



Kandiyohi-Renville Strategic Plan 2015-2019

A plan for improving health, well-being
and quality of life in our community.

December 2014

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Kandiyohi - Renville Strategic Plan 2015-2019

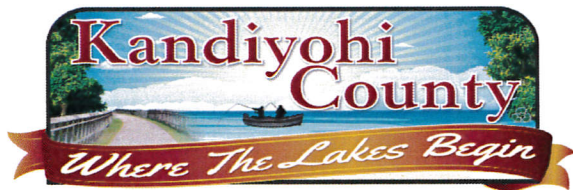
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Kandiyohi and Renville County Logos

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Introduction

The Kandiyohi-Renville Community Health Board (CHB) was formed under a Joint Powers Agreement on January 1, 2013 and is comprised of seven members (county commissioners and public members). Both Kandiyohi and Renville County Public Health departments have a history of strong Public Health programs, services and partnerships. This new CHB was formed under the primary question: "Would the constituents of Kandiyohi and Renville Counties be better served now and into the future through a merger into one community health board?" The CHB has its duties separated by counties: fiscal in Kandiyohi and administrative in Renville. The CHB is the lead for some combined programs such as Environmental Health and the Statewide Health Improvement Program that share staff and cross county borders. Other combined efforts are expected to evolve with time. Local public health departments are charged with the delivery of all direct services and work side by side with the CHB in assessment, planning and grant development activities.

This is Kandiyohi-Renville Community Health Board's first strategic plan and the timing is perfect as the CHB continues building this new relationship and looks to the future. Kandiyohi and Renville Counties have a strong and experienced Public Health Leadership Team comprised of directors and supervisors who make important administrative and management decisions and who lead and coordinate improvement initiatives for the departments and communities.

Overview of Process

We held a two day planning meeting, July 9 and 10, 2014 to begin the strategic planning process. Participants included Ann Stehn, CHS Fiscal Officer; Jill Bruns, CHS Administrator; Supervisors from Kandiyohi: Denise Kragenbring and Chery Johnson; Supervisors from Renville: Cindy Firme and Mary Kay Sinner; Pat Berg, CHB Advisory Committee member; and Andrea Carruthers, CHB Board member. Minnesota Department of Health Public Health Nurse Consultants Brenda Menier and Linda Bauck-Todd facilitated the two day planning meeting.

The following diagram outlines the process used:

ORGANIZE	ASSESS	FACILITATED PLANNING SESSION	DEVELOP ACTION PLANS	IMPLEMENTATION
<ul style="list-style-type: none"> Establish Strategic Planning Team Organize logistics Mission, vision and organizational values Clarify purpose and review process Orient to process Develop stakeholder communication plans 	<ul style="list-style-type: none"> Compile materials to inform strategic plan Assess internal and external conditions Check out assessment with stakeholders 	<ul style="list-style-type: none"> Develop or review mission and values statements Develop strategic vision and goals Establish work groups to address strategic goal objectives 	<ul style="list-style-type: none"> Get feedback on draft vision and strategies Incorporate feedback into final vision and strategic priorities Work groups develop action plans for prioritized strategies 	<ul style="list-style-type: none"> Work groups share action plans Celebrate plan and launch Communicate strategic plan to stakeholders Regular check-ins on plan progress Celebrate milestones On-going updates to stakeholders

Participants discussed a variety of existing documents and assessments including:

- Wilder Report – aging population, diversity, disparities
- PACT for Families survey data
- Kandiyohi-Renville Organizational Self-Assessment -- PHAB standards most in need of improvement (5.2, 9.1 & 9.2)
- Kandiyohi-Renville Community Assets summary
- Kandiyohi-Renville Public Opinion Surveys
- Kandiyohi-Renville Forces of Change Analysis summary
- Input from County Commissioners of their vision and goals for the CHB
- Kandiyohi-Renville Top Ten Community Health Issues

The groups also completed an organization assessment that analyzed the departments' strengths and weaknesses, as well as trends.

<p>Strengths:</p> <ul style="list-style-type: none"> ▪ Workforce “second to none” – very stable and knowledgeable with commitment and passion for community health ▪ Collaboration and community partnering ▪ County Board support – joined with a common vision and supportive of PH. They don’t micro manage ▪ Trust from the community (both Counties) <ul style="list-style-type: none"> • particularly with diverse populations; PH is a safe place ▪ Public Health is seen as an advocate <p>Accomplishments:</p> <ul style="list-style-type: none"> ▪ Merger as a CHB ▪ Environmental Services integration ▪ Electronic Health Records ▪ Web based documentation (improved productivity) ▪ More QI work (it’s fun) and more evidence based programing ▪ Both counties have drug free grants ▪ Learned about collaborating with community and planning with community (H1N1) 	<p>Weaknesses:</p> <ul style="list-style-type: none"> ▪ Aging PH workforce ▪ Lack of visibility for the work PH is doing – deep in the infrastructure “tooting horn” needs to occur; the public doesn’t appreciate the value ▪ In the beginning stages of learning about QI – need to improve in this area ▪ Unstable financial situation ▪ Workforce diversity does not reflect the community <p>Challenges/Needs and or Risks:</p> <ul style="list-style-type: none"> ▪ Funding ▪ Educated and experienced workforce ▪ Need for community health worker for the link to ethnic groups ▪ Growing in efficiencies and collaboration in two county work ▪ Need for a “planner” type position ▪ Renville County: possibility of major organizational changes ▪ Kandiyohi County: possibility of additional organizational changes
<p>Opportunities:</p> <ul style="list-style-type: none"> ▪ Full integration of the two county PH departments ▪ Without totally merging, there may be some programs beyond SHIP and Environmental Services that could be integrated ▪ Southern Prairie work ▪ Opportunities for succession planning within PH departments ▪ Looking at new grants ▪ Renville may be looking at becoming HHS with possible inclusion of Corrections and Veteran 	
<p>Services</p> <ul style="list-style-type: none"> ▪ PHAB Accreditation (2016) ▪ Links in care management and PH – need to create efficiencies and EHRs are part of the issue however HIE can be part of the solution 	

Significant Changes for the Organization and Community:

- Access to Health Insurance
- Significant population of Karen population (Kandiyohi County)
- Farm Economy (especially with impact of recent flooding)
- A merged CHB
- Kandiyohi combined Public Health and Human Services
- Increased focus on aging
- Since last CHS Plan, fewer grant opportunities has resulted in an increased reliance on local tax levy
- SHIP – different strategies (population-based focus) for PH
- Changing work force needs related to change in programs and growing diverse populations. Different skill sets are needed and more diverse staff (and not just nurses and sanitarians).

External Events or Trends:

- Ridgewater College's 4 year nursing program
- Demographics
- Increase poverty for families and elders
- Fast pace of technology
- New hospital in Olivia –
- What will future hold with a county owned and city owned hospitals? Affiliation of clinics and hospitals
- Polarization of political system
- Environmental Movement: chemicals in the system and engineering

During the planning meeting, versions of mission, vision, and values were drafted, as well identification of the strategic priorities. In August, these documents were shared with staff to get their input and help finalize values. Drafts of mission, vision and values were also shared at the August Public Health Advisory Committee and the CHB Board meetings.

Lead Public Health staff met multiple times in August, September and October to refine and finalize the Strategic Plan. The Kandiyohi-Renville Strategic Plan was presented to the CHB for final approved at their December 2, 2014 meeting.

Linkages

The Strategic Plan links well with both the Kandiyohi-Renville Community Health Improvement Plan (CHIP) and the Quality Improvement Plan. They are all inter-related in relation to building quality programs, services, and systems and collaborating with others to meet the needs of our citizens and communities. Leaders and staff will use all of these documents in the organization to prioritize and organize our work to achieve goals. The documents are seen as working, evolving and flexible documents that will be adapted as needed.

Our Mission

Kandiyohi-Renville Community Health Board leads efforts to promote a healthy and safe community, to prevent illness, disease and injury, and to protect and enhance the health of those who live, work, learn and play in our counties.

Our Vision

Our vision articulates the kind of organization we want to become over the next five years.

We aspire to excellence.

We will have a culture of quality improvement, implementing innovative practices and evidence based programs. Evaluation will be ongoing, used for program improvement, and shared with community partners. We will strive to meet the national public health standards and measures and achieve accreditation.

We build bridges.

We will be connected with our community and work to sustain strong partnerships. We strive to integrate more public health programs.

We tell our story. We will have open communication with the public, the media, decision makers and community partners to create an awareness of the value and role of public health.

We have sustainable and adequate funding.

We will implement strategies to develop and maintain sustainable funding to support core public health services and address local needs. We will have engaged and knowledgeable county leadership who support a strong public health infrastructure.

We have a top-notch workforce.

Our staff will be focused, engaged and enthusiastic. Our workforce will have the depth of expertise and leadership needed to meet current and future public health challenges.

We utilize technology to move us forward.

We will use technology and data to plan for and support core public health functions and performance management priorities.

Our Values

The values we articulate and model set the foundation for our success as an organization. They represent what we believe will help us deliver superior services and provide a supportive and productive place to work.

We have integrity.

Our behaviors are driven by our moral and professional values. We are sincere, fair, trustworthy and truthful. We treat co-workers and others fairly and with courtesy.

We show respect.

We listen, are non-judgmental and seek to understand in order to respond to the needs of our customers, partners and communities.

We work smart.

We are flexible, able to change our schedules and responses according to the situation. We are organized and proactive. We are hard-working, doing our job thoroughly and seriously and are committed to the work we do.

We believe in partnerships.

We develop positive relationships and foster innovative solutions. We work together within our agencies, between groups, and with communities to achieve mutual goals. We create lasting change through collaborative efforts and capacity building.

We are advocates.

We act as a voice for or on behalf of customers and communities to achieve their goals and to receive services. We empower people and communities to advocate for themselves.

We are resourceful.

We are creative and knowledgeable, with the ability to find and use different resources to guide our agency, customers and communities.

We are committed to quality work.

We question and challenge in order to promote service quality, measure results and prove our worth. We offer evidence based practices and programs.

Our Strategic Priorities

Strategy 1: Identify opportunities for increased effectiveness and efficiencies related to the new governing structure. Align programs and services with community needs.

Goal: Kandiyohi-Renville public health departments will have the capacity and resources to meet the future needs of our citizens and communities. (Programs are prioritized with core services clearly identified.)

Strategy 2: Analyze and improve our departments by implementing a performance management system.

Goal: Kandiyohi-Renville will implement an ongoing evaluation and monitoring system used for program excellence to improve health outcomes for the citizens and communities we serve.

Strategy 3: Promote a culture of public health excellence by achieving national accreditation.

Goal: By 2019, the Kandiyohi-Renville CHB will be accredited by Public Health Accreditation Board (PHAB)

Action Plans

Strategic Priority:		Goal:	
Identify opportunities for increased effectiveness and efficiencies related to the new governing structure. Align programs and services with community needs.		Kandiyohi-Renville (K-R) Public Health Departments will have the capacity and resources to meet the needs of our citizens and communities in the future. (Programs are prioritized with core services clearly identified.)	
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame):		Status of Objective	
A list of K-R programs/services in priority order with core services identified developed by Dec. 1, 2015		Lead Person	Status w/dates
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	
<ol style="list-style-type: none"> 1. A Planning committee will be convened. 2. Criteria will be identified for prioritization of programs (i.e. evidence-based, impact, 3. List current programs/services 	July 2015	<ul style="list-style-type: none"> Information on current staffing, budget, etc. Summaries of community health needs. # impacted Compare programming with current needs, sustainability, staffing, budget, revenues (flex vs. allocated) Compare with assessment process Review data assessment related to community needs (assess who else is doing it) Rate outcome, investment, value, community impact 	Jill Bruns
#2 Objective specific, measurable, achievable, relevant, time frame):		Status of Objective	
Identify Programs or services for further collaboration or integration by July 2016		Lead Person	Status w/dates
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	
<ol style="list-style-type: none"> 1. A planning group will assess the list of programs and services, staffing, expertise and training. 2. Develop a communication plan for stakeholders, including Advisory committee and staff. 3. Make a recommendation to the CHB in regards to potential opportunities and get approval. 	Dec 2015 Aug 2015 March 2016	Staff time Advisory Board time	Jill Bruns
#3 Objective specific, measurable, achievable, relevant, time frame):		Status of Objective	
Develop a plan to implement recommended changes and reallocate resources by July, 2016		Lead Person	Status w/dates
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	
The Shared Services Planning Committee will develop the phases and timelines for implementation.	June 2016		Jill Bruns

Strategic Priority: Analyze and Improve our departments by implementing a performance management system		Goal: <ul style="list-style-type: none"> K-R will have a Performance Management system in place by 2016 K-R will have a lean organization that is continually moving toward excellence in the services that are provided in our communities. 	
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame): By July 2015, Kandi- Renville leadership staff will have an understanding of performance management.		Status of Objective	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Status w/dates
1. Appoint a lead person to work on logistics of training of leadership team. 2. Schedule training with MDH 3. Assist with facilitation of the training	January 2015 February 2015 March 2015	Management time (Chery lead) MDH staff time Kandi-Renville leadership team time	Chery Johnson (K) Chery Johnson (K)
#2 Objective specific, measurable, achievable, relevant, time frame): By December 31, 2015 Develop a performance management plan for Kandiyohti- Renville CHB		Status of Objective	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Status w/dates
1. Appoint a Performance management team 2. Develop a plan (including needed training) for the CHB.	August 2015 December 2015	Staff and Management time Staff and Management time	TBD TBD
#3 Objective specific, measurable, achievable, relevant, time frame): Operationalize the Quality Improvement Plan by April 2015		Status of Objective	
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Status w/dates
1. Identify individual county leads for QI 2. Identify members of the Joint QI council and the individual Kandiyohti and Renville Councils 3. Convene the QI teams 4. Identify and begin a project for each team	January 2015 February 2015 February 2015 April 2015	Staff and Management time	Donna Jorgenson: Kandiyohti Mary Kay Sinner: Renville

<ul style="list-style-type: none"> •providing relevant staff training, keeping elected officials apprised of and engaged in work, •developing a process for selection of documents and which documentation is the most relevant for each measure •identification of an internal electronic filing system for each measure •development of process to review policies and procedures and revise them, •conducting an initial “self-study” or review of the standards and measures <p>3. Develop a comprehensive work plan that includes realistic timelines and responsibilities (assignment of domains)</p>	September 2015				
#3 Objective specific, measurable, achievable, relevant, time frame):					
Statement of Intent submitted to PHAB by December, 2016					
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of Objective	
<ol style="list-style-type: none"> 1. Department has reviewed documents and dated and signed them 2. Department has begun implementation of various plans and allowed enough time to work on improvements 	TBD	TBD	TBD		