

| Title | Domain 9, QI & PM Council |                      |            |  |  |  |  |  |  |  |  |  |  |
|-------|---------------------------|----------------------|------------|--|--|--|--|--|--|--|--|--|--|
| Date  |                           | Tuesday, April 11, 2 | 2017       |  |  |  |  |  |  |  |  |  |  |
|       | Name                      | Signature            | Department |  |  |  |  |  |  |  |  |  |  |
|       | Christina Bramlage        | Christina Beamlege   | WIC        |  |  |  |  |  |  |  |  |  |  |
|       | Donna Glunt               | Down Motyler         | Admin      |  |  |  |  |  |  |  |  |  |  |
|       | Kelly Reaver              | Killy S Reaver       | PH         |  |  |  |  |  |  |  |  |  |  |
|       | Matt Stonerock            | let stone con        | EH.        |  |  |  |  |  |  |  |  |  |  |
|       | Kay Schroer               | House Fire           | er Admen   |  |  |  |  |  |  |  |  |  |  |

Leica M Siy/Financial &I



**QI Council Meeting** April 11, 2017 \* 8:45 – 9:45

## Agenda / Minutes

| Agenda Item/<br>Topic                    | Key Points   | Action Items  | Responsible Party/<br>Timeline |
|--|--|---|--------------------------------|
| PM dashboard                             | 1st quarter reviewed each item and suggested action steps for improvement if needed. See report.   | Check with Steve on changing a few things to<br>make the dashboard work better            | Donna                          |
|  | Discussed the issue of how to look at the beginning quarters. They show up red but are not red. The targets are set for the year so it looks like we are behind. See if a column could easily be added for a quarter calculations. |   |                                |
| Accreditation needs to complete Domain 9 |  | Finalize 1 <sup>st</sup> quarter report and present to Leadership.  Domain 9 is completed | Donna                          |
| QI                                       | <ul> <li>Grant writing process revisited - A simplified grant writing process was developed with clear division of duties.</li> <li>New board member orientation plan at next meeting</li> </ul>                                   | Report will be written and SOP  | Donna & Christina              |
| Next meeting                             | July 24 Monday, 8:45   |   |                                |

☐ Attendees or ☒ Refer to sign-in sheet

☐ Attachments:

**Notes Generated By: Donna** 



LEADERSHIP TEAM MEETING - April 12, 2017

ATTENDANCE: Dr. Hoddinott, Kay, Craig, Donna, Lisa, Corinne, Steve

## 4/5/2017 minutes were reviewed:

- PHEP budget revision for additional funding award has been submitted for approval. Lisa is working on the appropriation increase.
- Aetna Healthy Communities grant application has also been submitted.

## Out of County Travel

Donna- 5/9 Roadmaps to Equality/Health Iniquities, Columbus

The spreadsheet of monthly Board of Health activity was reviewed and discussed for the first quarter of 2017. It was determined that a column needs added for 'non-approvals'.

Corinne is working on an Evaluator/Controller handbook for Mass Fatality.

We will hold all day immunization clinics every Thursday in August instead of holding any special clinics for back to school.

Ideas for opiate PSA's and information/education on our electronic sign was discussed. Bring back ideas to the next meeting.

Dr. Hoddinott will attend the Spring AOHC conference; Lisa will handle registration.

Craig, Tim, Lisa B., and Bob Harrison will meet with assistant prosecutor Sarah Warren today at 1:30 regarding the upcoming Janice Rogers hearing in Common Pleas court.

Donna reported on the Community Health Improvement Plan (CHIP) update that has now been completed.

Another Community Health Assessment is due is 2018, and Donna has started discussion on the matter with Tammy Allison of Mary Rutan Hospital.

The first quarter 2017 Performance Management Dashboard report was reviewed and discussed.

The 2016 annual report will be distributed by website, email, and press release per the Strategic Plan.

## REMINDER TO STAFF OF THE ANNUAL 5K WALK ON SATURDAY, APRIL 29!!!

Next meeting: Wednesday, April 19, 8:30 a.m.

Lgb

|          |   |     |  |      | Plan  | ning Dashboa                             | rd |                    |                               |            |                          |     |                    |                                    |
|----------|---|-----|--|------|-------|--|----|--------------------|-------------------------------|------------|--------------------------|-----|--------------------|------------------------------------|
| Champion | Logan County Health District Man 92. Belefortane, 0rl 433113 75.792-0901 R493793-291-6146 |     |  | Data | Entry | Action Plan                              | F  | Reporting<br>Tool  | To Updat<br>For a Nev<br>Year |            | Back To Top<br>of Page   | Use | r Guide            |                                    |
|          |   |     | Provide a <u>brief</u> explanation explanation and describe                    |      |       | measure's <u>Quar</u><br>teps for the me |    |                    |                               | <u>lls</u> |                          |     |                    |                                    |
|          | Key Performance<br>Measures   |     | 2017 Quarter 1<br>Progress   |      |       | Quarter 2<br>ogress                      |    | 2017 Qua<br>Progre |                               |            | 2017 Quarter<br>Progress | · 4 | End 2017<br>Status |                                    |
| 1        | Submit 3 press releases per   | [+] | over target for qtr.   |      |       |  |    |                    |                               |            |                          |     | [-]                | Quarterly<br>Status<br>Explanation |
|          | month to local media  | [.] |  |      |       |  |    |                    |                               |            |                          |     | [7]                | Planning<br>Next Steps             |
| 2        | # of times a health message   | [+] | on target for the qtr  |      |       |  |    |                    |                               |            |                          |     | [-]                | Quarterly<br>Status<br>Explanation |
| _        | c <mark>ommunity</mark>   | [.] |  |      |       |  |    |                    |                               |            |                          |     | [7]                | Planning<br>Next Steps             |
| 3        | % of employees who have   | [-] | progressing  |      |       |  |    |                    |                               |            |                          |     | [-]                | Quarterly<br>Status<br>Explanation |
|          | created SOP's   | . 1 |  |      |       |  |    |                    |                               |            |                          |     | 1.1                | Planning<br>Next Steps             |
| 4        | Grant \$ received   | f-1 | a little below target  |      |       |  |    |                    |                               |            |                          |     | [-]                | Quarterly<br>Status<br>Explanation |
| _        | Crain & received  | [-] | new grant is submitted.  Intern to develop a time line for ongoing submissions |      |       |  |    |                    |                               |            |                          |     | 1-1                | Planning<br>Next Steps             |
| 5        | % Customer satisfaction with  |     |  |      |       |  |    |                    |                               |            |                          |     |                    | Quarterly<br>Status<br>Explanation |
| 3        | first contact   |     | on hold for the year   |      |       |  |    |                    |                               |            |                          |     |                    | Planning<br>Next Steps             |

|       |                              |               |   | Ac      | cred | itation Dashb                           | oar | d                  |                              |            |                          |      |                    |                                    |
|-------|------------------------------|---------------|---|---------|------|---|-----|--------------------|------------------------------|------------|--------------------------|------|--------------------|------------------------------------|
| Champ | Logan County Health District | gram<br>board |   | Data En | ntry | Action Plan                             | F   | Reporting<br>Tool  | To Updat<br>For a Ne<br>Year |            | Back To Top<br>of Page   | User | Guide              |                                    |
|       |                              |               | Provide a <u>brief</u> expla  |         |      | measure's <u>Qua</u><br>teps for the me |     |                    |                              | <u>lls</u> |                          |      |                    |                                    |
|       | Key Performance<br>Measures  |               | 2017 Quarter 1<br>Progress  | 2       |      | Quarter 2<br>ogress                     |     | 2017 Qua<br>Progre |                              |            | 2017 Quarter<br>Progress | 4    | End 2017<br>Status |                                    |
| 1     | WFD plan is reviewed         |               | focus is on accreditation   |         |      |   |     |                    |                              |            |                          |      |                    | Quarterly<br>Status<br>Explanation |
| '     | vvi D plair is reviewed      |               | Expected to complete after July                                       |         |      |   |     |                    |                              |            |                          |      |                    | Planning<br>Next Steps             |
| 2     | Stakeholder Satisfaction     |               | preliminary questions are being gathered                              |         |      |   |     |                    |                              |            |                          |      |                    | Quarterly<br>Status<br>Explanation |
|       | Surveys                      |               | Expect to have intern complete also allowing for confidentiality      |         |      |   |     |                    |                              |            |                          |      |                    | Planning<br>Next Steps             |
| 3     | % of Healthy Habits Healty   | [+]           |   |         |      |   |     |                    |                              |            |                          |      | [+]                | Quarterly<br>Status<br>Explanation |
| 3     | You meetings attended        | 1.1           | on track  |         |      |   |     |                    |                              |            |                          |      | ניז                | Planning<br>Next Steps             |
| 4     | # QI projects completed per  |               | project started and in process  |         |      |   |     |                    |                              |            |                          |      |                    | Quarterly<br>Status<br>Explanation |
| _     | year                         | ļ             | will complete by July and begin BOH new<br>member orientation project | ,       |      |   |     |                    |                              |            |                          |      |                    | Planning<br>Next Steps             |
| 5     | upload complete              |               | at 97%  |         |      |   |     |                    |                              |            |                          |      |                    | Quarterly<br>Status<br>Explanation |
| 3     | иргови Соптрієте             |               | Intern will assist with review. Expect to upload by July.             |         |      |   |     |                    |                              |            |                          |      |                    | Planning<br>Next Steps             |

|          |  |               |  | F    | iscal T | racking Dashb | oaı | rd                |                              |            |                        |      |         |                                    |
|----------|--|---------------|--|------|---------|---------------|-----|-------------------|------------------------------|------------|------------------------|------|---------|------------------------------------|
| Champles | Logan County Health District Man 92. Beletantaine, 091 433113 75-992-9004 18-937-932-9146  | gram<br>board | Measure<br>I Definitions   | Data | Entry   | Action Plan   | F   | Reporting<br>Tool | To Updat<br>For a Ne<br>Year |            | Back To Top<br>of Page | Usei | r Guide |                                    |
|          |  |               | Provide a <u>brief</u> expla                                       |      |         |               |     |                   |                              | <u>  s</u> |                        |      |         |                                    |
|          | tey Performance 2017 Quarter 1 2017 Quarter 2 2017 Quarter 3 2017 Quarter 4 Progress Progress Progress Progress Progress Progress Progress |               |  |      |         |               |     |                   |                              |            |                        |      |         |                                    |
| 1        | Financial training/education to  | [4]           | on target for the qtr  |      |         |               |     |                   |                              |            |                        |      | [-]     | Quarterly<br>Status<br>Explanation |
|          | вон  | [,]           |  |      |         |               |     |                   |                              |            |                        |      | [-]     | Planning<br>Next Steps             |
| 2        | Financial information  | [+]           | annual report  |      |         |               |     |                   |                              |            |                        |      | [al     | Quarterly<br>Status<br>Explanation |
| 2        | presented to the community   | ניין          | on target for the qtr  |      |         |               |     |                   |                              |            |                        |      | [~]     | Planning<br>Next Steps             |
| 3        | Increase reserve funds   | [+]           |  |      |         |               |     |                   |                              |            |                        |      | [+]     | Quarterly<br>Status<br>Explanation |
| 3        | 100000000000000000000000000000000000000  |               | ontinue to evaluate this measure and how<br>to effectively measure | ,    |         |               |     |                   |                              |            |                        |      | [1]     | Planning<br>Next Steps             |
| 4        | Days from issue of PO until  | [+]           |  |      |         |               |     |                   |                              |            |                        |      | [+]     | Quarterly<br>Status<br>Explanation |
| 4        | order placement  | 1.1           | evaluate this measure and how to<br>effectively measure            |      |         |               |     |                   |                              |            |                        |      | [+]     | Planning<br>Next Steps             |

|         |  |                  |                             | Out        | reach Dashboa                              | rd                 |                                |                          |                        |  |
|---------|--|------------------|-----------------------------|------------|--|--------------------|--------------------------------|--------------------------|------------------------|--|
| Champio |  | ogram<br>shboard | Measure<br>d Definitions    | Data Entry | Action Plan                                | Reporting<br>Tool  | To Update<br>For a New<br>Year | Back To Top<br>of Page   | User Guide             |  |
|         |  |                  | Provide a <u>brief</u> expl |            | measure's <u>Quar</u><br>Steps for the mea |                    |                                |                          |                        |  |
|         | Key Performance<br>Measures  |                  | 2017 Quarter 1<br>Progress  |            | Quarter 2                                  | 2017 Qua<br>Progre |                                | 2017 Quarter<br>Progress | r 4 End 2017<br>Status | I  |
| 1       | Increase # of newborn visits all visits                                    | ; - [+] -        | above target                |            |  |                    |                                |                          | [-]                    | Quarterly<br>Status<br>Explanation<br>Planning<br>Next Steps |
| 2       | Increase # of contacts (calls<br>and visits) with existing CMI<br>families |                  | above target                |            |  |                    |                                |                          | [-]                    | Quarterly<br>Status<br>Explanation<br>Planning<br>Next Steps |
| 3       | Increase # of new CMH clients  | [+]              | above target                |            |  |                    |                                |                          | [-]                    | Quarterly<br>Status<br>Explanation<br>Planning<br>Next Steps |

|   |  |    |          | V                 | IC Dashboard                               |  |                          |                    |     | ]                     |
|---|--|----|----------|-------------------|--|--|--------------------------|--------------------|-----|-----------------------|
| Logan County Health District 110 S. Main St. Deletantaine, OH 33311 | Dashboard Definitions                            |    |          |                   | Reporting To Update For a New Year         |  | Back To Top<br>of Page   | User Guide         |     |                       |
|   |  | Pr |          | •                 | a measure's <u>Qua</u><br>Steps for the me |  |                          |                    |     |                       |
| _   | Key Performance 2017 Quarter 1 Measures Progress |    |          | Quarter 2 rogress | 2017 Qua<br>Progre                         |  | 2017 Quarter<br>Progress | End 2017<br>Status |     |                       |
| 1 # of obese children   | in WIC   |    |          | [+]               |  |  |                          |                    | [+] | Quar<br>Sta<br>Explar |
| T W OI Obese children   | III <b>VV</b> IO                                 |    | on track | [,]               |  |  |                          |                    | [+] | Plan<br>Next          |

|   |                             |                        |            |   | Env         | ironme | ntal Health Da                           | shb                         | ooard              |                        |            |                          |            |                    | ]                   |
|---|-----------------------------|------------------------|------------|---|-------------|--------|--|-----------------------------|--------------------|------------------------|------------|--------------------------|------------|--------------------|---------------------|
| Logan County Health District 1310 5. Main St. Bellefortaine, OH 43331 |                             | Measure<br>Definitions | Data Entry |   | Action Plan |        | Reporting<br>Tool                        | To Upda<br>For a Ne<br>Year |                    | Back To Top<br>of Page |            | · Guide                  |            |                    |                     |
|   |                             |                        | P          | rovide a <u>brief</u> exp<br>and describ  |             |        | measure's <u>Quar</u><br>teps for the me |                             | ~                  |                        | <u>lls</u> |                          |            |                    |                     |
|   | Key Performance<br>Measures |                        | 20         | 17 Quarter 1<br>Progress  |             |        | Quarter 2<br>ogress                      |                             | 2017 Qua<br>Progre |                        |            | 2017 Quarter<br>Progress | r <b>4</b> | End 2017<br>Status |                     |
| 1   | Reduce average miles driv   | en [                   |            | out of county education mileage   |             |        |  |                             |                    |                        |            |                          |            | [al]               | Qua<br>St<br>Expla  |
| 1   | per inspection              | ľ                      | 7]         | continue to monitor   |             |        |  |                             |                    |                        |            |                          |            | [~]                | Plar<br>Next        |
| 2   | 100% of new wells sample    | d, r                   | the a      | use of how the applications fall ar<br>lotted time to complete this appea<br>d for this quarter but it will catch | s           |        |  |                             |                    |                        |            |                          |            | [-]                | Qua<br>Sta<br>Expla |
| 2   | inpected and approved       | ľ                      | Ex         | pected to be on track next quarter  |             |        |  |                             |                    |                        |            |                          |            | ניו                | Plar<br>Next        |