



Strategic Plan Status Report July – September 2015

Symbols Key

GOALS			
	All Targets Met, Score on indicators increasing		Not All Targets Met, Score on indicators increasing
	All Targets Met, Score on indicators equal to last quarter		Not All Targets Met, Score on indicators equal to last quarter
	All Targets Met, Score on indicators decreasing		Not All Targets Met, Score on indicators decreasing

STRATEGIES		
	On Target	> half of scheduled actions completed or in progress
	Caution	≤ half of scheduled actions completed or in progress
	Off Target	> half of scheduled actions not started or behind schedule
	No Information	≥ half of actions with no information or > half of actions not scheduled to begin yet

ACTION / ACTIVITIES	
	Completed
	In Progress
	Not Started / Behind Schedule
	No Information

INDICATORS / MEASURES			
	Target Met, Trend in Right Direction	Score=6	No Information
	Target Met, No Trend	Score=5	Not Yet Defined
	Target Met, Trend in Wrong Direction	Score=4	
	Target Not Met, Trend in Right Direction	Score=3	
	Target Not Met, No Trend	Score=2	
	Target Not Met, Trend in Wrong Direction	Score=1	

Goals, Indicators, Strategies Summary

Strategic Plan

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 Scorecard

 Strategies

 Indicators

Goal	Indicator	Strategy
 GOAL 1: Strengthen IDPH's infrastructure of core services to promote and protect the health of Iowans in accordance with Healthy Iowans, Iowa's state health improvement plan.	 % of employees that know the IDPH vision (Employee Survey)	 Strategy 1: Identify and communicate needs related to sustaining core services.
	 % of employees that know the IDPH mission (Employee Survey)	 Strategy 2: Review programs and services to align with changes in the health delivery system.
	 % of employees that know how their work fits into the IDPH plan (Employee Survey)	 Strategy 3: Seek and align funding to support core services.
	 % of programs that have been evaluated for alignment with changes in the health delivery system	
	 % of programs that have assessed state, federal, and other investments in code-required activities.	
 GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.	 % of employees that feel "IDPH has the right people with the right skills to do its work" (emp. survey)	 Strategy 1: Enable supervisors to better evaluate and manage performance.
	 % of supervisors that find the performance plan useful	 Strategy 2: Assess and document future skill set needs to identify and reduce gaps.
	 % of programs for which a list of needed job skills/competencies is documented	
	 % of job skill sets identified that are filled (out of needed skill sets that are identified in Objective 2)	
 GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.	 % of Blueprint activities with a schedule for implementation	 Integrate IT projects to leverage resources for updating IT technology to better manage data.
	 % of core services with dashboard metrics that can show measureable improvement	 Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).  Strategy 2: Identify and implement metrics to improve operations and health outcomes.
 GOAL 4: Cultivate an organizational culture of Lean/quality improvement.	 % of employees that respond (+) to "We have good processes for doing our work" (employee survey)	 Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.
	 % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)	
	 % of IDPH staff who have had exposure to QI in the last year	
	 % of IDPH staff with QI in their performance plans	



GOAL 1: Strengthen IDPH's infrastructure of core services to promote & protect the health of Iowans, in accordance with Healthy Iowans

Strategic Plan



Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Strategy 1: Identify and communicate needs related to sustaining core services.	Distribute Strategic Operational Plan to staff.	Gerd Clabaugh	7/1/13	7/25/13	Completed.
	Develop an elevator speech which can be the basis for communications to achieve this strategy.		8/1/13	9/3/13	Completed.
	Action 1: Communicate with staff and stakeholders about the IDPH strategic plan (annual revisions).		8/1/14	6/30/16	Strategic Plan and Strategic Plan Status Report are published on the Intranet and Internet (http://website.idph.iowa.gov/do). New employees are invited to a series of department orientation sessions. The IDPH strategic plan and goals are discussed during session two. Division-Specific Activities: ADPER/EH Division retreat for strategic planning held on July 30 & 31, with management staff focused on implementation of QI initiatives. Division plan includes creation of a Division Annual report, with first report published in early 2016.
	Action 3: Communicate with staff and stakeholders about IDPH needs and priorities.		8/1/14	6/30/16	No department-wide activities reported. Division-Specific Activities: BETS held 12 regional meetings with key players from preparedness, EMS, trauma, and LPHAs to discuss and seek input on future of "Time Critical Conditions" service area development.



Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
<p>Strategy 2: Review programs and services to align with changes in the health delivery system.</p> 	<p> Action 2: Complete additional actuarial studies with IDPH programs.</p>	Gerd Clabaugh & Kathy Stone	8/1/14	6/30/16	<p>IDPH's initial actuarial study of the impact of the Affordable Care Act (ACA) on IDPH-supported direct healthcare services has been completed. Entitled "Iowa Department of Public Health Affordable Care Act Impact Study", the report received in October 2014 projects potential changes in demand for 4 IDPH programs from 2014 through 2017, based on modeled enrollment of the programs' historical service recipients in new ACA health plans. While the transition to these new health plans includes multiple complex considerations, at IDPH's direction, the Milliman actuarial firm focused its analysis in 3 areas: covered populations, covered benefits, and provider networks. In summary, the final report projected the following:</p> <ol style="list-style-type: none"> 1. Overall demand for IDPH-funded Substance Abuse Treatment is projected to decrease in 2014 and then remain level through 2017, with IDPH responsible for 19% of outpatient treatment services and all residential treatment. 2. Demand for Home Care Aide and Nursing services will not change, primarily because the covered population is generally aged 65 and older and therefore not eligible for ACA enrollment and because of current waiting lists for such services. 3. Demand for Tobacco Quitline and related cessation services is projected to increase as such services are not currently available in new health plans. 4. Demand for Cervical Cancer Screening and other preventative services is projected to decrease as historically eligible women become enrolled in new health plans. <p>IDPH worked with Milliman to complete a similar analysis of 4 more direct healthcare service programs: Title V – Maternal and Child health, Title X – Family Planning, Ryan White Part B and Community-Based Screening Services, and Oral Health Dental Sealant. The findings from the second study suggest the following:</p> <ol style="list-style-type: none"> 1. The Title V – Maternal and Child Health population will continue to grow, requiring continuing funding for needed services. 2. Utilization of Title X – Family Planning services is projected to decline slightly but revenue may increase slightly through third party liability payments. 3. Decreases in utilization of Ryan White Part B services will be offset by increases in health insurance assistance. Community-Based Screening Services are projected to decrease, in part because individuals may not seek or receive testing at private medical providers. While this may allow redirection of some funding to outreach to at-risk populations, decreased utilization and related Medicaid revenue may push the program below a sustainable level by 2017. 4. Dental Sealant utilization was not impacted by new health plans because such services are not essential health benefits. Costs may increase as the program expands to additional counties.
<p>Strategy 3: Seek and align funding to support core services.</p> 	<p> Action 5: Encourage & support flexibility in how IDPH uses funds & educate stakeholders on why flexibility is necessary.</p>	<p>A5: Gerd Clabaugh & Deborah Thompson A6: Ken Sharp & Brenda Dobson A7: Ken Sharp A4: Marcia Spangler</p>	7/1/13	6/30/16	<p>Meeting held with DOM budget analyst on 09.03.15 to review potential changes to FY17 budget to allow greater flexibility.</p> <p>Division-Specific Activities:</p> <p>ADPER/EH Division: BETS held 12 regional meetings with key players from preparedness, EMS, trauma, and LPHAs to discuss and seek input on future of "Time Critical Conditions" service area development. Specifically discussed the limits of available financial resources and discussed ways to leverage program resources across disciplines with the goal to target 2017 Preparedness Grant Application as a point to have a more intentional leveraging of federal grant dollars across multiple programs.</p>

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	 Action 6: Identify & implement additional funding strategies that align with and support core services.		7/1/13	6/30/16	FY17 budget submission reallocated unspent dollars to core services. Division-Specific Activities: ADPER/EH, BH, and APL divisions initiated discussions and planning efforts to support ELR activities, and to align programmatic financial support with ELR capabilities. Programs involved include CADE, STD/HIV, Lead, and TB. Ongoing discussions regarding long term needs for IDSS and IRIS.
	 Review and document use of indirect funds. (2014)		6/1/14	6/30/14	Executive Team review and allocation for FY2015 completed.
	 Review and document use of indirect funds. (2015)		4/1/15	6/30/15	Discussion occurred at ET Meeting on 05.05.15 and 06.15.15. ETeam approved establishment of MA3 and PP2 to support department data management and an additional FTE to assist with accounts payable functions. Executive Team review and allocation for FY2016 completed.
	 Action 7: Assess state, federal, and other investments in code-required activities.		7/1/15	6/30/16	Division-Specific Activities: ADPER/EH initiated with collection of fee-based program data, as well as "unfunded mandates" data collected by Deborah Thompson. Need to discuss next steps.
	 Action 4: Review and document use of indirect funds for FY17. (2016)		4/1/16	6/30/16	Not scheduled to begin until 2016.

GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans

Strategic Plan



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Scorecard



Strategies



Indicators

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Strategy 1: Enable supervisors to better evaluate and manage performance.	Action 1: Use a Performance Evaluation QI Team to recommend strategies to improve the IDPH performance plan and evaluation process.	Kathy Stone, Brenda Dobson, & Jerilyn Oshel	8/1/13	6/30/16	The Performance Evaluation QI team provided an update to E-team during the July 6 meeting. Information about timely completion of evaluations and performance plans was also provided. Pre/post test data indicates actions taken have resulted in the following improvements: <ul style="list-style-type: none"> 93% of management feel they have received the training needed to be comfortable writing performance plans (53% in 2013) 71% of supervisors feel the performance plan is useful (47% in 2013) 55% of employees surveyed in 2015 stated they felt they know how their work fits in to the IDPH plan compared to 39% in 2013. Future actions: <ol style="list-style-type: none"> Facilitate a round table discussion during the October Bureau Chief meeting around common issues identified by management on the evaluation process. Include measurement of Strategic Plan scorecard in 2016 showing timely completion % of Performance Plans and Evaluations. The final bureau-level presentation on the Performance Plan QI project was presented on 9.9.15. All bureaus have received the presentation.
	Action 2: Assess options related to organizational structure, use of roles, and managing span of control.		10/1/14	6/30/16	No department-wide activities reported. Division-Specific Activities: On a limited basis, ADPER/EH has identified a need to assess organizational structure for licensure programs in response to implementation of AMANDA software. Division is considering options including a central licensing support team across RHB, EHS, and BETS bureaus.
	Action 3: Conduct customized performance management trainings for supervisors.		7/1/15	6/30/16	In process. Will be addressed by the Performance Plan QI Team. Training on revised performance plan tools has been completed for all bureaus.
Strategy 2: Assess and document future skill set needs to identify and reduce gaps.	Action 1: Determine an assessment process and assess needed and existing skills.	Brenda Dobson & Kathy Stone	3/1/14	8/1/15	Department-wide Workforce Skills Assessment survey done 9.8.15-9.30.15. 376 total responses. Data will be analyzed to determine and plan 2016 professional development.
	Action 2: Create a workforce plan to direct hiring, development, retention, and succession planning actions to close gaps between current and future skill sets.		8/1/15	6/30/16	Draft workforce development plan started, October 2015. A large part of the plan deals with the workforce survey assessment results and professional development implementation plan. Will be meeting with Domain 8 Accreditation Committee to further develop the draft plan during 2016.



GOAL 3: Improve the ability to manage, analyze, & act on data to improve operations & health outcomes

Strategic Plan



Home



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<p>Integrate IT projects to leverage resources for updating IT technology to better manage data.</p>	<p>Establish a regular agenda item for Executive Team & Bureau Chiefs meetings to improve the connection between IT projects.</p>	Gerd Clabaugh	7/1/13	7/1/13	Completed. Listed on each Executive Team agenda and IDPH Bureau Chiefs Quarterly meeting as standing item effective 7/1/13.
<p>Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).</p>	<p>Action 1: Identify and implement best-practices in managing data (e.g., from other states and organizations).</p>	Ken Sharp	7/1/14	6/30/16	<p>One best practice is to educate staff on IDPH data policies and practices. An in-house training on Data Use was conducted on 9.22.15 with 24 employees in attendance.</p> <p>Using the Preventive Health & Health Services Block Grant, IDPH contracted with the U of Iowa to conduct an evaluation of data management at IDPH and other large public and private entities. The Data Management Work Group is guiding this process. A final report was delivered in August 2015.</p> <p>The Data Management Program posted the MA3 position approved by the E-team. This position will oversee management of the IDPH Tracking Portal timeline, and work to identify new data and funding sources.</p>
	<p>Action 2: Identify existing and future barriers to managing and analyzing data.</p>		11/1/14	6/30/16	<p>The Data Management Work Group is working to evaluate current and potential health impacts of IDPH data and key data stakeholders. A Tracking Portal User group is being creating to solicit feedback about data needs from IDPH partners.</p> <p>To address the 5-year goals for the tracking portal, the Tracking Portal Administration Team developed a current, maintenance, and ideal budget for the tracking portal. This budget was presented to the E-Team to provide a status report and discuss next steps and to determine the funding, staff, and other resource needs to achieve these goals as well as existing opportunities and challenges. The Data Management Program is currently exploring funding opportunities for portal enhancements.</p> <p>The Data Management Program is drafting a Data Sharing Agreement Policy to support data governance and support improved ability to manage and analyze data both internally and externally. The Confidentiality Policy is also being revised to ensure simplicity and consistency with other IDPH standards. The Data Management Program held a training about data management processes to IDPH staff. A QI project is being planned to improve the data sharing process.</p>
	<p>Action 3: Identify and document the risks/benefits of centralized data collection, management, and reporting.</p>		11/1/14	6/30/16	<p>IDPH requested \$500,000 from the Technology Reinvestment Fund to engage an external entity who is familiar with government operations to determine the optimal number of data systems required to support IDPH functions most efficiently. IDPH was not granted the \$500,000 for the external review. This request may be renewed in the next legislative request package.</p>
<p>Strategy 2: Identify and implement metrics to improve operations and health outcomes.</p>	<p>Action 4: Develop an IDPH core services dashboard.</p>	Ken Sharp	10/1/14	6/30/16	<p>In concert with Goal 4, Action 3: Divisions have begun developing Executive Dashboards to measure/monitor their key functions and identified QI projects. Divisions are identifying methods for how they will each manage this.</p>

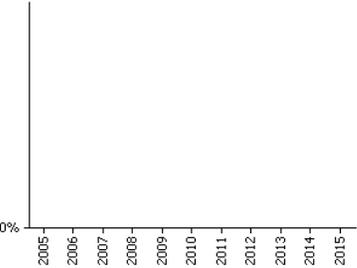
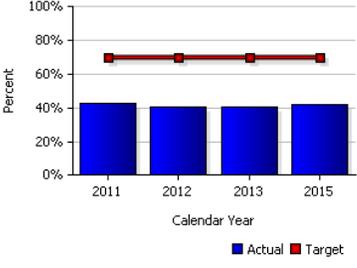
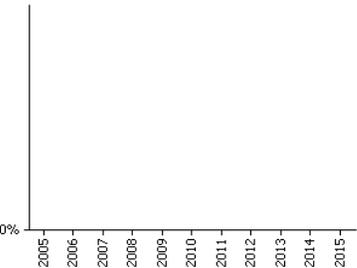


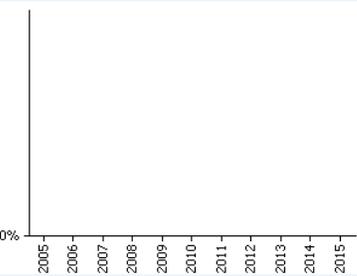
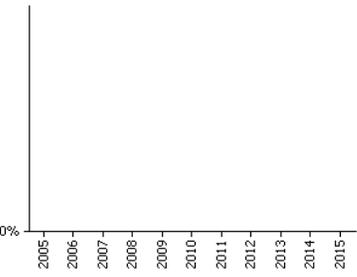
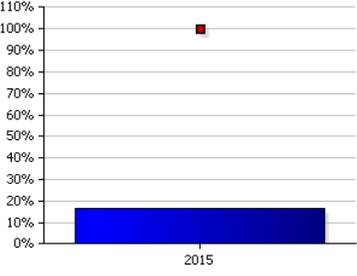
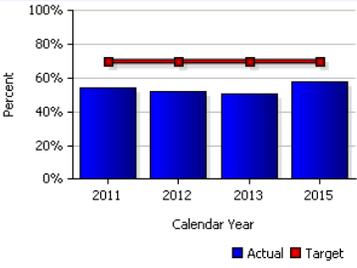
GOAL 4: Cultivate an organizational culture of quality improvement (QI)

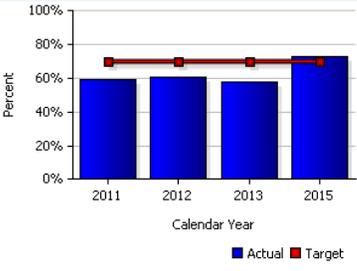
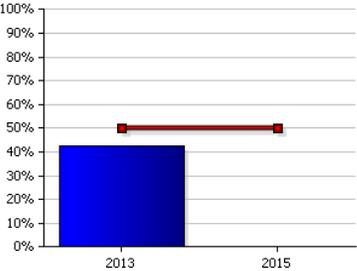
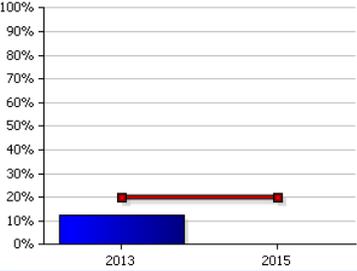
Strategic Plan

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.	 Action 2: Identify/develop a framework for a department wide QI program.	Gerd Clabaugh	4/1/15	6/30/16	Reviewing PHAB accredited health departments' QI plans for best practices. PHAB Domain 9 accreditation prep timeline submitted to management for consideration. Division-Specific Activities: ADPER/EH is working to align existing resources and program work to support the priorities identified from July retreat. Assumption is no additional resources are available for QI efforts.
	 Action 1: Assess resource needs for implementing a QI program.		1/1/16	6/30/16	Divisions have begun developing Executive Dashboards to measure/monitor their key functions and identified QI projects. Divisions are identifying methods for how they will each manage this. Division-Specific Activities: ADPER/EH July retreat resulted in two key actions for QI related efforts. 1. Improved Communications with customers. 2. Improved Customer Satisfaction. Efforts are underway to implement an ADPER/EH customer satisfaction survey to all customers (many thousands). Template for the first ever ADPER/EH Annual report is drafted, and will be populated with 2015 information for release in early 2016. Annual report to highlight strategic plan priority areas for each bureau.
 Strategy 2: Conduct department-wide QI activities.	 Action 3: Include QI goals/activities in division directors' and bureau chiefs' performance plans.	Gerd Clabaugh	11/1/14	6/30/16	Division Directors have been given Performance Plan goals to begin the department QI/PM process. Division-Specific Activities: APL – Has developed their executive dashboard and continues to maintain it. Several formal and informal QI initiatives have started around identified metrics. ADPER/EH – Has identified what to include on their executive dashboard and is gathering data to populate measures. Several QI initiatives have been identified. HPCDP – Held a kick-off meeting to discuss the process. Bureau meetings are scheduled to begin identifying what to include on their executive dashboard. BH – Kick-off meeting is scheduled for Q4. Tobacco – Kick-off meeting is scheduled for Q4.
	 Action 4: Identify and apply criteria for conducting department-wide QI projects.		7/1/15	6/30/16	Participating divisions/bureaus are monitoring their formal/informal QI projects through ClearPoint and including them on their executive dashboards. Quality Improvement classes are offered to all staff and publicized on the IDPH in-house training calendar. For 2015, the following classes are scheduled: <ul style="list-style-type: none"> • <i>QI Basics</i>: 3/12/15 (held) and 8/4/15 (held) • <i>QI Intermediate</i>: 6/9/15 (held) and 10/13/15 • <i>QI Practice Workshop</i>: 7/7/15 (held) and 12/1/15 Division-Specific Activities: QI project identified and planning has begun for a project in Professional Licensure bureau. QI project within the Bureau of Health Statistics has been identified and communicated to IDPH's QI coordinator.

Goals	Indicator	Charts															
<p>GOAL 1: Strengthen IDPH's infrastructure of core services to promote and protect the health of Iowans in accordance with Healthy Iowans, Iowa's state health improvement plan.</p>	<p> % of employees that know the IDPH vision (Employee Survey)</p>	<table border="1"> <caption>% of employees that know the IDPH vision (Employee Survey)</caption> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>68</td> <td>70</td> </tr> <tr> <td>2012</td> <td>55</td> <td>70</td> </tr> <tr> <td>2013</td> <td>52</td> <td>70</td> </tr> <tr> <td>2015</td> <td>68</td> <td>70</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2011	68	70	2012	55	70	2013	52	70	2015	68	70
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Goals	Indicator	Charts															
	<p> % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)</p>	 <table border="1"> <caption>Employee Survey Influence Data</caption> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>60</td> <td>70</td> </tr> <tr> <td>2012</td> <td>60</td> <td>70</td> </tr> <tr> <td>2013</td> <td>60</td> <td>70</td> </tr> <tr> <td>2015</td> <td>70</td> <td>70</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2011	60	70	2012	60	70	2013	60	70	2015	70	70
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2015	70	70															
	<p> % of IDPH staff who have had exposure to QI in the last year</p>	 <table border="1"> <caption>QI Exposure Data</caption> <thead> <tr> <th>Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>45</td> <td>50</td> </tr> <tr> <td>2015</td> <td>50</td> <td>50</td> </tr> </tbody> </table>	Year	Actual (%)	Target (%)	2013	45	50	2015	50	50						
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	<p> % of IDPH staff with QI in their performance plans</p>	 <table border="1"> <caption>QI in Performance Plans Data</caption> <thead> <tr> <th>Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>15</td> <td>20</td> </tr> <tr> <td>2015</td> <td>20</td> <td>20</td> </tr> </tbody> </table>	Year	Actual (%)	Target (%)	2013	15	20	2015	20	20						
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