



CERRO  
GORDO  
COUNTY  
DEPARTMENT  
OF PUBLIC  
HEALTH

## INTEGRATED MANAGEMENT PLAN

Date Adopted: April 5, 2016  
Review Frequency: Annual

## Introduction

The Cerro Gordo County Department of Public Health (CGCDPH) will maintain the Department at a robust performance level to positively impact the health of Cerro Gordo County residents. This performance management plan named integrated management plan henceforth will be the system in which the performance level is set, measured, evaluated and adjusted. The benefits include a better return and use of dollars in public health, greater accountability of funding, better understanding of accomplishments and priorities, and an increased pulse on the quality of services.

Table 1 indicates pertinent revision information for this document, if any.

**Table 1 Document Revision Table**

<b>Revision #</b>	<b>Date of Revision</b>	<b>Section Revised with page #</b>	<b>Person Completing Revision</b>

## Purpose

Integrated management is a systematic, data driven process that helps an organization improve overall functioning, demonstrate accountability and achieve strategic goals.

## Integrated Management Council

The Integrated Management (IM) Council will be responsible for overseeing and monitoring the integrated management plan. The IM Council will be comprised of at least 5 CGCDPH members including a mix of management and non-management personnel. Core members shall be at a minimum:

- Integrated Management Coordinator
- Quality Improvement Coordinator
- Public Health Accreditation Board (PHAB) Coordinator and/or Assistant PHAB Coordinator

These positions may fall under the responsibility of one or more people at the CGCDPH. Meetings will occur at least quarterly to track integrated measures and assess progress towards established targets. This Council may identify areas in need of additional focus and will work with appropriate staff and management to develop strategies for improvement. Formal and informal quality improvement initiatives will be used as needed. Terms will be for 2 years with the exception of the positions noted above which are permanent. Terms shall be staggered.

## Alignment

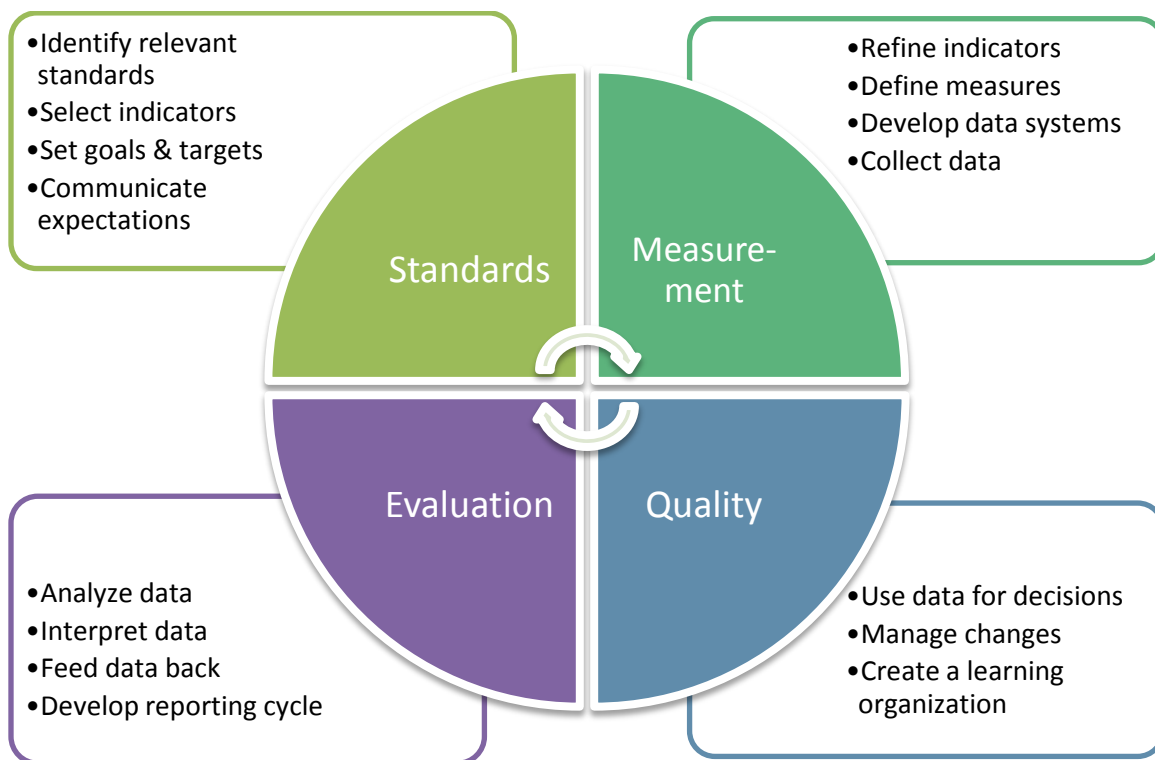
The following CGCDPH plans are part of the integrated management system directly and indirectly as reflected in the goals, performance measures and standards:

- Strategic Plan
- Community Health Improvement Plan
- Quality Improvement Plan

## Model & Process

The integrated management plan will use the following framework, adapted from the Turning Point National Excellence Collaborative on performance management. This is a visual overview of the components relevant to public health systems.

**Figure 1 Performance Management Model**



The CGCDPH will maintain an IM Council to guide integrated management efforts. At a minimum quarterly, the Council will review performance measures and as warranted, strategic planning measures, community health improvement plans & quality improvement projects. Data will be extracted from designated tracking sheets/dashboards. Staff members in each service section will be designated to update the performance management information by the 10<sup>th</sup> of each month following fiscal year quarter end (updated October, January, April, & July). The Integrated Management Coordinator will

create reports after the Council quarterly meetings. Reports will be made accessible for all staff. When the IM Council identifies goals and/or objectives that are not meeting targets, the Integrated Management Coordinator will engage with key personnel to discuss opportunities for quality improvement. If formal QI is necessary, the QI Coordinator will offer support. The Council will continuously monitor performance measures to assess improvement in identified problem areas and support integration of new strategies.

The Council will report out to each of their service sections during staff meetings. The Health Director will receive a report quarterly. Annually, CGCDPH Managers and the IM Council will conduct a performance management self-assessment using a version of the Public Health tool. Annually, staff will be provided training for performance management so they will be able to actively contribute to integrated management goals. New staff will be trained by the Integrated Management Coordinator.

**Table 2 Integrated Management Activities, Responsibilities and Timeline**

Activity	Who	Monthly	Quarterly	Annually
Set annual performance measures	All staff by division			x
Provide performance measurement data in designated sheet	Designated person per section		x	
Review performance measures & analyze data	IM Council		x	
Identify underachieving goals/objectives	IM Council		x	
Create report of all performance measures & disseminate to staff & governance	IM Coordinator		x	
Complete Performance Management self-assessment	CGCDPH Management & Council			x
Performance management training (upon hire and as deemed necessary by the IM Council)	IM Council			x

## Annual Plan

The performance management plan will include performance standards from each major service area that includes the following elements:

- Division represented
- Goals
- Performance measure
- Description/objective
- Performance standard
- Data source(s)
- Data review schedule
- Responsible person for data collection

## Element Definitions

**Table 3 Definitions**

Division represented	<p>These are known divisions in the Cerro Gordo County Department of Public Health. Currently these are:</p> <ol style="list-style-type: none"> <li>1) Acute Infectious Disease, Epidemiology &amp; Preparedness</li> <li>2) Chronic Disease Prevention &amp; Health Promotion</li> <li>3) Environmental Health</li> <li>4) Family &amp; Community Health</li> <li>5) Finance &amp; Administration</li> <li>6) Organizational Development &amp; Research</li> <li>7) Marketing &amp; Public Information</li> </ol>
Goal	Desired results or outcomes that we seek to achieve
Description/Objective	Specific measurable action that we will take to achieve the goal
Performance Standards	Objective standard or guidelines that are used to assess our performance. These may be set on national, state or scientific guidelines or expectations of the public, funders or our leadership
Performance Measures	Quantitative measures relevant to assessment of performance
Data Source	Description of how and from where data will be collected
Data Review Schedule	Frequency with which the IM Council will review performance data
Responsible Person for Data Collection	Who will collect the data

Please see Appendix A for a list of current CGCDPH IM goals, objectives, standards and measures.

Administration

Goal	Measure	Description	Standard	Data Collection		
				<i>How</i>	<i>When</i>	<i>Who</i>
Assure IT conditions for staff to perform job duties.	% of time computer systems will be available (up & running).	Up-time for computer systems calculated 24-7 will be maintained at 99% or higher.	-Internal goal	RSM McGladrey report	Quarterly	Ryan Stephen
To maintain financial sustainability for the Health Department.	% of past due accounts and/or billing does not exceed 10%.	The accounts receivable, past due (defined by 30 days or more) will not exceed 10% of expected revenue.	-Internal goal	Report	Quarterly	Patti Lahr

Marketing & Public Information

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health through provision of information and education	% of survey respondents who recognize our logo.	Logo recognition will stay at 60% or higher.	-Internal goal -Public Health Essential Service #3 -Strategic Plan #6	Survey analytics via Survey Monkey	Annually	Kara Ruge
	# of media mentions/interviews	Media mentions/interviews as measured by: <ul style="list-style-type: none"> <li>&gt; KIMT</li> <li>&gt; Radio</li> <li>&gt; Print</li> <li>&gt; Other</li> </ul> Will remain at 30 or higher.	-Internal goal -Public Health Essential Service #3	Calculations from media interaction sheet	Quarterly	Kara Ruge
	# of website page views	Website page views will stay at 1700 or higher per month.	-Internal goal -Public Health Essential Service #3	Google Analytics	Quarterly	Ryan Stephen
	# of Facebook likes # of Twitter followers	Facebook 'likes' will remain at 1,700 or higher.  Twitter followers will be maintained at 415 or higher.	-HP2020 goal: increase social marketing in health promotion and disease prevention -Public Health Essential Service #3	Facebook Likes calculation  Twitter analytics	Quarterly	Kara Ruge

Organizational Development & Research

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health through provision of innovative, sustainable programs	% of Health Improvement Plan (HIP) outcome measures reported on time in reports.	Delinquent reporting will not exceed 15% of outcomes.	-Internal goal	HIP Outcome Tracking Report	Quarterly	Kara Vogelson
	% change in grant funding received for existing programming.	Grant funding will not exceed a 20% shift when comparing quarters from last to current fiscal year.	-Internal goal	Calculations from grant tracking sheet	Quarterly	Kara Vogelson
	% of grants that are on track financially & with outcomes.	60% or more of the grants will meet financial and outcome benchmarks	-Internal goal	Grant Outcome meetings & report	Quarterly	Kara Vogelson
Build a culture of quality improvement (QI)	% of service sections completing a QI project annually.	100% of service sections will complete a QI project within the fiscal year.	-QI Plan goal -Strategic Plan #2 -HP2020 increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process	QI documentation form	Quarterly	Kara Vogelson



Acute Infectious Disease, Epidemiology and Preparedness (AIDEP)

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Decrease prevalence of vaccine preventable acute diseases	% of IRIS records that are inaccurate for Cerro Gordo County Department of Public Health (Agency) 11-15 year olds.	Inaccuracy rates will not exceed 25% of total IRIS records as measured for the agency each quarter.	-Internal goal IDPH -Essential Public Health Service #1 -Strategic Plan # 4, goal 3	IRIS (Will split these out among staff to ensure all ages are covered - Bethany will run reports beginning of each month & give to Sandy & Jeni. Data will be turned into Bethany when completed.)	Quarterly (IRIS reports will be reviewed monthly)	Lead: Bethany Assist: Jeni Stiles Sandy Pals
Prevent the spread of communicable disease	% of schools who participate in providing weekly reports regarding the type of illness keeping the child out of school (out of the fourteen schools listed).	Will be successful in obtaining information from 50% (7 out of 14) schools.	-Internal goal -Essential Public Health Service #2	Emailed reports from the following entities: <ol style="list-style-type: none"> <li>1. Harding Elementary</li> <li>2. Hoover Elementary</li> <li>3. Roosevelt Elementary</li> <li>4. Jefferson Elementary</li> <li>5. Newman Catholic Elementary</li> <li>6. Lincoln Intermediate</li> <li>7. John Adams Middle School</li> <li>8. Mason City High School</li> <li>9. Mason City Alternate High School</li> <li>10. Newman Catholic High School</li> <li>11. Clear Creek Elementary</li> <li>12. Clear Lake Middle School</li> <li>13. Clear Lake High School</li> <li>14. West Fork School</li> </ol>	Monthly (Data will be monitored weekly, and reported monthly per school calendar year)	Jennifer Stiles

	# of new services added to the repertoire of billable services at the Health Department for in-or out-of-county residents.	There will be an expansion of services by one and maintenance of other services for in-and/or out-of-county people to pay a fee for service.	-Internal goal -Essential Public Health Service # 7 -Strategic Plan #3, goal 1	Establishment of fee scale for new and/or expanded service	Quarterly	Jodi Willemsen

Chronic Disease Prevention & Health Promotion

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health	% STRIDE Participants who have 2 or fewer risk factors.	80% of Cerro Gordo County STRIDE participants will have two or fewer of the following risk factors: <ul style="list-style-type: none"> <li>• Elevated LDL Cholesterol</li> <li>• Low HDL Cholesterol</li> <li>• Elevated Triglycerides</li> <li>• Elevated Blood Sugars/A1C</li> <li>• Elevated Blood Pressure</li> <li>• Tobacco Use</li> <li>• Unhealthy Weight/Body Mass</li> </ul>	Internal goal	Health risk assessments	Quarterly	Kelli Huinker
	% of Diabetes Prevention Program participants who complete the full program.	75% of diabetes prevention program participants will complete the full program.	CDC DPP program Standards Strategic Plan #4, goal 5	Participation attendance logs	Quarterly	Karen Crimmings
Deliver high quality, consistent and efficient CDP&HP services	# of CDP&HP staff who are cross-trained	100% of staff in CDP&HP will have at least one back-up for each position.	Internal goal	Training database	Quarterly	Karen Crimmings

Environmental Health

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Ensure safe food is served in Cerro Gordo County	% of overdue food inspections.	Overdue (defined as past due by 30 days) food inspection rates will not exceed 10% of total inspections due as measured for the agency each quarter.	-Contract language -Public Health Essential Service #6	Department of Inspections and Appeals database	Quarterly	Kara Morel
	% of the Food & Drug Administration Voluntary National Retail Food Standards that the Cerro Gordo County achieves and maintains.	The Cerro Gordo County Health Department's Food Regulatory Program will achieve and maintain ≥80% of the Standards.	-FDA Voluntary National Retail Food Regulatory Program Standards & Associated grant -Public Health Essential Service # 5 & 6	DIA accepted audits	Quarterly	Daniel Ries
Increase access for the public to visual Environmental Health data	# of layers of data available for use by staff for data visualization and analysis.	Data layers available for staff use will increase by at least two. Current layers are: 1. Radon results 2. Septic system lines 3. Septic system polygons 4. Arsenic tests 5. No active well on property 6. Property uses public	-Internal goal -Public Health Essential Service #3	Observation via website	Quarterly	Sophia Walsh

		water supply 7. Well database				
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Family & Community Health Home Care Aides (HCA)

Goal	Measure	Description	Standard	Data Collection		
				<i>How</i>	<i>When</i>	<i>Who</i>
Deliver high quality, consistent and efficient HCA services	% of HCA client charts are complete and dated in order.	100% of client charts will be chronologically charted and complete	CMS Standards	Audit	Quarterly	Lisa Losen
	% of HCAs who maintain at least 12 Continuing Education Units (CEUS).	100% of HCAs will receive at least 12 CEUs annually	CMS Standards	In-service tracking sheet	Quarterly	Lisa Losen

Family & Community Health Public Health Nursing (PHN)

Goal	Measure	Description	Standard	Data Collection		
				<i>How</i>	<i>When</i>	<i>Who</i>
Deliver high quality, consistent and efficient PHN services	% of Face-to-Face documentation forms completed.	100% of Face-to-Face forms will be completed in compliance of CMS guidelines	CMS Standards	Audit	Quarterly	Linda Read
	% of documentation completed within 48 working hours.	100% of documentation will be completed within 48 working hours.	Internal policy	CareFacts Report	Quarterly	Linda Read
	# of visits per nurse per day.	100% of nurses will have an average of 5-6 daily visits.	Internal goal	Linda's tracking sheet	Quarterly	Linda Read