



CERRO
GORDO
COUNTY
DEPARTMENT
OF PUBLIC
HEALTH

FISCAL YEAR 2018 INTEGRATED MANAGEMENT PLAN

Date Adopted: April 5, 2016
Revised: August 22, 2017
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

Revision #	Date of Revision	Section Revised with page #	Person Completing Revision
1	8/22/17	Throughout - replace performance management with integrated management	K. Vogelsson
2	8/22/17	Model & Process (pg. 4) - made reporting out to staff clearer	K. Vogelsson
3	8/22/17	Throughout - added page numbers	K. Vogelsson
4	8/22/17	Revised Appendix A with updated measures	K. Vogelsson

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

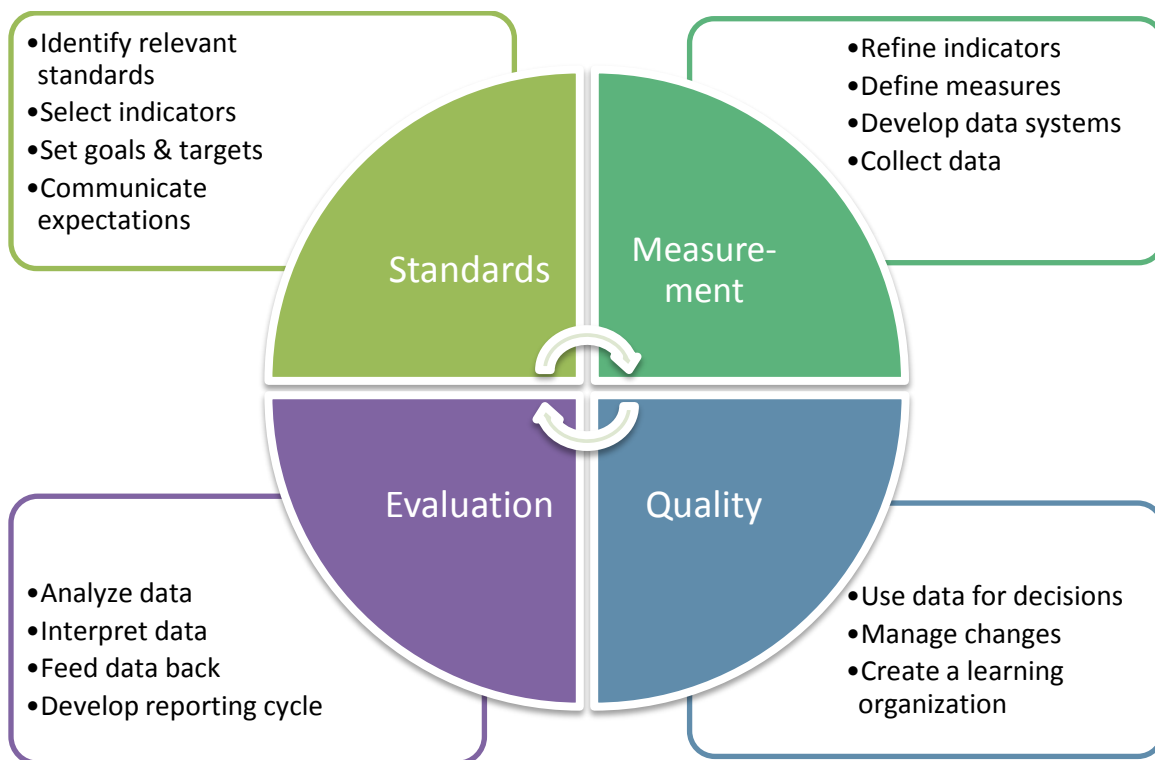
The following CGCDPH plans are part of the integrated management system directly and indirectly as reflected in the goals, performance measures and standards:

- 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 integrated management information by the 10th 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. 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 is encouraged to report out to each of their service section colleagues and/or manager. The Health Director and all staff will receive a report quarterly. Annually, CGCDPH Managers and the IM Council will conduct an integrated management self-assessment using a version of the Public Health tool. Annually, staff will be provided training for integrated 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 integrated 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"> 1) Acute Infectious Disease, Epidemiology & Preparedness 2) Chronic Disease Prevention & Health Promotion 3) Environmental Health 4) Family & Community Health 5) Finance & Administration 6) Organizational Development & Research 7) Marketing & Public Information
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.

Acute Infectious Disease, Epidemiology & Preparedness

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. (% of IRIS records that inaccurately list CGCDPH as vaccine 'home')	Inaccuracy rates will not exceed 25% of total IRIS records as measured for the agency each quarter	- Internal goal - Essential Public Health Service #1 -Strategic Plan #4, goal 3 -IDPH	IRIS (Bethany will run reports for adolescents between ages 11-15 beginning of each month).	Quarterly	Bethany Bjorklund
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	We will be successful in obtaining information from 46% (7/15) of schools	- Internal goal - Essential Public Health Service	Emailed reports from: Elementary: Harding, Hoover, Roosevelt, Jefferson, Newman Catholic, Clear Creek Intermediate/Middle: Lincoln Intermediate, John Adams, Clear Lake High School: Mason City, Mason City Alternate, Newman Catholic, Clear Lake All: West Fork & Pine Crest	Monthly: October - April (Data will be monitored weekly, and reported monthly per school calendar year)	Jennifer Stiles
Ensure adherence to funders and contracts	% of contractual outcomes met by AIDEP staff	75% of grants/contracts are meeting timely obligations	-Internal goal	Service Manager will review all AIDEP programs/services contractual	Quarterly	Jodi Willemsen

				obligations through use of checklist tool		
Work toward departmental regionalization	# of programs/services provided in non-Cerro Gordo County areas	Will be successful by expanding 4 existing programs/services to other counties	-Internal goal	Staff will work on developing relationships with community partners. When an activity/service is provided as a result of this collaboration building, staff will record this. (e.g. Betty talking with Crisis Intervention about educating youth, but records it when she does a presentation in Floyd Co.)	Quarterly	Jodi Willemsen

Chronic Disease Prevention & Health Promotion

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health	% of STRIDE Participants who have 4 or more risk factors	No more than 5% of Cerro Gordo County STRIDE participants will have 4 or more of the following risk factors: Elevated LDL cholesterol, low HDL cholesterol, elevated triglycerides, elevated blood sugars/A1C, elevated blood pressure, Tobacco use, unhealthy weight/body mass	-Internal goal	Health risk assessments	Quarterly	Kelli Huinker
	% of Diabetes Prevention Program (DPP) participants who complete the full program	75% of DPP participants will complete the full program	CDC DPP Program Standards Strategic Plan number 4, goal 5	Participation attendance logs	Biannually	Karen Crimmings
	# of methods used to gain community input on future preventative heart disease services	Obtain consumer input from a minimum of 4 methods (i.e. focus groups, survey, interview, block walks, town hall meeting, social media polls, twitter chat)	Internal goal; Strategic plan #4 Systems change	Internal Tracking Document	Quarterly	Karen Crimmings

Environmental Health

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Ensure safe food is served in Cerro Gordo County	Dashboard assessments utilized to identify gaps in inspection systems that could be improved.	Dashboard Report for BOH Report pulled quarterly to measure: (TBD: # Inspections Completed; Complaints; Violations; Revenue Generated; Length of Time between Inspection and Follow Ups; etc.)	FDA VNRFS & Public Health Essential Service #6	DIA Database Dashboard	Quarterly	Daniel Ries
	% of the Food & Drug Administration Voluntary National Retail Food Standards (FDA VNRFS) that the Cerro Gordo County Dept. of Public Health (CGCDPH) achieves & maintains	The CGCDPH's Food Regulatory Program will achieve and maintain ≥80% of the Standards	FDA VNRFS & associated grant & Public Health Essential Services #5 & #6	DIA accepted audits	Quarterly	Daniel Ries
Increase radon awareness within the public	# of radon self-test kits and continuous monitoring services completed	185 radon tests and monitoring completed on an annual basis	EH Internal Benchmark	Data tracking via Internal Spreadsheet	Annual	Jenna Willems

Family & Community Health

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Deliver high quality, consistent and efficient Home Care Aide (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 nurse/aide 60 day supervision visits	60-day required nurse/aide supervision visits will be completed for 100% of appropriate clients	CMS Standards	Internal tracking sheet	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
Deliver high quality, consistent and efficient Public Health Nursing services	% of Face-to-Face documentation forms will be completed	A tracking form will be completed to obtain Face-to-Face forms for 100% of Medicare patients	CMS Standards	Audit of PHN tracking sheet	Monthly	Val Conklin
	% of nursing visits documented in audited charts will be completed within 2 business days (except admits)	100% of nursing visits documented in audited charts will be completed within 2 business days (except admits)	Internal policy	Audits	Monthly	Andrea Turnbull
	% of formal wound assessments	Formal wound assessment	Internal goal	Audit	Monthly	Val Conklin

completed on appropriate patients weekly	(including measurement) will be complete on 90% of appropriate patients once per week
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Finance & Administration

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
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
	% of past-due accounts and/or billing does not exceed 15%	The accounts receivable, past due (defined by 30 days or more) will not exceed 15% of expected revenue	Internal goal	Report	Quarterly	Patti Lahr
Maintain financial stability for the Health Department	% of write offs at <1% of revenues from the service section of origin	Department write-offs will not exceed 1% of total revenue	Internal goal	Financial Report - Y-T-D	Annually	Patti Lahr

Marketing & Public Information

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health through provision of information and education	% of clients (media, staff, public) that view the monthly Communicator	The open rate of the monthly Public Health Communicator Newsletter would average 40% quarterly	Internal goal, Public Health Essential Service #3	Constant Contact E-mail campaign results	Quarterly	Kara Ruge
	# of media mentions/interviews	Media mentions/interviews as measured by (TV, Radio, Print or other) will remain at 45 or higher	Internal goal, & Essential Service #3	Calculations from media interaction sheet	Quarterly	Kara Ruge
	# of website page views	Website page views (homepage and other direct links) will achieve 1,700 or higher	Internal goal, & Essential Service #3	Google Analytics	Quarterly	Kara Ruge
	# of Facebook likes & # of Twitter followers	Facebook likes will increase to 2,000 or higher & Twitter followers will increase to 800 or higher	HP 2020 goal: increase social marketing in health promotion and disease prevention & Essential Services #3	Facebook likes calculation & Twitter analytics	Quarterly	Kara Ruge
	# of views averaged for Facebook live videos	Facebook Live Video Views will remain at 950 viewers or more per video	Internal Goal & Essential Service #3	Facebook Insights	Quarterly	Kara Ruge

Organizational Development & Research

Goal	Measure	Description	Standard	Data Collection		
				How	When	Who
Improve community health through provision of innovative, sustainable programs	% change in grant funding received for programming	Grant funding will not exceed a 20% deficit 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 & outcome benchmarks	Internal goal	Grant outcome meetings & report	Quarterly	Kara Vogelson
Gain citizen/consumer insight into program/service creation, implementation, revision, etc.	# of tools used to gather community input (i.e. focus groups, surveys, outreach)	Identify the tools in collaboration with Iowa State students. Minimum of 4 tool usages will be implemented to gather qualitative data.	Internal goal	Identify tools and tracking system	Quarterly	Alyse DeVries
	% of clients expressing satisfaction (excellent or good rating) with services rendered	95% of clients will report good or excellent services received	Internal goal	Customer Satisfaction Survey Report Department Wide (Survey Monkey)	Quarterly	Kara Vogelson