



A good mind. A good heart. A strong fire.

2018-2020 Strategic Plan

Community Health Services

Strategic Plan

Oneida Community Health Services Department

APPROVALS

Review Due: Annual after last signature

 27 Feb 18


Oneida Comprehensive Health Division Operations Director

Date

 2/28/2018

Oneida Comprehensive Health Division Medical Director

Date

 2-8-2018

Community/ Public Health Officer

Date

Submitted by: Community Health Services Departments

2018-2020 Strategic Plan Update Chart:

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**Community Health Services
Strategic Plan
January 17-18, 2018**

There are four parts to the strategic plan that will be shared below. These parts include:

1. Environmental Scan
2. Practical Vision
3. Underlying Contradictions
4. Strategic Directions
5. Focused Implementation

Workshop Question:

How can we **work together** to provide effective programming & a comprehensive system of prevention services that are sustained, monitored, and evaluated?

Strategic Planning Facilitators:

Jackie Smith
Tina Jorgensen

Strategic Planning Participants:

Debra Danforth, RN, BSN, Oneida Comprehensive Health Division Operations Director	Dr. Ravinder Vir, MD, MBA, Oneida Comprehensive Health Division Medical Director	Eric Krawczyk, MPH, MCHES, Community/Public Health Officer
Brenda Haen, BSN, RN, Community Health Manager Neva Archiquette, Community Health Representative Louetta Fowler, RN-CH Case Management Vicki Johnson, Community Health Representative Phil Shaline, RN-CH Case Management Brittany Skenandore, RN-CH Case Management	Susan Higgs, RD, CD, WIC/Nutrition Manager Kim Damrow, Dietitian-WIC/Outpatient Jackie Havel, Dietitian-WIC/Outpatient Brittany Nikolich, Dietitian-Consultant Elizabeth Schwantes, Dietitian-Diabetes Educator	Tina Jorgensen, MS, RD, CD, Health Promotion Supervisor Dawn Krines Glatt, Health Promotion Specialist Sarah Phillips, Health Promotion Specialist Stefanie Reinke, Health Promotion Specialist
Carrie Lindsey, BSW, CSW, Case Management-LTC Supervisor Joanne Close, In-Home Chore Worker Lorleen John, In-Home Chore Worker Debra Miller, Tribal Dementia Care Specialist Mallory Patton, Case Manager Support Specialist Tamer Ramirez, Respite Care Worker Beatrice Skenandore, Respite Care Worker Ted Skubal, Social Worker-Community Health	Michelle Myers, BSN, RN, Community Health Nursing Supervisor Mary Burns, RN-Community /Public Health Nurse Candi Cornelius, Prenatal Care Coordinator Maria Danforth, Maternal Child Health Aid Char Kizior, RN-Head Start Andrea Kolitsch, RN-Community /Public Health Nurse Betsey Nickel, RN-Community /Public Health Nurse Carol Torres, Administrative Assistant-Community Health Amber Webster, Community Health Worker-Healthy Start Chenoa Webster, Community Health Worker-Healthy Start	Other Team Members Not Present: Peggy Bork, Community Health Representative Alyssa Hudak, Dietitian-Lactation Coordinator Stacy Skenandore, WIC Peer Breastfeeding Counselor Tahkwatekwa Skenandore, Health Promotion Specialist Tammy Skenandore, Administrative Assistant CM LTC

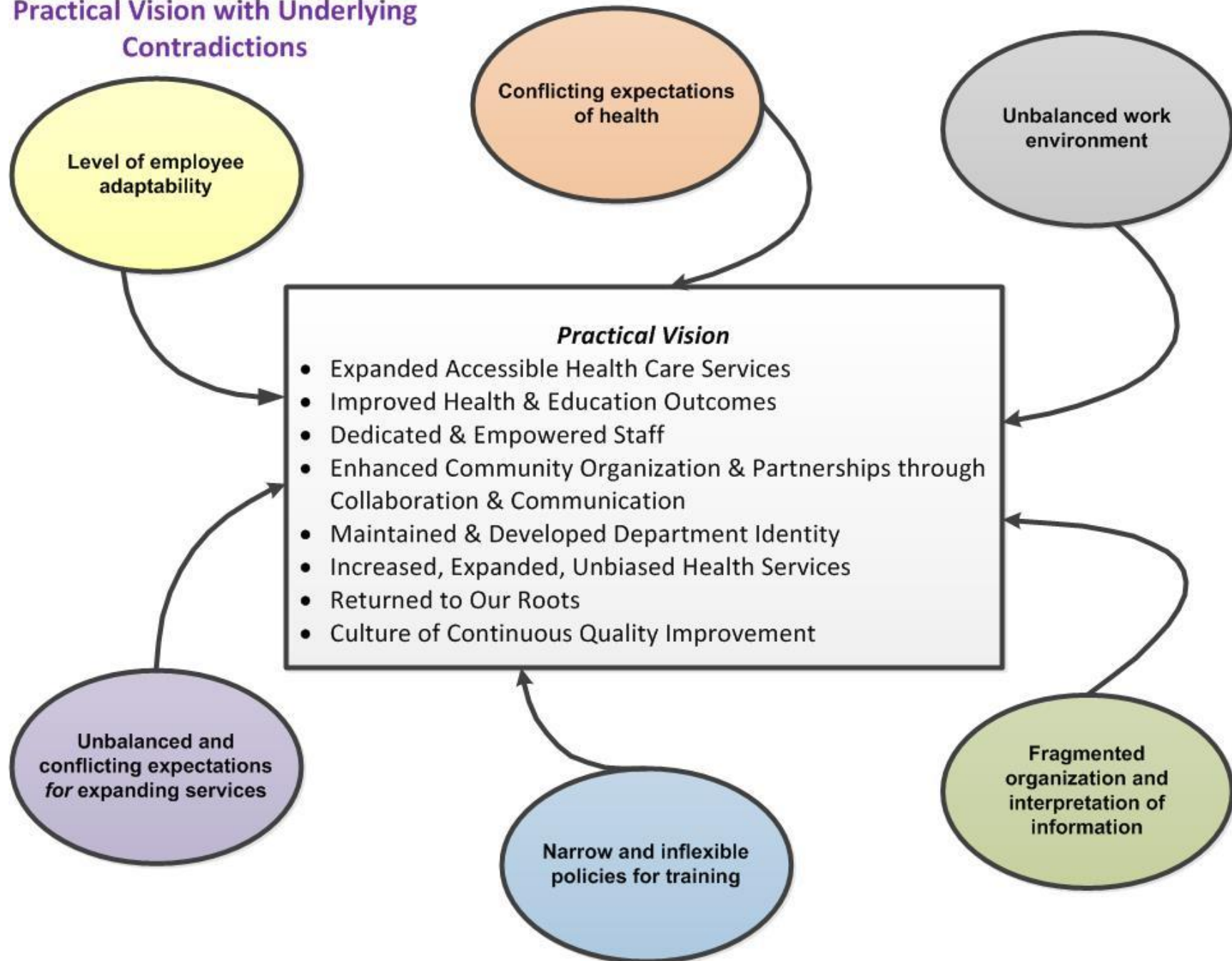
What's Happening Now?






Horizon	Emerging	Established	Disappearing
Focus on preventative health care	Tribal Waiver	Health Promotions	Non acceptance of individuality – conformity is disappearing
Embrace alternative health care	Community feedback	WIC	Old traditional methods – more holistic approach
Lactation education for community health employees	Improved partner relationships	Case Management	Working alone as a group
Marketing	Accreditation	Routine patient care	Outdated or lack of education
Reasonable Alternative Standards	Marketing	Sharing responsibilities & decision making at all levels	Cookie cutter treatment plans
New fresh ideas	Technology	Mentoring programs /students	Individual one-one care
Home health**	Trauma Informed Care	Decision making at all levels	Foot clinic**
Technology	Learning about generational differences within the workplace & needs of the clients we serve	Researched proven – evidence based	Paper charts**
Working with opiate abuse	Telemedicine		
Academic partnerships with universities and colleges	Exercising at work**		
Core competency	Health equity		
Acknowledging the needs of the community to address growing drug epidemic & help addicts /families	Just Move It-Oneida		
	Management philosophy		
	Quality assurance activities		
	Behavior change for disease management		

*more than 1 idea




Practical Vision with Underlying Contradictions



Strategic Directions

 <p>Strengthening Strategic Communication & Collaboration</p>	<p>Strengthen Collaborations with Common Goals</p> <ul style="list-style-type: none"> • Meet people at their level of readiness to address concerns & build trust • Clearly defined Comprehensive Care Planning • Multi-Dept. Case Management <p>Strengthen the working relationship between CHS & Medical (Patient care)</p>	<p>Create Clear Communication & Direction</p> <ul style="list-style-type: none"> • Transparent & open communication with leaders & peers • Ask for Division plan for expansion of services leading to direction for CHS • Direction from elected officials • Clear communication through the chain of command to OBC for changes we plan • Leaders set the tone • Supportive Administration – willing to allow staff autonomy & growth 	<p>Increase Community Awareness using Innovative Methods</p> <ul style="list-style-type: none"> • Use of social media to learn more about services • Showcasing positions & programs – meetings & media • Ongoing communication of current programming • Awareness – community health (who we are/what we do), services in & around the area
 <p>Enhancing & Supporting a Healthy Work Environment</p>	<p>Continually Grow a Healthy & Connected Work Environment</p> <ul style="list-style-type: none"> • Resources for adapting to change • Team building to promote better relationships • Address conflicts in workplace directly (candid conversations) • Identify biggest conflict (survey staff). Develop a plan of improvement • Empower staff through training & leadership development • Incentives to boost morale & motivate employees • Training for quality improvement for staff 	<p>Assess Workloads to Achieve Balance</p> <ul style="list-style-type: none"> • Sharing & delegating the load • Determining max workloads to ensure quality services • Time studies to help evaluate job duties • Knowing when to say no <p>Evaluate job descriptions</p>	<p>Support & Explore Work Force Development</p> <ul style="list-style-type: none"> • Explore existing resources for training • Organize & host local trainings • Training – hosting, plans for staff training, onsite training by educated staff • Individual employment plan for each employee • Review & update policy for training • Budget for training for staff – one local, one out of state • Seek grant opportunities for funding
 <p>Improving Quality Using Data Analytics</p>	<p>Analyze Data for Process Improvement</p> <ul style="list-style-type: none"> • Continuing community evaluation • Research & share “Best Practice” methods for transportation • Develop a process gathering, analyzing & reporting data • Assess processes & get rid of things that are not effective or outdated 		

Year One Accomplishments by Quarter

Strategic Direction	Qtr 1 (Jan 2018 – Mar 2018)	Qtr 2 (Apr 2018 – Jun 2018)	Qtr 3 (Jul 2018 – Sept 2018)	Qtr 4 (Oct 2018 – Dec 2018)
 <p>Strengthening Strategic Communication & Collaboration</p>	<ul style="list-style-type: none"> Staff will have access to Facebook in employee break room. 			<ul style="list-style-type: none"> Review & develop a process for obtaining training. Conduct QI Study on Case Management in collaboration with Medical Clinic.
 <p>Enhancing & Supporting a Healthy Work Environment</p>	<ul style="list-style-type: none"> Communicate employee morale survey results. Obtain a baseline of # of staff using Exercise at Work policy. 	<ul style="list-style-type: none"> Develop “conflicts in workplace” survey & develop a process for ongoing surveys to track growth & progress. 		
 <p>Improving Quality Using Data Analytics</p>				<ul style="list-style-type: none"> We will have an updated CHIP. We will have a process for collecting data to include a Comprehensive Team.

Quarterly Evaluation and Planning Rhythm
January 1, 2018 to December 31, 2018

Participants	Rational Objective	Experiential Objective	Product/Outcome
CHS Strategic Direction Teams	Assess accomplishments and plan for the next period	Affirm and re-energize individuals and teams	Clear tasks and roles for the next period

By April 13, 2018	By July 13, 2018	By October 12, 2018	By January 11, 2019
Quarterly Planning Event <ul style="list-style-type: none"> Review of Vision, Obstacles, and Strategic Direction Evaluation of 90 Day Action Plan: Brainstorm of accomplishments, what didn't get done, blocks, learning, and implications. Plan for next 90 Days: Measurable accomplishments on quarterly timeline, 90-day action plan for each accomplishment. Report to CHS Team at April 18, 2018 quarterly meeting. 	Quarterly Planning Event <ul style="list-style-type: none"> Review of Vision, Obstacles, and Strategic Directions Evaluation of 90 Day Action Plan: Brainstorm of accomplishments, what didn't get done, blocks, learning, and implications. Plan for next 90 Days: Measurable accomplishments on quarterly timeline, 90-day action plan for each accomplishment. Report to CHS Team at July 18, 2018 quarterly meeting. 	Quarterly Planning Event <ul style="list-style-type: none"> Review of Vision, Obstacles, and Strategic Directions Evaluation of 90 Day Action Plan: Brainstorm of accomplishments, what didn't get done, blocks, learning, and implications. Plan for next 90 Days: Measurable accomplishments on quarterly timeline, 90-day action plan for each accomplishment. Report to CHS Team at October 17, 2018 quarterly meeting. 	Quarterly Planning Event <ul style="list-style-type: none"> Review of Vision, Obstacles, and Strategic Directions Evaluation of 90 Day Action Plan: Brainstorm of accomplishments, what didn't get done, blocks, learning, and implications. <i>Development of measurable accomplishments for next 12 months on quarterly calendar.</i> Plan for next 90 Days: Measurable accomplishments on quarterly timeline, 90-day action plan for each accomplishment. Report to CHS Team at January 16, 2019 quarterly meeting.
Time (1-2 hours)	Time (1-2 hours)	Time (1-2 hours)	Time (2-3 hours)

Appendix

Practical Vision: What does CHS want to see in place in 3 years as a result of our actions?

Expanded accessible health care services	Improved health & education outcomes	Dedicated & empowered staff	Enhanced community organization & partnerships through collaboration & communication	Maintained & developed department identity	Increased, expanded, unbiased health services	Returned to our roots	Culture of continuous quality improvement
Home Health Care/Agency	Increased education leads to greater population served	Healthy staff	Whole community involvement	We know we are “the standard” (we stand out in our services / philosophies)	Increased population health management	Consumer empowerment	Being known for quality care
Expansion – personal care agency	Increased breastfeeding rates	Staff fully vested in their job and job purpose	Connection to each other, our community, other departments & the division (maintain & develop)	We stay empowered (stay progressive)	Health equity	Increased culturally informed health & wellness tribal policies	Data driven decisions
Adequate staffing to meet mental health needs	Lower infant mortality rates	Emerging or identified leaders taking on new roles – staff	Departments that have interwoven their programs	Uniqueness (at an even greater level)	Improved transportation	Increased holistic programming for family empowerment	Less paperwork, more technology
Health care campus	Sustainable (physical) outcomes for clients	Trained work force			Health equity programming		
Use of alternative health care	Decreased diabetes rates	That we stay competent as a department	Robust marketing strategy				
Trauma Informed Care at the forefront of what we do	Decreased drug use / abuse	Increase physical activity, productivity of employees					
Holistic treatment center							
Expanding services							
Mobile resource units at OHC							

Underlying Contradictions: What is blocking us from moving toward our vision?

Level of employee adaptability	Conflicting expectations of health	Unbalanced work environment	Fragmented organization and interpretation of information	Narrow and inflexible policies for training	Inadequate comprehensive services	Unbalanced and conflicting expectations expanding services
Staff resistance to change	Conflicted views of health	Organizational priorities	Disorganized & uncoordinated health data	Restricted training	Fragmented & unbalanced drug treatment services	Unbalanced participation with collaborations
Reluctance to change	Unrealistic community expectation	Resources for funding is insecure	Understanding quality improvement measurements	Restricted knowledge base (no data to show how to implement a new program)	Fragmented service delivery	Unrealistic expectations for CHS to rep the division
Conflicting perspectives	Reluctant to change	Hiring freeze				
Conflicted staff buy-in	community members	Not enough office space	Inaccessible data to drive programs			
Distrust of experts or authority	Devalued partnerships	Uncoordinated health expansion plan (unapproved budget/staff)				
Tendency to fall back into old habits/outdated policies		Limited funding sources for all expansions				
Being unaware of where to get resources		MIS understaffed for demand of technology growth				
Disorganized / uncoordinated leadership & unmotivated staff		Unrealistic work load				

First Year Accomplishments by Strategic Direction

Strengthening Strategic Communication & Collaboration		
Current Reality	1 st Year Accomplishments	Success Indicators
All have job descriptions	Conduct Quality Improvement Study on Case Management collaboration with Medical Clinic by 12/31/18.	All job descriptions update to include Public Health Core Competencies
Quality improvement training for staff		Staff receiving training necessary to do their job
Website use social media & different sites	Staff will have access to Facebook in employee break room by 3/31/18.	FB up for all employees in break room in 2 months
Limited access to social media in some locations		List of all outreach & community resources for Public Health resources (external and internal)
Break room access to FB in some employee PCs not available	Review & develop a process for obtaining training by 12/31/18.	Updated training SOP
Site are blocked		
Individual dept meeting monthly		
Quarterly CHS meetings		
Have Workforce Development Plan (WFDP)		
Team building in meetings		
Unbalanced work loads		
Reporting mechanisms – collaboration & quarterly reports		
Monthly staff reports		
Structure for Chain of Command		
Grant priorities/requirements vs our needs/procedures		
Hiring for Marketing position not a priority		
TEAM: Brenda Haen, Susan Higgs, Joanne Close, Ted Skubal, Vicki Johnson, Chenoa Webster, Maria Danforth, Tek Skenandore, Phyl Shaline, Louetta Fowler, Mallory Patten, Tamar Ramirez, Brittany Skenandore, Peggy Bork, Neva Archiquette		
Enhancing & Supporting a Healthy Work Environment		
Exercise at Work	Obtain baseline of # of staff using Exercise at Work policy within CHS by 3/31/18.	Measure # of people using Exercise at Work policy in CHS & extent
Others can see FB postings (non-EEs)		EE morale #s increase
Smoke-Free campus	Communicate employee morale survey results by 3/31/18.	EE retention #s
Nearby trails		Increase community meetings for show-casing
Some depts. collaborate	Develop conflicts in workforce survey by 6/30/18 & develop a process for ongoing surveys to track growth & progress by 9/30/18.	Virtual tour of community health (Chris Powless video)
Open communication w/leaders & peers		3-4 minutes accomplishment video for CHS (marketing teams)
Community meetings		Assigned media recorder to capture accomplishments as they occur
Website – main Oneida site, WC, nutrition plan to update		Improve communication between case mgt & clinic
Marketing teams – internal/external		Staff received survey to list biggest conflicts
Variety of mgt philosophies w/long term consistency		
TEAM: Eric Krawczyk, Carrie Lindsey, Jackie Havel, Beatrice Skenandore, Andrea Kolitsch, Mary Burns, Sarah Phillips,		

Carol Torres, Amber Webster, Debbie Miller, Betsey Nickel, Brittany Nikolich, Stacy Skenandore		
Improving Quality Using Data Analytics		
Community Health Assessment (CHA) several years back to 2006	By 12/31/18, we will have a process for collecting data to include a comprehensive team.	Using best practices
Systems outdated		Access to data is easier to update
Data not always reliable/valid	By 12/31/18, we will have an updated Community Health Improvement Plan (CHIP).	Staff more competent with data (more data geeks) 5 → 40
May not be a survey on transportation services to our patients		Data drives programming
Short-staffed – expertise needed		More utilization of quantitative data (ie focus groups)
Need to enter data for grants & inaccessible to us		Case Management will track health outcome data
State & Nat'l data is not valid. IHS reporting not sure if correct – death/mortality		All CHS have documentation in EMR
County data is from 2 counties- Oneida includes data from both and we have our own data, what is accurate?		
We have a Performance Management Plan		
Quality of Life survey		
TEAM: Tina Jorgensen, Michelle Myers, Betty Schwantes, Dawn Krines Glatt, Lorleen John, Candi Cornelius, Char Kizior, Stefanie Reinke, Kim Damrow, Tammy Skenandore, Alyssa Hudak		

90 Day Implementation Plans

Strategic Direction Strengthening Strategic Communication & Collaboration			Accomplishment Title (what) Staff will have access to Facebook in employee break room by 3/31/18.	
Intent (why) Access to Facebook @ work for work related activities (promo, health ed, etc).			Start Date: 1/19/18 End Date: 3/31/18	
Implementation Steps (how)		Who	When	Where
1. Submit RFS (CHD via email) to Eric for approval. - Put a 2 week deadline request on RFS. - Add request for Resource Room access. 2. Draft guidelines for proper use. 3. Check break room computer to see if Facebook is available. 4. If available, send email to Maria Doxtator-Alfaro to send out to OCHC FB available to break room. 5. If available in Resource Room, send email out to CHS Staff will guidelines for appropriate use. 6. If not available, investigate & possibly send out a repeat RFS & plan meeting for additional follow up tasks.		Brenda Chenoa Vicki Joann Chenoa Brenda	1/26/18 2/5/18 2/12/18 2/19/18 2/19/18 2/26/18	CHN Resource Room
Coordinator Brenda Team Members JoAnn, Chenoa, Vicki, and Peggy	Collaborators or Partners Sue Brittany N Amber Maria Betsey Debbie MIS	Evaluation Measures A process is developed.	Budget \$0	Next Meeting Date 7/30/18 in CHS Resource Room

Strategic Direction Strengthening Strategic Communication & Collaboration			Accomplishment Title (what) By 12/31/18, a QI study on Case Management will be conducted with collaboration from Medical Clinic.	
Intent (why) Continuity of patient care.			Start Date: 1/19/18 End Date: 12/31/18	
Implementation Steps (how)		Who	When	Where
1. Schedule meeting with DON, Sandy Schuyler. 2. Use Plan-Do-Check-Act model to conduct QI study. 3. Report evaluation of QI study to CHS. 4. Report evaluation of QI study to QA Team.		Brenda, Brittany S, Phil, Louetta & Mallory, Tamar	2/28/18 3/1/18 – 11/30/18 12/19/18 12/27/18	OCHC
Coordinator Louetta Team Members Mallory, Brittany S, Phyl, Tamar	Collaborators or Partners Sandy Schuyler Nursing Supervisors Brenda Haen	Evaluation Measures Continue to meet regarding accomplishment.	Budget \$0	Next Meeting Date 6/30/18

Strategic Direction Strengthening Strategic Communication & Collaboration			Accomplishment Title (what) Review & develop a process for obtaining training by 12/31/18.	
Intent (why) Clarification, structure, access, and defining training			Start Date: 1/19/18 End Date: 12/31/18	
Implementation Steps (how)		Who	When	Where
1. Research for an existing policy. 2. Review, modify, or update policy. 3. Gather input and information on new policy with SD team.		Maria & Ted SD Team SD Team	3/31/18 6/30/18 6/30/18	CHN
Coordinator Maria Team Members Ted, Debbie, Brenda, and Tek	Collaborators or Partners HRD SD Team CHS Supervisors	Evaluation Measures Implementation of policy	Budget \$0	Next Meeting Date 2/28/18

Strategic Direction Enhancing & Supporting a Healthy Work Environment				Accomplishment Title (what) Communicate employee morale survey results by 3/31/18.	
Intent (why) To be transparent and open with communication with leaders and peers				Start Date: 1/19/18 End Date: 3/31/18	
Implementation Steps (how) 1. Include on the 2/18/18 CHS Supervisor agenda. 2. Discuss dissemination plan. 3. Communicate results (decide on partners at a later date).			Who Eric CHS Supervisors Eric	When 2/2/18 2/9/18 2/16/18	Where Resource Room
Coordinator Eric Team Members CHS Supervisors & Beatrice	Collaborators or Partners CHS Supervisors	Evaluation Measures 100% dissemination	Budget \$0	Next Meeting Date 3/9/18	

Strategic Direction Enhancing & Supporting a Healthy Work Environment			Accomplishment Title (what) Develop “conflicts in workplace” survey by 6/30/18 and develop a process for ongoing surveys to track growth & progress by 9/30/18.	
Intent (why) To address employee concerns & conflicts in the workplace directly in an effort to improve collaboration & teamwork & communication.			Start Date: 1/19/18 End Date: 9/30/18	
Implementation Steps (how)		Who	When	Where
1. Compile list of survey questions.		Brittany N, Amber, Carrie, Betsey, & SD Team	2/28/18	Email
2. Review suggestions & formulate survey questions.		Brittany N, Amber, Carrie, & Betsey	3/31/18	WIC Kitchen
3. Send out survey to CHS department.		Brittany N	4/30/18	Email
4. Collect data & analyze results.		SD Team, Ongoing	5/30/18	OCHC Conf Room
5. Share with SD Team.		Survey Team, & Eric		
6. Send results to supervisors via email.				
7. Brainstorming solutions to conflicts/concerns during 3 rd quarter meeting.		CHS Team	6/30/18	Employee Services Conf Room
8. Review results of conflict survey.		Debbie, Brittany N, Betsey	7/30/18	CHN Resource Room
9. Determine which departments and how often surveys react to be done.				
10. Send out survey results to supervisors.		Debbie	8/31/18	
Coordinator Brittany N & Debbie Team Members Amber, Carrie, Betsey and Stacy	Collaborators or Partners SD Team CHS Team CHS Supervisors	Evaluation Measures Survey & process is developed.	Budget \$0	Next Meeting Date 2/28/18 in WIC Kitchen Process - 7/30/18 in CHS Resource Room

Strategic Direction Enhancing & Supporting a Healthy Work Environment			Accomplishment Title (what) Obtain a baseline of # of staff using Exercise at Work policy.	
Intent (why) To determine the extent to which the Exercise policy is being utilized. (WHY?)			Start Date: 1/19/18 End Date: 3/31/18	
Implementation Steps (how)		Who	When	Where
1. Create Survey Monkey survey. 2. Send email list to Jackie. 3. Review survey. 4. Send survey. 5. Meet to go over survey results. Set up meeting room 6. Coordinate large group meeting.		Jackie Carol All Jackie Sarah Sarah	1/31/18 1/19/18 1/31/18 2/1/18 2/14/18 @ 1 pm TBD	Online Email Online Online CHN Conf Room Email
Coordinator Sarah Team Members Sarah, Andrea, Mary, Carol, Jackie	Collaborators or Partners	Evaluation Measures Baseline created.	Budget \$0	Next Meeting Date 2/14/18

Strategic Direction Improving Quality with Data Analytics ON HOLD-Defer to Year Two			Accomplishment Title (what) By 5/30/18, community members will be surveyed about transportation services.	
Intent (why) To measure how clients rate transit services.			Start Date: End Date:	
Implementation Steps (how)		Who	When	Where
1. Determine if there is already a transit survey that exists. 2. If Yes: 3. Revise the transit survey. If No: 4. Use resources & create a survey. 5. Send tribal-wide mailing. 6. Evaluate survey results. 7. Bring results to CHS Team.		Lorleen All All Stef Stef/Betty Stef/Betty	1/19/18 2/28/18 2/28/18 4/1/18 5/1/18 3 rd quarter CHS meeting	G drive – ask Michelle & Eric re CHA OCHC – Comm Health HIS Lab
Coordinator Stef Reinke Team Members Betty & Lorleen	Collaborators or Partners Transit Enrollments Printing Management Team	Evaluation Measures To get clients to their scheduled appts on time & track if they are satisfied.	Budget Incentive 10-\$25 Retail cards (HPDP) Mailing \$450 Printing \$900	Next Meeting Date

Strategic Direction Improving Quality with Data Analytics			Accomplishment Title (what) By 12/31/18, we will have an updated CHIP.	
Intent (why) The CHIP drives our CHS programming.			Start Date: 1/1/18 End Date: 12/31/18	
Implementation Steps (how)		Who	When	Where
1. Conduct Data Summit. 2. Review feedback from data presented. 3. Select priorities. 4. Priority teams meet & develop strategies. 5. Develop the plan		CHIP Leadership Team	2/28/18 3/31/18	OCHC Main Conf. Rm @ 12-3:30 pm
Coordinator Michelle & Tina Team Members Char, Dawn, Eric, Tammy, Lorleen, and CHIP Leadership Team	Collaborators or Partners CHS Oneida Community Brown County EHSD	Evaluation Measures A plan ready for distribution.	Budget \$1000.00	Next Meeting Date 2/6/18

Strategic Direction Improving Quality with Data Analytics			Accomplishment Title (what) By 12/31/18, we will have a process for collecting data to include a comprehensive team.	
Intent (why) Improving easy access to data.			Start Date: 1/1/18 End Date: 12/31/18	
Implementation Steps (how)		Who	When	Where
1. Set up initial meeting. 2. Develop survey questions. 3. Administer survey to audience. 4. Meeting to collect & analyze. 5. Determine members of multi-disciplinary team.		Kim All Michelle All All	2/28/18 3/15/18 3/31/18 3/31/18	CHS
Coordinator Kim Damrow Team Members Candi, Michelle, Tammy, Alyssa, Betty, and Stefanie	Collaborators or Partners Melissa Nuthals Other data collectors GLITC OCHS Supervisors	Evaluation Measures A process to collect data will be in place.	Budget \$0	Next Meeting Date By 3/31/18