditions. Families who visit Arkansas Children's for medical care naturally turn to our providers for their behavioral health needs. In FY19, Arkansas Children's Hospital and Arkansas Children's Northwest saw more than 28,000 patient encounters with children who had a behavioral health diagnosis.

Arkansas Children's will engage broad-based partners, sharing data, focusing on early detection and intervention, and coordinating resources to provide timely access to care. This work will include growth or development of an autism center, ambulatory specialty programs, inpatient partnerships, embedded behavioral pediatric care and adolescent substance abuse programs.

27% **OF ARKANSAS CHILDREN** has at least one developmental, emotional or behavioral health issue[8]

28,000 **PATIENT ENCOUNTERS** at Arkansas Children's with a patient who had at least one behavioral health diagnosis in FY19

1 **CHILD PSYCHIATRIST FOR EVERY 12,500 CHILDREN** under 18 in Arkansas[16]

Build Community

Chief Aims, Key Indicators and Drivers will guide, measure and accomplish the imperatives and core strategies that will build community.

CHIEF AIMS

- **Establish county-level partnerships.**
- **Address social risks in clinical care.**
- **Focus on early drivers of child development.**
- **Commit to parent empowerment.**

KEY INDICATORS

- ↑ Public awareness
- ↑ Statewide resources
- ↑ Commissioned or funded child health studies or grants (specific focus on injury and safe sleep)
- ↑ ACH Nursery Alliance partner engagement
- ↑ Utilization of home visits
- ↑ Compliance (visit, medication, therapy)
- ↑ Closed loop referrals for resources or services aimed at reducing infant and parent risk factors
- ↑ Primary Care Physician behavioral or mental health visits
- ↑ Social risks screening
- ↑ Vaccination rates
- ↓ Emergency department visits & length of stay

DRIVERS

DIGITAL TRANSFORMATION

- Multi-Generational Centralized Well-Child Care Model
- Early Childhood Data Analytics and Research Hub

PARTNERSHIPS

- UAMS–Behavioral Health
- Community Hospitals–ACH Nursery Alliance
- Natural Wonders Partnership
- Behavioral Health Providers
- Arkansas Department of Health
- Predict, Align, Prevent

ADVOCACY

- Behavioral Health Expansion
- Vaccination Compliance
- Injury Prevention
- Limit Social Risks: financial, housing and food insecurity


KUMAR
PA
FRIDAY

PILLAR:

Champion Excellence

Search beyond Arkansas and achieve models of excellence to elevate our work to best in class.

Champion Excellence Imperatives

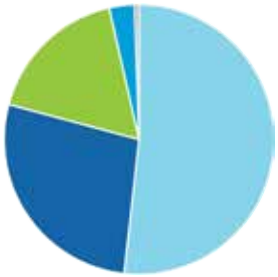
Arkansas Children's will align, develop and focus our workforce to deliver unprecedented child health through the following imperatives:

1 Diversity, Equity & Inclusion

Ensure diversity, equity and full inclusion among our team, leadership and governance, and the families we serve.

Arkansas Children's will create and deliver an organizational culture where everyone feels valued and actively participates in helping Arkansas Children's achieve the mission of championing children by making them better today and healthier tomorrow. Racism stands firmly in the way of attaining unprecedented child health in Arkansas. Arkansas Children's remains vigilant in its quest for a diverse and inclusive community and in standing against racism and discrimination wherever it exists. Over the next five years, the organization will extend its commitment to actively create an anti-racist environment across the entire health system rooted in diversity, health equity and inclusion. We will set an example for the communities we serve.

PATIENT DEMOGRAPHICS

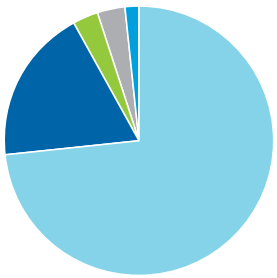


Ethnicity

- 51% White
- 27% Black or African American
- 17% Other*
- 3% Unknown
- 0.5% Pacific Islander

**Identified as American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander*

EMPLOYEE DEMOGRAPHICS



Ethnicity

- 74% White
- 19% Black or African American
- 3% Hispanic or Latino
- 2% Other*
- 2% Biracial

**Identified as American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, or Undeclared*

2 Quality, Safety & High Reliability

Lead with outcomes and transparency to become a highly reliable organization.

Through operational discipline and data democratization, Arkansas Children's will relentlessly monitor and pursue quality, safety and high reliability. Excellence in this work will advance the organization's safety culture and drive value and brand. Arkansas Children's will solidify its standing as the provider of choice through market share, referral patterns, consumer brand data and volume growth. Arkansas Children's will mobilize teams across the organization to exercise agility in using data to measure the past, understand the present and predict the future, focusing on safety and quality; engagement; value; and reputation and brand.

3 Research & Innovation

Integrate research and innovation across the organization.

Every day at Arkansas Children's, clinical leaders and healthcare professionals make critical decisions concerning the treatment of infants, children and adolescents. These decisions emanate from knowledge—organized information that is born from research discoveries, evidence-based practices and innovation. Unfortunately, there are many diseases for which there are no cures, treatments that are less than optimal for numerous health conditions, and prevention strategies for diseases and illnesses that simply don't work 100 percent of the time. Integrating research and innovation across the organization is essential in discovering a healthier tomorrow. Additionally, an active research and innovation program will attract top physicians, scientists and technology staff members. National recognition as a creative force in pediatric healthcare will develop as new diagnostics, devices and therapeutics are evident in research and other work conducted across the Arkansas Children's enterprise.

To improve the health and well-being of children in Arkansas and beyond, research and innovation strategies will revolutionize our culture of curiosity and creativity throughout Arkansas Children's today. This will advance the knowledge that will guide the way we prevent and treat injury and illness tomorrow.

4 Team for the Future

Build, support and leverage a team who will create a new era of health.

We will dedicate resources to ensure Arkansas Children's workforce has the skills needed to achieve our mission and vision, the motivation to contribute to excellence, and the engagement to sustain our collective efforts year after year. We will invest in a forward-thinking model that ensures alignment, recruitment, retention and training. By leveraging data analytics, artificial intelligence and partnerships, we will create an efficient and innovative team. In addition, building a team of teams culture will allow us to address employee health and development holistically. The complex challenges facing the healthcare system, consumer demands and a vision to create unprecedented child health in Arkansas require a deep focus on aligning our workforce, building and supporting our team, and focusing our collective effort on strategic priorities that will create meaningful change.


Arkansas
Children's

Champion Excellence

Chief Aims, Key Indicators and Drivers will guide, measure and accomplish the imperatives and core strategies that will champion excellence.

CHIEF AIMS

- **Create a team of teams environment.**
- **Leverage a mission-focused, diverse and healthy team.**
- **Lead with courage and transparency.**
- **Work at the top of our license.**
- **Think like a start-up.**

KEY INDICATORS

- ↑ Patient engagement
- ↑ Employment engagement
- ↑ Workplace safety
- ↑ Diversity of staff at all employment levels
- ↑ Active employee talent profiles
- ↑ Diversity of contracted vendors
- ↑ Health outcomes for employees
- ↑ Health equity in patient care
- ↑ State and regional recognition of employer excellence
- ↑ Patient participation in clinical trials
- ↑ Patent or invention disclosures
- ↑ Licensing deals
- ↓ Operational costs
- ↓ Employee turnover rate (less than national average for comparable institutions)
- ↓ Serious safety event rate
- ↓ Preventable harm measures

DRIVERS

DIGITAL TRANSFORMATION

- Workforce Analytics Model
- Patient Electronic Health Record Research Integration

PARTNERSHIPS

- UAMS-National Cancer Institute Designation
- Innovation Accelerator Partners
- Children's Hospital Association
- Arkansas Biosciences Institute Partners

ADVOCACY

- Industry Quality and Safety Transparency


children by making
today and healthier
American Well

Drivers

Propel child health efforts by focusing on and taking full advantage of digital transformation, partnerships and advocacy.

Drivers

Advancing child health in Arkansas will require effort that extends far beyond any one organization. Three drivers will ensure the broadest effort is employed:

Digital Transformation

Harness the power of technology and systems aimed at greater efficiency, reach and engagement.

Capitalizing on digital transformation across the organization provides powerful opportunities: increased efficiency, maximized reach and shared understanding, and the creation of seamless and excellent experiences. A comprehensive virtual health strategy will be a critical way to meet consumer demand, expand partnerships, extend footprint, improve workflow efficiencies and increase access, particularly for those patients with chronic conditions. In many ways, digital transformation is one of the most important drivers in delivering the right care at the right time in the right space, and in honoring our commitment to care close to home.

CHIEF AIMS

- Embed across all strategic subspecialties.
- Prioritize provider engagement and competency.
- Lead with patient convenience and choice, reach and need.
- Optimize our Digital Front Door.

KEY INDICATORS

- ↑ Patient utilization of Digital Front Door
- ↑ Provider engagement
- ↑ Value of telemedicine
- ↑ Virtual care and consults

WHAT PATIENTS & FAMILIES WANT

NATIONALLY

63% of millennials interested in online scheduling said they would switch providers for the ability to book online[17]

78% of consumers say they would be interested in receiving virtual health services, but only 1 in 5 has had that opportunity[18]

AT ARKANSAS CHILDREN'S

80% want to schedule an appointment online[19]

Partnerships

Build mutually beneficial and well-defined relationships to galvanize networks.

The future of child heath in Arkansas rests on working together with partners across the state to advance a child first agenda. No one organization can solve the multi-faceted problems before us, and progress on one issue alone will not solve the systemic issues facing children. Arkansas Children's must identify well-defined, mutually beneficial relationships to help achieve the shared goal of unprecedented child health. Arkansas Children's will establish a well-developed, statewide network of partners, and we will use the existing relationship between Arkansas Children's and the University of Arkansas for Medical Sciences (UAMS) as the basis for migration to expand our strategic partnership.

CHIEF AIMS

- Maximize existing connections.
- Increase impact of current relationships.
- Learn and grow as value-add partners.
- Unite health strategies.
- Reduce duplication of effort.

KEY INDICATORS

- ↑ Partnership assessments and agreements
- ↑ Dollars raised through gifts and grants

Advocacy

Promote a child health agenda to advance public policy and community action.

Through regulatory, public and legislative advocacy, we will advance efforts that increase access through telehealth, promote higher value care across providers and address social risk factors that lead to adverse childhood experiences. We are committed to not being the single advocate and determining the best voice to lead the agenda.

CHIEF AIMS

- Be the voice and vote for children.
- Focus on opportunities to jointly sponsor initiatives.
- Create actionable change.

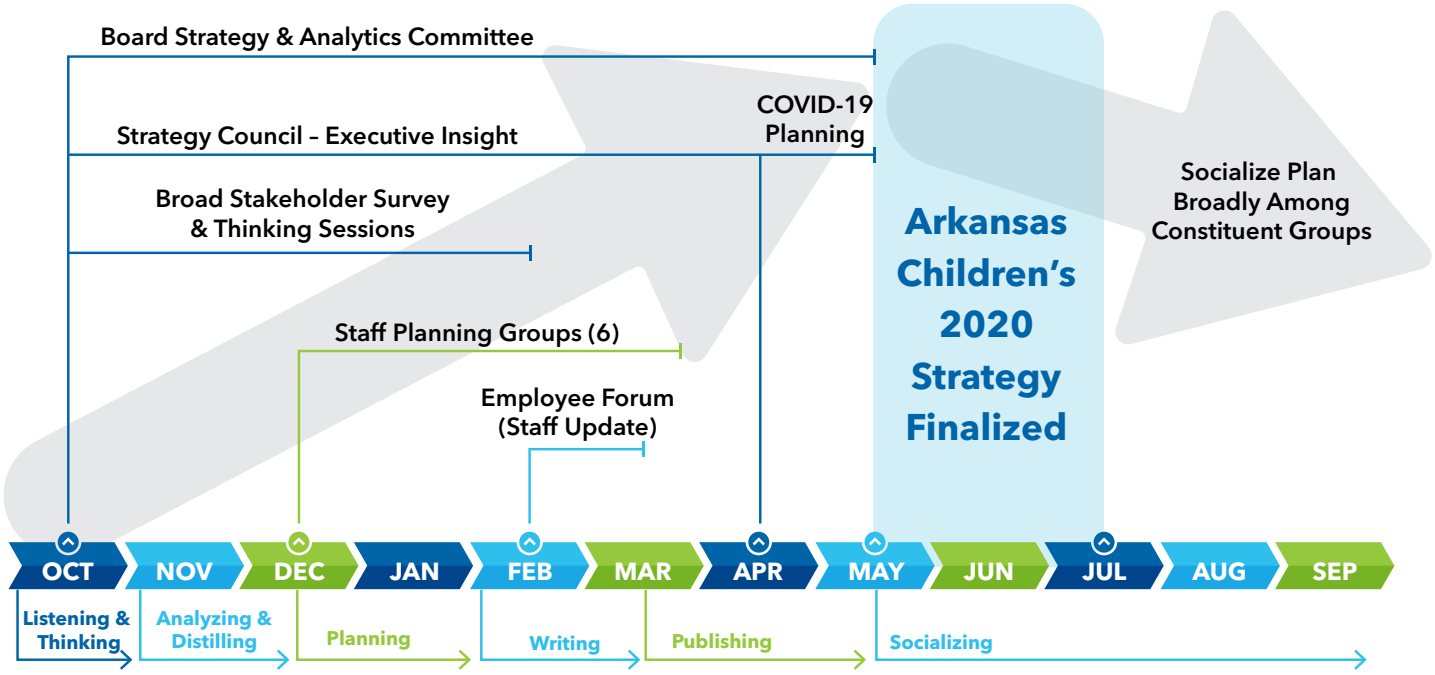
KEY INDICATORS

- ↑ Regulatory or legislative change
- ↑ Public awareness

Appendix I
Planning Process

Strategic Planning Process Overview

The 2020–2025 strategic planning process was a condensed process that took place from October 2019–June 2020. The planning process was the most broad-based process we've engaged in to date. We received listening session feedback from nearly 500 stakeholders and we engaged more than 100 leaders in the actual planning of ideas. Every member of the senior team and several physician chiefs were engaged in the conversation and asked to put their fingerprints on the plan. The Arkansas Children's, Inc. Strategy and Analytics board committee provided governance guidance, and all governing boards were updated regularly throughout the process. The chief executive officer and chief strategy officer jointly distilled the information, charted the five-year direction and authored the strategy.



Thinking Sessions

The 2020–2025 strategic planning process began with broad-based thinking *and* listening across the organization and community. We gathered 440 staff members, Arkansas Children's and UAMS leadership, families and community leaders, providers and physicians, and board members over the course of 23 sessions. Together, we discussed our future together and considered what we will achieve next for children in Arkansas. More than 2,566 comments were recorded from the thinking sessions, addressing the following questions:

- What is the core problem facing the customer/patient family/child?
- What is the strategic threat/heartbeat of Arkansas Children's?
- How are we prepared to deliver health through our current model? In what ways do we already do this work?
- Now DREAM! How could we deliver health in the next 3–5 years?
- What are the biggest sources of uncertainty or challenge we face in achieving our vision over the next 3–5 years?
- What do you think will keep us from achieving our vision in the next 3–5 years?
- If you could choose only one initiative for Arkansas Children's to focus on in the next 3–5 years to advance our vision, what would it be?

Thinking Session Results

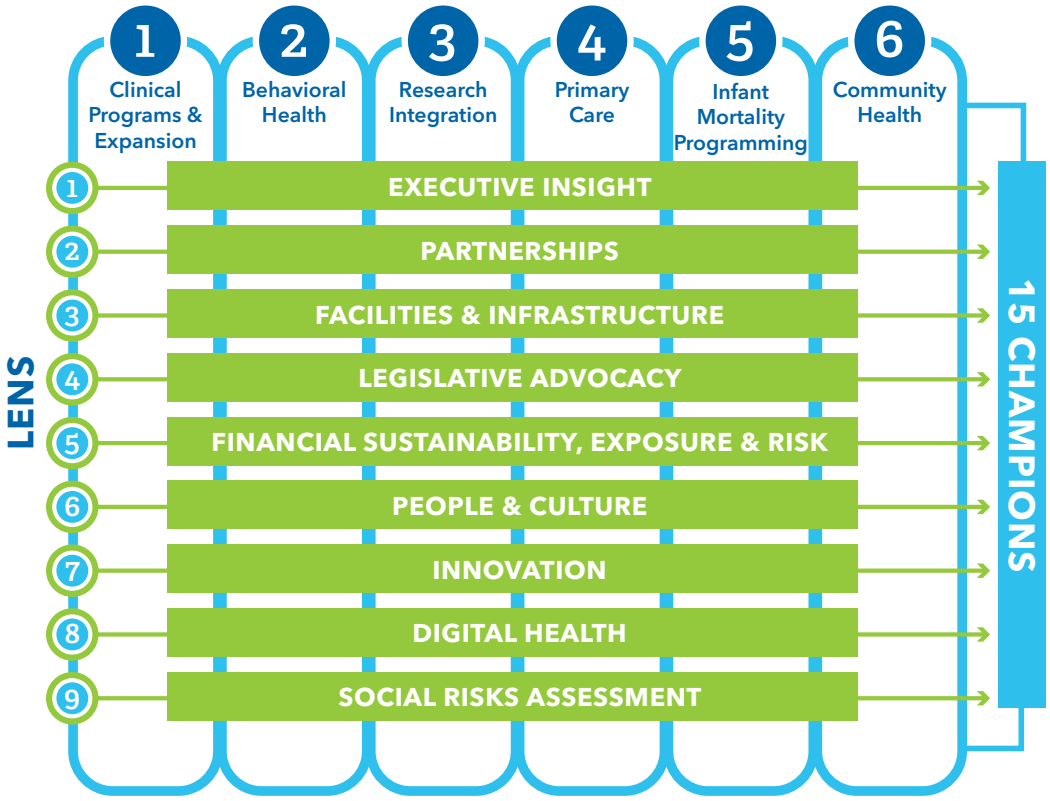
Common threads across all seven questions were:

Recruitment & Retention
Partner with UAMS to recruit, retain and train physician leaders and mission-critical specialists. There is also a need for more nursing staff and more support in managing patients' holistic needs. Participants identified the burnout of our current workforce as a risk.

Access to Care Close to Home
Improved access to providers and services when families need it and, when possible, access to community services.

Social Risks
Many social risks underpin the health problems facing children. These include (but are not limited to) poverty, lack of transportation, inadequate housing and food insecurity.

Health Literacy & Pediatric-Specific Education
There is a significant need for broad-based education for parents. Topics include: navigating the insurance and healthcare system and understanding the importance of vaccines and primary care. Easy access to health resources is a challenge for families, providers and first responders.



Partnerships
The need to develop partnerships is crucial as we aim to improve the health of children statewide. Specific partnerships include UAMS, schools and communities.

Executive Insight

The Arkansas Children's leadership team identified six strategic and connected contexts that present critical opportunities for new and expanded strategies. These contexts are focused on fulfilling our promise: Unprecedented child health. Defined and delivered. Each context required the planning groups to wrestle with system-level strategies that reimagine our approach in prioritizing child health and well-being.

Leadership Planning

We formed six planning groups around the *six strategic and connected contexts* identified. In addition to the six planning groups, specific areas of the organization touched each topic. These "lenses" bring important information forward and consider where synergies could exist across multiple groups.
The planning groups included subject matter experts, general big-picture thinkers and lens representation. They met for six weeks with the following directives for addressing each specific topic:

1. Impacts a **critical health need**
2. Drives **organizational-wide perspective** and anticipates implications
3. **Leverages data** to drive strategy and measure impact
4. Analyzes benchmark data to implement best practice and innovation strategically
5. Considers organizational plans and **maximizes alignment** for physician recruitment, facility plans and worked HR/unit benchmarks
6. Includes a **sustainable funding formula** for the maximum gain or minimal loss (leverages revenue, partnership, philanthropy, etc.)

As the groups met, they used many sources of information to guide big ideas:

- National, state and organizational trends
- Legislative and regulatory overview
- Consultant and benchmarking reports
- Thinking session data
- Master facility plan
- Physician recruitment plan
- Pro-formas and projections

At the end of six weeks, the groups submitted 51 big ideas. Senior leadership distilled the ideas into approximately 20 initiatives and summarized the initiatives for the broader planning team. The planning team met for an all-day retreat and framed the strategic plan around these 20 initiatives, ranking and discussing them in terms of importance, impact and cost. The senior team, under the direction of the chief strategy officer and chief operating officer, helped refine the plan in light of physician leadership feedback and the COVID-19 pandemic.

Board Approval

The plan was slated for presentation to the board in April 2020. However, in mid-March, Arkansas Governor Asa Hutchinson closed schools and businesses due to the threat of COVID-19. Arkansas Children's shifted focus to preparation for the pandemic. As a result, the Arkansas Children's, Inc.., Board of Directors considered the 2020 Strategic Plan for approval on June 17.

Strategic Contexts

1. Clinical Programs & Expansion

The clinical enterprise is the heart and soul of Arkansas Children's. This group will focus on the secondary, tertiary and quaternary programs and embrace our core work. Leaders should explore three lanes:

1. Growing volume across all sites of services;
2. Improving outcomes while providing exceptional care;
3. Exploring tertiary and quaternary signature programs upon which we build a strategy to grow.

Additionally, leaders should identify work we are not doing because it is not our core business, but is still work that could impact our health system or the pediatric population. In these instances, leaders should consider how we (a) expand our services to include new programs or (b) facilitate business and clinical partnership opportunities for others that could ultimately elevate the conversation, impact our outcomes and enhance our brand. Leaders should wrestle with how to maximize health through clinical support tools and how to utilize UAMS and ACMG providers. Leaders should determine what implications these strategies have on Medicaid reimbursement or the need for Medicaid regulation advocacy, and if there is a role for reimbursement-qualified telemedicine that creates capacity, access or experience as part of the overall strategy. Leaders should also wrestle with which metrics, benchmarks and rankings will drive our journey to nationally reputable clinical care over the next 5 years. In short, how can we focus our resources to become great?

Guardrails: (1) No new inpatient beds or tower in Little Rock, (2) Years 1–4 at ACNW should focus on program growth to setup capital expansion, and (3) clinical programs and expansion solutions should be initiative with the heaviest investment, will drive revenue for all other work.

2. Behavioral Health

At Arkansas Children's, we know a child's behavioral health is just as important as physical health—and both are essential to overall well-being. Unfortunately, the number of children and youth diagnosed with behavioral health disorders, including mental health and intellectual or developmental disabilities, is on the rise.

- 7.4% of children ages 3–17 have a diagnosed behavioral problem[20]
- 50% of all mental illness begins by age 14[21]
- 2nd leading cause of death for young people ages 10–14 is suicide[12]
- Almost double the number of admissions and emergency department visits from suicide attempts at children's hospitals from 2008–2015[22]
- 40% of these kids were seen in an emergency department and 77% were seen in primary care the year prior to suicide[23]

Arkansas lacks a comprehensive solution for the behavioral health needs of Arkansas' children and, because reimbursement is insufficient and human resources are scarce, financially viable strategies are complicated.

The encouraging news: children's hospitals all over the country are solving for this national epidemic at this very moment. The potential solutions are out there: Screening, integration with primary care, telemedicine, community partnerships, public/private collaborations and innovative emergency department solutions are all on the table. Health systems just like ours are piloting additional programming and training in substance abuse care, autism and eating disorders, which are contributing to new pathways for healthier tomorrows. Leaders in this group should wrestle with pediatric behavioral health in Arkansas holistically and then think through how Arkansas Children's *and* other partners can contribute to the overall solution. Leaders should determine what implications these strategies have on Medicaid reimbursement or the need for Medicaid regulation advocacy. Caution: Be mindful of operational dialogue and be quick to "buzz out" when it occurs.

Guardrails: (1) No solely owned or operated inpatient behavioral health solution, and (2) Solution should not be Little Rock-centric only.

3. Research Integration

Research transforms healthcare and Arkansas Children's Research Institute (ACRI) serves as a critical component of our academic mission and an innovative vehicle to deliver on our promise of unprecedented child health. Arkansas Children's is proud to have the state's only pediatric research institute, and we are committed to creating a healthier future for children in Arkansas and beyond. ACRI's research priorities focus on childhood nutrition and obesity; allergy, immunology, and cancer; population health; and biomedical and surgical research. To move the ACRI strategy forward and truly create a healthier tomorrow, we must fully integrate research into the clinical enterprise and diversify sites of research across sites of service. Leaders should wrestle with how to create an integrated research strategy across the organization, how to generate additional funding and partnerships, and provide clarity around what role self-directed and partnership entrepreneurial research efforts should play.

Guardrails: (1) Plan should focus on infrastructure to generate funding and faculty awards, and (2) No research labs at ACNW in next 5 years.

4. Primary Care

Often times, primary care is the front door to Arkansas Children's. This work is a crucial lever in integrating health outcomes and clinical decision-making that will change the trajectory of child health. Today, primary care at Arkansas Children's is in need of a long-term philosophy that guides our identity and operational discipline and creates a consistent patient and provider experience. Our organization has historically offered primary care services to fulfill the academic teaching mission, which prioritizes resident education as the chief aim. However, today we see nearly 60,000 patient visits a year and have expanded into three faculty provider clinics, two clinics with non-faculty providers and a clinically integrated network. Who are we and who should we be? Leaders should wrestle with how to maximize health through clinical support tools and how to utilize and align University of Arkansas for Medical Sciences (UAMS) and Arkansas Children's Medical Group (ACMG) providers. Leaders must determine what implications these strategies might have on Medicaid reimbursement or whether there is a need for Medicaid regulation advocacy. Leaders should also consider if there is a role for reimbursement-qualified telemedicine that creates capacity, access or experience as part of the overall strategy.

5. Infant Mortality Programming
Generally, communities with low infant mortality have healthier children. Arkansas has the second-highest infant mortality rate in the nation with 8.2 deaths per 1,000 live births.[24] Additionally, Arkansas has one of the highest rates of mortality in the nation for infants of non-Hispanic white women at 7.0 deaths per 1,000 live births.[25] The infant mortality rate and percentage of births and deaths varies significantly among Arkansas counties and regions. The two most common causes of neonatal mortality (birth–27 days) are birth defects and prematurity, whereas the top causes of post-neonatal death (older than 27 days–less than one year) are sudden infant death syndrome and birth defects.[26] How will Arkansas Children's leverage a statewide network of clinical care along with education and strategic partnerships to solve this epidemic? Leaders should wrestle with how to meet children and neonates where they are, how to expand and reimagine our Nursery Alliance and Home Visiting programs and how to create a collaborative and measurable impact through existing or new strategy.

Guardrail: Arkansas Children's will not invest in labor and delivery services on its campuses.

6. Community Health
According to the Robert Wood Johnson Foundation, "As anchor institutions, hospitals and health systems are well-positioned to invest resources in creating healthier communities."[27] Arkansas Children's has resources, networks and strengths extending far beyond our clinical enterprise that can help create more opportunities for community health. No two Arkansas communities look the same nor does Arkansas Children's have a presence in every community. Leaders should wrestle with defining the "value equation" for an Arkansas Children's community health strategy; understanding and balancing the needs and wants of those who live within these communities with some form of ROI for Arkansas Children's. Leaders should work toward solutions that are concentrated enough to create impact while also creating a guiding statewide strategy for community health that has different applications in communities where our bricks-and-mortar or program presence vary. An overall strategy will likely include community engagement, neighborhood redevelopment initiatives, education and outreach, and advocacy. Leaders should identify at least one health outcome in metrics for success and should create a strategy that extends beyond any one hospital or facility.

Guardrails: (1) Creation of new entities requires board action and approval, and (2) Community health solutions should not be Little Rock-centric only.

Planning Groups

Thank you to the more than 100 Arkansas Children's team members who took part in the leadership planning groups:

Alina Grammer
Allen Harrison
Allison Thomas
Amanda Nipper
Amy Allen
Amy Cress*
Amy Koresdoski
Amy Stephenson
Andy Dick
Ann Kruger*
Annie Key
April Shepard
Ashley Antipolo
Ashlie Hilbun*
Barry Brady*
Ben Wingfield
Beth Petlak*
Blair Neel
Bolton Kirchner
Brandon Beam
Brent Fairchild
Brent Thompson*
Carla Sparks
Carol Maxwell
Carrie Lee
Carrie Smith
Catherine Young
Chanda Chacón*
Chanta Wells
Cheryl Edwards
Chet Howard
Chris Byrd-Roberts
Cindy Hill
Cindy Martin
Clay Shuffield
Diana McDaniel*
Ellen Smith
Emily McCoy
Enid Olvey*
Erica Phillips
Erin Parker*
Fred Scarborough*
Gena Wingfield*
Grace Gephardt
Greg Sharp*
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Hope Mullins
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Jason Williams
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Jennifer Cockerham
Jenny Janisko
Jill Felix
Jill McIlroy
Jimmy Duncan*
John McNally
Jon Goldberg*
Josh Heimburg
Justin Criddle
Karen Farst
Keith Veit
Kim White
Le'Kita Brown
Lee Anne Eddy
Leeann Woodrum
Lindsay Doerr
Lori McCauley
Luann Jones
Marcy Doderer*
Marilyn Randle
Marisha DiCarlo*
Mary Salassi-Scotter*
Matt Pinkerton
Michael Howard
Michelle Odom
Mike Hart
Neemah Esmaeilpour
Patti Martin
Pele Yu
Rick Barr*
Rob Williams
Robbie Robinette
Robin Mitchell
Rod Smith
Rosi Smith
Ryan Solomon*
Sally Zahnen
Samantha Watts
Sarah Smith
Scott Allen
Shannon Hendrix
Shawn Harwell
Sheena Olson
Shelley Humphrey
Sherrie Loyd
Sonya Rainey
Stephanie Evans
Stephanie Pierce
Tamara Perry
Tammy D Wells
Tara Johnson
Thad Carter
Tracey Bradley-Simmons
Trisha Montague*
Volney (VP) Parker
Vontifany Smith

**Group or lens leader.*

CURRENT STATE: ONE YEAR AT

ARKANSAS CHILDREN'S

FISCAL YEAR 2019

Arkansas Children's

391,596
PATIENT VISITS

18,021
SURGICAL PROCEDURES

Serving patients from all
50 states
+ 6 COUNTRIES

making Arkansas Children's a leading pediatric health system

$63,325,271
NET COMMUNITY BENEFIT

Arkansas Children's Research Institute

Established 1989

~120
RESEARCHERS

190
ACTIVE CLINICAL TRIALS

193,563 Ft²
RESEARCH SPACE

$23,701,496
RESEARCH REVENUE

Arkansas Children's Foundation

30,002
DONORS

71,175
GIFTS RECEIVED

$34,672,078
DOLLARS RAISED

Arkansas Children's

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ARKANSAS CHILDREN'S HOSPITAL

ARKANSAS CHILDREN'S NORTHWEST

ACH JONESBORO CLINIC

ACH PINE BLUFF CLINIC

ACH SOUTHWEST LITTLE ROCK COMMUNITY CLINIC

ACH WEST LITTLE ROCK CLINIC

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Arkansas Children's, Inc. is the only healthcare system in the state solely dedicated to caring for Arkansas' 703,000 children. The private, non-profit organization includes two pediatric hospitals, a pediatric research institute and USDA nutrition center, a philanthropic foundation, a nursery alliance, statewide clinics, and many education and outreach programs – all focused on fulfilling a promise to define and deliver unprecedented child health. Arkansas Children's Hospital (ACH) is a 336-bed, Magnet-recognized facility in Little Rock operating the state's only Level I pediatric trauma center; the state's only burn center; the state's only Level IV neonatal intensive care unit; the state's only pediatric intensive care unit; the state's only pediatric surgery program with Level 1 verification from the American College of Surgeons (ACS); the state's only magnetoencephalography (MEG) system for neurosurgical planning and cutting-edge research; and the state's only nationally recognized pediatric transport program. Arkansas Children's Northwest (ACNW), the first and only pediatric hospital in the Northwest Arkansas region, opened in Springdale in early 2018. ACNW operates a 24-bed inpatient unit; a surgical unit with five operating rooms; outpatient clinics offering over 20 subspecialties; diagnostic services; imaging capabilities; occupational therapy services; and Northwest Arkansas' only pediatric emergency department, equipped with 30 exam rooms. Generous philanthropic and volunteer engagement has sustained Arkansas Children's since it began as an orphanage in 1912.

To learn more, visit archildrens.org.

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