



2016-2018 Strategic Plan Annual Progress Report, 2018

Florida Department of Health in
Polk County

March 2019

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Introduction

Strategic Planning Committee 2016-2018:

Dr. Joy L. Jackson – Director, DOH-Polk

Sonny Register – Assistant County Health Department Director

Sheryl Cooper – Health Promotions Director / Accreditation Lead

Tammy Durden - Community Health Nursing Director

Cynthia Goldstein – Environmental Health Director

Doug Harvey – Clinical Division Director

Suzanne Wright – WIC Director

Colleen Mangan – Health Educator Program Manager, CHIP Lead

Scott Sjoblom – Web Manager, Communications Lead

Sylvie Grimes – Senior Management Analyst Supervisor, QA Liaison

The Strategic Planning Committee reviewed, monitored, and revised Strategic Plan objectives continuously through bi-monthly Performance Management Councils (PMC) held between January 2016 and November 2018. Changes to the plan were documented within PMC meeting minutes and posted to the Strategic Plan Tracking Report, an official status dashboard which is posted on the DOH-Polk Internal SharePoint and is accessible to all DOH-Polk employees.

On February 7, 2018, the Strategic Planning Committee met with the Executive Leadership Team to review the plan. While most of the objectives had been completed, it was determined that five objectives would continue to be monitored throughout the duration of 2018. A new Strategic Planning process began at this time in order to develop the 2019-2022 Strategic Plan. The 2016-2018 Strategic Plan concluded on December 31, 2018.

Overview

This strategic plan provides a unified vision and framework for action for the Florida Department of Health in Polk County. As part of a larger performance management system, the DOH-Polk Strategic Plan allows us to identify the critical issues that must be addressed to protect, promote and improve the health of Floridians.

DOH-Polk Strategic Planning Council, made up of executive management and program directors, oversaw the development of this Plan in September 2015. The process involved numerous internal stakeholders including senior leadership, program managers and a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process by their participation in the 2014-2015 Mobilizing for Action through Planning and Partnership (MAPP) process. The 2015 Community Health Status Assessment (CHA) was particularly helpful in focusing our priorities on the health status, quality of life, and risk factors in our community.

The Council also reviewed key findings from the DOH-Polk Community Health Improvement Plan and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT) based on the findings. They considered information management, workforce development, communication and financial stability in their discussion.

Council members then used the SWOT analysis the agency mission, vision and values to choose strategic issue areas and agency goals. Two face-to-face meetings were held for members to arrive at the final strategic issue areas: healthy mothers and babies, long and healthy life, readiness for emerging health threats, effective agency processes, and access to care.

Monitoring the plan for the 2018 calendar year was conducted at Executive Leadership Team meetings and at Performance Management Team meetings. Objectives from 2018 were selected to continue into the new Strategic Planning cycle set to begin January 1, 2019 and run through December 31, 2022.

Status and Progress Towards Goals

Strategic Issue Area #1: Healthy Mothers and Babies

Goal: Reduce Infant Mortality

Strategy 1: Reduce racial disparity in infant mortality.

Why this is important to our agency:					
<p>Infant mortality is a key measure of a population's health. While Florida's overall infant mortality rate has reached historic lows in recent years, these improvements have not been uniform across all groups, particularly black infants. Reducing the black infant mortality rate will improve health outcomes for Florida's children, families and communities.</p>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Reduce the Polk County 3-year rolling average rate for black infant mortality from 10.8 (2012-2014) to 9.8 per 1000 births and reduce the black-white infant mortality gap by 8% by 12/31/2018.	3-year rolling average rate for black infant mortality.	15.6 per 1000 births (2014-16)	<=9.8 per 1000 births		3-year rolling rate has increased for black infant mortality since interim measurement in 2013-2015 and remains higher than baseline of 10.0 per 1000 births (2014). This objective will be carried over into the next Strategic Plan.

Strategy 2: Reduce births to teens.

Why this is important to our agency:					
<p>Florida ranks 23rd in teen births among states in the nation. The teen birth rate in Florida declined 69% between 1991 and 2015. Even so, in 2014 there were 12,816 births to teens. Most teen births in Florida (74%) are to older teens (age 18-19). It is also the case that 17% of all teen births were to teens who already had a child. Preventing teen births increases positive health outcomes for future generations.</p>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Reduce the Polk County 3-year rolling average of births to teens from 36.4 per 1,000 female persons to 32.0 per 1,000 female persons by 12/31/2018.	3-year rolling average of births to teens age 15-19.	27.8 per 1000 female persons (2016)	<=32.0 per 1000 female persons		Baseline of 33.8 per 1000 female persons (2014)

Strategic Issue Area #2: Readiness for Emerging Health

Goal: Demonstrate Readiness for Emerging Health Threats

Strategy 1: Reduce HIV and STD prevalence.

Why this is important to our agency:					
<p>In 2013, an estimated 5,364 adults and adolescents were diagnosed with HIV in Florida. Florida ranked 1st among the 50 states in the number of HIV diagnoses in 2013. In addition, untreated STDs are a common cause of pelvic inflammatory disease, infertility and chronic pelvic pain. Untreated STDs can increase the spread of HIV and cause cancer. Florida now ranks 4th in rates of primary and secondary syphilis, 27th in chlamydial infections and 18th among 50 states in gonorrheal infections.</p>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Complete 90% of objectives in the 2015 Local CHD Population Based – Young Adult STI Prevention Project.	2015 Local CHD Population Based QI Project – STI Young Adult Prevention	82.00% (2017)	>=90.00%		Baseline of 0% (2015) 82% of the objectives for Phase 1 of the project were complete. This objective will not be continued.

Strategic Issue Area #3: Effective Agency Processes

Goal: Establish a sustainable infrastructure, including a competent workforce, sustainable processes and effective use of technology.

Strategy 1: Ensure efficient agency operations.

Why this is important to our agency:					
<p>DOH-Polk identified several opportunities for improvement in the SWOT analysis performed during the strategic planning process. Some of the issues the health department is expected to face in the coming five years include a lack of recurrent funding, increasing reporting and administrative complexity for unfunded mandates and an aging workforce with a high percentage of key staff approaching retirement. To meet these challenges, greater efficiency will be needed with vigilance towards financial stability.</p>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Maintain CS and SES combined annual employee retention rate for new hires in last 12 months over 85%.	CS and SES New Hire Retention Rate	78.4% (2018 – as of 9/18/18)	>=85%		Baseline of 95.83% retention (September 2016) This objective will be carried over into the next Strategic Plan.

<p>Increase the Annual Comprehensive Environmental Health Score (ACEHS) from 86% to 90% by 12/31/2018.</p>	<p>Annual ACEHS Score.</p>	<p>90.00% (2017)</p>	<p>90%</p>		<p>Baseline of 86.00% (2014-2015)</p> <p>This objective will be carried over into the next Strategic Plan.</p>
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* Status indicators are as follows:

-  = Little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Revisions

Revisions were not made to this Strategic Plan as it concluded on December 31, 2018. A new Strategic Plan for 2019-2022 will be developed and launched January 1, 2019. Some items from this plan that were not complete have been carried over into the new Strategic Plan.

Conclusions

Quality improvement in public health refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, and performance of services or processes which improve the health of populations.

With the conclusion of this 2016-2018 Strategic Plan, we have determined the objectives that will remain in the next planning and implementation cycle so that our agency may continue to improve the health of the residents of our county.

Appendices

The following appendix contains minutes documenting meetings reviewing the strategic plan:

January 18, 2018 PMC Meeting Minutes.....	11
February 7, 2018 ELT Meeting Minutes.....	12-19
March 15, 2018 PMC Meeting Minutes.....	20-21
November 15, 2018 PMC Meeting Minutes.....	22-32



**Florida Department of Health in Polk County
Performance Management Council
Conference Room, 3rd Floor Bartow Admin Building
January 18, 2018 8:30-10:00**

MINUTES

Purpose:

Bi-Monthly Performance Management Council meeting to monitor implementation of local plans/projects, review and assign action items, and recognize practices with improved performance.

PMC Membership (required quorum is 7 members):

Health Officer - Dr. Jackson; *Executive Leadership Team (ELT)* - Sonny Register, Tammy Durden, Leroy Dux, Cynthia Goldstein, Doug Harvey, Suzanne Wright; *Accreditation Liaison and ELT*- Sheryl Cooper; *Communications Lead* – Scott Sjoblom; *QI Liaison and Strategic Planning* - Sylvie Grimes; *CHIP/CHA/MAPP* - Colleen Mangan.

Topic	Notes
Welcome/Call to Order	
Performance Management Council Survey	
<ul style="list-style-type: none"> • Thanks • Update on Results 	Thanks for input on survey. Results will be shared when available.
Annual QI Training Update	
<ul style="list-style-type: none"> • Staffing Counts <ul style="list-style-type: none"> ○ Problem Solving Methodology – 25 ○ Quality Improvement Quick Guide – 78 ○ Operationalizing Quality Improvement – 5 ○ Lean/DMAIC – 2 ○ Overall – 68 staff 	<ul style="list-style-type: none"> • Goal met for 2017 QI Training. Discussion of expanding/new goals for 2018 including basic QI training for all staff.
Performance Management Dashboard	
<ul style="list-style-type: none"> • Hardee County • Polk County Updates <ul style="list-style-type: none"> ○ Revamped Admin Page with "stoplight" statuses ○ Updated Specialty Care Quality Metrics ○ Adult Health Quality Metrics – Reviewed by IHC 	<ul style="list-style-type: none"> • Hardee County Dashboard under development. • Looking for ways to build a "stoplight" status for each indicator. Dental to work with QA as pilot.
Quality Teams and Circles	
<ul style="list-style-type: none"> • Family Planning Committee – Mammography <ul style="list-style-type: none"> ○ SNOMED and Add Record Services ○ Current Superbill ○ Radiology Coding Certification Board 	<ul style="list-style-type: none"> • A plan to increase the number of Mammogram referrals was shared, including coding methods which register the numerator in quality metrics. Recommend training at provider meeting. Last year only showed two referrals per FPAR.
<ul style="list-style-type: none"> • WIC eProgress Team <ul style="list-style-type: none"> ○ eProgress Demo 	<ul style="list-style-type: none"> • A demo of the eProgress system was shown to PMC members, including reporting capabilities. System helps monitor patient flow through clinic and improve wait times.
<ul style="list-style-type: none"> • Next Meeting (Requests) <ul style="list-style-type: none"> ○ OSTDS Access Team – Report on Improvements ○ Specialty Care CQM Team – Report on Improvements 	<ul style="list-style-type: none"> • A request for next meeting presentation of QI projects – update on OSTDS Access team and Specialty Care CQM team projects.
Coming Events	
<ul style="list-style-type: none"> • Strategic Plan Annual Report to Accreditation • Strategic Planning Review and Refresh 	March 30th April-October 2018
Adjourn	
(Next Meeting, March 15, 2018; 8:30-10:00 AM; 3rd Floor Conference Room, Bartow Admin)	

Executive Leadership Team Meeting – February 7, 2018

Present: Jenn Brandow, Arcelia Whitley, David Amador, Colleen Mangan, Suzanne Wright, Doug Harvey, Sheryl Cooper, John Cook, Scott Sjoblom, Dr. Jackson, Twonia Edwards, Sylvie Grimes, Sonny Register, Tammy Durden

Updates	Person Responsible	Due Date	Comments
Office of the Director – Dr. Jackson			
Welcome	Dr. Jackson		
Presentations			
Jenn Brandow			<ul style="list-style-type: none"> ▪ Annex I – Resource Management ▪ Annex T – Mass Fatalities
David Amador			<ul style="list-style-type: none"> ▪ Safety & Security Incidents
Office of the Director – Dr. Jackson			
Timesheet approvals	Patricia/Dr. J		<ul style="list-style-type: none"> ▪ Reminder
Strategic Planning	Sylvie/Colleen/ Dr. J		<ul style="list-style-type: none"> ▪ Closing out current strategic plan. Report due to state by 3/31 ▪ Introduction of new strategic plan and request for feedback
Influenza	Dr. J		<ul style="list-style-type: none"> ▪ Local flu update
Administration – Sonny Register			
Human Resources	Patricia Mayid		<ul style="list-style-type: none"> ▪ Dependent verification—due 2/12 ▪ Action moratorium 2/9-2/22/18
Trust Funds	Sonny		<ul style="list-style-type: none"> ▪ 01/18 - Polk 11.5%
EAR Timeliness	Sonny		<ul style="list-style-type: none"> ▪ Exceeded target in January at almost 97%
DOH salary authority issue	Sonny		<ul style="list-style-type: none"> ▪ Budget authority restricted; balance of this FY and next FY
Rate management	Sonny		<ul style="list-style-type: none"> ▪ Control mechanism for salary budget; OPS not affected
Quality Improvement – Sylvie Grimes			
WIC eProgress Deployment	Sylvie Grimes	February 28th	<ul style="list-style-type: none"> ▪ All sites are now deployed with the new patient tracking system except Wauchula (02/08) and Lakeland North (02/16) ▪ Staff are adopting the new system easily and quickly. ▪ We are looking into intercom system options for large sites, for calling patients to windows. ▪ Project on target to close by end of February.
STD Access Team	Sylvie Grimes	In Progress	<ul style="list-style-type: none"> ▪ Our call center survey indicates that 63% of our callers for an STD appointment who want an appointment “today” are unable to get one on the same day. ▪ Team has reviewed staffing and workflow data and selected an action plan. ▪ Wednesday, the 14th will finalize staffing and begin formal drafting of the discussed clerical and clinical protocols and procedures, prior to training.

			<ul style="list-style-type: none"> ▪ Final revisions will be with the team on 2/23, followed by sponsor review and communications. ▪ Anticipated deployment scheduled before March 30th.
OSTDS Team	Sylvie Grimes	February 21 st	<ul style="list-style-type: none"> • Awaiting online fax installation from IT • Currently developing training materials for clerks to standardize the application intake process as well as routing check sheets which will travel with application packets. • Database in designing stage for application process monitoring.
ACCESS Kiosk	Sylvie Grimes	March 30th	<ul style="list-style-type: none"> • DCF came and reviewed the setup for the ACCESS kiosk in Specialty Care. • Mentioned some changes to the setup which are in process to increase confidentiality. • Expect updates by end of March.
West Central QI Consortium Meeting	Sylvie Grimes	March 27th	<ul style="list-style-type: none"> ▪ The West Central QI Consortium will be meeting on March 27th in Pasco County. ▪ Topics will include upcoming accreditation activities and regional QI activities.
First Quarter Customer Satisfaction Survey Sweeps	Sylvie Grimes	March 30th	<ul style="list-style-type: none"> ▪ Satisfaction scores for December have been posted on the Performance Dashboard. ▪ Reports to be going out to specific divisions next week. ▪ Please schedule the 2018 1st Quarter satisfaction sweep before March 30th.
Strategic Planning Annual Report	Sylvie Grimes	March 9 th	<ul style="list-style-type: none"> ▪ Will need current status/data for ongoing objectives by March 9th. ▪ Will be submitted to Accreditation by March 30th.
Health Promotion and Preparedness – Sheryl Cooper			
Awards			
Length of Service (LOS)	Scott Sjoblom		<ul style="list-style-type: none"> ▪ February-April awards have been passed out!
Retirements	Scott Sjoblom	On-going	<ul style="list-style-type: none"> ▪ Regina Sturgill – February 28 ▪ Sheryl Cooper – May 31 ▪ Tracey Murvin – April 19 ▪ Maria Rodriguez – May 31
Merit Awards	Scott Sjoblom	On-going	<ul style="list-style-type: none"> ▪ Nominations open this week.
Workforce Development			
Workforce Development Plan	Scott Sjoblom Joanna Fowler		<ul style="list-style-type: none"> ▪ The plan has been edited to create better focus and usefulness to supervisors with the feedback provided by Sonny and Sheryl.
Employee Retention Rate	Joanna Fowler WFD Team	As of 2/2/18 <u>Next Steps:</u> 2-3 cycles of data Map data Root cause exercise	<p>24 Month Period Of the 112 SES and CS (ΔCS) employees hired in the last 24 months, 24 have left/been terminated = 21.4% loss, 78.6% retention.</p> <p>18 Month Period Of the 82 SES and CS (ΔCS) employees hired in the last 18 months, 15 have left/been terminated = 18.3% loss, 81.7% retention.</p> <p>12 Month Period</p>

			<p>Of the 54 SES and CS (ΔCS) employees hired in the last 12 months, 8 have left/been terminated = 14.8% loss, 85.2% retention.</p> <p>9 Month Period Of the 43 SES and CS (ΔCS) employees hired in the last 9 months, 5 have left/been terminated = 8.16% loss, 91.84% retention.</p> <p>6 Month Period Of the 25 SES and CS (ΔCS) employees hired in the last 6 months, 2 have left/been terminated = 11.6% loss, 88.4% retention.</p> <p>3 Month Period Of the 9 SES and CS (ΔCS) employees hired in the last 3 months, 1 have left/been terminated = 11% loss, 89% retention.</p> <p>(ΔCS) are employees who were hired as Contract or OPS that are now Career Service employees.</p>
Leadership Development	WFD Team	TBD	Robert had an issue arise that prevented him from keeping the 3/9 date. I have asked for his availability in April.
Internal and External Communications years			
Communication Topics	Scott Sjoblom Nicole Riley Communications Team		<p><u>Communications Plan</u></p> <p>February</p> <ul style="list-style-type: none"> • American Heart Month • Children’s Dental Health Month • National Wear Red Day- Feb 3 • Give Kids a Smile Day- Feb 3 • National Black HIV Awareness Day- Feb 7 <p>If your division has an event, program, or special accomplishment that you would like the public or the staff of the department to be aware of please contact our Communications department. We are available to assist you in getting the word out.</p>
Communications Reviews	Communications		Communications reviews are being scheduled with divisions/programs, beginning with programs participating in our Health Outreach Team. Goal is to review all print and digital communications pieces to ensure accuracy, quality and consistency.
Community Health			
Community Health Improvement Plan (CHIP)	Jenna Levine, Taylor Freeman	Next internal team meeting: 2/15	<ul style="list-style-type: none"> ▪ Health Equity SMART Objective from the state for this FY: Present Health Equity to community partners and integrate into CHIP efforts ▪ Strategic Priorities: Healthy Weight, Child Health, Infant Mortality and (NEW in 2018) Injury Prevention

			<ul style="list-style-type: none"> NEW Strategic Priority Injury Prevention will be added to the plan during 2018. This will encompass work with the Coalition on Injury Prevention Three focuses: Falls in Seniors, Bike and Pedestrian Safety, and Drowning Prevention Taylor Freeman has been serving as our subject matter expert on injury prevention and will continue to coordinate and support efforts in the community.
Health Outreach Team	Colleen Mangan Lisandra Sanchez-Crespo & Team	Next Meeting: Feb 9th	<ul style="list-style-type: none"> Created an Outreach Calendar for all events. This can be found under calendars on our intranet page. Team members receive a notification via email when an event has been added. One page overview of programs now included on SharePoint page and app. Available to any staff member
Tobacco Prevention and Control Program			
DOH Smoke-free Grounds	Juli Davis, Taher Hamid, David Amador	March ELT Meeting	<ul style="list-style-type: none"> Discussion to be held with ELT in March
Baby and Me Tobacco Free Pilot	Juli Davis, Dee Zerfas, Taylor Freeman	Update will be provided to FHB on 1/8	<ul style="list-style-type: none"> Pilot program opportunity identified through the Florida Healthy Baby Team The program follows the Clinical Best Practice Guidelines for Treating Tobacco Dependency (HHS 2008 update) and integrates Motivational Interviewing skills to help pregnant women quit smoking and stay quit. Pregnant women are either self-referred or referred to the participating agency (DOH Healthy Start) to enroll in the program. They receive four prenatal counseling cessation sessions, support for quitting and staying quit, and are tested using a carbon monoxide (CO) monitor (breath test). During prenatal visits 3 and 4, participants may receive their first two \$25.00 diaper vouchers, if they test tobacco free. After the birth of the baby, women return monthly to continue CO testing and if tobacco free, receive a \$25.00 diaper voucher each month for up to 12 months postpartum, or as program funds are available. Funding will be provided to Polk, Hardee, and Highlands counties through InnerAct Alliance, our local drug and bullying prevention coalition.
Public Health Preparedness & Safety			
Emergency Operations Plan Update	Jenn Brandow		<ul style="list-style-type: none"> Annex I – Resource Management Annex T- Mass Fatalities
Point of Dispensing Exercise for DOH Staff	Jenn Brandow	May 8 10 a.m.- 3 p.m.	<ul style="list-style-type: none"> Required Full Scale Exercise – Will I Grow a Cow’s Head?
Point of Dispensing – Closed POD Update	Jenn Brandow		
Community Health Services – Tammy Durden			
Specialty Care - HIV			<ul style="list-style-type: none"> HIV – We have found an ID physician, Dr. Diaz, who will work under contract in Specialty Care two days (Mon & Tues) every other week. We are currently negotiating a contract with

			<p>him. He started last Thursday (Feb. 1st) and got his log-in information, etc., and spent the afternoon shadowing Linda in the clinic. He will formally start Feb. 19th.</p> <ul style="list-style-type: none"> ▪ Linda Gellatly is doing well staying up with patients and is assisted by Jenna Mathew, ARNP at least one to two days a week. Dr. Cabaleiro and Dr. Young-Tan are her local resources and Dr. Diaz is now on board and will act as consult as well. ▪ Test & Treat is up to 82 ▪ An ADAP Audit (60 specific charts) has been scheduled for Feb. 22nd. ▪ Carol Drake remains on leave ▪ An OPS position (RN) is currently posted for a peri-natal coordinator. This person will work 3 days a week monitoring the e-babies born to HIV and HEP B positive mothers. ▪ The Walgreens Baby Express Program is underway. This program ensures all e-babies receive their medications by time of hospital discharge by either Walgreens delivery or family or perinatal coordinator pickup. ▪ Dr. Rodriguez at USF and Dr. Brar and Dr. Young-Tan in Lakeland will follow-up the e-babies. ▪ A part time OPS position for a data entry person to assist Kat just closed and interviews will be conducted next week. ▪ Currently xxxx clients are enrolled in Currant. Specialty Care has seen an increase funds that need to be spent back into the program. These funds will help pay the salary for Dr. Diaz, as well as some much needed supplies (electronics, construction of enclosing 2nd registration bubble in main lobby, as well as some updating to the lobby and cable television for the clients, etc.). ▪ Maria Rodriguez is retiring May 31, 2018. Her position will be replaced with an overlap to train the replacement.
STD			<ul style="list-style-type: none"> ▪ Specialty Care started prescribing PrEP in Bartow only. Linda Gellately is currently treating two patients (discordant couples). A process is in place and guidelines/protocol is in the process of being written. Patients are seen through the STD (02) Program. ▪ The prescriptions for the two PrEP patients (the first) will be written out of the 340B STD account and the Program should begin generating funds as more STD prescriptions are written. ▪ The STD Committee continues to meet; Sylvie has performed QI studies and the committee is not working on putting together processes and guidelines on how to streamline the appointments.
Immunizations			<ul style="list-style-type: none"> ▪ VaxCare has been removed from the clinics with the exception of Bartow. Once the new immunization nurse has been hired and trained for Lakeland – VaxCare will be returned to that clinic. Otherwise, Haines City, Auburndale and Lake Wales do not have consistent internet access in order to use it and we are charged \$25 per month per clinic. ▪ The Immunization team has gone on several flu outreach events last week and are continuing to do so this week. ▪ Agency wide the percentage of employees who received the flu vaccine remains at 61%

			<ul style="list-style-type: none"> Immunizations has hired a new RN, Maria Castro, RN and she started 12-01-17.
TB			<ul style="list-style-type: none"> Had a site audit visit in November. There were recommendations for improvement and TB will begin working on recommended improvements. Tracey Murvin has given her notice of retirement for April 19th. She has suggested that an RN be hired as her replacement, and this goes along with the audit recommendations that an RN or back RN be utilized. The position will be posted soon and TB is hopeful that an overlap of employees can occur so Tracey can help train the replacement.
School Health			<ul style="list-style-type: none"> Vision, BMI, hearing and scoliosis screening goals met at 45% for 12-31-18. Meeting the 95% screening goals for March 31st is anticipated. SH team continues to work on case conferences, audits, and finishing the public school screenings as well as charter and private schools. 5-2-1-0 classes are almost done and four nurses have made application for Asthma Friendly School Status – which will earn their school a monetary award.
Healthy Start			<ul style="list-style-type: none"> The new model of the Coordinated Intake and Referral System will begin April 1st. There is a bill in the senate which is asking for a modification to the MomCare Program to target services to at-risk Medicaid enrollees to ensure there is no duplication of services between MomCare and the contracted health plans. At this time the Senate Healthcare Appropriations Committee budget cuts the State of Florida’s Healthy Start funding by \$19 million in funding from AHCA and DOH. This would be 29% reduction and would potentially cut statewide 6,600 high risk services. The HS Coalition hopes to hear something definitive and what impacts they are facing by the end of March. Please note this is a proposal. Although we know there will be some funding cuts...the exact amount is unknown as this time.
Special Needs Shelter			<ul style="list-style-type: none"> Had several meetings with County to restructure SpNS to an ICS structure. DOH staff will be assigned to one of four job roles (RN, LPN, PCA, Shelter Assistant (SA)). Planning several different trainings with County. County and DOH staff will together in blended teams in these four job categories.
Clinical Services – Doug Harvey			
Dental			<ul style="list-style-type: none"> Community Health Awareness Day “Free” on April 12th. <ul style="list-style-type: none"> Schedule 25 new patient exams in each clinic Participants must meet financial eligibility requirements and staff will attempt to qualify for PHC grant. Contracted Medicaid OK too. Will see emergencies also Scott to discuss WIC, Healthy Start, etc. Potential OPS Dentist Headstart update in progress Jan 29th, Feb 13th, and 27th
Medical			<ul style="list-style-type: none"> Metrics BMI, Smoking, Mammograms: How to capture?

			<ul style="list-style-type: none"> ▪ Increased flu vaccines in all clinics ▪ Frequent HMS updates requiring nearly constant training. Rose, Lou Armentrout, Jennifer Dickinson making a positive difference. Frequent calls from other counties for guidance. ▪ “Free” Adult Health Day April 12th ▪ Family Planning Waiver update <ul style="list-style-type: none"> ▪ For Q2 Received 38 applications; 46 for Q1. 17% decrease. ▪ 13 applications approved for Q2; 8 for Q1. 63% increase. ▪ New OB Insurance agreement ▪ Down 2 RNs and 1 LPN in Lakeland
Environmental Health – John Cook for Cynthia Goldstein			
Staffing & Other			<ul style="list-style-type: none"> ▪ Leah (thanks!) came to speak to supervisory staff regarding EAR reports ▪ EHLS was 100% for the ACEHS
OSTDS			<ul style="list-style-type: none"> ▪ Hired Francis Atta Biney for ESII position; will be advertising his ESI position in WH; he will be based in Bartow ▪ Mariana left for DOT; interviewing for the supervisor position this week ▪ Gerald is assisting OSTDS in the transition
Facility Programs			<ul style="list-style-type: none"> ▪ Wrapping up Staff Assistant interviews this week ▪ Vacancy in the Migrant Program ▪ Tally came for Tanning/MLC training on Jan 23rd
Preparedness Meeting and Irma CAP		April 5 th Circle B Bar Ranch	<ul style="list-style-type: none"> ▪ Mike Mitchell from the bureau is coming to speak about EH hurricane procedures and Jenn Brandow to discuss local needs. We will be at Circle B Bar Ranch and there will be CEUs for staff. ▪ Gerald and Liza attended ICS 300 in January at the EOC.
EPI			<ul style="list-style-type: none"> ▪ Influenza ▪ PHAPs going to Osceola to assist with flu vaccine clinic
Petroleum Restoration			<ul style="list-style-type: none"> ▪ DEP visit today and tomorrow
Water Program			<ul style="list-style-type: none"> ▪ Alphonse Inevil is the new compliance ESIII for the PWS; he is also a licensed engineer ▪ Staff attended FRWA annual meeting at Lake Eva (for public water systems)
WIC & Nutrition – Suzanne Wright			
Florida Southern College Intern	S. Wright		<ul style="list-style-type: none"> ▪ Intern started in January for 240 hours. He is visiting WIC clinics to conduct a survey of our clients and observations of clinic flow
e-progress Routing System			<ul style="list-style-type: none"> ▪ Presently have rolled out all sites except Wauchula which is 2/8 and Lakeland North 2/13
Safe Sleep Training			<ul style="list-style-type: none"> ▪ WIC staff have been trained with the Safe Sleep curriculum including Hardee WIC
Pilot for Info Talent Services			<ul style="list-style-type: none"> ▪ State HR has contracted with Info Talent Services to enhance our ability to hire and retain staff ▪ Targeting hard to fill positions: Registered Nurses, Environmental Health Specialists, Licensed Nutritionists ▪ Company has behavioral assessment software for job candidates to complete

			<ul style="list-style-type: none"> ▪ Supervisors can assess candidates based on objective measure criteria to help with hiring ▪ This can help reduce turnover and maximize the quality in hiring. ▪ First step is to assess the target role's the incumbent pop. To identify key attributes for success ▪ 3 questions: 3 -5 most important duties, good performance looks like, poor performance looks like ▪ Polk is one of 5 in State to participate
On-line Nutrition Education			<ul style="list-style-type: none"> ▪ State has begun to implement wichealth.org to the entire State WIC agencies. ▪ As a pilot site we are accessing a report daily and adding client benefits. ▪ State will begin to add benefits to all qualifying participants on March 23.
Employee Recognition			<ul style="list-style-type: none"> ▪ A WIC Appreciation Luncheon was held January 30th to recognize 13 employees
Breastfeeding Training			<ul style="list-style-type: none"> ▪ Staff from Lakeland Regional and Nurse Family Practice Group joined WIC for a two-day training event.

Next Meeting: March 7, 2018



Florida Department of Health in Polk County
Performance Management Council
Conference Room, 3rd Floor Bartow Admin Building
March 15, 2018 8:30-10:00

MINUTES

Purpose:

Bi-Monthly Performance Management Council meeting to monitor implementation of local plans/projects, review and assign action items, and recognize practices with improved performance.

PMC Membership (required quorum is 7 members):

Health Officer - Dr. Jackson; Executive Leadership Team (ELT) - Sonny Register, Tammy Durden, Leroy Dux, Cynthia Goldstein, Doug Harvey, Suzanne Wright; Accreditation Liaison and ELT- Sheryl Cooper; Communications Lead – Scott Sjoblom; QI Liaison and Strategic Planning - Sylvie Grimes; CHIP/CHA/MAPP - Colleen Mangan.

Topic	Note
Welcome/Call to Order	
Quality Teams and Circles	
<ul style="list-style-type: none"> • WIC eProgress Rollout Report <ul style="list-style-type: none"> ○ eProgress Data 	Lead
<ul style="list-style-type: none"> • Specialty Care Database Project 	<p>Kat Rittichaikul presented results of the Specialty Care Database QI Project for 2017-2018. The database has enabled us to reconcile CareWare and HMS client databases, resulting in locating an additional 79 clients lost to care (who can now be reengaged) and resolving 19 cases who were inactive or deceased. 79 clients have updated statuses from “new” to “engaged in care.” The team also met their goal for viral suppression load of 86%. Four additional QI projects have been identified as follow-up measures as a result of the better data.</p>
<ul style="list-style-type: none"> • Family Planning Committee <ul style="list-style-type: none"> ○ Mammography ○ HMC Code 9101, Current Superbill ○ Reporting • Clinical Quality Metrics for County Contract (EHR/MU Metrics) <ul style="list-style-type: none"> ○ BMI (CQM 0421); SNOMED ○ Tobacco (CQM 0028); CPT Billing Code ○ HbA1C (CQM 0059); Clients W/O Tests 	<p>Recommendations have been made to add HMC 9101 code to the current superbill for Mammogram Referrals. This will allow us to track the number of referrals during the year for process improvement and increase FPAR reporting. Currently, we have increased mammogram referrals from 2 to 18 for 2018.</p> <p>Three additional metrics have been identified for process improvement. Indigent Health Care metrics of BMI, Tobacco, and HbA1C are showing as underreported due to inaccurate coding. It is recommended that counseling for BMIs in the underweight or overweight range be indicated on the superbill with Nutritional Counseling. Tobacco cessation is also being underreported – it’s</p>

	recommended that we add a CPT code to cessation counseling to allow the EHR CQM report to pick up these services. HbA1c reports are being reviewed to see if clients with diabetes are receiving HbA1C testing on a routine basis.
Coming Events	Dates
<ul style="list-style-type: none"> • 2018 Strategic Plan Annual Report to Accreditation 	March 30th
Feedback and Suggestions	
<ul style="list-style-type: none"> • Open Discussion 	
Adjourn	
(Next Meeting, May 17, 2018; 8:30-10:00 AM; 3rd Floor Conference Room, Bartow Admin)	

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Part 1: Agenda & Summary

Florida Department of Health in Polk County
3rd fl Administration Building, 1290 Golfview Avenue, Bartow FL 33830
November 15, 2018 * 8:30-10:00 AM

MEETING PURPOSE:

- Advise and guide the creation, deployment and continuous evaluation of the performance management system and its components.
- Monitor and evaluate performance toward achieving strategic objectives in health improvement, strategic, quality improvement and workforce development plans and make recommendations to improve performance.

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
<ul style="list-style-type: none"> ▪ Welcome 	Dr. Jackson	8:34 AM	Dr. Jackson called the meeting to order at 8:34 a.m.
<ul style="list-style-type: none"> ▪ Review of Previous Meeting Action Items/Minutes 	Sylvie Grimes		<p>(See Action Items List Below)</p> <p>Two County Performance Snapshot questions remained from draft measures.</p> <ul style="list-style-type: none"> • Formula for immunizations for two-year old clients has not been changed to exclude clients with partial series (non-Polk clients). This is a statewide issue, not Polk specific. • We have received a baseline number for ADAP clients with viral load <200/ml and are currently within range of the target. <p>All action items from last meeting have been completed with the exceptions of:</p> <ul style="list-style-type: none"> • Strategic Plan items (pending final review process) • 5-plan objectives tracking matrix (pending Strategic Plan finalization)

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<ul style="list-style-type: none"> • Individual accreditation champion review meetings • Verification of QI Training in local Training policy <p>Verification of existing staff (vs. new hires, supervisors) participation in basic QI training</p>
<ul style="list-style-type: none"> ▪ PMQI/Central Office Update 	Sylvie Grimes		<p>Agency Workforce Development Plan standards coming December/January; awaiting final vetting after Health Equity add. FDOH Employee Satisfaction Survey unlikely; removed from Agency Strategic Plan; to be replaced by local survey (unit-only)</p> <p>Agency Strategic Plan revision to 1.1.3C - “By June 30, 2019, establish baseline data that shows the diversity of the department’s current workforce to include race, ethnicity and gender.”</p> <p>Agency QI Plan</p> <ul style="list-style-type: none"> • Revised (shorter) NACCHO Self-Assessment again by 2020 • Better communication with Central office, possibly including recurring conference calls • Training recommendations including QI competencies by role to build into training plans • Forming a Performance Management Steering Committee with first steps to systemize a best practices library/sharing <p>Other data returned</p> <ul style="list-style-type: none"> • HR survey recently done showed recruitment process from ad to entry in People First. Central Office and North West 22-23 days. West Central 15 days.

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<p>PMQI Leads were asked to review the Agency QI Plan draft and provide feedback:</p> <ul style="list-style-type: none"> • NACCHO Self-Assessment by 2020 • Conference calls, training recommendations • Performance Management Steering Committee, best practices system <p>The PMQI joint meeting with WCFL/SWFL on December 11th is dependent on travel restrictions.</p>
<ul style="list-style-type: none"> ▪ 10-Minute Training – Logi Studio (Performance Dashboard Updates) 	Sylvie Grimes		<p>Sylvie introduced Logi Studio</p> <p>Logi Studio Advantages</p> <ul style="list-style-type: none"> • Performance dashboard <ul style="list-style-type: none"> ○ User friendly ○ User does not need SharePoint access. ○ Built from Excel file ○ Mix data from multiple sources: EagleSoft, HMS, EHD, etc. ○ Create: reports, charts, sorts, filters. ○ Can be locked at certain levels for DOH and at public levels. ○ Web pages and sites can be linked ○ We only have a limited number of licenses. It is assigned to a person and a computer. • Dental – testing <ul style="list-style-type: none"> ○ Created a template for Dental ○ Dom can enter his own scores into the Excel ○ Very easy to learn • Once testing is done meet with division directors

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<ul style="list-style-type: none"> ○ Create template / redesign as needed ○ Each area will responsible for their own data entry <p>No cost to CHD</p>
“6-Pack” Plan Performance Reviews			
<ul style="list-style-type: none"> ▪ Accreditation 	Taylor Freeman		<p>Have not yet held individual domain champion meetings yet. Have met with a team on Domain 8. Q: Do you have a timeline for the state accreditation? A: Sylvie answered that it would be in Spring 2019. BPAI will be kicking off workshops on individual domains starting in January. Q: Who is set up to receive information on Accreditation? A: Taylor is primary with Sylvie as backup; both were verified on the distribution list as of yesterday.</p>
<ul style="list-style-type: none"> ▪ CHIP/CHA 	Jenna Levine		<ul style="list-style-type: none"> • October 25th CHA kickoff was very successful. 30-40 people want to be on the work group. • Next CHIP meeting December 20th. • Revisions and annual progress report due on March 31st. • Jenna, Taylor and Sylvie to meet on Friday to review Community Health Assessment Survey questions. <p>They have checked into what is needed to purchase a domain name like last time. Will be looking to purchase closer to January</p>
<ul style="list-style-type: none"> ▪ Strategic Plan 	Tammy Durden		<p>Review and close-out of 2016-2018 Strategic Plan</p> <ul style="list-style-type: none"> • 21 of 27 objectives were met

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<ul style="list-style-type: none"> • 1 has been rolled over (continued to new cycle); Infant Mortality • 5 not met were removed from strategic plan and converted to programmatic objectives • Strategic Plan Progress Report <p>2019-2022 Strategic Priorities Tammy presented a handout of the current status of the 2019-2022 objectives. Four of the objectives are still being “tweaked.” It’s expected that these will be reviewed at the December or January ELT, with a review by all PMC at the January PMC meeting.</p> <p>Dr. J: The 2019-2022 plan outline needs to be in a spreadsheet, so data can be entered and tracked. Q: How will we create a summary document to share with staff? A: Suggestions: Video versus a document Q: Is PMC going to set targets in this meeting/go over each objective? A: Tammy will finalize with subject matter experts and then send list back out to all members. What needs to take place in PMC meetings is documentation when objectives are set, changed, or removed from the plans.</p>
<ul style="list-style-type: none"> ▪ Quality Improvement 	Sylvie Grimes		<p>QI Training</p> <ul style="list-style-type: none"> • QI 101 Course has taken place on 10/26. • Seven students of 10 registrations • Satisfaction score 4.4 out of 5 • Students who pass 101 can continue to 102. • Waiting on students to complete post-class assignment of a process map.

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<p>Next courses:</p> <ul style="list-style-type: none"> • PMC – Only: 12/7 – 8:30-12:00 – More advanced • Will send a doodle poll • All staff 1/18 – 8:30 – 12:00 <p><u>Performance Management Newsletter</u></p> <ul style="list-style-type: none"> • PMQ newsletter is 50% complete. • Would like a picture of PMC – for article “Meet your PMC.” • Inside: Team of the quarter, puzzlers with a prize, photos of staff – not stock photos. • Looking to release by end of 2018
<ul style="list-style-type: none"> ▪ Workforce Development 	Sylvie Grimes (for Scott Sjoblom)		<ul style="list-style-type: none"> • Timeline for our next step – planning phase with our charter <ul style="list-style-type: none"> • Staffing needs assessment – will pull data • Capacity assessment – skills and abilities - survey • Job Descriptions – Links to Core Competencies • December 19th – Plan review against accreditation standards and existing plans (i.e. Pasco and Hernando – very successful in our region) • Implementation and monitor phase will include an Employee Satisfaction survey • Reporting phase expected March 2019
Other Topics			
<ul style="list-style-type: none"> ▪ Annual PMC Charter Review 	Sylvie Grimes		<p>Team reviewed PMC charter (PMC Charter Final)</p> <ul style="list-style-type: none"> • Has not been looked at since 2016 • Changes included: <ul style="list-style-type: none"> ○ SPIL to Performance Management Council (PMC)

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			<ul style="list-style-type: none"> ○ Add in Workforce development plan ○ Meeting frequency changed (monthly to bi-monthly throughout the document) ○ Add linkages to accreditation ○ Add all “5-pack” plans where appropriate (CHA, CHIP, Strategic Plan, QI Plan and Projects, Workforce Development Plan) ● Measures of Success Changed <ul style="list-style-type: none"> a) A minimum of four (“quarterly”) meetings per calendar year where performance of each of the plans listed below is reviewed. b) A minimum of one (“annual”) meeting per calendar year where an Annual Progress Report for each of the plans listed below is reviewed, followed by submission of the Annual Report to BPAI. c) Inclusion in PMC minutes of revisions, removals, or additions to goals, strategies, and objectives for the plans listed below. d) Review and revision (at least once annually) of each of the plans listed below. e) Conduct an annual assessment and review of Performance Management Council effectiveness. ● Deliverables <ul style="list-style-type: none"> ○ Change from post monthly to post minutes

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
			After meeting update: Sylvie has updated the PMC Charter with the changes.
<ul style="list-style-type: none"> Recognition of Improved Performance/Upcoming Events and Opportunities 			2019 Prudential Productivity Awards Reminder <ul style="list-style-type: none"> Three members are interested; believe they may have nominations Performance Management Dashboard Deadlines (10th of each month) Abstract NACCHO – what we do successfully – Create a poster IHI conference in Orlando in December Maintain Healthy Weight campaign through the holidays.
<ul style="list-style-type: none"> Adjourn / Next Meeting 		10:00 AM	Next Meeting Thursday, January 18, 2019, 3 rd Floor Conference Room, Bartow Administration Building

ATTENDANCE:

Name	Title	Position/Role	Check Box if Present
Dr. Joy L. Jackson	Health Officer	Health Officer (Chair)	<input checked="" type="checkbox"/>
Sonny Register	Assistant County Health Department Director	Senior Leadership Team	<input type="checkbox"/>
Tammy Durden	Community Health Nursing Director	Senior Leadership Team, Strategic Plan Lead	<input checked="" type="checkbox"/>
Cynthia Goldstein	Environmental Administrator	Senior Leadership Team	<input type="checkbox"/>
Doug Harvey	Senior Public Health Services Manager	Senior Leadership Team	<input checked="" type="checkbox"/>

Scott Sjoblom	Senior Management Analyst II	Senior Leadership Team, Workforce Development Lead	<input type="checkbox"/>
Suzanne Wright	Public Health Services Manager	Senior Leadership Team	<input checked="" type="checkbox"/>
Jenna Levine	Health Educator Consultant	CHIP/CHA Lead	<input checked="" type="checkbox"/>
Taylor Freeman	Health Educator Consultant	Accreditation Lead	<input checked="" type="checkbox"/>
Sylvie Grimes	Government Analyst II	QI Plan Lead, PMQI Champion	<input checked="" type="checkbox"/>
Ginger Williams	Staff Assistant	Scribe	<input checked="" type="checkbox"/>
Joanna Fowler	Staff Development & Training Consultant	Guest	<input checked="" type="checkbox"/>
Beverly Dodson	Registered Nursing Consultant	Guest	<input type="checkbox"/>

Part 2: Planning and Tracking

	8/2/2018	9/20/2018	11/15/2018	1/17/2019	3/21/2019	5/16/2019	7/18/2019	9/19/2019	11/21/2019	1/16/2020	3/19/2020	5/16/2019	7/18/2019	9/19/2019	11/21/2019
Item -light gray/white rows															
PMQI Consortia Team Update (Quarterly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
CHIP/CHA Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP/CHA Annual Progress Report (Annually by March)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP/CHA Development or Revision (As Revisions Occur – Min Annual)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Strategic Plan Performance Review (Quarterly)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>											

	8/2/2018	9/20/2018	11/15/2018	1/17/2019	3/21/2019	5/16/2019	7/18/2019	9/19/2019	11/21/2019	1/16/2020	3/19/2020	5/16/2019	7/18/2019	9/19/2019	11/21/2019	
Item -light gray/white rows																
Strategic Plan Annual Progress Report (Annually by March)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Strategic Plan Development or Revision (As Revisions Occur - Min Annually)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Quality Improvement Plan Performance Review (Quarterly)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Annual Progress Report (Annually by September)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Development or Revision (As Revisions Occur - Min Annually)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Development or Revision (As Revisions Occur - Min Annually)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>												
Performance Management Council Assessment (Annually - By TBD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Action Items

Action Item	Person(s) Responsible	Date Assigned	Due Date	Status
<ul style="list-style-type: none"> Design tracking matrix for “5 plans” objectives by responsible party and due date. 	Sylvie Grimes	08/02/2018	08/20/2018	Deferred, pending Final Strategic Plan Draft

Action Item	Person(s) Responsible	Date Assigned	Due Date	Status
<ul style="list-style-type: none"> ▪ Meet individually with Accreditation Champions to review deliverables. 	Taylor Freeman (was Colleen Mangan)	08/02/2018	10/12/2018	
<ul style="list-style-type: none"> ▪ Prioritize and select 2019-2021 Strategic Plan objectives 	Tammy Durden (was Colleen Mangan)	08/02/2018	11/15/2018	
<ul style="list-style-type: none"> ▪ Verify QI Training is included in Local DOH-Polk Training Policy 	Scott Sjoblom	09/20/2018	11/15/2018	
<ul style="list-style-type: none"> ▪ Verify all new hires, existing staff and supervisors have corresponding Basic QI training components in TRAIN training plans 	Joanna Fowler	09/20/2018	12/31/2018	
<ul style="list-style-type: none"> ▪ Incorporate discussed charter revisions and recirculate to PMC members for approval. 	Sylvie Grimes	11/15/2018	01/18/2018	Complete
<ul style="list-style-type: none"> ▪ Send Doodle poll for PMC-Member-Only, December QI 101 Course 	Sylvie Grimes	11/15/2018	11/30/2018	Complete