



**Strategic Planning Committee Meeting
July 12, 2018**

MEMBERS PRESENT:

Janae Tucker, LHN Specialist
Laura Woodrum, Clinical Nurse Administrator
Shawn Crabtree, Executive Director
Tracy Aaron, Health Education Director
Christine Weyman, Medical Director
Leah Jasper, Director of Administrative Services
Amy Tomlinson, Preparedness Program Director
Pamela Godby, Human Resources Manager
Carol Huckelby, Human Resources Manager

MEMBERS ABSENT:

Stuart Spillman, Environmental Health Director

Meeting called to order at 9:04 A.M. by Shawn Crabtree, Executive Director.

Minutes and information from last meeting were reviewed. Motion to accept the minutes/information presented made by Christine Weyman with a second from Tracy Aaron.

This meeting was dedicated to reviewing Priority Areas 1 & 2 in the strategic planning tracker so that all information was completed. Also noted which data sources were being utilized, what the baseline measures and thresholds were, as well as, who would be responsible for reporting on each area throughout the 5-year cycle.

At the next meeting we will review ideas submitted for Priority Area #3. This area focuses on employee engagement, development and performance so Pam/Carol will need to bring ideas to the next meeting for discussion. Once those goals and objectives are added, we will start back on completing the same steps listed above for Priority Areas 3 & 4 in the strategic plan dashboard.

All information submitted for the plan will be entered into the new strategic plan tracker and we will utilize it during future meetings. Janae will go back through the tracker and spell out all abbreviations and make sure language is consistent before the next meeting. Shawn will format the percentages to show decimal points also.

All data that is measured in the strategic plan also needs to be a part of the online health report card.

The strategic plan needs to be completed by August 30, 2018 because staff will start reporting progress at the end of September. Therefore, the plan must be available for the district BOH to review and

approve before the next meeting (September 4th, 2018). Next 3 meetings were scheduled to assure the task is completed on time. Calendar invites have been sent to the group.

Minutes will be emailed to committee members for review before the next meeting.

1. Monday, August 20, 2018, 9 am – 12 pm
2. Wednesday, August 22nd, 2018 1-3 pm
3. Monday, August 27th from 9-11 am

Meeting adjourned at 10:57 AM EST.

Lake Cumberland District Health Department: Strategic Plan Dashboard for Fiscal Year Ending:

2019

| Priority Area: 1. Improve Quality of Life | Measure Baseline | Measure Target | Start Date | Target Date | Email of Person Responsible | Progress through September 30th |
|--|------------------|----------------|------------|-------------|-----------------------------|---------------------------------|
| Goal: 1.1. Provide more evidence based programs in the community. | | | | | | |
| Objective: 1.1.1. Within the Lake Cumberland District, community health coalition partners, including LCDHD, will adopt and implement at three evidence-based strategies to address priority areas as identified in the CHA/CHIP by June 30, 2023. | | | | | | |
| Strategy: 1.1.1.1. Provide community health coalition partners with literature search results for community identified priorities to choose from when selecting programs. | No | Yes | 7/1/2018 | 6/30/2019 | tracys.aaron@lcdhd.org; | |
| Strategy: 1.1.1.2. Document which programs were adopted and when by community health coalition partners in CHIPs and performance management tracking tool. | No | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 1.1.1.1 At least 3 evidence based programs adopted/implemented by community health coalition partners. | 0.00 | 3.00 | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Goal: 1.2. Promote healthy lifestyles | | | | | | |
| Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023. | | | | | | |
| Strategy: 1.2.1.1. Educate and advocate for the adoption of smoke-free ordinances within the LCDHD district, currently 2 jurisdictions | 2.00 | 5.00 | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Strategy: 1.2.1.2. Educate and advocate for the adoption of tobacco-free schools, currently 9 schools are tobacco-free | 9.00 | 12.00 | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 1.2.1.1 Decrease lung cancer incidence as listed in the health report card from 102 (2015 data) to 101 (1% decrease) | 102.00 | 101.00 | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 1.2.1.2 Decrease death rates as listed in the health report card from 73.8 (2015 data) to 72.8 (1% decrease) | 73.80 | 72.80 | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 1.2.1.3 Decrease adult smoking rates from 24% to 23%, source County Health Rankings, 2018 | 24.00% | 23.00% | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |



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| Measure: 1.2.1.4 Decrease youth smoking rates (in the past 30-day use) from 14.3 to 13.3%, source: Kentucky Incentives for Prevention (KIP) data, 2016 | 14.30% | 13.30% | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Goal: 1.3. Prevent/respond to existing and emerging public health threats | | | | | | |
| Objective: 1.3.1. Provide education and information related to emerging or existing public health threats to community partners and LCDHD staff a minimum of two times per year, or as needed when events warrant. | | | | | | |
| Strategy: 1.3.1.1. Provide education through traditional and social media | Yes | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Strategy: 1.3.1.2. Disseminate information provided by KDPH to community partners | Yes | Yes | 7/1/2018 | 6/30/2023 | amandaj.england@lcdhd.org; | |
| Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats | Yes | Yes | 7/1/2018 | 6/30/2023 | amandaj.england@lcdhd.org; | |
| Measure: 1.3.1.1 Number of communications related to public health threats LCDHD has initiated with staff and partners, at least 2 times a year | 0 | 2 | 7/1/2018 | 6/30/2023 | amyc.tomlinson@lcdhd.org; | |
| Objective: 1.3.2. Improve LCDHD's response to public health threats by participating in a minimum of one (1) tabletop or functional exercise per year, beginning in FY 2019 | | | | | | |
| Strategy: 1.3.2.1. Develop multiyear training and exercise plan (MYTEP) to reflect exercise/drill opportunities. | No | Yes | 7/1/2018 | 6/30/2019 | amyc.tomlinson@lcdhd.org; | |
| Strategy: 1.3.2.2. Partner with regional healthcare preparedness to schedule/provide public health exercise opportunities | Yes | Yes | 7/1/2018 | 6/30/2023 | amyc.tomlinson@lcdhd.org; | |
| Strategy: 1.3.2.3. Train ERRT staff in public health response | Yes | Yes | 7/1/2019 | 6/30/2023 | amyc.tomlinson@lcdhd.org; | |
| Measure: 1.3.2.1 LCDHD will participate in at least one tabletop or functional exercise per year | 0.00 | 1.00 | 7/1/2018 | 6/30/2019 | amyc.tomlinson@lcdhd.org; | |
| Objective: 1.3.3. Reduce morbidity and mortality rates related to substance use disorder by 2% across the Lake Cumberland District by January 1, 2023 | | | | | | |
| Strategy: 1.3.3.1. Implement Syringe Exchange Programs in 2 additional counties (from 4 to 6) | 4.00 | 6.00 | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Strategy: 1.3.3.2. Provide community education and awareness (presentation/mass media campaign) on opiate use disorder quarterly | Yes | Yes | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events | Yes | Yes | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Measure: 1.3.3.1 Decrease substance use disorder hospital admissions (as an indicator of morbidity) as listed in the Kentucky Injury Prevention and Research Center profiles from 3.64 to 3.5 per 1,000 | 3.64 | 3.50 | 7/1/2018 | 6/30/2023 | christine.woman@lcdhd.org; | |



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| Measure: 1.3.3.2 Decrease substance use related overdose deaths as listed in the Kentucky Injury Prevention and Research Center profiles from 29.45 to 29 per 100,000 | 29.45 | 29.00 | 7/1/2018 | 6/30/2023 | christine.weyman@lcdhd.org; | |
| Separator | | | | | | |
| Priority Area: 2. Enhance Community Access, Engagement & Collaboration | Measure Baseline | Measure Target | Start Date | Target Date | Email of Person Responsible | Progress through September 30th |
| Goal: 2.1. Increase awareness of public health services | | | | | | |
| Objective: 2.1.1. Increase the public's engagement via media campaigns / communications as measured by the annual increase of social media and website utilization | | | | | | |
| Strategy: 2.1.1.1. Update our Health Report Card webpages information as statistics become available and notify the public through social media posts. | Yes | Yes | 7/1/2018 | 6/30/2019 | amandaj.england@lcdhd.org; | |
| Strategy: 2.1.1.2. Update Data Analysis Committee webpage after each meeting and notify the public of our activities through social media posts | Yes | Yes | 7/1/2018 | 6/30/2019 | amandaj.england@lcdhd.org; | |
| Strategy: 2.1.1.3. Promote on social media various other public health features such as: staff photos on "blue jean and 'colored shirt'" health awareness days, various public health news related events, "52 Weeks of Health" health promotion, staff engaging in various program related activities within their communities, various other health promotion activities, etc. | Yes | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.1.1.1 # of Facebook followers | 8898 | 10000 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.1.1.2 # of YouTube followers | 44.00 | 100.00 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.1.1.3 # of Twitter followers | 566.00 | 600.00 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.1.1.4 # of Instagram followers | 179.00 | 200.00 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.1.1.5 Monthly traffic to website | 9348 | 10000 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland district | | | | | | |
| Objective: 2.2.1. Sustain, rejuvenate and amplify 10 health coalitions (local public health system partners) to collect and analyze data in the creation and implementation of 10 community health improvement plans by June 2023. | | | | | | |



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| Strategy: 2.2.1.1. Implement the MAPP tool | No | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Strategy: 2.2.1.2. Identify and engage partners across Local Public Health System (LPHS) and invite key partners to attend | Yes | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 2.2.1.1 75% of coalition members regularly attend meetings | 50.00% | 75.00% | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings | 0.00% | 25.00% | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Objective: 2.2.2. Increase the number of presentations to stakeholders, policy makers and civic groups on up-to-date health information and community health improvement plans by June 2019. | | | | | | |
| Strategy: 2.2.2.1. Attending stakeholder, policymaker and civic group meetings to share data/community health improvement plan | Yes | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 2.2.2.1 Conduct 3 presentations per county | 0 | 30 | 7/1/2018 | 6/30/2019 | tracys.aaron@lcdhd.org; | |
| Objective: 2.2.3. Provide at least one opportunity for community members to offer feedback regarding our community health improvement plan by June 30, 2019. | | | | | | |
| Strategy: 2.2.3.1. Provide a web-based feedback form | No | Yes | 7/1/2018 | 6/30/2019 | tracys.aaron@lcdhd.org; | |
| Strategy: 2.2.3.2. Promote web-based feedback form via social media | No | Yes | 7/1/2018 | 6/30/2019 | tracys.aaron@lcdhd.org; | |
| Measure: 2.2.3.1 Provide one social media promotion for CHIP feedback by June 30, 2019. | 0 | 1 | 7/1/2018 | 6/30/2019 | tracys.aaron@lcdhd.org; | |
| Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis. | | | | | | |
| Objective: 2.3.1. Increase public awareness of illicit drug related health impacts by June 30, 2023 via the health report card and annual social media promotions | | | | | | |



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| Strategy: 2.3.1.1. Share morbidity and mortality data with the public | No | Yes | 7/1/2018 | 6/30/2023 | amandaj.england@lcdhd.org; | |
| Measure: 2.3.1.1 Add illicit drug related hospital & ER visits to the health report card | No | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.3.1.2 Add drug overdose mortality data to health report card | No | Yes | 7/1/2018 | 6/30/2019 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.3.1.3 Promote health report card annually via social media | No | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Objective: 2.3.2. Analyze available illicit drug-use hospital and ER visit data via the data analysis committee and recommend educational awareness and interventions annually | | | | | | |
| Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings | No | Yes | 7/1/2018 | 6/30/2023 | amandaj.england@lcdhd.org; | |
| Measure: 2.3.2.1 Implement one initiative to address illicit drug-use health impacts in highest risk counties | No | Yes | 7/1/2018 | 6/30/2023 | annaj.tucker@lcdhd.org; | |
| Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023. | | | | | | |
| Strategy: 2.3.3.1. Educate the public via public forums and media releases | Yes | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings | Yes | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Strategy: 2.3.3.3. Educate fiscal courts and city councils | Yes | Yes | 7/1/2018 | 6/30/2023 | tracys.aaron@lcdhd.org; | |
| Measure: 2.3.3.1 Increase number of Syringe Exchange Programs from 4 to 6 by June 30, 2023. | 4 | 6 | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and assistance for schools. | | | | | | |
| Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry with providers in the LCDHD service area by June 30, 2023. | | | | | | |



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| Strategy: 2.4.1.1. Educate pharmacies and physician offices on value of immunization registry | No | Yes | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Strategy: 2.4.1.2. Approach KHDA, KMA and DPH on adopting or promoting statewide policy changes | No | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Measure: 2.4.1.1 Get information from the Department of Public Health and establish a baseline of entities using the KYIR by 6/30/19 | No | Yes | 7/1/2018 | 6/30/2019 | angelal.simpson@lcdhd.org; | |
| Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023. | | | | | | |
| Strategy: 2.4.2.1. Meet with underperforming school health coordinators | No | Yes | 7/1/2018 | 6/30/2019 | christine.weyman@lcdhd.org; | |
| Strategy: 2.4.2.2. Provide immunization information to 6th grade parents to encourage compliance with state immunization requirements | No | Yes | 7/1/2018 | 6/30/2019 | rebecca.baker@lcdhd.org; | |
| Strategy: 2.4.2.3. Ensure local health departments continue to utilize VFC / KVP programs to provide childhood vaccinations | Yes | Yes | 7/1/2018 | 6/30/2023 | laurae.woodrum@lcdhd.org; | |
| Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance from 15 to 10. | 15.00 | 10.00 | 7/1/2018 | 6/30/2023 | christine.weyman@lcdhd.org; | |
| Separator | | | | | | |
| Priority Area: 3. Foster Employee Engagement, Development and Performance | Measure Baseline | Measure Target | Start Date | Target Date | Email of Person Responsible | Progress through September 30th |
| Goal: 3.1. Increase staff awareness and collaboration across all programs | | | | | | |
| Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning FY 2019 | | | | | | |
| Strategy: 3.1.1.1. Highlight a program monthly via email or newsletter updates | | | 7/1/2018 | 6/30/2019 | | |



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| Strategy: 3.1.1.2. Annually, all county staff are required to attend the safety/shut-off QA so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff | | | 7/1/2018 | 6/30/2023 | annaj.tucker@lcdhd.org; | |
| Measure: 3.1.1.1 12 programs highlighted annually | | | 7/1/2018 | 6/30/2019 | shawnd.crabtree@lcdhd.org; | |
| Measure: 3.1.1.2 All program directors made aware of annual QA opportunity and allotted time if requested | No | Yes | 7/1/2018 | 6/30/2019 | annaj.tucker@lcdhd.org; | |
| Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff | | | | | | |
| Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements | | | 7/1/2018 | 6/30/2023 | | |
| Measure: 3.1.2.1 All new program directors participated in quarterly QAs | | | | | | |
| Measure: 3.1.2.2 Survey program staff to assess effectiveness of the strategy | | | | | | |
| Separator | | | | | | |
| Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies | Measure Baseline | Measure Target | Start Date | Target Date | Email of Person Responsible | Progress through September 30th |
| Goal: 4.1. Adjust the Agency to New Financial Realities | | | | | | |
| Objective: 4.1.1. If advantageous, consider relinquishing various under-funded clinic programs to other community partners and adjust staff compliment accordingly by 2023. | | | | | | |
| Strategy: 4.1.1.1. Secure Governing Board Approval to pursue this strategy | | | | | shawnd.crabtree@lcdhd.org; | |
| Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services | | | | | | |
| Strategy: 4.1.1.3. Continue work with DPH Commissioner's Public Health Redesign workgroup to determine which programs are most feasible to relinquish | | | | | shawnd.crabtree@lcdhd.org; | |
| Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan | | | | | | |
| Measure: 4.1.1.1 Clinic programs will improve self-sufficiency from requiring 60% of the agency's total local tax funds to 30% | 60.00% | 30.00% | 7/1/2018 | 6/30/2023 | leah.jasper@lcdhd.org; | |



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| Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 2023. | | | | | | |
| Strategy: 4.1.2.1. Explore options to improve processes and services (for example: utilizing videoconferencing for Medical Nutrition Therapy, Directly Observed Therapy, training, coalition meeting, supervision, etc.) | | | | | | |
| Strategy: 4.1.2.2. Follow KHDA's Best Practice Committee and the DPH Commissioner's Public Health Redesign Workgroup findings and recommendations and adopt when appropriate. | | | | | | |
| Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product. | | | | | | |
| Measure: 4.1.2.1 Implement/enhance at least 3 streamlined processes by 2023. | 0 | 3 | 7/1/2018 | 6/30/2023 | | |
| Goal: 4.2. Seek Opportunities to Enhance Capacity | | | | | | |
| Objective: 4.2.1. Explore and, if possible, utilize alternative staffing arrangements other than merit positions by FY20. | | | | | | |
| Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy. | | | | | | |
| Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate. | | | | | | |
| Strategy: 4.2.1.3. Seek DPH approval of the staffing agency contract model | | | | | | |
| Strategy: 4.2.1.4. Discuss with other health departments and the Department for Public Health the strategy of contracting with HANDS employees to be reimbursed a per diem per service and adapt this model, if appropriate. | | | | | | |
| Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if feasible | 0 | 0.18 | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Objective: 4.2.2. Provide written agreements with community agencies to enhance and provide access to services beginning FY19 and ending in FY23. | | | | | | |
| Strategy: 4.2.2.1. Establish at least 10 Closed POD partnerships by FY21 as evidenced by written agreements | 0 | 10 | 7/1/2018 | | amyc.tomlinson@lcdhd.org; | |
| Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists | | | | | | |
| Strategy: 4.2.2.3. Create opportunities to partner with community agencies to provide public health services that may no longer be provided by the local health department | | | | | | |



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| Measure: 4.2.2.1 # of written agreements in effect | | | | | | |
| Objective: 4.2.3. Aggressively seek out and apply for grant opportunities to help finance existing programs and fund work on issues as identified in our CHIP, Strategic Plan and Data Analysis Committee on an ongoing basis. | | | | | | |
| Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate. | | | | | | |
| Strategy: 4.2.3.2. Work with KHDA to pilot test their being a 501(c)(3) partner with us on grants which require said designation. | | | | | | |
| Measure: 4.2.3.1 The submission of at least 3 direct federal grants annually. | 0 | 3 | 7/1/2018 | 6/29/2023 | | |
| Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions. | | | | | | |
| Objective: 4.3.1. : The LCDHD will engage in at least three Quality Improvement Projects per year, beginning FY19 – 2 focused on programmatic/community improvement; and 1 focused on internal agency improvement. | | | | | | |
| Strategy: 4.3.1.1. Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings. | | | | | | |
| Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project. | | | | | | |
| Strategy: 4.3.1.3. Encourage Board Members to make suggestions for improvement via the monthly Board Survey included on their meeting agenda. | Yes | Yes | 7/1/2018 | 6/30/2023 | shawnd.crabtree@lcdhd.org; | |
| Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects. | | | | | | |
| Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities. | | | | | | |
| Strategy: 4.3.1.6. Review our PHAB Action Plan and Annual Report response to evaluate potential QI Project opportunities. | | | | | | |
| Strategy: 4.3.1.7. Monitor performance management database and other tracking tools to identify trends to continually identify opportunities for improvement/QI project development. | | | | | | |
| Measure: 4.3.1.1 Initiate at least three QI projects annually. | 0 | 3 | 7/1/2018 | 6/30/2023 | annaj.tucker@lcdhd.org; | |
| Separator | | | | | | |

Do Not Delete

