## DASHBOARD KEY, TERMINOLOGY & DEFINITIONS

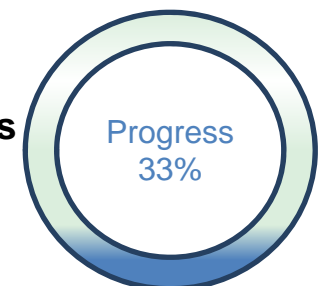| IMPLEMENTATION STRATEGIES | IMPACT/ GOAL | HOSPITAL RESOURCES | RESPONSIBLE PARTIES | EVALUATION | FEEDBACK |
|---|---|---|---|---|---|
| The intended actions for addressing or not addressing gaps or areas of concerns identified in the 2016 Community Health Needs Assessment. | Anticipated goal, impact, and/or outcome expected. | Identified programs and/ or resources committed to address the need. | Planned collaboration/ individuals involved. | Plan to evaluate the goal, impact, and/ or outcome. | Avenue for ongoing feedback solicited from who by whom. |

**Identified Priority Area:** Area of Concern identified topic in the Community Health Needs Assessment.
Detail of the needs identified and represented by key findings generated from the data collection and analysis from the 2016 Community Health Needs Assessment.

| | | | | | |
|---|---|---|---|---|---|
| **Plan not to address:**<br>Explanation of the needs that cannot / will not be addressed. | Reason for not addressing the need. Reasons can be brief including resource constraints, lack of expertise, low priority, not connected with mission, lack of identified effective intervention, addressed by other facilities, etcetera. | n/a | n/a | n/a | n/a |
| **Plan to Address:**<br>Explanation of the steps to be taken to address the Identified Priority Area.<br>"Implementation team": used as a generic term to reference a team/ committee that can be created or used to achieve and keep track of progress; made up of Hospital members and/or community members. | The goal, impact, and/or outcome the Hospital anticipates achieving by taking the step stated in the implementation strategies column. | The resources the Hospital plans to contribute to achievement of the strategy. | Individuals involved. | Method for evaluating the results/ impact of the strategy. | Feedback solicited from who by whom. |

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**Action Steps: Dashboard Key**
**Updated 1.09.2017**

0%   50%   100%

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Access to Care** | | | | | |
| **Plan not to address:** Provider reimbursement, high deductible plans/ co-pay costs/ lack of health insurance | The hospital does not have the ability to change reimbursement or insurance plans. | n/a | n/a | n/a | n/a |
| **Plan to Address:** Improve access to primary care providers Improve number of Primary Care Providers in Perry Co. Evaluate & implement expanded urgent care services Evaluate & implement expanded primary care clinic hours, improving upon the "8 am -4 pm" primary care clinic model, Monday-Friday of PCMH clinics. | Expand the number of primary care Providers from 3 employed primary care physicians and 4 employed FNP's  Expand primary clinic hours of service beyond the "8am – 4am" Monday through Friday employed clinic hours of service | Engage in professional search firms to recruit additional FNP's and additional primary care physicians  Recruit the Director of Clinic Operations  Evaluate an urgent care model across the clinics at TCC, Troy and Cannelton for the hours of 8 am to 4 pm Monday-Friday for all patients. | CEO  CEO  Director of Clinic Operations | Increase total number of primary care providers from 7 & sustain  Increase number of pts seen in the primary care clinics  Hire & retain the Director of Clinic Operations  Expand clinic hours beyond Monday-Friday 8am-4pm. TCC does not open at 7am.  Improve urgent care so patients & local businesses do not have to access the ED for non-emergent services | Begin recruitment with professional search firms in 2016  Complete recruitment of Director of Clinic Operations in 2016  Quantify improvement and measure provider retention annually over the next 3 years |

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**Action Steps: Access to Care Updated 1.09.2017**

Progress 33%

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Programs & Resources for Mental Health Services** | | | | | |
| Plan to address: Evaluate options for improving access to behavioral health services including geriatric psych, tele-psych & recruitment of additional providers | Improve access to mental health providers & services measures by; 1.) improved number of providers 2.) positive response from community and primary care providers regarding the ease of access | Measure & develop baselines for "time to access" - Measure & develop a baseline for number of providers - | | Evaluation of improved mental health services with baseline measurements | 2017 |
| Evaluate & document baseline measurement criteria for access, document the issues with access for an appointment for mental health providers | 3.) improve upon baseline measurement determined in the specific actions defined above | Continue collaborative discussions with Southern Hills | CEO & DON | New program opportunities are reviewed & implemented as appropriate | 2017 & ongoing |
| | Evaluate collaborative relationships for improvement to access with other providers-including tertiary hospitals Evaluate tele-psych options | Evaluate sources for tele-psych options | CEO | Complete the evaluation of geriatric psychiatry services | 2016 |

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**Action Steps: Mental Health Services**
**Updated 1.09.2017**

Progress 33%

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Programs and Resources for Chronic Disease Management** | | | | | |
| **Plan to address:** Define chronic disease management and the chronic diseases to be managed, measured and improved by 2017 <br><br> Use IHA, local population health information and information obtained through the Rural Accountable Care Organization to define & identify chronic disease and determine which diseases to focus <br><br><br> Determine baseline measures for CDM illnesses identified | Determine chronic disease to be evaluated and measured. <br><br> Determine baseline measurement criteria and measures for improvement <br><br> Measure improvement | Determine chronic disease <br><br> Determine baseline measurement criteria <br><br><br> Determine realistic improvement goals <br><br> Implement systems to improve | CEO, Director of Clinic Operations, ACO Director, ACO Coach <br><br><br> CEO, Director of Clinic Operations, ACO Director, ACO Coach | Measured after establishing definitions, measurable and systems for improvement | 2017 <br><br><br> 2017-2018 <br><br> 2018 <br><br> 2018 |

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**Action Steps: Chronic Disease Updated 1.09.2017**

Progress 0 %

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Improved Access to Prenatal Care** | | | | | |
| **Plan to Address:**<br>Provide improved access to Dr. Cornejo and PCMH OB services for prenatal care.<br><br>Improve community education about the availability and access to local prenatal care. | Quantify clinic visits and births at PCMH for 2015 and 2016<br><br>Measurement monthly via clinic visits with comparison to past monthly clinic volumes<br><br>Measurement of annual births in '17, '18 and '19 with comparison to historical birth volume | Ask new clinic patients how they learned of Perry County OBGYN<br><br>Quantify improvement in the number of clinic visits and births at PCMH 2017, 2018, 2019<br><br>Develop and implement an OB marketing campaign for Perry County OBGYN & PCMH OB services<br><br>Develop an OB Clinic and service community outreach plan<br><br>Quantify marketing budget, newspaper articles, community outreach events | PCMH OBGYN staff & Director of Marketing<br><br>DON & OB Manager<br><br>Director of Marketing & DON<br><br>OBGYN Physician, OB Manager & DON<br><br>Director of Marketing & DON | | October, 2016<br><br>October, 2016 - 2017 |

**Action Steps: Prenatal Care Access**
**Updated 1.09.2017**

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Progress 50%

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Improved number of Primary Care Physicians** | | | | | |
| **Plan to Address:**<br>Improve access to primary care providers<br>Improve number of Primary Care Providers in Perry Co.<br>Evaluate & implement expanded urgent care services<br>Evaluate & implement expanded primary care clinic hours, improving upon the "8 am -4 pm" primary care clinic model, Monday-Friday of PCMH clinics. | Expand the number of primary care Providers from 3 employed primary care physicians and 4 employed FNP's<br><br>Expand primary clinic hours of service beyond the "8am – 4am" Monday through Friday employed clinic hours of service | Engage in professional search firms to recruit additional FNP's and additional primary care physicians<br><br>Recruit the Director of Clinic Operations<br><br>Evaluate an urgent care model across the clinics at TCC, Troy and Cannelton for the hours of 8 am to 4 pm Monday-Friday for all patients. | CEO<br><br>CEO<br><br>Director of Clinic Operations | Increase total number of primary care providers from 7 & sustain<br><br>Increase number of pts seen in the primary care clinics<br><br>Hire & retain the Director of Clinical Operations<br><br>Expand clinic hours beyond Monday-Friday 8am-4pm. TCC does not open at 7am.<br><br>Improve urgent care so patients & local businesses do not have to access the ED for non-emergent services | Begin recruitment with professional search firms in 2016<br><br>Complete recruitment of Director of Clinic Operations in 2016<br><br>Quantify improvement and measure provider retention annually over the next 3 years |

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**Action Steps: Primary Care**
**Updated 1.09.2017**

Progress
0%

| SPECIFIC IMPLEMENTATION STRATEGIES | MEASURABLE | ACTION | RESPONSIBLE | RESULTS | TIME |
|---|---|---|---|---|---|
| **Identified Priority Area: Improved Recruitment and Retention of EMS** | | | | | |
| **Plan to Address:**<br>Expand EMS services to a second Perry County location<br><br>Increase the number of EMS employees<br><br>Retain the number of EMS employees | Expand EMS services by adding 1 North garage<br><br>Increase number of EMS employees to fit the need of both stations<br><br>Retain number of EMS employees to fit the need of both stations | Decrease in response time for patients served in the "northern" part of the county<br><br>Increase in number of EMS transports to PCMH<br><br>Increase in total number of transfers/"runs" to all locations | EMS Director & VP Clinical Services<br><br>EMS Director & VP Clinical Services<br><br>EMS Director & VP Clinical Services | Implementation of North garage opened in Fall, 2016<br><br>Hiring of new staff – orientated and trained<br><br>Continuous retention of staff | 2016<br><br>2016<br><br>2016-continuous |

**Action Steps: EMS Retention**
**Updated 1.09.2017**

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Progress 75%