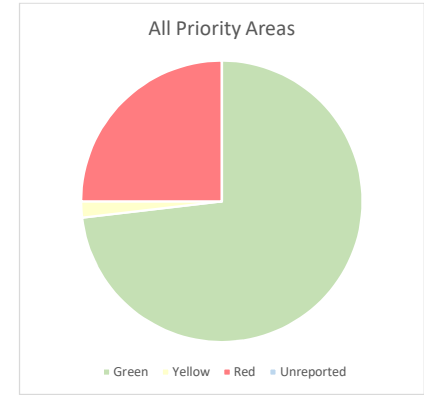


Lake Cumberland District Health Department: Strategic Plan Dashboard for Fiscal Year Ending:

2019

Green	Yellow	Red	Unreported
79	2	27	0



Priority Area: 1. Improve Quality of Life	Measure Baseline	Measure Target	Start Date	Target Date	Progress through December 31st	
Goal: 1.1. Provide more evidence based programs in the community						1
Objective: 1.1.1. Within the Lake Cumberland District, community health coalition partners, including the Lake Cumberland District Health Department (LCDHD), will adopt and implement at least three evidence-based strategies to address priority areas as identified in the Community Health Assessments/Community Health Improvement Plans (CHAs/CHIPs) by June 30, 2023.						1
Strategy: 1.1.1.1. Provide community health coalition partners with information regarding research-based initiatives that they might choose from to address community identified priorities	No	Yes	7/1/2018	6/30/2019	yes	1
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	no	1
Measure: 1.1.1.1 At least three evidence based programs adopted/implemented by community health coalition partners as documented in the CHIPs	0.00	3.00	7/1/2018	6/30/2023	0.00	1
Goal: 1.2. Promote healthy lifestyles						1
Objective: 1.2.1. Decrease tobacco related death and disease rates 2% by June 30, 2023.						1
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	2.00	1
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	9.00	1
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	102.00	1
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	73.00	1
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	24%	1



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	14.30%	13.30%	7/1/2018	6/30/2023	14.30%	1
Goal: 1.3. Prevent/respond to existing and emerging public health threats						1
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.						1
Strategy: 1.3.1.1. Provide education through traditional and social media	Yes	Yes	7/1/2018	6/30/2023	Yes	1
Strategy: 1.3.1.2. Disseminate information provided by Kentucky Department for Public Health (KDPH) to community partners	Yes	Yes	7/1/2018	6/30/2023	Yes	1
Strategy: 1.3.1.3. Analyze community health data to identify emerging public health threats	Yes	Yes	7/1/2018	6/30/2023	Yes	1
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	2	1
Objective: 1.3.2. Improve LCDHD's response to public health threats by participating in a minimum of one tabletop or functional exercise per year, beginning in FY 2019						1
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	Yes	1
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	Yes	1
Strategy: 1.3.2.3. Track required trainings of Epi Rapid Response Team (ERRT) staff in public health response	Yes	Yes	7/1/2019	6/30/2023	Yes	1
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	0.00	1
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						1
Strategy: 1.3.3.1. Implement Syringe Exchange Programs (SEPs) in 2 additional counties, currently have SEPs in 4 counties	4.00	6.00	7/1/2018	6/30/2023	4.00	1



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	yes	1
Strategy: 1.3.3.3. Provide naloxone to community and first responders at community events	Yes	Yes	7/1/2018	6/30/2023	yes	1
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	3.64	1
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	29.45	1
Separator						1
Priority Area: 2. Enhance Community Access, Engagement & Collaboration	Measure Baseline	Measure Target	Start Date	Target Date	Progress through December 31st	2
Goal: 2.1. Increase awareness of public health services						2
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						2
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	Yes	2
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	Yes	2
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	Yes	2
Measure: 2.1.1.1 Number of Facebook followers	8899	10000	7/1/2018	6/30/2023	9297	2
Measure: 2.1.1.2 Number of YouTube followers	44.00	100.00	7/1/2018	6/30/2023	52.00	2
Measure: 2.1.1.3 Number of Twitter followers	566.00	600.00	7/1/2018	6/30/2023	574.00	2
Measure: 2.1.1.4 Number of Instagram followers	179.00	200.00	7/1/2018	6/30/2023	243.00	2
Measure: 2.1.1.5 Monthly traffic to website	9348	10000	7/1/2018	6/30/2023	36818	2



Goal: 2.2. Strengthen the Local Public Health System through partnership and planning across the Lake Cumberland District						2
Objective: 2.2.1. Sustain, rejuvenate and amplify ten health coalitions (local public health system partners) to collect and analyze data in the creation and implementation of ten community health improvement plans by June 30, 2023.						2
Strategy: 2.2.1.1. Implement the Mobilizing for Action through Planning and Partnerships (MAPP) tool	No	Yes	7/1/2018	6/30/2023	yes	2
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	yes	2
Measure: 2.2.1.1 75% of coalition members regularly attend meetings as recorded in the coalition attendance tracking tool	50.00%	75.00%	7/1/2018	6/30/2023	66.00%	2
Measure: 2.2.1.2 25% of newly invited key partners will attend the meetings as recorded in the coalition attendance tracking tool	0.00%	25.00%	7/1/2018	6/30/2023	25.00%	2
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 30, 2019.						2
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	yes	2
Measure: 2.2.2.1 Conduct three presentations per county as documented in the community health plan	0	30	7/1/2018	6/30/2019	3	2
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.						2
Strategy: 2.2.3.1. Provide a web-based feedback form	No	Yes	7/1/2018	6/30/2019	no	2
Strategy: 2.2.3.2. Promote web-based feedback form via social media	No	Yes	7/1/2018	6/30/2019	no	2
Measure: 2.2.3.1 Conduct a survey regarding feedback on CHIPs by June 30, 2019.	0	1	7/1/2018	6/30/2019	0	2
Goal: 2.3. Increase awareness of public health services and implement new approaches when appropriate based on data analysis.						2
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						2
Strategy: 2.3.1.1. Share morbidity and mortality data with the public via our health report card and social media promotions	No	Yes	7/1/2018	6/30/2023	Yes	2
Measure: 2.3.1.1 Add illicit drug related hospital & emergency room (ER) visits to the health report card	No	Yes	7/1/2018	6/30/2023	Yes	2
Measure: 2.3.1.2 Add drug overdose mortality data to health report card	No	Yes	7/1/2018	6/30/2019	No	2
Measure: 2.3.1.3 Promote health report card annually via social media	No	Yes	7/1/2018	6/30/2023	Yes	2



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						2
Strategy: 2.3.2.1. Review data at the bi-annual data analysis committee meetings	No	Yes	7/1/2018	6/30/2023	Yes	2
Measure: 2.3.2.1 Implement at least one initiative to address illicit drug-use health impacts in highest risk counties by June 30, 2023	No	Yes	7/1/2018	6/30/2023	No	2
Objective: 2.3.3. Increase number of Harm Reduction Syringe Exchange Programs (SEPs) from 4 to 6 by June 30, 2023.						2
Strategy: 2.3.3.1. Educate the public via public forums and media releases	Yes	Yes	7/1/2018	6/30/2023	yes	2
Strategy: 2.3.3.2. Educate law enforcement agencies via face-to-face meetings	Yes	Yes	7/1/2018	6/30/2023	yes	2
Strategy: 2.3.3.3. Educate fiscal courts and city councils	Yes	Yes	7/1/2018	6/30/2023	yes	2
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	4	2
Goal: 2.4. Increase childhood immunization rates by promoting use of the immunization registry and providing technical assistance for such as needed.						2
Objective: 2.4.1. Promote more extensive use of Kentucky Immunization Registry (KYIR) with providers in the LCDHD service area by June 30, 2023.						2
Strategy: 2.4.1.1. Educate pharmacies and physician offices on value of immunization registry through correspondence or face-to-face meetings	No	Yes	7/1/2018	6/30/2023	no	2
Strategy: 2.4.1.2. Approach Kentucky Health Department Association (KHDA), Kentucky Medical Association (KMA), and Department of Public Health (DPH) on adopting or promoting statewide policy changes regarding increased use of the immunization registry	No	Yes	7/1/2018	6/30/2023	Yes	2
Measure: 2.4.1.1 Get information from the Department of Public Health and establish a baseline of entities using the KYIR by June 30, 2019	No	Yes	7/1/2018	6/30/2019	Yes	2
Objective: 2.4.2. Assist schools to increase compliance to at least 90% with state immunization requirements by June 30, 2023.						2
Strategy: 2.4.2.1. Meet with underperforming school health coordinators	No	Yes	7/1/2018	6/30/2019	Yes	2



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	Yes	2
Strategy: 2.4.2.3. Ensure local health departments continue to utilize Vaccines for Children (VFC) and Kentucky Vaccine Program (KVP) to provide childhood vaccinations	Yes	Yes	7/1/2018	6/30/2023	yes	2
Measure: 2.4.2.1 Decrease number of schools with less than 90% compliance with state immunization requirements from 15 to 10.	15.00	10.00	7/1/2018	6/30/2023	15.00	2
Separator						2
Priority Area: 3. Foster Employee Engagement, Development and Performance	Measure Baseline	Measure Target	Start Date	Target Date	Progress through December 31st	3
Goal: 3.1. Increase staff awareness and collaboration across all programs						3
Objective: 3.1.1. Increase general awareness of staff regarding programs by highlighting 12 programs per year beginning Fiscal Year (FY) 2019						3
Strategy: 3.1.1.1. Highlight a program monthly via email, website and/or newsletter updates	0.00	12.00	7/1/2018	6/30/2019	6.00	3
Strategy: 3.1.1.2. Annually, all county staff are required to attend the Quality Assurance (QA) safety/shut-off training so this will provide an opportunity for any program to review program purpose, activities, and/or share needs with staff	No	Yes	7/1/2018	6/30/2023	Yes	3
Strategy: 3.1.1.3. All program directors made aware of annual Quality Assurance (QA) meeting opportunity and allotted time if requested	No	Yes	7/1/2018	6/30/2019	Yes	3
Measure: 3.1.1.1 Survey staff via Survey Monkey annually to measure the increase in general program awareness.	1.00%	85.00%	7/1/2018	6/30/2023	72.00%	3



Objective: 3.1.2. Improve collaboration across divisions by discussing program needs, as identified at executive staff meeting, with relevant staff						3
Strategy: 3.1.2.1. As program needs arise, appropriate groups would meet to discuss strategies / opportunities to educate staff on program needs / requirements	No	Yes	7/1/2018	6/30/2023	Yes	3
Strategy: 3.1.2.2. Directors of new programs participate in person or via electronic meeting in annual QA meeting (that all staff are required to attend) and inform staff of program.	No	Yes	7/1/2018	6/30/2023	No	3
Measure: 3.1.2.1 Survey Division Directors annually to measure their perceived improvement in cross-program collaboration.	1.00%	85.00%	7/1/2018	6/30/2019	85.71%	3
Goal: 3.2. Develop and adopt procedures to protect sensitive personnel information and improve departmental efficiencies.						3
Objective: 3.2.1. By June 30, 2023, we will develop a modality to electronically send, receive, and store essential personnel records.						3
Strategy: 3.2.1.1. Follow with DPH personnel branch to ensure electronic performance evaluations are approved	No	Yes	7/1/2018	6/30/2019	Yes	3
Strategy: 3.2.1.2. Develop a secure process allowing all employees to electronically sign documents	15.00%	100.00%	7/1/2018	6/30/2019	15.00%	3
Strategy: 3.2.1.3. Develop a secure fillable electronic performance evaluation form	No	Yes	7/1/2018	6/30/2019	No	3
Strategy: 3.2.1.4. Work with IT to develop a secure process and method to electronically send, receive, and store personnel forms/records.	No	Yes	7/1/2018	6/30/2023	No	3
Measure: 3.2.1.1 All performance evaluations will be submitted by due date.	90.00%	100.00%	7/1/2018	6/30/2023	90.00%	3
Measure: 3.2.1.2 100% of performance evaluation forms will be sent using new system.	1.00%	100.00%	7/1/2018	6/30/2023	25.00%	3
Objective: 3.2.2. By 2023, all job descriptions for applicable employees will be updated at least every three years						3
Strategy: 3.2.2.1. Update modality for ensuring job descriptions are updated at least every three years to reflect expectations for current tasks.	No	Yes	7/1/2018	6/30/2023	No	3



Measure: 3.2.2.1 95% or more job descriptions will have been reviewed and updated to reflect current tasks expectations within the past three years	50.00%	95.00%	7/1/2018	6/30/2023	50.00%	3
Goal: 3.3. Recruit and assure a competent workforce by providing training opportunities that develop core public health competencies						3
Objective: 3.3.1. Review and revise the professional development section of the WFDP to include ad-hoc staff development opportunities to ensure staff are appropriately trained to deal with emerging health issues by July 31, 2023.						3
Strategy: 3.3.1.1. At divisional staff meetings, program directors will discuss and identify agency/staff professional development needs/wants and make recommendations on agency-wide, program and individual needs.	No	Yes	7/1/2018	6/30/2023	No	3
Strategy: 3.3.1.2. Division directors will provide opportunities for necessary trainings as appropriate	No	Yes	7/1/2018	6/30/2023	No	3
Measure: 3.3.1.1 Compliance will be measured monthly (with each division discussing at a meeting at least annually) via the Performance Management (PM) tracking tool.	1.00%	100.00%	7/1/2018	6/30/2019	1.00%	3
Objective: 3.3.2. By June 30, 2023, revise recruitment process to entice qualified and quality applicants.						3
Strategy: 3.3.2.1. Work with new DPH personel branch manager to implement improved recruitment strategies.	No	Yes	7/1/2018	6/30/2023	Yes	3
Strategy: 3.3.2.2. Update recruitment ads wording to entice more qualified applicants	No	Yes	7/1/2018	6/30/2019	Yes	3
Strategy: 3.3.2.3. Analyze current online job recruitment tools to identify best platforms to post jobs to recruit qualified individuals	No	Yes	7/1/2018	6/30/2023	Yes	3
Strategy: 3.3.2.4. Update job interview questions to help us better identify quality candidates	No	Yes	7/1/2018	6/30/2019	No	3
Measure: 3.3.2.1 Each job vacancy that is advertised outside the agency will have at least three qualified applicants.	1.00	3.00	7/1/2018	6/30/2023	2.00	3
Seperator						3
Priority Area: 4. Efficacy of Business Practices through Innovation, Process Improvement and Maximizing Efficiencies	Measure Baseline	Measure Target	Start Date	Target Date	Progress through December 31st	4
Goal: 4.1. Adjust the Agency to New Financial Realities						4

Objective: 4.1.1. If advantageous, consider relinquishing various under-funded clinic programs to other community partners and adjust staff compliment accordingly by June 30, 2023.						4
Strategy: 4.1.1.1. Should it become necessary to pursue this objective (off-loading various under-funded programs), secure Governing Board Approval to pursue this strategy.	No	Yes	7/1/2018	6/30/2020	Yes	4
Strategy: 4.1.1.2. Identify other community partners that can provide our clinic services	No	Yes	7/1/2018	6/30/2020	yes	4
Strategy: 4.1.1.3. Continue work with DPH Commissioner's Public Health Redesign workgroup to determine which programs are most feasible to relinquish, should it become necessary to pursue this objective.	Yes	Yes	7/1/2018	6/30/2020	Yes	4
Strategy: 4.1.1.4. Utilize attrition and staff re-assignment prior to implementing a Workforce Reduction Plan	No	Yes	7/1/2018	6/30/2020	Yes	4
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	6/30/2020	60.00%	4
Objective: 4.1.2. Implement/enhance three technologies to streamline existing practices/processes by June 30, 2023.						4
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.)	No	Yes	7/1/2018	6/30/2023	No	4
Strategy: 4.1.2.2. Follow Kentucky Health Department Association's (KHDA) Best Practice Committee and the DPH Commissioner's Public Health Redesign Workgroup findings and recommendations and adopt when appropriate.	No	Yes	7/1/2018	6/30/2023	Yes	4
Strategy: 4.1.2.3. Enhance communication log utilization to include query abilities, link or upload supporting documenting to include the final product.	No	Yes	7/1/2018	6/30/2023	Yes	4
Measure: 4.1.2.1 Implement/enhance at least three streamlined processes by June 30, 2023 as reported in the executive team meeting	0.00	3.00	7/1/2018	6/30/2023	1.00	4
Goal: 4.2. Seek Opportunities to Enhance Capacity						4
Objective: 4.2.1. Explore and, if possible, utilize alternative staffing arrangements other than merit positions by FY 2020.						4
Strategy: 4.2.1.1. Secure Governing Board Approval to pursue this strategy (alternative staffing).	No	Yes	7/1/2018	6/30/2019	Yes	4
Strategy: 4.2.1.2. Meet with staffing agencies to better understand their services and utilize their services, if appropriate.	No	Yes	7/1/2018	6/30/2019	Yes	4
Strategy: 4.2.1.3. Seek KDPH approval of the staffing agency contract model	No	Yes	7/1/2018	6/30/2019	Yes	4
Strategy: 4.2.1.4. Discuss with other health departments and the KDPH the strategy of contracting with HANDS employees to be reimbursed a per diem per service and adapt this model, if appropriate.	No	Yes	7/1/2018	6/30/2019	Yes	4



Measure: 4.2.1.1 18% of staff will be transitioned to these alternate models, if it is determined this is advantageous.	No	Yes	7/1/2018	6/30/2023	No	4
Objective: 4.2.2. Provide written agreements with community agencies to enhance and provide access to services beginning FY 2019 and ending in FY 2023.						4
Strategy: 4.2.2.1. Establish at least 10 closed Point of Dispensing (POD) partnerships by FY 2021 as evidenced by written agreements	0.00	10.00	7/1/2018	6/30/2021	0.00	4
Strategy: 4.2.2.2. Make space available for utilization by other members of the public health system when excess facility capacity exists	No	Yes	7/1/2018	6/30/2023	No	4
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	No	Yes	7/1/2018	6/30/2023	no	4
Measure: 4.2.2.1 # of written agreements in effect	0.00	75.00	7/1/2018	6/30/2023	0.00	4
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.						4
Strategy: 4.2.3.1. Review grant opportunities via popular grant promotion websites and apply for such, when appropriate.	Yes	Yes	7/1/2018	6/30/2023	Yes	4
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.	No	Yes	7/1/2018	6/30/2019	No	4
Measure: 4.2.3.1 The submission of at least seven grant applications annually as recorded in the grant managements database.	0.00	7.00	7/1/2018	6/29/2023	15	4
Goal: 4.3. Effectively use QI Plan/Tools to improve processes, programs and interventions.						4
Objective: 4.3.1. LCDHD will engage in at least three Quality Improvement (QI) Projects per year, beginning FY 2019. With two focused on programmatic/community improvement; and one focused on internal agency improvement.						4
Strategy: 4.3.1.1. Discuss potential QI Projects during the Executive/Quality Improvement Committee Meetings.	Yes	Yes	7/1/2018	6/30/2023	Yes	4
Strategy: 4.3.1.2. Evaluate employee suggestions to determine if they would be appropriate for a QI Project.	No	Yes	7/1/2018	6/30/2023	Yes	4
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	Yes	4



Strategy: 4.3.1.4. Use results from Community Health Assessments and Data Analysis Committee work to drive potential QI Projects.	Yes	Yes	7/1/2018	6/30/2023	Yes	4
Strategy: 4.3.1.5. Review our staff and board SWOT analysis results to evaluate potential QI Project opportunities.	No	Yes	7/1/2018	6/30/2023	No	4
Strategy: 4.3.1.6. Review our Public Health Accreditation Board (PHAB) Action Plan and Annual Reports response to evaluate potential QI Project opportunities.	Yes	Yes	7/1/2018	6/30/2019	Yes	4
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.	No	Yes	7/1/2018	6/30/2023	Yes	4
Measure: 4.3.1.1 Initiate at least three QI projects annually.	0	3	7/1/2018	6/30/2023	3	4
Separator						4
Do Not Delete						