Overcoming the Whirlwind to Achieve Wildly Important Goals: Performance Management Using the 4 Disciplines of Execution

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Livingston County Health Department

MPPHC 2017
Session Objectives

• Participants will be able to describe each of the four disciplines of execution and how they relate to human tendencies in any industry.

• Participants will be able to describe each of the four disciplines of execution and how they relate to performance management in public health.

• Participants will be able to construct a plan to implement the four disciplines to produce a focused performance management system.
Who’s here?

• Type of agency:
  – Local HD
  – Tribal HD
  – State HD
  – National organization, public health institute, academia, nonprofit, healthcare, etc.

• Performance management:
  – Fully implemented in my agency
  – Partially implemented
  – Beginning to implement
  – Thinking about implementing
  – Not implementing but interested in executing ideas better
## Livingston County, Michigan

<table>
<thead>
<tr>
<th>Category</th>
<th># of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total # of employees</td>
<td>47</td>
</tr>
<tr>
<td># of FTE</td>
<td>37.95</td>
</tr>
<tr>
<td># Paid by grants/contracts</td>
<td>5</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>37</td>
</tr>
<tr>
<td>Male</td>
<td>10</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>&lt;20</td>
<td>0</td>
</tr>
<tr>
<td>20-29</td>
<td>4</td>
</tr>
<tr>
<td>30-39</td>
<td>9</td>
</tr>
<tr>
<td>40-49</td>
<td>12</td>
</tr>
<tr>
<td>50-59</td>
<td>13</td>
</tr>
<tr>
<td>&gt;60</td>
<td>9</td>
</tr>
<tr>
<td>Employees &lt;5 years from retirement (Avg. age =62)</td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>7</td>
</tr>
<tr>
<td>Tier 2</td>
<td>5</td>
</tr>
<tr>
<td>Tier 3</td>
<td>2</td>
</tr>
</tbody>
</table>
“what if we don’t change anything at all and something magical just happens?”
PM at LCHD

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/1/15</td>
<td>PM Orientation Training (One for program coordinators, one for all staff)</td>
</tr>
<tr>
<td>4/1/15</td>
<td>PM System in Use (Rough implementation, lacked focus)</td>
</tr>
<tr>
<td>7/1/16</td>
<td>PM Plan Finalized (Provided context and direction for the PM system)</td>
</tr>
</tbody>
</table>
The Problem

- LCHD implemented our PM system but:
  - Our employees were not engaged
  - Our goals and KPIs lacked focus
  - PM was forgotten about on a regular basis
  - The “how” of PM was unclear
  - The whirlwind was the priority (all. the. time.)
From Manufacturing to Public Health

Photo credit: Dane Moxlow
THE 4 DISCIPLINES OF EXECUTION (4DX)
The 4 Disciplines of Execution

“The 4 Disciplines exist for one reason: to execute on a plan in the midst of the whirlwind of distractions. Most people are so busy just maintaining the business—just keeping their heads above water—most of the time they can't even hear you, let alone execute on your most important priorities. The 4 Disciplines focuses your team's energy on a winnable game in the midst of distraction.”

http://the4disciplinesofexecution.com/
PM System in Use (Rough implementation, lacked focus) 4/1/2015

PM Orientation Training (One for program coordinators, one for all staff) 6/1/2015

PM Plan Finalized (Provided context and direction for the PM system) 7/1/2016

PM/4DX Training Series 8/23/2016 - 10/18/2016

PM/4DX Training Series
– Required for all staff
– August 23 – October 18, 2016
– Series composed of 5 trainings
  • 2 sessions offered per training for scheduling
  • “Homework” assignments after each training to be completed before next training
Overcoming the Whirlwind

Important goals that require you to do new and different things often conflict with the "whirlwind" of the day job, made up of urgencies that consume your time and energy. This is how you overcome it.

**WHIRLWIND**
(The Day Job)
Urgent: It acts on you.

**GOALS**
(New Activities)
Important: You act on it.

Urgency will win out every time.

**THE CHALLENGE:**
To execute your most important goals in the midst of the whirlwind!

**HOW:**
- Execute 4DX*.
- Be prepared to battle the whirlwind.

*4DX is NOT designed for managing your whirlwind; it is a set of rules for executing your most critical strategy in the midst of it.
Overcoming the Whirlwind

4DX:
1.) Focus on the wildly important. Strategic goals & performance measures.
2.) Act on the lead measures. AKA our measures tracked monthly.
4.) Create a cadence of accountability. Don’t let the whirlwind stop progress.

4DX is NOT a new project. It is a framework to more efficiently and effectively execute what we already do.
1. Focus on the Wildly Important

The first discipline is to focus your finest effort on the one or two goals that will make all the difference, instead of giving mediocre effort to dozens of goals.

**WHIRLWIND** (The Day Job)  
Urgent: It acts on you.

**GOALS** (New Activities)  
Important: You act on it.

*Wildly important goals (WIGs) are goals you must achieve with total excellence beyond the whirlwind (ex: strategic priorities).*

**THE CHALLENGE:**

Determine your WIG, achieve it, and make it a natural part of your team’s operation.*
1. Focus on the Wildly Important

**Rules of Focus:**

1. No team focuses on more than two wildly important goals at the same time. Don’t overload a team, leader, or person.
2. The battles you choose must win the war. Goals at lower levels must ensure the success of higher level goals.
3. Senior leaders can veto, but not dictate. Teams choose their own goals.
4. All goals must have a finish line in the form of from X to Y by when. We call them SMART goals.

*This does NOT mean you abandon your other important goals. They are still on your radar, but they don't require your finest diligence or your effort right now. If you achieve a WIG, you can move on to another goal.*

You’ll want to cheat on the rules, even just a little. Fight that urge!
2. Act on the Lead Measures

The second discipline is to apply disproportionate energy to the activities that drive your lead measures. This provides the leverage for achieving the lag measures.

**LAG MEASURE**
- By the time you get this data the result has already happened; they lag.
- Tells you if you've achieved the goal (aka an outcome measure).
- Hard to do anything about it before it's already happened.
  - Example: how often your car breaks down on the road.

**LEAD MEASURE**
- These are predictive: if the lead measure changes you can predict that the lag will too.
- Tells you if you are likely to achieve the goal (aka a process measure).
- Is within your control and gives you a 'heads up' on whether you'll achieve the goal; influenceable.
  - Example: how often your car receives routine maintenance.
2. Act on the Lead Measures

**THE CHALLENGE:**
Isolate and consistently track the right levers.

How to choose the right levers:
- 80/20 activities: 20% of your effort will go towards the WIG; the other 80% to the whirlwind.
- Too many lead measures will dissipate pressure; be intentional with your measures!
- Remember, they must predict your goal AND be something your team can influence.

Remember: Without data, you can’t drive performance on the lead measures; without lead measures, you don’t have leverage to impact your WIG.
# LCHD PM System

## Monthly Data Dashboard

### Primary Goal: Implement efforts to achieve financial sustainability by July 1, 2020 (Strategic Plan - Financial Goal)
- **KPI**: # of hours coded to Medicaid Outreach
  - **Target**: 517.1 (3805.2 annually)
  - **January**: 316.5
  - **February**: 271.0
  - **March**: 409.0
  - **April**: 319.5
  - **May**: 283.0
  - **June**: 258.8
  - **July**: 383.1
  - **August**: 331.6
  - **September**: 451.9
  - **October**: 205.0
  - **November**: 281.6
  - **December**: 275.6

### WIC: Reduce the number of WIC Management Evaluation Indicators not met from 6 to 3 by July 1, 2018.
- **KPI**: % of clients scheduled for evaluation appointment
  - **January**: 100%
  - **February**: 100.0%
  - **March**: 79.0%
  - **April**: 100.0%
  - **May**: 93.0%
  - **June**: 100.0%
  - **July**: 93.0%
  - **August**: 93.0%
  - **September**: 93.0%
  - **October**: 100.0%
  - **November**: 86.0%
  - **December**: 94.8%
- **KPI**: % of Medical Justification forms completed correctly
  - **January**: 100%
  - **February**: 100.0%
  - **March**: 0.0%
  - **April**: 100.0%
  - **May**: 100.0%
  - **June**: 100.0%
  - **July**: 100.0%
  - **August**: 100.0%
  - **September**: 100.0%
  - **October**: 100.0%
  - **November**: 90.0%
  - **December**: 91.0%

### OD: Increase the percentage of high-risk persons who are aware of their Hepatitis C infection from 45% by July 1, 2018
- **KPI**: Mean # of days to complete Hep C Cases in MDSS
  - **January**: 40 days
  - **February**: 25
  - **March**: 25
  - **April**: 34
  - **May**: 64
  - **June**: 39
  - **July**: 29
  - **August**: 29
  - **September**: 29
  - **October**: 28
  - **November**: 28
  - **December**: 25

## Program: Children's Special Health Care Services

### WIG: Increase the number of CSHCS families who receive a plan of care from 140 per year to 200 per year by July 1, 2018.
**Performance Standard**

<table>
<thead>
<tr>
<th>Performance Standard (KPI Origin)</th>
<th>Performance Measure (Key Performance Indicator)</th>
<th>Target</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Date KPI Added</th>
<th>Date KPI Updated</th>
<th>KPI Data Source</th>
<th>Reporting Period for KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of CSHCS families who receive a plan of Care from 140 per year to 200 per year by July 1, 2018.</td>
<td>Number of Plans of Care for CSHCS enrollees by December 31, 2016 (FSR)</td>
<td>150</td>
<td>126</td>
<td>115</td>
<td>140</td>
<td>187</td>
<td>7/21/2015</td>
<td></td>
<td>FSR Reports</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Increase the number of Plans of Care for CSHCS enrollees by December 31, 2016 (FSR).</td>
<td>Number of Plans of Care for CSHCS enrollees by December 31, 2016 (FSR).</td>
<td>200</td>
<td>126</td>
<td>115</td>
<td>140</td>
<td>107</td>
<td>5/27/2016 (changed target from 7/31/16)</td>
<td></td>
<td>FSR Reports</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>

### STI: Decrease total Chlamydia cases from 100,000 to 100,000 for Livingston County by July 1, 2018.
**Performance Standard**

<table>
<thead>
<tr>
<th>Performance Standard (KPI Origin)</th>
<th>Performance Measure (Key Performance Indicator)</th>
<th>Target</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Date KPI Added</th>
<th>Date KPI Updated</th>
<th>KPI Data Source</th>
<th>Reporting Period for KPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the % of clients offered a Transition Plan of Care (ages 14-21) which will increase the number of CSHCS families who receive a Plan of Care (MSPR # 8).</td>
<td>Average % contacts per month for transition ages 14-20.</td>
<td>50%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>58%</td>
<td>10/18/2016</td>
<td></td>
<td></td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
3. Keep a Compelling Scoreboard

The third discipline is to make sure everyone knows the score at all times, so that they can tell whether or not they are winning.

This is the discipline of engagement. People play differently when they’re keeping score.

**THE CHALLENGE:**

Play to win. If we operate exclusively in the whirlwind we’re giving everything we have just to sustain our day to day operation and survive.
3. Keep a Compelling Scoreboard

A Players’ Scoreboard
Is it simple? It should only show the data needed to play the game. Can we see it easily? Without a visible scoreboard our goals get lost in the whirlwind. Does it show lead & lag measures? We need to see both to watch the bets play out. Can we tell at a glance if we’re winning? Use the five second rule.

(our performance management system)

Results drive engagement!
When team members keep score they understand the connection between performance and reaching their goal.

PM
- Scoreboard
- Reporting

PDSA
- Use lead measures to make improvements to impact lag measures

QI

WIGs
- Strategic
- Programmatic

Data

Goal

Performance measures
- Lead & lag
- Collected monthly & annually
4DX

LCDPH
Achieve national A grade state accreditation status by July 1, 2018.

STRAT PLAN
Implement efforts to achieve financial sustainability by July 1, 2020 (Strategic Plan—Financial Sustainability Goal).

EP
Increase the number of emergency preparedness partnerships exercised by LCDPH from 0 to 5 by July 1, 2018.

FINANCE
Maximizes revenue stream of all supply line items at or below 90% of the budgeted amount by July 1, 2018.

HP
Increase the number of PRIDE for Health participants from 0 to 125 by July 1, 2018.

MRC
Increase the number of public health volunteers represented on the MRC from 3 categories to 8 categories by July 1, 2018.

CD
Increase the percentage of high-risk persons who are aware of their hepatitis C virus infection from 40% to 60% by July 1, 2019.

CSHCS
Increase the number of CSHCS families who receive a plan of care from 140 per year to 200 per year by July 1, 2018.

HEARING
Increase the number of grade eligible hearing screens from 5,289 to 5,400 by June 30, 2018.

IMMS-1
Increase the percentage of children aged 24 to 35 months who receive the required doses of DTaP, MMR, Hib, HepB, varicella, pneumococcal conjugate vaccine and Hib (from 71% to 86%) by May 1, 2018.

IMMS-2
Increase the percentage of teenagers 13 years to 19 years who are vaccinated for HPV, HPV, Hib, 2 MCV, 1 MCV4 and 3 HPV, from 31% to 70% by May 1, 2018.

STI
Decrease the number of Chlamydia cases from 156 cases per 100,000 to 142 cases per 100,000 for Livingston County by July 1, 2018.

VISION
Increase the number of grade eligible vision screens from 8,549 to 8,700 by June 30, 2018.

WIC
Reduce the number of WIC Management Evaluation indicators not met from 6 to 3 by July 1, 2018.

CH&S
Increase the total number of annual outreach actions from 16 to 24 by July 1, 2018.

FOOD
Decrease the number of enforcement hearings annually from 3 (2016) to 0 by December 31, 2017.

WASTE
Reduce the number of failed septics systems noted in 2015 of 7% to 5% by July 1, 2018.

WATER
Reduce the number of uncompleted well permits (due to unmet and non-submitted water samples) 14% in 2014 to 10% by July 1, 2018.

[Diagram showing Rock (lag measure) and Lever (lead measure)]
4. Create a Cadence of Accountability

The fourth discipline is to create a cadence of accountability, a frequently recurring cycle of accounting for past performance and planning to move the score forward.

Disciplines 1-3 set up the game, but until you apply Discipline 4, your team isn’t in the game.

*This discipline literally makes the difference between successful and failed execution.

THE CHALLENGE:

Stay focused in spite of the whirlwind.

How?
- Each session, commit one or two specific actions that will directly affect your lead measure(s).
- Report your results to each other in the next session.
4. Create a Cadence of Accountability

**Shared Accountability**
- Team members are accountable to each other.
  - Follow-through is handled in a disciplined way.
  - Personal commitments are made to the entire team.

**Regular WIG Sessions**
- Consistency establishes a cadence.
- Sessions are sacred; they always happen.
- The whirlwind is NOT allowed in.

**Sessions are focused.**
- Discussion limited to moving the scoreboard.
- 30 minute limit.
- Schedule a meeting specifically for a WIG session OR
- Use regularly scheduled meetings and designate a portion of the agenda as the WIG session.

**Parkinson's Law:**
Work expands so as to fill the time available for its completion.
If you actively schedule commitments into your week, the whirlwind is less likely to draw your focus away from the goal.

**WIG Session Agenda:**
II. Review the scoreboard: Learn from successes & failures.
III. Plan: Clear the path & make new commitments.
WIG Session for [program name]

Agenda

Date
Time
Location

Note: red text denotes examples for discussion. They may or may not be included in the agenda.

I. Welcome
II. Account: Report on commitments
   • Example: “Last time we met, I committed to doing X. I did X and I learned Y.”
   OR “Last time we met, I committed to doing X. I did NOT do X. Here’s why…”
III. Review the scoreboard: Learn from successes & failures
   • What do our lead measures look like?
   • What do our lag measures look like?
   • What has been successful?
   • What has not worked in moving the scoreboard? Why?
IV. Plan: Clear the path & make new commitments
   • Example: “I can clear your path on that problem. I’ll do X by Y.”
   OR “I’ll complete X by Y.”
V. Adjourn

Next meeting: ____________________________
WIG Commitments

• Parkinson’s Law
• You may find yourself looking forward to WIG work because it’s not whirlwind work.
• It’s a chance to do something bigger for the agency.
<table>
<thead>
<tr>
<th>Wildly Important Goal (WIG)</th>
<th>Performance Measure (Key Performance Indicator)</th>
<th>Target</th>
<th>2015 Baseline</th>
<th>2016 Total (% are averaged)</th>
<th>Progress Indicator*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SP: Implement efforts to achieve financial sustainability by July 1, 2020 (Strategic Plan - Financial Goal).</strong></td>
<td># of hours coded to Medicaid Outreach.</td>
<td>317.1  (3,805.2 annually)</td>
<td>4,127.3</td>
<td>3,796.6</td>
<td></td>
</tr>
<tr>
<td><strong>WIC: Reduce the number of WIC Management Evaluation indicators not met from 6 to 3 by July 1, 2018.</strong></td>
<td>% of clients scheduled for evaluation appointment</td>
<td>100%</td>
<td>50%</td>
<td>94.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of Medical Justification forms completed correctly</td>
<td>100%</td>
<td>75%</td>
<td>90.2%</td>
<td></td>
</tr>
<tr>
<td><strong>CD: Increase the percentage of high-risk persons who are aware of their Hepatitis C virus infection from 45% to 60% by July 1, 2018.</strong></td>
<td>Mean # of days to complete Hep C cases in MDSS</td>
<td>40</td>
<td>80</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of high-risk individuals contacted about their infection</td>
<td>75%</td>
<td>N/A</td>
<td>41.7%</td>
<td></td>
</tr>
</tbody>
</table>

This report will be distributed to all LCHD staff and the Leadership Team for review. Questions for consideration include:

- Based on the first year of data, is the target still appropriate for the program?
- Are there barriers to entering your data at the beginning of each month? If so, how can those barriers be addressed to ensure timely data entry?
- If the status is green:
  - What contributed to being at/close to the target? Is there still room for improvement? Should the target change?
  - Is the indicator helpful to the program? If no, what is a better indicator to track?
- If the status is yellow:
  - Why is there only moderate progress? Should a quality improvement process or tools be used to investigate?
  - Is the indicator helpful to the program? If no, what is a better indicator to track?
- If the status is red:
  - What contributed to missing or being below the target? Should a quality improvement process or tools be used to alter a process involved in the measure or WIG?
  - Is the indicator helpful to the program? If no, what is a better indicator to track?
- For all statuses:
  - What needs to happen to ensure data collection and entry takes place on schedule?
Goal:
Foster a culture of performance management and continuous quality improvement throughout LCHD.

Step 1: Community Input
Step 2: Strategic Planning
Step 3: Performance Standards*
Step 4: Performance Measurement*
Step 5: Monitoring & Tracking
Step 6: Quality Improvement*
Step 7: Quality Assurance
Step 8: Reporting*
Quarterly & annual reporting to QI/PM Team & Leadership Team, reporting to other stakeholders as needed

Everyone has a role!

Plan
Do
Act
Study

Any staff can submit potential QI ideas to a supervisor, coordinator, or the Accreditation Coordinator.

The individual receiving the suggestion provides recommendations for project determination and submits it to a Leadership Team member.

Once approved, a team is formed and completes a QI Team Charter. QI teams are responsible for completing the QI Project Implementation Guide and documenting all meetings and project-related materials.

Upon project completion the QI Team creates and presents a project storyboard to stakeholders.

Contains definitions and instructions for system use.
Contains monthly data for all programs being tracked.
Contains annual data for a program area.

Program coordinators to input data monthly.
Program coordinators to input data annually.

S:\PHAB_All Users\Performance Management\Performance Management System_User Template_December 20165.xlsx

Updated May 3, 2017
Summary

4DX:

1.) Focus on the wildly important. Strategic goals & performance measures.
2.) Act on the lead measures. AKA our measures tracked monthly.
4.) Create a cadence of accountability. Don’t let the whirlwind stop progress.

4DX is a continuous process, not a one-time event.

4DX is NOT a new project. It is a framework to more efficiently and effectively execute what we already do.
EXECUTING WHAT YOU’VE LEARNED
Tips, Tricks, & Lessons Learned

• Start anywhere, start small, but just start.
• But, 4DX is all or nothing.
• Identifying the right WIGs is not the big win.
• Empowering individuals is key.
• Implementation will require that you support your staff.
• Implementation takes time.
  – This is a culture change for most agencies, so don’t expect immediate acceptance.
  – The culture change should be a forever change that drives continuous improvement.
    • 4DX = a discipline that keeps on giving back.
### Livingston County Department of Public Health

#### Strategic Map 2016-2020

<table>
<thead>
<tr>
<th>Guiding Principles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our Vision</strong></td>
<td>Livingston County will be a safe and healthy community where all people realize their fullest health potential and live enriched and productive lives.</td>
</tr>
<tr>
<td><strong>Our Mission</strong></td>
<td>Livingston County Department of Public Health will protect, preserve, and promote the health and safety of the people of Livingston County.</td>
</tr>
<tr>
<td><strong>Our Values</strong></td>
<td>Knowledgeable • Competent • Effective • Courteous • Positive • Accountable • Respect • Honesty</td>
</tr>
</tbody>
</table>

### Community Health Assessment & Improvement

<table>
<thead>
<tr>
<th>CHIP Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Substance Abuse</td>
</tr>
<tr>
<td>2. Health Education &amp; Promotion</td>
</tr>
<tr>
<td>3. Mental Health</td>
</tr>
<tr>
<td>4. Healthcare Integration</td>
</tr>
<tr>
<td>5. Communication</td>
</tr>
<tr>
<td>6. Dental Health</td>
</tr>
<tr>
<td>7. Chronic Disease</td>
</tr>
<tr>
<td>8. Transportation</td>
</tr>
<tr>
<td>9. Affordable Housing</td>
</tr>
<tr>
<td>10. Sexually Transmitted Diseases</td>
</tr>
</tbody>
</table>

### Strategic Goals

<table>
<thead>
<tr>
<th>Goal 1:</th>
<th>Goal 2:</th>
<th>Goal 3:</th>
<th>Goal 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td>To develop a competent and satisfied workforce that successfully meets the needs of the department.</td>
<td>To increase public visibility &amp; awareness of Livingston County Department of Public Health programs and services.</td>
<td>To strengthen current and develop future collaborative partnerships.</td>
<td>To implement efforts to achieve financial sustainability.</td>
</tr>
</tbody>
</table>

### Performance & Quality Improvement

<table>
<thead>
<tr>
<th>Guiding Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do we hear from our community?</td>
</tr>
<tr>
<td>How do we approach community problems?</td>
</tr>
<tr>
<td>Where do we want to be?</td>
</tr>
<tr>
<td>How do we know where we are?</td>
</tr>
<tr>
<td>How are we doing?</td>
</tr>
<tr>
<td>How can we do better?</td>
</tr>
<tr>
<td>How can we keep doing good things?</td>
</tr>
<tr>
<td>How do we share success stories &amp; challenges?</td>
</tr>
</tbody>
</table>

*Image: Livingston County Health Department Performance Management Plan, 2016-2020*
Resources Available to You

• Online 4DX-Performance Management Training Series
  – Learning Session #1:
    http://prezi.com/faxddll216g7/?utm_campaign=share&utm_medium=copy
  – Learning Session #2:
    http://prezi.com/fddf-fdibmnm/?utm_campaign=share&utm_medium=copy
  – Learning Session #3:
    http://prezi.com/wpiqtxttmkg/f/?utm_campaign=share&utm_medium=copy
  – Learning Session #4:
    http://prezi.com/qmfb9ooywrvy/?utm_campaign=share&utm_medium=copy
  – Learning Session #5:
    http://prezi.com/ua4cgpzkliho/?utm_campaign=share&utm_medium=copy

• Sample PM and/or QI Plan, PM System, and SP-PM Quarterly Progress Report available upon request.
Questions?

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