

KANABEC/PINE COMMUNITY HEALTH SERVICES

# STRATEGIC PLAN

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MAY 2014



**Public Health**  
Prevent. Promote. Protect.

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## **PLANNING PROCESS**

The Kanabec/Pine Community Health Services Strategic Plan is the product of an inclusive planning process initiated in February 2014 and completed May 2014. A series of planning sessions that included all staff resulted in the development of this organizational strategic plan.

In March, a consultant from the MN Department of Health was engaged, and an internal strategic planning team (SPT) was formed. The SPT consisted of staff from both Kanabec and Pine Counties. Additional work was completed with SPT representatives in their respective counties. A total of eight planning sessions were held: two all staff retreats, two large SPT sessions and two additional work sessions in each county with respective county SPT representatives.

## **STRATEGIC PLANNING TEAM PARTICIPANTS**

Wendy Thompson, Director – Kanabec County Health & Human Services

Patrick Bruflat, Director – Pine County Health & Human Services

Gwen Lewis – Pine County

Kathy Burski – Kanabec County

Karla Filibeck – Kanabec County

Pauline Amundson – Pine County

Christine Andres – Kanabec County

Lori Fore – Pine County

Cindi Monroe – Kanabec County

Pat Anderson – Pine County

Mickey VanVleet – Kanabec County

## **OUR MISSION, VALUES AND VISION**

Mission, Values, and Vision work began with ‘Brainstorming with Guided Questions’ and ‘Affinity Diagramming’ in the first all staff retreat. Further development of these components was completed by the SPT. A draft was sent to all staff for review and feedback and then approved at the second all staff retreat.

## **OUR MISSION**

To promote a healthy and safe community for those who live, work, learn and play in Kanabec and Pine counties.

## **OUR VALUES**

**TEAMWORK.** We value working relationships that maximize individual talents in pursuit of shared goals.

**COMMUNICATION.** We are committed to effective, transparent exchange of information within our organization and community.

**RESPECT.** We uphold a standard of conduct that recognizes and values the contributions of all. We demonstrate behavior that supports and encourages each other.

**INTEGRITY.** We demonstrate professionalism, encompassing honesty, trust, and ethical principles.

**QUALITY.** We value the opportunity to improve the quality of life in our communities through the provision of specialized public health services.

## **OUR VISION ELEMENTS**

**PUBLIC HEALTH IS VALUED:** We will be highly visible, valued, and viewed as a leading public health resource that assures the health of those who live, work, learn and play in Kanabec and Pine Counties. Stakeholders will be informed, engaged and supportive of the work of Public Health.

**STRONG SUSTAINABLE PUBLIC HEALTH INFRASTRUCTURE:** We are grounded in the Principles and Core Essential Services of Public Health. We will be supported with adequate, sustainable funding, appropriate staffing and adherence to statutory requirements.

**STRENGTH-BASED PHILOSOPHY FOR OUR WORK:** We will create and energize a positive environment that emphasizes people's unique strengths to build and sustain healthy relationships.

**UNIFIED AND DEDICATED PUBLIC HEALTH WORKFORCE:** We will all contribute to a culture of excellence! Through encouragement and support of innovation and creativity we foster a cohesive team that is devoted to the mission of Public Health.

**IMPROVED HEALTH OUTCOMES:** Incorporating evidence-based practices, we will have a community with a healthy environment; an increase in healthy behaviors, self-sufficiency, and access to health resources; and a decrease in disease.

## **OUR STRENGTHS, WEAKNESSES, OPPORTUNITIES AND CHALLENGES (SWOT)**

The SWOT was conducted during the first SPT meeting facilitated by the MN Department of Health on April 9, 2014.

### **STRENGTHS**

- Friendly and work together
- Interested in community, we care
- Opportunistic / seeks funding and is successful in getting funding
- Matching what we seek with what the needs are, purposeful
- Good at identifying gaps
- Approachable/reputable
- Boards
- Health equity – already work on it, engrained in what we do
- Innovative
- Well educated/highly trained
- Motivated
- Efficient

### **WEAKNESSES**

- Funding—flexible / lack of or non-flexible
- Time constraints / time limitations
- Staff are spread too thin, overworked / not enough capacity / too many hats
- Space issues (Kanabec)
- Fragmented sites (Pine)

- Duplication of reporting processes / working with incompatible systems (Kanabec)
- IT Challenges
- Poverty

## **OPPORTUNITIES**

- Merger
- Potential increase in capacity and specialization
- Affordable care act opportunities
- Bridging public health and healthcare systems
- Greater focus on prevention
- Grants
- Change in systems
- Paradigm shifts

## **CHALLENGES**

- Paradigm shifts
- Decreased funding
- Change in rules and program procedures
- Loss of qualified staff / turnover
- Hard to change at same pace as community / hard to keep up with all that's happening
- More stringent requirements – rules, regulations

## **OUR STRATEGIC PRIORITIES**

Strategic priorities were determined by the SPT at the second meeting of the whole group on April 29, 2014. The group brainstormed strategies to reach the vision elements and then the strategies were grouped into like areas. Seven strategies were identified and then prioritized. The top two were fully developed for this strategic plan.

### **1. Continually improve quality (9 votes)**

- Conduct LEAN (Kaisen) events
- Develop Quality Improvement Team
- Plan, Do, Study, Act
- Consensus Building

- Train staff at all levels in general organizational/work management skills
- Research evidence-based practices
- Establish priorities
- Incubate ideas

## **2. Create and energize a positive environment (8 votes)**

- Promote positive environment (internal)
- Let staff utilize talents – interests
- Incubate ideas
- Build on each other’s strengths
- Encourage internal collaboration between programs
- Glean staff input for programs
- Inform staff of progress
- Hire enough people to do the work
- Practice evidence-based hiring practices
- Develop good communication protocols internally
- Train staff in positive interpersonal skills
- Train and refresh staff on mission, vision, and values frequently

## **3. Optimize resources to meet community needs (5 votes)**

- Write grants
- Funding streams are increased – Billing is more common practice for all activities

## **4. (tied) Achieve Accreditation (4 votes)**

- Become accredited x 2
- Continue to meet regularly (Accreditation Steering Team)
- Kanabec /Pine CHS will be accredited

## **4. (tied) Develop community Partnerships (4 votes)**

- Enlist appropriate stakeholders
- County Boards involved

- Partner more with Health Care systems
- Kanabec/Pine will have developed a better working relationship with Mille Lacs Band
- Build relationships between Public Health and other community partners
- Solicit feedback from the public

**5. (tied) Develop Staff Expertise (3 votes)**

- Promote career advancement
- Have Quality (good) trainings
- Provide staff training
- Increase in RN's becoming PHN's – more access to RN-BSN Programs
- Increased specialization of staff through advanced education

**6. (tied) Promote Public Health (3 votes)**

- Marketing our services
- Ensure Public Health logo is recognized by the “Public”
- Promote Clinics – Flu, C&TC, Wellness, Health Fairs
- General public acknowledges the vision of Public Health
- Promote our Vision (External)
- Increase use of social media
- Will have Facebook Website
- Educate Public – visibility



<b>STRATEGIC PRIORITY #1</b>		Goal (desired result related to the strategic priority):		
<b>CONTINUALLY IMPROVE QUALITY</b>		<b>Create an organizational culture of continuous quality improvement and implement quality programs and initiatives</b>		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame)				Status of Objective
<b>Administer organizational QI maturity survey by May 13, 2014.</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
1. Secure facilitator to introduce and administer survey	5-13-2014	Public Health Nurse Consultant from MDH, copies of survey	Burski, Amundson	
2. Analyze survey results	6-15-2014	QI oversight team	Burski	
3. Based on results of survey, identify key areas for quality improvement	10-01-2014	QI oversight team	Burski	
4. Create plan to work on areas identified	12-31-2014	QI oversight team	Burski	
5. Administer QI maturity survey annually	ongoing	All Public Health Staff, QI oversight team	Burski	
#2 Objective:				
<b>Develop a Quality Improvement oversight team by May 31, 2014.</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
1. Develop charge for QI Team	5-13-2014	Administrative Teams	Burski, Amundson	
2. Determine list of interested candidates for QI Team	5-15-2014	Time at retreat, facilitator	Burski	
3. Decide on Team	5-20-2014	Staff time, Administrative Teams	Burski, Amundson	
4. Set date for initial QI team meeting	5-31-2014	QI Team	Burski	

#3 Objective: (specific, measurable, achievable, relevant, time frame)  
**By December 31, 2014 train all CHS staff in the Lean process.**

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
1. Quality Manager is trained	9-1-2014	Time, mileage reimbursement	Burski	
2. Plan for training all staff is created	10-1-2014	QI oversight team	Burski	
3. Staff are trained	12-31-2014	Staff time, space, meeting supplies	Burski	

#4 Objective: (specific, measurable, achievable, relevant, time frame)  
**By January 1, 2015 the QI Team will define the foundation of the QI process in Agency.**

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
1. Research credible/affordable evidence-based practice models	9-1-2014	Staff time, MDH, NACCHO guides, Internet	Burski, program area experts	
2. Gather customer, stakeholder, partner input/feedback	11-1-2014	QI oversight team, surveys, focus groups, community meetings	Burski, program area experts	
3. Establish overall quality improvement program policies, goals, and selected performance indicators	12-1-2014	QI oversight team	Burski, Directors	
4. Establish a QI project selection and review process (data-driven); develop criteria for deciding when a QI project might be indicated	1-1-2015	QI oversight team	Burski, Directors	

<b>STRATEGIC PRIORITY #2</b>		Goal (desired result related to the strategic priority):		
<b>CREATE AND ENERGIZE A POSITIVE INTERNAL ENVIRONMENT</b>		<b>JOB SATISFACTION</b>		
#1 SMART Objective with expected results: (specific, measurable, achievable, relevant, time frame)				Status of Objective
<b>Identify staff strengths through developed training resource by June 2015</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
1. Establish a team to accomplish this objective	Sep 2014	Lead person	Pauline will call meeting and Team will decide on lead person	
2. Research tools/resources available for staff strength identification	Oct 2014	Staff training resources/tools to identify staff strengths	"	
3. Choose/tailor plan	Nov 2014	Team/summary of plans	Decide at meeting	
4. Identify groups for training/set date for training	Nov 2014	Team	"	
5. Hold training	Dec 2014	Venue/supplies/staff	"	
6. Evaluate plan and create plan for follow-up training and accountability	Jan 2015	Team	"	
#2 Objective:				
<b>Establish a staff recognition plan by June 2015</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
6. Establish team	Sep 2014	Lead person	Pauline will call meeting- team will decide on lead person	
7. Research best practices for staff recognition programs/get feedback from all staff (e.g.	Oct/Nov 2014	Best practices for staff recognition programs	"	

Employee of the Month; Kudos Board				
8. Choose/tailor a plan	Dec 2014/Jan 2015	Team	“	
9. Implement plan	Mar 2014	Team/all PH staff	“	
10. Evaluate plan	May 2014	Team/all PH staff	“	
11. Revise plan	Jun 2014	Team	“	
12. Create accountability plan to keep up the work	Jun 2014	Team	“	

#3 Objective: (specific, measurable, achievable, relevant, time frame)

**Build pride through concrete and visible displays of teamwork by Oct 2014**

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status
1. Create Mission Statement display (large stencil on wall or banner where all staff can see every day)	Oct 2014	Art supplies/slush fund	Beth Lyon	
2. Purchase scrapbook and place in plain sight for all staff; staff insert pictures and other items displaying our public health activities; bring to staff meetings	Oct 2014	Scrapbook/slush fund	Sue Breska	
3. Hold potlucks regularly (e.g. each staff meeting that falls on a holiday week)	Oct 2014	Coordinate via emails to staff	Steph Klemz	

## **CONSIDERATION OF KEY LOCAL HEALTH DEPARTMENT SUPPORT FUNCTIONS AND CAPACITY REQUIRED FOR EFFICIENCY AND EFFECTIVENESS**

Key support functions for Kanabec/Pine Community Health Services and capacity required for efficiency and effectiveness were considered. Current support functions include the Community Health Services website which has been enhanced. The website promotes public health to a wider audience. It includes information such as the local priorities, statistics, strategic plan, program information and other pertinent information.

It includes a staff section which enhances communication intra/inter-county and allows for exchange of ideas, quality improvement projects, planning tools, news and other pertinent information for staff.

### **LINK TO COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

There are four priority areas that are being addressed in the current CHIP.

- The Family Health/Intensive Home Visiting Program area is addressing: Inadequate prenatal care, inadequate nutrition, smoking, teenage pregnancy and a high percentage of births born to mothers in poverty potentially place the mothers and infants at risk as evidenced by poor birth outcomes.
- The Statewide Health Improvement Program is addressing: Increase in obesity related to lifestyle choices.
- The Alcohol, Tobacco, and other Drug Prevention Grants are addressing: Inappropriate use of alcohol, illegal and prescription drugs, and tobacco; as evidenced by the student health survey, the DAANES report, and the local law enforcement reports.
- Public Health Emergency Preparedness is addressing: Emergency events such as a natural disaster, an infectious disease outbreak, or chemical event are potential threats to the service delivery system.

Work in all four of these areas will be positively affected by the strategic priorities being addressed in the Strategic Plan. Strategy #1 – Continually Improve Quality. This strategy will provide training for staff in Continuous Quality Improvement and will develop a foundation for a Quality Improvement process in the Agency ensuring that the practices and strategies that are implemented in the program areas are effective.

Strategy #2 – Create and energize a positive environment. Staff work more effectively and efficiently in positive environments resulting in a positive experience for consumers and the community.

### **LINK TO QUALITY IMPROVEMENT PLAN**

With fewer resources and a greater emphasis on accountability, it is important that the work being done is achieving its objectives. A culture of continuous quality improvement is extremely important and identified as such in the Strategic Plan. Quality improvement is the job of every employee and it is written into their job descriptions. Employee performance reviews incorporate quality improvement (strategic priority #6).

Kanabec/Pine CHS will regularly collect and analyze information to decide whether or not progress is being made toward the objectives contained within this strategic plan as well as within the CHIP as identified in the Quality Improvement Plan (QIP). As described in the QIP, it is the task of the Quality Improvement Manager and the Quality Improvement oversight team to determine what is working, what is not working, and why.