Integrated Management Report

Cerro Gordo County Department of Public Health

This report is the third quarterly report covering October - December 2016

January 30, 2017

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Introduction

The Cerro Gordo County Department of Public Health pushes their performance to positively impact the health of Cerro Gordo County residents. Since April of 2016, the Department has had an integrated management plan and objectives to be tracked. Measures were selected by all staff during division meetings as those that represent the Department well. Monitoring of and improving on the integrated management objectives will help the Department improve overall functioning, demonstrate accountability and achieve strategic goals. This report is split into divisions with goals, annual measures and quarterly data for each.

Division 1: Acute Infectious Disease, Epidemiology & Preparedness

There are two goals that drive performance measures in this division:

1. Decrease prevalence of vaccine preventable acute diseases
2. Prevent the spread of communicable disease

Three measures feed into the goals. The first measure is the percent of IRIS records that are inaccurate for Cerro Gordo County Department of Public Health 11-15 year olds. IRIS is a database used across the state of Iowa to track vaccinations. Any provider, from medical staff to

Cerro Gordo County Guiding Statements

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1

pharmacies and public health, has access to and many use IRIS. When IRIS users enter data, it often is inaccurate. This measure ensures that the agency records, those attributed to the Cerro Gordo county Department of Public Health, are accurate. The goal is to not exceed a 25% inaccuracy rate as measured quarterly.

Quarter one data shows an average of 22%.

Quarter two data shows an average of 6.8%

Quarter three data shows an average of 6.4%

The next measure is the percent of schools who participate in providing weekly reports regarding the type of illness keeping the child out of school (fourteen schools are included in this measure). The goal for success is that the Department will be successful in obtaining information from 50% or 7 of the 14 schools. This data was not collected in the first quarter and it was intended to begin in August when school resumed; however no data was captured in quarter two either.

Quarter one data - none gathered

Quarter two data - none gathered

Quarter three data shows an average of 69% of schools reporting; please see Appendix B for a description to a quality improvement approach used to improve the metric.

The last measure is the number of new services added to the repertoire of billable services at the Health Department for in-or out-of-county residents. The goal is to expand services by one service and maintenance of all current services provided. There has been no progress first, second, nor third quarter.

Division 2: Chronic Disease Prevention & Health Promotion

Two goals lead the measures:

1. Improve community health
2. Deliver high quality, consistent and efficient chronic disease prevention & health promotion services

The three measures are described as follows. First is a measure that addresses the County employee wellness program. The measure is the percent of STRIDE participants who have two or fewer risk factors. STRIDE, a voluntary wellness program, strives to make employees healthier. This measure focuses on elevating staff health to reach their goal of 80% of stride participants

will have 2 or fewer risk factors. Those factors are elevated LDL cholesterol, triglycerides, blood sugar or blood pressure, low HDL cholesterol, tobacco use and unhealthy weight or body mass.

Quarter one results show 69% of participants reached that metric.

Quarter two results show that 88% of participants reached that metric

Quarter three results show that 89% of participants reached that metric

The second measure is the percent of diabetes prevention program participants who complete the full program. Like other locations across the state and nation, Cerro Gordo County is seeing a drastic increase in type two diabetes. This program is an evidence-based program proven to decrease risk of diabetes development. The goal is that 75% of DPP participants will complete the full program which consists of 6 months of weekly core classes and 6 months of monthly classes.

Quarter one data indicates an 80.4% completion rate.

Quarter two data indicates an 83% completion rate.

Quarter 3 indicates a 61.5% completion rate. Due to this lower number, a team will begin a quality improvement process to address participation.

The last measure is the number of chronic disease prevention and Health promotion staff who are cross-trained. The goal is for 100% of staff to have at least one back-up for each position.

Quarter one data indicates 0 of 5 staff are cross trained.

Quarter two data indicates that 0 of 5 staff are cross trained.

Quarter three data indicates that 5 of 5 staff or 100% are cross trained.

Division 3: Environmental Health

Environmental health measures focused on two goals:

1. Ensure safe food is served in Cerro Gordo County
2. Increase access for the public to visualize environmental health data

This division also has three annual measures. The first is the percent of overdue food inspections. Per contractual agreement, food service inspections must be completed on a certain schedule. Overdue is defined as past due by 30 days. The goal is to not exceed 10% of total inspections due as measured quarterly.

Quarter one data indicates an average of 1.3%.

Quarter two data indicates an average of 0%.

Quarter three data indicates an average of 0%.

The second measure is that the food regulatory program will achieve and maintain ≥80% of the Voluntary National Retail Food Standards, a national initiative that defines what constitutes a highly effective and responsive program for food service regulation.

Quarter one data indicates that the Department has met 44% of the standards.

Quarter two data indicates that the Department has met 56% of the standards.

Quarter three data indicates that the Department has met 56% of the standards.

The last measure is the number of layers of data available for GIS mapping visualization and public access. The goal is to increase layers by at least 2.

Quarter one data shows that one layer was added.

Quarter two data indicates that zero layers were added.

Quarter three data indicates that two layers were added.

Division 4: Family & Community Health

Two similar goals guide these measures; they are to:

1. Deliver high quality, consistent and efficient Home Care Aide services
2. Deliver high quality, consistent and efficient Public Health Nursing services

Five measures were selected to follow; many of the measurements are to ensure that the Centers for Medicaid and Medicare Services Standards are met. The first measure is the percent of client charts will be chronologically charted and complete. The goal is to reach 100%.

Quarter one data - 100%.

Quarter two data - 100%.

Quarter three data - 100%.

The second measure is the percent of home care aides who maintain at least 12 continuing education units annually. The goal is for 100% to achieve 12 at a minimum.

Quarter one data indicates that 100% of staff has attended the monthly training requirements.

Quarter two data indicates that 100% of staff has attended the monthly training requirements.

4

Quarter three data indicates that 100% of staff has attended the monthly training requirements.

Third is a measure for the nurses. It is the percent of Face-to-Face documentation forms will be completed and the goal is to hit 100%.

Quarter one average - 100%.

Quarter two average - 98%.

Quarter three average - 98%.

The fourth measure is the percent of nursing visits documented in audited charts will be completed within two business days (except admissions). The goal is to have 100% complete.

Quarter one data indicates that 94% of audited charges were completed within two business days.

Quarter two data indicates that 98% of audited charges were completed within two business days

Quarter three data indicates that 98% of audited charges were completed within two business days

The final measure is the number of visits per nurse per day. The goal is that 100% of nurses will have an average of 5-6 daily visits.

Quarter one data shows that the average number of visits is 5.4 per day.

Quarter two data shows that the average number of visits is 5.45 per day.

Quarter three data shows that the average number of visits is 5.35 per day.

Division 5: Finance & Administration

Two goals lead this division, they are to:

1. Assure information technology conditions for staff to perform job duties
2. Maintain financial stability for the Department

Two measures are included. The first is the % of time computer systems will be available based on a 24-7 module. The goal is to maintain that at 99% or higher.

Quarter one data indicates that the quarterly average was at 99.97%.

Quarter two data indicates that the quarterly average was at 99.74%.

Quarter three data indicates that the quarterly average was at 99.90%.

The second measure is the percent of past-due accounts and/or billing and the goal is that it does not exceed 10%.

Quarter one data shows that the average is 6.1%.

Quarter two data shows that the average is 9.97%.

Quarter three data shows that the average is 14.82%; please see Appendix C for a description to a quality improvement approach used to improve the metric.

Division 6: Marketing & Public Information

One goal drives performance:

1. Improve community health through provision of information and education.

There are four measures in this division. The first is the percent of survey respondents who recognize our logo; the annual goal is to stay at 60% or higher.

Quarter one data indicates an average of 50.64%.

Quarter two - no data gathered

Quarter three - no data gathered

The second measure is the number of media mentions and interviews. The goal is to stay at 30 or higher quarterly.

Quarter one data shows that total mentions for the quarter equal 38.

Quarter two data shows that total mentions for the quarter equal 52.

Quarter three data shows that total mentions for the quarter equal 46.

The third measure is the number of website page views and the goal is to stay at 1,700 or higher per month.

The quarter one average is about 1,426.

The quarter two average is about 1,539.

The quarter three average is about 1,863.

The final measure is for the number of Facebook likes and Twitter followers. The goals are that Facebook likes will remain at 1,700 or higher and Twitter followers will be maintained at 415 or higher.

Quarter one data shows that Facebook likes averaged 1,816 and Twitter followers averaged 619.

Quarter two data shows that Facebook likes averaged 1,921 and Twitter followers averaged 652.

Quarter three data shows that Facebook likes averaged 1,938 and Twitter followers averaged 680.

Division 7: Organizational Development & Research

Two goals drive performance:

1. Improve community health through provision of innovative, sustainable programs
2. Build a culture of quality improvement

There are four measures in this division. The first is the % of health improvement plan outcome measures reported on time in reports. The goal is that delinquent reporting not exceed 15%.

Quarter one- there is no data available for the first quarter as the health improvement plan was adopted in the spring.

Quarter two - no data gathered.

Quarter three - 100% were on time.

The second measure is the % change in grant funding received for existing programming. The goal is that grant funding will not exceed a 20% deficit in comparison to last fiscal year's associated quarter.

Quarter one data indicates a 12% deficit.

Quarter two data indicated a 129% increase.

Quarter three data indicated a 5.5% decrease.

The third measure is the % of grants that are on track financially and with outcomes. The goal is that 60% or more of the grants will meet financial and outcome benchmarks.

There is no data available in the first quarter.

Second quarter data indicated 75% of indicators met or exceeded anticipated outcomes.

Third quarter data indicated 78.5% of indicators met or exceeded anticipated outcomes

The fourth measure is the percent of service sections completing a QI project annually; the goal is that 100% of service sections will complete a quality improvement project within the fiscal year.

Quarter one data shows 50% of service sections completed a project.

Quarter two data shows that 50% have completed a project.
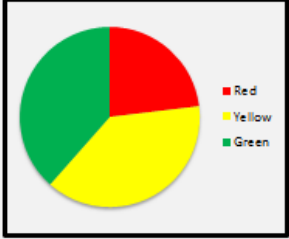
Quarter three data shows that 67% have completed a project.

This information in narrative above and in table format in the following pages (Appendix A) is analyzed quarterly by the Integrated Management Council to determine opportunities for improvement. Measures that are underperforming will continue to be examined closely by team members and will have quality improvement tools utilized to improve them, see Appendix B & Appendix C for a description of quality improvement initiatives that were used in December to improve data.

Cerro Gordo County Department of Public Health Performance Management Tracking & Dashboard

Mission	*The Cerro Gordo County Department of Public Health works to optimize the health of all people in Cerro Gordo County.*	
Vision	*We will be the leader in making Cerro Gordo County the healthiest county in Iowa.*	

Health Department Divisions	Programs/Topic Areas	Performance Measures On:			Cerro Gordo County Department of Public Health Current Status
		Red	Yellow	Green	
Acute Infectious Disease, Epidemiology & Preparedness	Decrease prevalence of vaccine preventable acute diseases			1	**Current Quarter Status**
	Prevent the spread of communicable disease	1			
Chronic Disease Prevention & Health Promotion	Improve community health		1		
	Deliver high quality, consistent & efficient CDP&HP services	1			
Environmental Health	Ensure safe food is served in Cerro Gordo County		1		
	Increase access for the public to visualize EH data			1	
Family & Community Health	Deliver high quality consistent & efficient home care aide services			1	
	Deliver high quality, consistent & efficient public health nursing		1		
Finance & Administration	Assure IT conditions for staff to perform job duties			1	Key: Red = behind; Yellow = Borderline; Green: On track
	To maintain financial sustainability for the health			1	
Marketing & Public Information	Improve community health through provision of information		1		
Organizational Development & Research	Improve community health through the provision of innovative, sustainable programs	1			
	Build a culture of quality improvement		1		
	Totals	3	5	5	

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Quarter 2 Dashboard
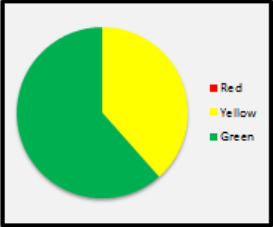
Appendix A: Quarter 2 2016-2017

Cerro Gordo County Department of Public Health Performance Management Tracking & Dashboard

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Health Department Divisions	Programs/Topic Areas	Performance Measures On:			Cerro Gordo County Department of Public Health Current Status
		Red	Yellow	Green	
Acute Infectious Disease, Epidemiology & Preparedness	Decrease prevalence of vaccine preventable acute diseases			1	
	Prevent the spread of communicable disease	1			
Chronic Disease Prevention & Health Promotion	Improve community health		1		
	Deliver high quality, consistent & efficient CDP&HP services	1			
Environmental Health	Ensure safe food is served in Cerro Gordo County		1		
	Increase access for the public to visualize EH data			1	
Family & Community Health	Deliver high quality consistent & efficient home care aide services			1	
	Deliver high quality, consistent & efficient public health nursing	1			
Finance & Administration	Assure IT conditions for staff to perform job duties			1	
	To maintain financial sustainability for the health department			1	
Marketing & Public Information	Improve community health through provision of information & education			1	
Organizational Development & Research	Improve community health through the provision of innovative, sustainable programs	1			
	Build a culture of quality improvement		1		
Totals		4	3	6	

Current Quarter Status

- Red
- Yellow
- Green

Key: Red = behind; Yellow = Borderline; Green: On track

Cerro Gordo County Department of Public Health Performance Management Tracking & Dashboard

	Mission	The Cerro Gordo County Department of Public Health works to optimize the health of all people in Cerro Gordo County.
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Health Department Divisions	Programs/Topic Areas	Performance Measures On: Red	Yellow	Green	Cerro Gordo County Department of Public Health Current Status
cute Infectious Disease, Epidemiology & Preparedness	Decrease prevalence of vaccine preventable acute diseases			1	**Current Quarter Status**
	Prevent the spread of communicable disease		1		
Chronic Disease Prevention & Health Promotion	Improve community health		1		
	Deliver high quality, consistent & efficient CDP&HP services			1	
Environmental Health	Ensure safe food is served in Cerro Gordo County		1		Red, Yellow, Green
	Increase access for the public to visualize EH data			1	
Family & Community Health	Deliver high quality consistent & efficient home care aide services			1	
	Deliver high quality, consistent & efficient public health nursing			1	
Finance & Administration	Assure IT conditions for staff to perform job duties			1	
	To maintain financial sustainability for the health		1		Key: Red = behind; Yellow = Borderline; Green: On track
Marketing & Public Information	Improve community health through provision of information			1	
Organizational Development & Research	Improve community health through the provision of innovative, sustainable programs			1	
	Build a culture of quality improvement		1		
	Totals	0	5	8	

Cerro Gordo County Department of Public Health
Integrated Management Data Quality Improvement
December 8, 2016

Background & Performance Results: Acute Infectious Disease, Epidemiology & Preparedness is measuring progress on several targets for performance management. One measure in particular is lacking data after six months of collection. Specifically, for each month (April – September, 2016), there have been zero reports gathered. This data is just a part of our total illness surveillance system. The following includes the goal, measure and description of the indicator that needs improvement.

Goal: Prevent the spread of communicable disease

Measure: percent 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).
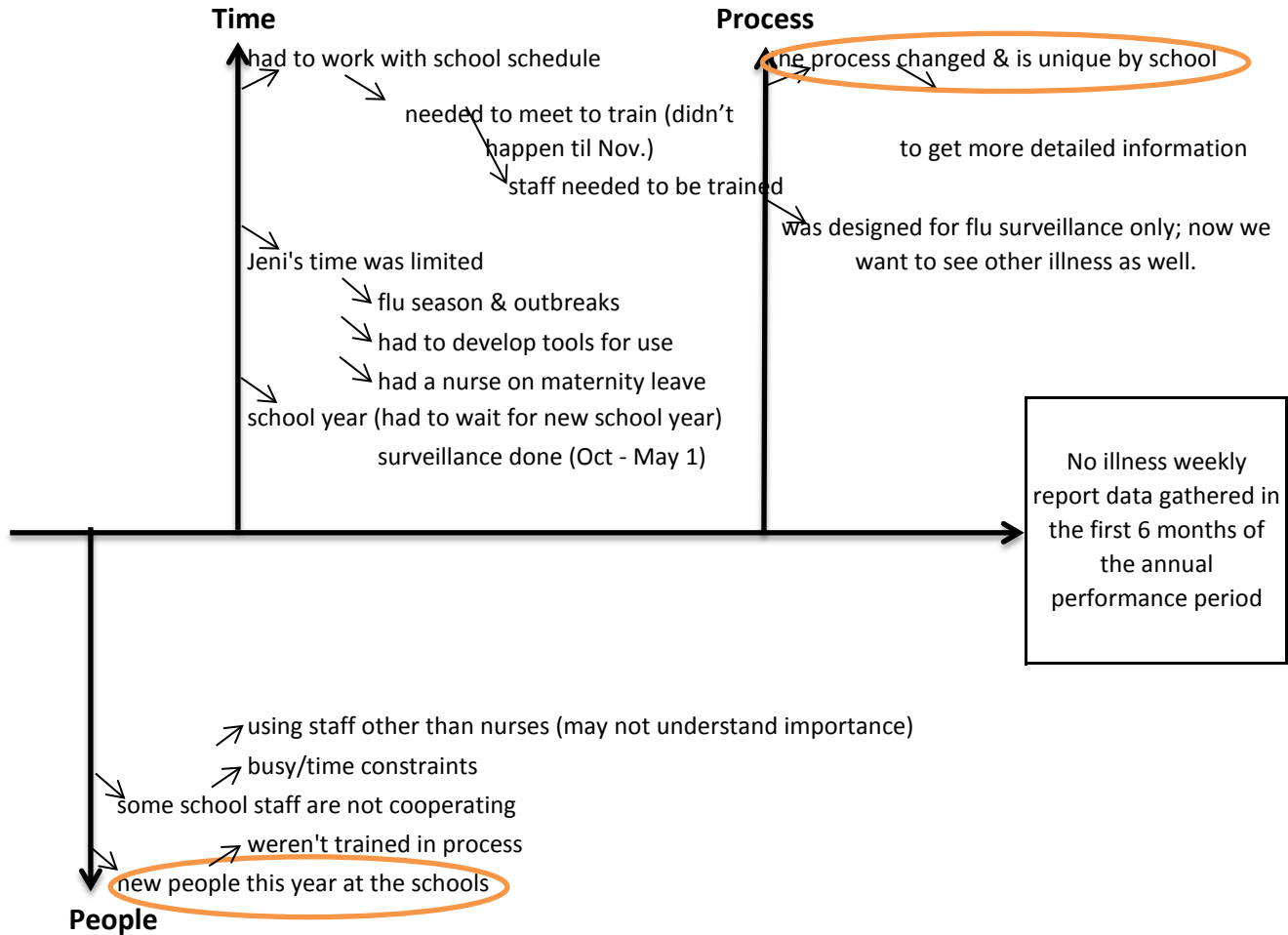
Description: Will be successful in obtaining information from 50% (7/14 schools). Data will be monitored weekly and reported monthly per school year.

To address this issue, a team gathered December 8, 2016 from 1:30 pm to 2:30 pm to find evidence for determining opportunities for improvement. Team members included: Jennifer Stiles, Infectious Disease Nurse, Jodi Willemsen, AIDEP Service Manager & Kara Vogelson, Integrated Management Coordinator.

The team used the Fishbone or Cause and Effect Diagram to determine causes and then identified common elements to determine root causes; see page 2.

Analysis & Opportunity for Improvement: The diagram showed that there were three categories of issues that hampered data collection. These included process, time and people. Under each, several ideas were brainstormed. A common thread between the process and people categories surfaced. The largest opportunity for improvement showed when it was shared that multiple schools had changed personnel responsible for reporting illness data and the type of data the Health Department was requesting had shifted thereby leaving school staff unaware of the process. The opportunity to improve data collection is twofold. First, creating an easy process unique to each school's needs is imperative. Secondly, we need to find a way to ensure that we receive all of the requested data.

Next Steps: Ms. Stiles has been working with school staff over the past few weeks to determine why reports were not being sent. With the new contacts made, she will create a data collection sheet that can be emailed to appropriate staff weekly. The sheet will include fields for all necessary data requested. She will continue to train staff to ensure we are able to capture effective illness surveillance data throughout the school year.

Time

had to work with school schedule

needed to meet to train (didn't happen til Nov.)

staff needed to be trained

Jeni's time was limited

flu season & outbreaks

had to develop tools for use

had a nurse on maternity leave

school year (had to wait for new school year)

surveillance done (Oct - May 1)

Process

the process changed & is unique by school

to get more detailed information

was designed for flu surveillance only; now we want to see other illness as well.

No illness weekly report data gathered in the first 6 months of the annual performance period

using staff other than nurses (may not understand importance)

busy/time constraints

some school staff are not cooperating

weren't trained in process

new people this year at the schools

People

Cerro Gordo County Department of Public Health
Integrated Management Data Quality Improvement
December 19, 2016

Background & Performance Results: Administration is measuring progress on two targets for performance management. One measure in particular is exceeding its measure target in two months after 7 months of data collection. The following includes the goal, measure and description of the indicator that needs improvement.

Goal: Maintain financial stability for the Health Department

Measure: percent past due accounts and/or billing does not exceed 10%.

Description: The accounts receivable, past due (defined by 30 days or more) will not exceed 10% of expected revenue. Data will be reported monthly and monitored quarterly.

To address this issue, a team gathered December 19, 2016, from 1:00 pm to1:45 pm to find evidence for determining opportunities for improvement. Team members included: Bethany Bjorklund, Immunization Nurse, Patti Lahr, Finance Billing Administrator, Linda Read, Family & Community Health Service Manager, Cathy Gomez, Finance & Administration Service Manager & Kara Vogelson, Integrated Management Coordinator.

The team began by brainstorming reasons for exceeding the target; after one round of brainstorming each member brought forth the same issue causing the problem. The facilitator asked for any other contributing factors to the problem and none were identified.

The problem/cause: The Veteran's Association has contracted with another entity, Healthnet to provide reimbursement exclusively for home nursing care. Cerro Gordo County Department of Public Health is one of the highest volume users of the Healthnet system and has in excess of $24,000 outstanding at the end of October.

Analysis & Opportunity for Improvement: Healthnet took over in May of 2016 for public health nursing reimbursements. Healthnet could not provide technical assistance to outside entities because they were unsure of their process. The Health Department has not been reimbursed any funding in the seven months that Healthnet has been contracted.

Healthnet representatives are non-responsive to inquiries; however, in October, they hired a regional account representative to address our issues. Initially she was responsive, but now is non-responsive via phone calls and emails. The representative worked with us to run one patient through the system:

- Claim was received by the system on 11/25
- Claim was entered 12/1, but there has been no progression since that date

Our outstanding balance is weighing heavily on our revenue collection; although we do not have direct control on a process to improve, we can continue to search out options and advocate for reimbursement

Next Steps:

There are a few items that we will continue to work on steadily:

1. Correspond with the regional account in writing via email or letter exclusively so there is documentation of lack of communication
2. Connect with the Veteran's Administration representative in Des Moines to keep her aware of our issue and implore her to advocate on our behalf
3. Contact legislators to keep them apprised of the situation

We will try to implement this new process first:

4. Unlock all assessments and relock clients to create billing which goes against CMS guidance; however, other agencies have been successful in being reimbursed by following this process.

If that is unsuccessful, we will:

5. Work with each enrolled Healthnet patient to dis-enroll them from the program and re-enroll them as "normal" VA clients.

If all else fails, we may have to consider writing off the bulk of the reimbursement.