



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






Goal	Indicators	Strategies
<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> <p> % of employees that know the IDPH mission (Employee Survey)</p> <p> % of employees that know how their work fits into the IDPH plan (Employee Survey)</p> <p> % of programs that have been evaluated for alignment with changes in the health delivery system</p>	<p> Strategy 1: Identify and communicate needs related to sustaining core services.</p> <p> Strategy 2: Review programs and services to align with changes in the health delivery system.</p> <p> Strategy 3: Seek and align funding to support core services.</p>
<p> GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.</p>	<p> % of employees that feel "IDPH has the right people with the right skills to do its work" (employee survey)</p> <p> % of supervisors that find the performance plan useful</p> <p> % of employee evaluations completed timely</p> <p> % of employee performance plans completed timely</p>	<p> Strategy 1: Enable supervisors to better evaluate and manage performance.</p> <p> Strategy 2: Assess and document future skill set needs to identify and reduce gaps.</p>
<p> GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.</p>	<p> # of content areas on the Public Health Tracking Portal</p> <p> % of core services with dashboard metrics that can show measurable improvement (% of divisions with measures on IDPH executive dashboard)</p>	<p> Integrate IT projects to leverage resources for updating IT technology to better manage data.</p> <p> Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).</p> <p> Strategy 2: Identify and implement metrics to improve operations and health outcomes.</p>
<p> GOAL 4: Cultivate an organizational culture of quality improvement.</p>	<p> % of employees that respond (+) to "We have good processes for doing our work" (employee survey)</p> <p> % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)</p> <p> % of IDPH staff who have had exposure to QI in the last year</p> <p> % of IDPH staff with QI in their performance plans</p>	<p> Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.</p> <p> Strategy 2: Conduct department-wide QI activities.</p>



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
 <p>Strategy 1: Identify and communicate needs related to sustaining core services.</p>	 <p>Distribute Strategic Operational Plan to staff.</p>	Gerd Clabaugh	7/1/13	7/25/13	Completed.
	 <p>Develop an elevator speech which can be the basis for communications to achieve this strategy.</p>		8/1/13	9/3/13	Completed.
	 <p>Action 1: Communicate with staff and stakeholders about the IDPH strategic plan (annual revisions).</p>		8/1/14	6/30/16	<p>Strategic Plan and Strategic Plan Status Report are published on the Intranet and Internet (http://idph.iowa.gov/do).</p> <p>New employees are invited to a series of department orientation sessions. The IDPH strategic plan and goals are discussed during session two.</p>
	 <p>Action 3: Communicate with staff and stakeholders about IDPH needs and priorities.</p>		8/1/14	6/30/16	<p>Development of IDPH's annual legislative policy package identifies needs that can be addressed through legislative action such as reduction of red tape and outdated language in Iowa Code.</p> <ul style="list-style-type: none"> For the 2016 session, SF 2159 reduced red tape in Iowa Code Chapter 137 "Local Boards of Health" as it relates to permission for local boards of health to form district boards of health. It also removed outdated language in Iowa Code Chapter 135A "Iowa Modernization Act" and provided updated direction to the Governmental Public Health Advisory Council. The renewed focus of this Council will include identification of and evaluation of the governmental public health system's needs. The bill was passed and signed by the Governor in March of 2016. Stakeholder education included gaining support from public health organizations like ICPHA, IPHA, and IEHA. <p>A special folder on the Intranet, called QI Station, was created so employees can stay informed of Bus Stop programs and ongoing department progress towards PHAB goals and becoming a department of quality improvement. It is updated monthly and contains many resources around QI projects.</p> <p>In January 2016, the department started a monthly communication series of in-house trainings called Bus Stops. These trainings discuss the PHAB accreditation requirements and inform employees of the different needs and priorities of the department as we move to a culture of quality improvement. These monthly trainings will continue as an ongoing communication tool for the department.</p>







Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
<p data-bbox="94 1014 344 1142">  Strategy 2: Review programs and services to align with changes in the health delivery system. </p>	<p data-bbox="370 1035 607 1121">  Action 2: Complete additional actuarial studies with IDPH programs. </p>	<p data-bbox="636 1016 743 1121">Gerd Clabaugh & Kathy Stone</p>	<p data-bbox="769 1066 834 1087">8/1/14</p>	<p data-bbox="902 1066 967 1087">6/30/16</p>	<p data-bbox="1029 243 1529 600">IDPH directed the Milliman actuarial firm to study of the impact of the Affordable Care Act (ACA) on IDPH-supported direct healthcare services projects potential changes in demand for 8 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 data-bbox="1062 621 1529 1814" 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. 5. The Title V - Maternal and Child Health population will continue to grow, requiring continuing funding for needed services. 6. Utilization of Title X - Family Planning services is projected to decline slightly but revenue may increase slightly through third part liability payments. 7. 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. 8. Oral Health 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 data-bbox="1029 1835 1442 1885">Preliminary discussions have begun for the additional studies.</p>


Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 <p data-bbox="134 590 337 674">Strategy 3: Seek and align funding to support core services.</p>	 <p data-bbox="415 548 594 716">Action 5: Encourage & support flexibility in how IDPH uses funds & educate stakeholders on why flexibility is necessary.</p>	<p data-bbox="634 443 745 548">A5: Gerd Clabaugh & Deborah Thompson</p> <p data-bbox="634 569 711 674">A6: Ken Sharp & Brenda Dobson</p> <p data-bbox="634 695 711 747">A7: Ken Sharp</p> <p data-bbox="634 768 737 821">A4: Marcia Spangler</p>	7/1/13	6/30/16	<p data-bbox="1029 243 1495 317">Development of IDPH's annual legislative budget package identifies needs that can be addressed through legislative action such budget flexibility.</p> <ol data-bbox="1062 327 1531 989" style="list-style-type: none"> <li data-bbox="1062 327 1531 537">1. In just two sessions IDPH has been able to significantly reduce budget earmarks that hinder flexible spending and prohibit nimble responses to population health issues. At its peak, the department's earmarks were as high as 72 in FY 2015. For FY 2017, we are down to 46 with strong momentum on the topic heading into the 2017 session. <li data-bbox="1062 548 1531 705">2. Education of stakeholders included conversations with lobbyists and legislators to help them understand why flexibility reduces unnecessary reversions of limited funding and increases opportunities to move health outcomes in a positive direction. <li data-bbox="1062 716 1531 989">3. A reporting requirement in HF 2460 will provide IDPH with additional opportunity to brainstorm strategies to align state funding with strategic priorities for health outcomes. By giving legislators and lobbyists a more defined picture of how we can be the Chief Health Strategist for Iowa, we will continue to gain the necessary buy-in to change the culture of how our state funding is appropriated.
	 <p data-bbox="415 1178 607 1325">Action 6: Identify & implement additional funding strategies that align with and support core services.</p>		7/1/13	6/30/16	<p data-bbox="1029 1047 1531 1451">IDPH achieved our reallocation requests for FY 2017 that included providing additional support for programs in the department that are working well such as PRIMECARRE and the Certificate of Need Program. Programs that were previously state unfunded mandates such as the work of the Office of Minority and Multicultural Health and the IDPH Child Vision Screening Program are now benefitting from state general fund resources. Finally, new funding was secured for the fees charged to IDPH by the Office of the CIO for maintenance of IT services. The funding identified for reallocations was previously reverted back to the general fund on a regular basis. It will now be used to promote and protect the health of Iowans as it was intended.</p>
	 <p data-bbox="415 1484 586 1568">Review and document use of indirect funds. (2014)</p>		6/1/14	6/30/14	<p data-bbox="1029 1495 1503 1547">Executive Team review and allocation for FY2015 completed.</p>
	 <p data-bbox="415 1677 586 1761">Review and document use of indirect funds. (2015)</p>		4/1/15	6/30/15	<p data-bbox="1029 1593 1531 1646">Discussion occurred at ET Meeting on 05.05.15 and 06.15.15.</p> <p data-bbox="1029 1667 1531 1772">ETeam approved establishment of MA3 and PP2 to support department data management and an additional FTE to assist with accounts payable functions.</p> <p data-bbox="1029 1793 1531 1845">Executive Team review and allocation for FY2016 completed.</p>

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
	 Action 7: Assess state, federal, and other investments in code-required activities.		7/1/15	6/30/16	Information was collected from the Divisions about state unfunded mandates and was used to inform the department's budget request for FY 2017 as well as a potential bill for the 2017 session. The information will continue to be considered for the department's FY 2018 policy and budget packages.
	 Action 4: Review and document use of indirect funds for FY17. (2016)		4/1/16	6/30/16	New indirect funding requests for FY 17 were approved by the ET on May 16, 2016.

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





Strategic Plan





Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 <p>Strategy 1: Enable supervisors to better evaluate and manage performance.</p>	 <p>Action 1: Use a Performance Evaluation QI Team to recommend strategies to improve the IDPH performance plan and evaluation process.</p>	Kathy Stone, Brenda Dobson, & Jerilyn Oshel	8/1/13	6/30/16	<p>Pre/post test data indicates actions taken have resulted in the following improvements:</p> <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) 60% of employees surveyed in 2016 stated they felt they know how their work fits in to the IDPH plan compared to 55% in 2015 and 39% in 2013. <p>Activities:</p> <ol style="list-style-type: none"> Facilitated a round table discussion during the October Bureau Chief meeting around common issues identified by management on the evaluation process. Timely completion % of Performance Plans and Evaluations provided to Division Directors and Bureau Chiefs. Final bureau-level presentation on the Performance Plan QI project was presented on 9.9.15. All bureaus have received the presentation.
	 <p>Action 2: Assess options related to organizational structure, use of roles, and managing span of control.</p>		10/1/14	6/30/16	<p>No department-wide activities reported.</p> <p>Division-Specific Activities: ADPER/EH leadership is assessing the best use of staff skills to determine whether a centralized management structure is appropriate for implementation of the new division wide licensing software. Detailed plans will be available in the first quarter of 2016. Tobacco Division roles are reviewed regularly to ensure we are using people to the best of their abilities.</p>
	 <p>Action 3: Conduct customized performance management trainings for supervisors.</p>		7/1/15	6/30/16	<p>Training on revised performance plan tools has been completed for all bureaus. Training for management staff on employee retention and succession planning is scheduled for October 21, 2016. This management training will be presented by a training specialist from DAS and a training consultant with Employee Family Resources. Continue to offer monthly, in-house training opportunities to address skill needs identified in the workforce skills assessment.</p>
 <p>Strategy 2: Assess and document future skill set needs to identify and reduce gaps.</p>	 <p>Action1: Determine an assessment process and assess needed and existing skills.</p>	Brenda Dobson & Kathy Stone	3/1/14	8/1/15	<p>Department-wide Workforce Skills Assessment survey done September 2015. 376 total responses. Data was analyzed to determine and plan 2016 professional development.</p>

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
	<p data-bbox="370 678 402 716"></p> <p data-bbox="415 590 610 806">Action 2: Create a workforce plan to direct hiring, retention, and succession planning actions to close gaps between current and future skill sets.</p>		8/1/15	6/30/16	<p data-bbox="1029 243 1529 321">The final version of the Workforce Development Plan was sent to the E-team in June. The E-team will meet to discuss the plan August 1, 2016.</p> <p data-bbox="1029 344 1529 585">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. April 2016: The first draft of the workforce development plan is being reviewed by members of the workforce development team.</p> <p data-bbox="1029 609 1529 768">In October presented the format for onboarding new employees at the bureau chief's meeting. New employees are invited to a series of 3 department orientation sessions. Each session is different and designed to help new employees better understand the mission, vision and various programs of IDPH.</p> <p data-bbox="1029 791 1529 1119">April 2016: A proposal for addressing staff training needs was selected for funding under the FFY16 PHHS Block Grant Program. These training needs were identified through 2015 workforce skills assessment. Funding will be used to contract with trainers and purchase training materials for training sessions designated for support staff and for leadership/supervisors and to purchase e-learning software and hire an administrative intern to a develop an e-learning program addressing a department-wide training need (topic to be determined).</p>

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




Strategic Plan




Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 <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>The Data Management Program worked with data owners to gather both dataset-level and data dictionary (field) level information about the datasets within IDPH. This information is being transcribed by a contractor into an application database. Currently, 18 datasets have been identified as obsolete, while 52 others have been documented. Approximately 9,900 data dictionary records have been created. Once completed, the Data Dictionary Registry will allow staff to have a better understanding of data currently being collected for IDPH and allow for quality improvement around data collection, management and use.</p> <p>The Data Management Program implemented a new Data Sharing Agreement Policy. Many new data sharing agreements, and conversations about appropriate data sharing, have resulted from this policy implementation. Between January and March, 8 data sharing agreements and 3 research agreements were executed. The Data Management Program is currently collecting baseline metrics on turn-around time for research and data sharing agreements, and will develop quality improvement strategies to improve the process in the Fall.</p> <p>The Data Management Program has used PHHS block grant funds to develop a data dictionary registry to catalog all data dictionaries in the department.</p> <p>The Data Management Program applied to be a host site for a SHINE Health Systems Integration Program (HSIP) fellow. Unfortunately, IDPH was not selected for a fellow match.</p> <p>The Data and Informatics Community of Practice has been working in collaboration with Communications staff to develop a department-wide template for reports. This template will provide consistency standards for data-related reports published by IDPH and ensure accessibility and quality. Once completed, the Community of Practice will address analysis standards for the department.</p>

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
	 Action 2: Identify existing and future barriers to managing and analyzing data.		11/1/14	6/30/16	<p>Members of the Tracking Portal redesign team from the Data Management Program, Information Management, and Environmental Public Health Tracking have largely been focused on resolving issues with the new Tracking Portal site and the site theme, but recently have been able to start loading some site test content. The Tracking Portal redesign will lead to an improved user experience on the site, easier management of site content, and improved flow between the IDPH website and the Tracking Portal.</p> <p>The Data Management Program and the Environmental Public Health Tracking Program have been working to improve the Iowa Public Health Tracking Portal navigation and content. This is a concern identified by many tracking portal users, including the Tracking Portal User Group. Focus groups were held to gather feedback on proposed revisions and to determine specific user concerns. Development of the new navigation and content continues, and will be published in July 2016.</p> <p>The Data Management Program secured \$177,000 in PHHS Block Grant funds to evaluate data needs of internal and external stakeholder and for portal improvements. The program is currently planning a focused evaluation and identifying new datasets, functionality, and other areas for improvement.</p>
	 Action 3: Identify and document the risks/benefits of centralized data collection, management, and reporting.		11/1/14	6/30/16	<p>The Data Management Work Group developed a definition and mission for informatics for IDPH, and created short term activities to improve public health informatics within the department.</p> <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.</p>
 Strategy 2: Identify and implement metrics to improve operations and health outcomes.	 Action 4: Develop an IDPH core services dashboard.	Ken Sharp	10/1/14	6/30/16	<p>Every division's Executive Dashboards to measure/monitor their key functions are up and running except Behavioral Health. Behavioral Health bureaus have met individually and they are gathering their data and deciding which measures are going to be best. Their first meeting with the director will be in August 2016. After they are up and running that will be all divisions up and going. This should allow for the rest of the year's quarters to tweak the current measures and gather a good data sets for these measures in order to indicate any opportunities for QI to step in and a chance to see progress or regression with these measures. Divisions are identifying methods for how they will each manage this.</p>


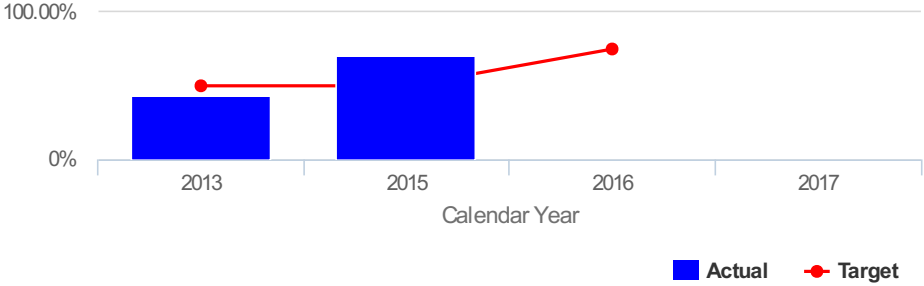

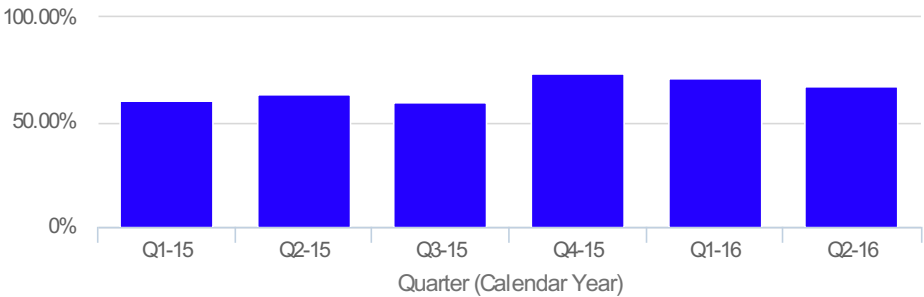

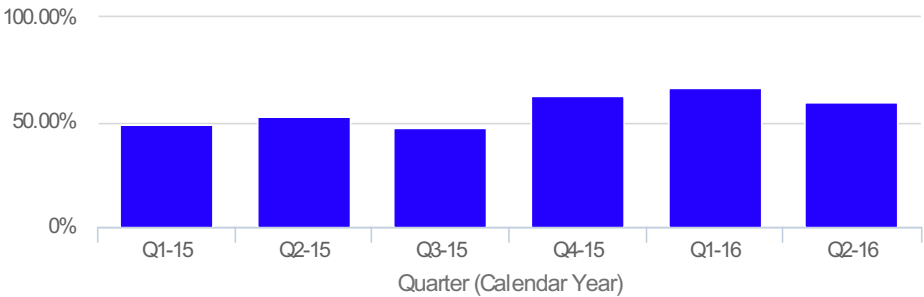


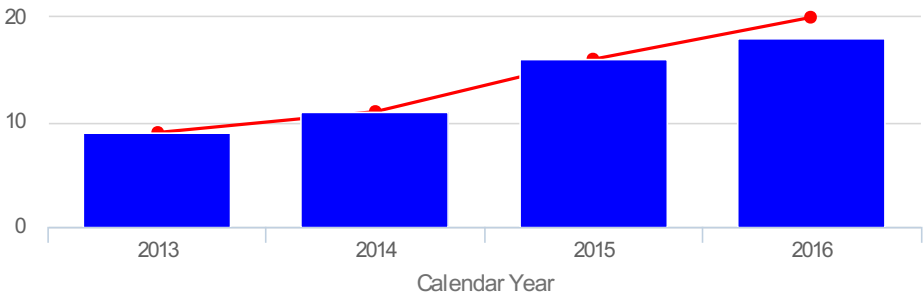

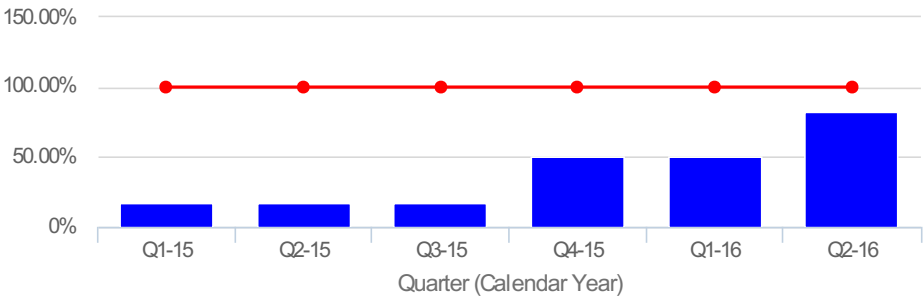
GOAL 4: Cultivate an organizational culture of quality improvement (QI)

Strategic Plan

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 <p>Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.</p>	 <p>Action 2: Identify/develop a framework for a department wide QI program.</p>	Gerd Clabaugh	4/1/15	6/30/16	<p>A draft quality improvement plan has been developed. It is anticipated it will be finalized in the fall of 2016 and implemented by 2017.</p> <p>A training session titled, "Quality Improvement, Managing Performance and the PDCA Model" with a target audience of all IDPH staff, was held in March and will be offered again in September 2016. Additionally, a new training session on Basic Quality Improvement, targeted specifically for new employees was created and held in July. The goal is to continue to offer the basic session for new employees 2x per year.</p> <p>In December 2015, director announced launch of IDPH accreditation initiative, which focuses on QI program rollout.</p> <p>A draft of the department's first quality improvement plan was started. The quality improvement plan will be based on the requirements of the PHAB standards.</p> <p>A draft of the department's first performance management system was started. The performance management system will be based on the requirements of the PHAB standards.</p> <p>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. ADPER/EH annual report will include data regarding a variety of measures tied to bureau and division goals. APL: Potential QI projects have been presented to Bureau of Planning staff for the Bureaus of Finance and Health Statistics.</p>
	 <p>Action 1: Assess resource needs for implementing a QI program.</p>				1/1/16

Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 <p data-bbox="134 527 334 590">Strategy 2: Conduct department-wide QI activities.</p>	 <p data-bbox="415 506 610 615">Action 3: Include QI goals/activities in division directors' and bureau chiefs' performance plans.</p>	Gerd Clabaugh	11/1/14	6/30/16	<p data-bbox="1029 241 1495 294">Division Director's performance plans all include quality improvement goals and activities.</p> <p data-bbox="1029 312 1289 338">Division-Specific Activities:</p> <p data-bbox="1029 359 1507 464">APL – Has developed its executive dashboard and continues to maintain it. Several formal and informal QI initiatives have started around identified metrics.</p> <p data-bbox="1029 485 1528 562">ADPER/EH – Has developed its executive dashboard and continues to maintain it. Several QI initiatives have been identified.</p> <p data-bbox="1029 583 1520 661">HPCDP – Finalizing what to include on its executive dashboard and gathering data to populate measures.</p> <p data-bbox="1029 682 1520 760">BH – Development has begun with identification of measures and will have first round meeting with Director in August 2016.</p> <p data-bbox="1029 781 1511 833">Tobacco – Has developed its executive dashboard and continues to maintain/update it.</p>
	 <p data-bbox="415 1104 589 1213">Action 4: Identify and apply criteria for conducting department-wide QI projects.</p>		7/1/15	6/30/16	<p data-bbox="1029 898 1536 1056">Criteria are outlined in the draft quality improvement plan, but have not been formally adopted. Participating divisions/bureaus are monitoring their formal/informal QI projects through ClearPoint and including them on their executive dashboards.</p> <p data-bbox="1029 1077 1528 1155">Quality Improvement classes are offered to all staff and publicized on the IDPH in-house training calendar. For 2015, the following classes were held:</p> <ul data-bbox="1062 1176 1490 1253" style="list-style-type: none"> <li data-bbox="1062 1176 1377 1201">● <i>QI Basics</i>: 3/12/15 and 8/4/15 <li data-bbox="1062 1203 1446 1228">● <i>QI Intermediate</i>: 6/9/15 and 10/13/15 <li data-bbox="1062 1230 1490 1255">● <i>QI Practice Workshop</i>: 7/7/15 and 12/1/15 <p data-bbox="1029 1276 1528 1413">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.</p>

Goal	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>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>75%</td> <td>90%</td> </tr> <tr> <td>2012</td> <td>70%</td> <td>90%</td> </tr> <tr> <td>2013</td> <td>70%</td> <td>90%</td> </tr> <tr> <td>2015</td> <td>80%</td> <td>90%</td> </tr> <tr> <td>2016</td> <td>80%</td> <td>90%</td> </tr> </tbody> </table>	Year	Actual	Target	2011	75%	90%	2012	70%	90%	2013	70%	90%	2015	80%	90%	2016	80%	90%
	Year	Actual	Target																	
	2011	75%	90%																	
	2012	70%	90%																	
2013	70%	90%																		
2015	80%	90%																		
2016	80%	90%																		
<p>% of employees that know the IDPH mission (Employee Survey)</p>	<table border="1"> <caption>% of employees that know the IDPH mission (Employee Survey)</caption> <thead> <tr> <th>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>85%</td> <td>80%</td> </tr> <tr> <td>2012</td> <td>80%</td> <td>80%</td> </tr> <tr> <td>2013</td> <td>80%</td> <td>80%</td> </tr> <tr> <td>2015</td> <td>85%</td> <td>80%</td> </tr> <tr> <td>2016</td> <td>85%</td> <td>80%</td> </tr> </tbody> </table>	Year	Actual	Target	2011	85%	80%	2012	80%	80%	2013	80%	80%	2015	85%	80%	2016	85%	80%	
Year	Actual	Target																		
2011	85%	80%																		
2012	80%	80%																		
2013	80%	80%																		
2015	85%	80%																		
2016	85%	80%																		
<p>% of employees that know how their work fits into the IDPH plan (Employee Survey)</p>	<table border="1"> <caption>% of employees that know how their work fits into the IDPH plan (Employee Survey)</caption> <thead> <tr> <th>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>35%</td> <td>70%</td> </tr> <tr> <td>2012</td> <td>30%</td> <td>70%</td> </tr> <tr> <td>2013</td> <td>30%</td> <td>70%</td> </tr> <tr> <td>2015</td> <td>45%</td> <td>70%</td> </tr> <tr> <td>2016</td> <td>50%</td> <td>70%</td> </tr> </tbody> </table>	Year	Actual	Target	2011	35%	70%	2012	30%	70%	2013	30%	70%	2015	45%	70%	2016	50%	70%	
Year	Actual	Target																		
2011	35%	70%																		
2012	30%	70%																		
2013	30%	70%																		
2015	45%	70%																		
2016	50%	70%																		
<p>% of programs that have been evaluated for alignment with changes in the health delivery system</p>	<table border="1"> <caption>% of programs that have been evaluated for alignment with changes in the health delivery system</caption> <thead> <tr> <th>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2014</td> <td>10%</td> <td>20%</td> </tr> <tr> <td>2015</td> <td>15%</td> <td>20%</td> </tr> <tr> <td>2016</td> <td>0%</td> <td>20%</td> </tr> </tbody> </table>	Year	Actual	Target	2014	10%	20%	2015	15%	20%	2016	0%	20%							
Year	Actual	Target																		
2014	10%	20%																		
2015	15%	20%																		
2016	0%	20%																		
<p>GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.</p>	<p>% of employees that feel "IDPH has the right people with the right skills to do its work" (employee survey)</p>	<table border="1"> <caption>% of employees that feel "IDPH has the right people with the right skills to do its work" (employee survey)</caption> <thead> <tr> <th>Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>35%</td> <td>70%</td> </tr> <tr> <td>2012</td> <td>35%</td> <td>70%</td> </tr> <tr> <td>2013</td> <td>35%</td> <td>70%</td> </tr> <tr> <td>2015</td> <td>40%</td> <td>70%</td> </tr> <tr> <td>2016</td> <td>40%</td> <td>70%</td> </tr> </tbody> </table>	Year	Actual	Target	2011	35%	70%	2012	35%	70%	2013	35%	70%	2015	40%	70%	2016	40%	70%
Year	Actual	Target																		
2011	35%	70%																		
2012	35%	70%																		
2013	35%	70%																		
2015	40%	70%																		
2016	40%	70%																		

Goal	Indicator	Charts																					
	 <p data-bbox="402 367 565 451">% of supervisors that find the performance plan useful</p>	 <table border="1" data-bbox="605 216 1523 499"> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>~35</td> <td>~45</td> </tr> <tr> <td>2015</td> <td>~65</td> <td>~45</td> </tr> <tr> <td>2016</td> <td>~75</td> <td>~85</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2013	~35	~45	2015	~65	~45	2016	~75	~85									
Calendar Year	Actual (%)	Target (%)																					
2013	~35	~45																					
2015	~65	~45																					
2016	~75	~85																					
	 <p data-bbox="402 735 565 819">% of employee evaluations completed timely</p>	 <table border="1" data-bbox="605 615 1523 909"> <thead> <tr> <th>Quarter (Calendar Year)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr> <td>Q1-15</td> <td>~55</td> </tr> <tr> <td>Q2-15</td> <td>~60</td> </tr> <tr> <td>Q3-15</td> <td>~55</td> </tr> <tr> <td>Q4-15</td> <td>~70</td> </tr> <tr> <td>Q1-16</td> <td>~65</td> </tr> <tr> <td>Q2-16</td> <td>~60</td> </tr> </tbody> </table>	Quarter (Calendar Year)	Actual (%)	Q1-15	~55	Q2-15	~60	Q3-15	~55	Q4-15	~70	Q1-16	~65	Q2-16	~60							
Quarter (Calendar Year)	Actual (%)																						
Q1-15	~55																						
Q2-15	~60																						
Q3-15	~55																						
Q4-15	~70																						
Q1-16	~65																						
Q2-16	~60																						
	 <p data-bbox="402 1071 565 1155">% of employee performance plans completed timely</p>	 <table border="1" data-bbox="605 951 1523 1245"> <thead> <tr> <th>Quarter (Calendar Year)</th> <th>Actual (%)</th> </tr> </thead> <tbody> <tr> <td>Q1-15</td> <td>~45</td> </tr> <tr> <td>Q2-15</td> <td>~50</td> </tr> <tr> <td>Q3-15</td> <td>~45</td> </tr> <tr> <td>Q4-15</td> <td>~60</td> </tr> <tr> <td>Q1-16</td> <td>~65</td> </tr> <tr> <td>Q2-16</td> <td>~55</td> </tr> </tbody> </table>	Quarter (Calendar Year)	Actual (%)	Q1-15	~45	Q2-15	~50	Q3-15	~45	Q4-15	~60	Q1-16	~65	Q2-16	~55							
Quarter (Calendar Year)	Actual (%)																						
Q1-15	~45																						
Q2-15	~50																						
Q3-15	~45																						
Q4-15	~60																						
Q1-16	~65																						
Q2-16	~55																						
 <p data-bbox="138 1375 332 1522">GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.</p>	 <p data-bbox="402 1407 565 1491"># of content areas on the Public Health Tracking Portal</p>	 <table border="1" data-bbox="605 1287 1523 1581"> <thead> <tr> <th>Calendar Year</th> <th>Actual</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>~9</td> <td>~9</td> </tr> <tr> <td>2014</td> <td>~11</td> <td>~11</td> </tr> <tr> <td>2015</td> <td>~16</td> <td>~16</td> </tr> <tr> <td>2016</td> <td>~18</td> <td>~20</td> </tr> </tbody> </table>	Calendar Year	Actual	Target	2013	~9	~9	2014	~11	~11	2015	~16	~16	2016	~18	~20						
Calendar Year	Actual	Target																					
2013	~9	~9																					
2014	~11	~11																					
2015	~16	~16																					
2016	~18	~20																					
	 <p data-bbox="402 1659 565 1911">% of core services with dashboard metrics that can show measureable improvement (% of divisions with measures on IDPH executive dashboard)</p>	 <table border="1" data-bbox="605 1623 1523 1917"> <thead> <tr> <th>Quarter (Calendar Year)</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1-15</td> <td>~15</td> <td>100</td> </tr> <tr> <td>Q2-15</td> <td>~15</td> <td>100</td> </tr> <tr> <td>Q3-15</td> <td>~15</td> <td>100</td> </tr> <tr> <td>Q4-15</td> <td>~45</td> <td>100</td> </tr> <tr> <td>Q1-16</td> <td>~45</td> <td>100</td> </tr> <tr> <td>Q2-16</td> <td>~80</td> <td>100</td> </tr> </tbody> </table>	Quarter (Calendar Year)	Actual (%)	Target (%)	Q1-15	~15	100	Q2-15	~15	100	Q3-15	~15	100	Q4-15	~45	100	Q1-16	~45	100	Q2-16	~80	100
Quarter (Calendar Year)	Actual (%)	Target (%)																					
Q1-15	~15	100																					
Q2-15	~15	100																					
Q3-15	~15	100																					
Q4-15	~45	100																					
Q1-16	~45	100																					
Q2-16	~80	100																					

Goal	Indicator	Charts																		
<p> GOAL 4: Cultivate an organizational culture of quality improvement.</p>	<p> % of employees that respond (+) to "We have good processes for doing our work" (employee survey)</p>	 <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>45</td> <td>75</td> </tr> <tr> <td>2012</td> <td>45</td> <td>75</td> </tr> <tr> <td>2013</td> <td>45</td> <td>75</td> </tr> <tr> <td>2015</td> <td>45</td> <td>75</td> </tr> <tr> <td>2016</td> <td>45</td> <td>75</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2011	45	75	2012	45	75	2013	45	75	2015	45	75	2016	45	75
Calendar Year	Actual (%)	Target (%)																		
2011	45	75																		
2012	45	75																		
2013	45	75																		
2015	45	75																		
2016	45	75																		
	<p> % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)</p>	 <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>55</td> <td>85</td> </tr> <tr> <td>2012</td> <td>55</td> <td>85</td> </tr> <tr> <td>2013</td> <td>55</td> <td>85</td> </tr> <tr> <td>2015</td> <td>75</td> <td>85</td> </tr> <tr> <td>2016</td> <td>75</td> <td>85</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2011	55	85	2012	55	85	2013	55	85	2015	75	85	2016	75	85
Calendar Year	Actual (%)	Target (%)																		
2011	55	85																		
2012	55	85																		
2013	55	85																		
2015	75	85																		
2016	75	85																		
	<p> % of IDPH staff who have had exposure to QI in the last year</p>	 <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>45</td> <td>50</td> </tr> <tr> <td>2014</td> <td>35</td> <td>50</td> </tr> <tr> <td>2015</td> <td>30</td> <td>50</td> </tr> <tr> <td>2016</td> <td>0</td> <td>50</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2013	45	50	2014	35	50	2015	30	50	2016	0	50			
Calendar Year	Actual (%)	Target (%)																		
2013	45	50																		
2014	35	50																		
2015	30	50																		
2016	0	50																		
	<p> % of IDPH staff with QI in their performance plans</p>	 <table border="1"> <thead> <tr> <th>Calendar Year</th> <th>Actual (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>10</td> <td>20</td> </tr> <tr> <td>2014</td> <td>25</td> <td>20</td> </tr> <tr> <td>2015</td> <td>20</td> <td>35</td> </tr> <tr> <td>2016</td> <td>0</td> <td>35</td> </tr> <tr> <td>2017</td> <td>0</td> <td>35</td> </tr> </tbody> </table>	Calendar Year	Actual (%)	Target (%)	2013	10	20	2014	25	20	2015	20	35	2016	0	35	2017	0	35
Calendar Year	Actual (%)	Target (%)																		
2013	10	20																		
2014	25	20																		
2015	20	35																		
2016	0	35																		
2017	0	35																		