

Putnam County Health Department Strategic Plan

Strategic Priority: Culture of Quality
Goal: Build a culture of quality within the health department
<i>We provide high quality, customer-focused public health services to the Putnam County community. Our internal and programmatic processes are efficient and effective, and result in positive outcomes for the agency and the community. We participate in continuous quality improvement initiatives. Our staff functions as a productive team, communicating effectively in our work. We support ongoing training and development opportunities, ensuring our staff have the knowledge, skills, and abilities to perform their work. Job descriptions match expectations and quality staff are retained. Accreditation from the national Public Health Accreditation Board validates our commitment to quality.</i>
Key Measure: QI Culture survey results and Staff training survey results

Strategy #1: Engage in continuous quality improvement initiatives					
	Measure	Action Steps	Timeframe	Lead	Status
Objective 1.1: Annually, a QI culture survey will be conducted with staff.	Survey completed	<ul style="list-style-type: none"> Strategic planning committee research and choose QI culture survey for staff Survey conducted Survey results shared with staff 	Start: January 2015 End: ongoing	QI Council	First survey conducted in November, 2014
Objective 1.2 By July 1, 2015, all staff will be trained in QI as written in the QI Plan, an a plan will be developed to train new employees	Training completed New hire training plan in place	<ul style="list-style-type: none"> QI Council plans and leads staff QI training (to be held at PCHD training day on November 11th) Evaluate training and provide additional training as needed Develop plan for QI training of new hires 	Start: January 2015 End: July 2015	QI Council	
Objective 1.3: By June 1, 2015, customer surveys will be developed and begin distribution to customers of all agency departments	Surveys completed and results shared with staff	<ul style="list-style-type: none"> Each department develop customer surveys Surveys given to consumers after services provided at regularly scheduled intervals Survey results shared with staff Surveys used to inform QI projects and determine areas for improvement 	Start: January 2015 End: June 2015 and ongoing	Department Directors	

Strategy #1: Engage in continuous quality improvement initiatives					
	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 1.4: All staff will participate in at least one QI project each year of this plan and as more thoroughly outlined in the Quality Improvement Plan</p>	QI Projects completed	<ul style="list-style-type: none"> • QI projects will be selected by each department and/or agency-wide. Program and administrative projects will be conducted each year. • QI Teams will be determined • QI projects will be conducted • Updates will be given at staff meetings throughout the project • QI success will be celebrated and shared on agency “brag board” and/or with the community as appropriate. 	<p>Start: January 2015</p> <p>End: ongoing</p>	All Staff	

Strategy #2: Build and sustain a high functioning workforce					
	Measure	Action Steps	Timeframe	Lead	Status
Objective 2.1: By December 31, 2016, Quality Improvement will be integrated into operations outlined in all staff job descriptions.	Updated job descriptions	<ul style="list-style-type: none"> Supervisors will meet to review job descriptions and meet with appropriate staff Job descriptions, including quality improvement language, will be developed Board of Health approval Updated job description will be signed by staff and supervisor 	Start: January, 2015 End: December, 2016	Leadership Team	
Objective 2.2: By December 31, 2017 a workforce development plan will be written and implemented.	Workforce Development Plan	<ul style="list-style-type: none"> Staff competency set determined Staff training needs assessment conducted annually and reports available for review Training plan developed and updated as needed annually In-house training or outside training sought to fulfill training needs of staff In-house cross training within departments and across divisions conducted as needed In-house just-in-time training conducted as needed to ensure services to consumers are maintained Personnel report information from training at staff meetings 	Start: January 2015 End: December 2017	Health Commissioner Leadership Team Accreditation Coordinator	
Objective 2.3: By December 31, 2016, all staff will be aware of and will be trained and able to implement the Putnam County Health Department Communications Plan	Communication Plan Evidence of staff implementation of plan	<ul style="list-style-type: none"> Establish a Communications Committee Define target groups for appropriate information Develop plan which will include principles to reaching target groups (internal and external) Train staff Evaluate implementation of the Communications Plan 	Start: March 2015 End: December 2016 and ongoing	Health Commissioner	

Strategic Priority: Fiscal Viability

Goal: Remain fiscally sound and efficient in providing services to the community.

We are a fiscally responsible and viable agency. Our resources are diversified. We continuously look for outside sources of funding to support programs that meet community needs; resulting in less reliance on levy dollars to sustain our work. An established fee for service schedule for services enhances our bottom line. We are responsible stewards of taxpayer dollars.

Key Measure: Annual reviews will show that the health department is running in the black with a comfortable carryover. Reports will also show an increase in grant funds obtained.

Strategy #1: Encourage financial responsibility and awareness

	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 1.1: Each quarter, the Leadership Team will review the status of the budget line items to assist with decision making regarding expenditures.</p>	Minutes from budget meeting	<ul style="list-style-type: none"> Account Clerk prepare quarterly documents Leadership Team meet quarterly to discuss budget line items/internal controls Staff required to keep HDIS up-to-date to allow for calculations of personnel expenses Other direct costs tracked 	<p>Start: January 2015</p> <p>End: Ongoing</p>	Leadership Team Health Commissioner	
<p>Objective 1.2: By June 30, 2015 a procedure for expenditures will be determined to account for expenses in each health department program.</p>	Procedure/Policy	<ul style="list-style-type: none"> Leadership Team to develop procedure Line items will be added to the budget as needed Approval process for expenditures developed Provide procedure to staff Work with Auditor's office to increase awareness of expectations/requirements of health department 	<p>Start: February 2015</p> <p>End: June 2015</p>	Leadership Team	
<p>Objective 1.3: By March 31st of each year, an annual financial report of programs from the previous calendar year is prepared and presented to the Board of Health</p>	Financial Report	<ul style="list-style-type: none"> Account Clerk prepares documents Staff HDIS is up-to-date Health Commissioner present information to the Board of Health 	<p>Start: January of each year</p> <p>End: April of each year</p>	Department Directors Account Clerk Health Commissioner	

Strategy #2: Diversify income and funding sources					
	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 2.1: By December 1, 2017, the expiring levy will be on the ballot and approved by Putnam County voters.</p>	Levy renewed	<ul style="list-style-type: none"> • Work with Auditor's office to determine appropriate millage to request • Obtain approval from the County Commissioners and Board of Health to place levy on the ballot • Establish levy committee and appoint treasurer • Conduct campaign that will emphasize important public health services provided to the community supported by levy funds 	<p>Start: January 2017</p> <p>End: December 2017</p>	<p>Health Commissioner</p> <p>Levy Committee</p>	
<p>Objective 2.2: Each year of this plan, at least two applications for grant funds will be made to outside funders.</p>	Grant applications made	<ul style="list-style-type: none"> • Research grant opportunities through multiple databases and funding sites • Apply for grants as determined appropriate in relation to CHIP priorities and other available data • Determine appropriate author/coordinator of the grant 	<p>Start: February 2015</p> <p>End: ongoing</p>	<p>Health Educator</p> <p>Health Commissioner</p> <p>Department Directors</p>	

Strategic Priority: Resource of Choice**Goal: Provide the services necessary or link residents to public health services in the community**

The health department is the “hub” for public health service delivery in Putnam County. We understand community needs, match our services to those needs, and build and sustain partnerships both within Putnam County and beyond to link people and ensure provision of services when otherwise unavailable. We work with our partners to leverage existing resources and avoid duplication of services. Our agency and our services are visible to our residents. We strategically engage in community events and initiatives; promoting our work in the “right” places and ensuring that public health is represented at the table.

Key Measure: Customer service surveys indicate residents’ needs were met**Strategy #1: Increase visibility of health department services**

	Measure	Action Steps	Timeframe	Lead	Status
Objective 1.1: PCHD staff will represent the health department and participate in at least 5 community organizational committees and task forces as applicable.	List of committees/task forces and PCHD representatives	<ul style="list-style-type: none"> • Requests for participation is cleared by director • Attend meetings and participate in group activities as appropriate/approved • Reports from meeting/activities provided at staff meetings 	Start: April 2015 End: Ongoing	Department Directors	
Objective 1.2: By December 31, 2015, a marketing plan will be developed to promote the health department services through newspaper, website, social media, and other avenues as appropriate	Marketing Plan in place	<ul style="list-style-type: none"> • Brainstorm ideas for marketing the health department in the community • Develop plan and receive approval • Implement and evaluate 	Start: June, 2015 End: December 2015	Health Educator Health Commissioner Department Directors	

Strategy #1: Increase visibility of health department services

	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 1.3: Each year of the plan, the PCHD will participate in at least 5 community events to promote health department services.</p>	<p>Log of events, evaluations and/or event summary</p>	<ul style="list-style-type: none"> • When asked to participate in events, the appropriateness of the event to promote PCHD services will be determined: <ul style="list-style-type: none"> ➤ Will it serve our target population ➤ Is it sponsored by a public health partner • Prepare display and materials • Order items as needed • Participate in the event • Take photos • Evaluate the event, for example: number of participants, did target population attend, was information provided as intended, etc. • Submit a press release about the event and health department participation 	<p>Start: Upon approval of Strategic Plan</p> <p>End: December 2017</p>	<p>Department Directors</p> <p>Staff</p>	

Strategy #2: Coordinate public-health service delivery in Putnam County					
	Measure	Action Steps	Timeframe	Lead	Status
<p>Objective 2.1: At least every three years, facilitate the Mobilizing for Action through Planning and Partnerships (MAPP) process with public health partners for a comprehensive Community Health Assessment, followed by an updated Community Health Improvement Plan (CHIP)</p>	Current MAPP Assessments and CHIP	<ul style="list-style-type: none"> • Begin planning for completion of MAPP assessments • Conduct MAPP assessments • Update/develop CHIP for next three year cycle 	<p>Start: January 2016</p> <p>End: December 2017</p>	<p>Health Commissioner</p> <p>Health Educator</p> <p>Department Directors</p>	
<p>Objective 2.2: By December 31, 2015, develop and maintain a resource manual to for referral of clients to appropriate services.</p>	Resource Manual	<ul style="list-style-type: none"> • Clerical staff track information requests that are made by the public • Develop resource manual that includes “most requested information” section • Provide script and training to ensure consistent message to the consumer • Provide resource information to rest of staff • Update manual semi-annually or as new information is available 	<p>Start: March 2015</p> <p>End: December 2015</p>	Clerical Staff	
<p>Objective 2.3: By December 31, 2016, the PCHD will partner with at least two academic institutions to facilitate public health activities.</p>	Memorandum of Understanding	<ul style="list-style-type: none"> • Work with local academic institutions to host student interns for a mutually agreed upon time frame and scope of work. • Establish preceptors for interns • Guide interns with specific public health projects as needed. • Evaluate the academic partnership annually. 	<p>Start: February 2015</p> <p>End: ongoing</p>	Leadership Team	

Review date:

Notes: