

MEETING FORM

Date:	Time:	Location:
Leader:		Director:

<p>1. Harvest Wins – what wins have we achieved this week and how are we celebrating those wins?</p>
<p>2. Discuss quarterly goals by pillar and ongoing/new issues that arise in each area:</p> <p>a. <u>Exceptional Care</u></p> <ul style="list-style-type: none"> • Review Key Quality Metrics <p>b. <u>Customer Loyalty</u></p> <ul style="list-style-type: none"> • Employee Engagement <ul style="list-style-type: none"> ▪ Employee Survey Action Plan • Patient Satisfaction <ul style="list-style-type: none"> ▪ Prelim/Final Satisfaction Results • Physician Satisfaction <p>c. <u>Financial Strength</u></p> <ul style="list-style-type: none"> • PLUS Results
<p>3. To Review Monthly:</p> <ul style="list-style-type: none"> • Stop Light Report (Week 1) • EDOR (Week 2) • 30 and 90 Day Conversations (Week 3) • Staff Meeting Minutes (Week 4)
<p>4. Other Issues/Thoughts:</p>
<p>5. Meeting Review:</p> <ul style="list-style-type: none"> • Key Discussion/Next Steps:

6. Meeting Evaluation:

- What Went Well?
- What can we improve?

7. PARKING LOT: