


Quality Council Work Plan Goals, Objectives and Strategies						
<b>Goal 1:</b>	Address the recommendations of the Virginia Rural Health Plan					
<b>Objective 1:</b>	Maintain the function of the Quality Council					
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes
	Start Date	End Date	Start Date	End Date		
Hold a minimum of three conference call meetings during the next 12 months.	5/1/2010	4/31/2011			Council chair, all members	Decisions will be made to move the work plan forward
Attend the 2011 Rural Health Summit (including the Telehealth Summit).	3/1/2011	3/30/2011			All members	Information about work plan progress will be shared with other council members and stakeholders
Record attendance at council meetings, take minutes and submit minutes to mjs Consulting.	5/1/2010	4/31/2011			Council recorder	Attendance will be recorded  Minutes will be shared with other council members and stakeholders
Identify a minimum of 5 individuals and/or organizations to recommend for plan "adoption."  Encourage those entities to adopt the plan, submit names of those identified to VRHRC.	5/1/2010	4/31/2011			All members	Plan adoption will increase

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<b>Goal 2:</b>	D.3. Host a statewide Rural Health Quality Summit.					
<b>Objective 1:</b>	Provide means for small rural and critical access hospitals to attend quality improvement conferences or summits					
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes
	Start Date	End Date	Start Date	End Date		
Quality Council will review available data and information to determine 1-2 specific areas of need. Review of data will include breakdowns to assess different disparate groups including ethnicity, race, age and economic status.	7/1/2010	8/15/2010			Council membership	Targeting areas of need will focus efforts.
Based on the 1-2 targeted areas of need, research conferences, trainings and/or summits in Virginia that provide an agenda that includes quality and/or process improvement in the targeted areas. Agenda must include methods to obtain CEUs/CME where needed.	8/15/2010	9/30/2010			Council membership, coordinated by Mara	List of current offerings will avoid duplication of effort and cost.
Recommend which of the above will be supported by travel grants. Determine fees that will be covered per organization.	9/1/2010	9/30/2010			Council small group with large group criteria recommendations	Cost/benefit analysis of opportunities will assist in determining which can be funded.
Based on the 1-2 targeted areas of need, determine rural locations within Virginia with largest room for improvement, include disparate groups need. List small/rural hospitals within these areas as a targeted list to receive travel grants in the focus areas.	9/1/2010	9/30/2010			Council membership, coordinated by Mara	Funds to support areas of greater need.

<p>Determine and develop application process and requirements. Include items such as:</p> <ul style="list-style-type: none"> <li>• what agenda content must address,</li> <li>• how agenda content will be useful to the organization and,</li> <li>• method the applicant will use to spread the information to others in the organization (training other staff, program development, other).</li> </ul>	9/15/2010	9/30/2010			Council small group based on large group recommendations	Reinforces goal to spread training received from funding. Provides feedback to determine continuation in future cycles.
<p>Set up reimbursement structure through VRHRC. Requests for reimbursement should include:</p> <ul style="list-style-type: none"> <li>• Approved application</li> <li>• Proof applicant spread information to others in the organization (at minimum, plans to do so)</li> <li>• Any CEU information.</li> </ul>	9/1/2010	9/30/2010			VRHRC	Transition of funds.
<p>Send notice of travel grant to applicable hospital contacts in the target list. Notice should include:</p> <ul style="list-style-type: none"> <li>• programs that will be included,</li> <li>• amount to be covered,</li> <li>• process to apply and</li> <li>• process to obtain reimbursement</li> </ul>	9/30/2010	10/30/2010			VRHRC	Travel grants open networking opportunities to staff within hospitals that would not otherwise be able to participate.

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<b>Goal 2:</b>	D.3. Host a statewide Rural Health Quality Summit.					
<b>Objective 2:</b>	Provide means for small rural and critical access hospitals to attend quality improvement trainings <i>electronically</i> .					
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes
	Start Date	End Date	Start Date	End Date		
Based on the 1-2 targeted areas of need determined in Goal 2, Objective 1, develop method to collect and disseminate available e-conference, teleconference and other trainings for targeted foci.	8/15/2010	9/30/2010			Council membership, coordinated by Mara	Targeting areas of need will focus efforts. Providing available electronic and/or teleconferencing will allow more staff to attend and decrease costs.
Determine target audience and develop contact list for email blasts.	8/15/2010	9/30/2010			Mara/Beth with Council membership recommendations	Target audience development
Central contact will connect to receive routine emails about topics from reliable sources (AHRQ, TMIT, CDC, AHA) determined by QC. Emails with electronic and other trainings will be blasted to contact list.	9/15/2010	ongoing			Mara/Beth with Council membership recommendations	Centralized approach with incoming emails regarding focuses efforts and pushes useful trainings to targeted audience.

### Work Plan Goals, Objectives and Strategies

<b>Goal 3:</b>	D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.					
<b>Objective 1:</b>	Develop "Resource Library" by coordinating with other councils to develop central site for all quality programs including all surveys, assessments, literature reviews.					
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes
	Start Date	End Date	Start Date	End Date		
Coordinate with other councils to centralize a location for all council work. All surveys, assessments and literature reviews are linked to quality improvement, disease management and prevention.	9/1/2010	10/15/2010			Mara	Coordination with other councils will decrease duplication of effort and redundancies.
Assess possible host sites currently available such as the data portal website, etc.	10/15/2010	12/31/2010			Councils	Locating all information in one area will decrease the need to publicize multiple sites. Decreased confusion for expected users.
Develop structure and content for site. Determine types of content to be included and look of website area.	1/1/2011	3/1/2011			Mara oversight, vendor assist, and VRHRC	Increased ease of submissions
Develop template for others to use to submit content and/or links to other sites.	3/1/2011	3/15/2011			Mara oversight, vendor assist, and VRHRC	Increased ease of submissions.
Develop communication and press about site. Send materials to potential content submitters.	3/15/2011	4/1/2011			Mara oversight, with assistance from Council members and VRHRC	Increased use of site.

**Work Plan Goals, Objectives and Strategies**

<b>Goal 3:</b>	D.6. Increase the number of health promotion/disease prevention programs through grants to rural communities.					
<b>Objective 2:</b>	Begin the process of identifying, planning, and implementing a statewide, community based health promotion/disease prevention program.					
Strategies/Activities	Projected		Actual		Responsible Persons	Expected Outcomes
	Start Date	End Date	Start Date	End Date		
Develop search criteria that will be used to locate disease prevention/community based health promotion improvements that have been successful to improve care in the 1-2 areas of need determined in Goal 2, Objective 1.	9/1/2010	1/1/2011			Mara oversight and Council	List of potential programs to replicate
Using the above search criteria, research potential community based health promotion/disease prevention programs that are defined as a best practice (replicable) that address improvements targeting the 1-2 areas of need determined in Goal 2, Objective 1.	10/1/2010	1/1/2011			Mara oversight and Council	List of potential programs to replicate
Identify list of 5 potential programs to research more thoroughly.	1/1/2011	3/1/2011			Quality Council	Five potential programs identified

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<b>Goal 4:</b>	D.5. Create a database that supports rural-relevant and meaningful indicators and increased transparency of quality data.					
<b>Objective 1:</b>	Centralize currently available transparent quality data					
<b>Strategies/Activities</b>	<b>Projected</b>		<b>Actual</b>		<b>Responsible Persons</b>	<b>Expected Outcomes</b>
	<b>Start Date</b>	<b>End Date</b>	<b>Start Date</b>	<b>End Date</b>		
Determine quality data that is currently available to the public (e.g., CMS compare sites, Virginia CLABSI data)	9/1/2010	11/1/2010			Quality Council members	List of quality data sources.
Using a cost/benefit analysis, determine best method to show rural Virginia data. (e.g., link to CMS site vs. rural hospitals agreeing to share data vs. other organization sort data.)	11/15/2010	1/15/2011			Small group of council members/Mara	Rural data applicable to Virginia.
Obtain space on Data Portal website for final product.	2/1/2011	3/15/2011			Mara and Ken	More rural health quality data in Virginia on Data Portal.