

DOH-Pinellas SIP Quarterly Status Report: CY 2013 Q3

Goal	Strategy	Objective Number	Objective	Lead Division	Data Source	Frequency	PMC Responsible	Status (select not started, on schedule, at risk, not on schedule, complete)	Explanation of status and summary of key activities this reporting period.
Goal 1.1: Protect the population from health threats	Strategy 1.1.1: Prevent and control infectious disease	1.1.1A	By Dec. 31, 2015, increase the percentage of two year olds in Pinellas County who are fully immunized from 75.3% (2012) to 90%.	Disease Control & Health Protection	Florida CHARTS	Annual	Dr. Cui	On Schedule	
Goal 1.1: Protect the population from health threats	Strategy 1.1.1: Prevent and control infectious disease	1.1.1B	By Dec. 31, 2015, reduce the bacterial STD case rate among Pinellas females 15-34 years of age by 5%, from 3,162 per 100,000 (2011) to 3,004 per 100,000.	Disease Control & Health Protection	Florida CHARTS	Annual	Sherry Lewis	On Schedule	
Goal 1.1: Protect the population from health threats	Strategy 1.1.2: Prevent and reduce intentional and unintentional injuries	1.1.2A	By Dec. 31, 2015, reduce the rate of deaths from unintentional injury among Pinellas children ages 0–14 from 11.7 per 100,000 in 2009-2011 to 8.9 per 100,000 in partnership with local Safe Kids chapter or coalition.	Disease Control & Health Protection	Florida CHARTS	Annual	Christine Frankford	On Schedule	
Goal 1.1: Protect the population from health threats	Strategy 1.1.2: Prevent and reduce intentional and unintentional injuries	1.1.2B	By Dec. 31, 2015, reduce the average monthly rate of Pinellas children 0-4 experiencing child abuse from 3.71 per 1,000 in 2012 to 3.34 per 1,000.	MCH Home Visiting	Florida DCF	Monthly by Request	Ray Hensley	On Schedule	

Goal 1.2: Reduce chronic disease morbidity and mortality	Strategy 1.2.1: Increase the proportion of adults and children who are at a healthy weight	1.2.1A	By Dec. 31, 2015, increase the proportion of Pinellas County children (1st, 3rd, & 6th grade) who are at a healthy weight from 65.1% in 2010-2011 to 65.7%.	Clinical Services & Community Health Promotion	DOH School Health Services Summary	Annual	Cathy Dreibelbis	On Schedule	
Goal 1.2: Reduce chronic disease morbidity and mortality	Strategy 1.2.2: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure	1.2.2A	By Dec. 31, 2015, increase the number of committed never smokers among Pinellas County youth ages 11-17 from 64.1% (2012) to 67.3%.	Clinical Services & Community Health Promotion	Florida Youth Tobacco Survey	Annual	Megan Carmichael	On Schedule	
Goal 1.3: Improve maternal and child health	Strategy 1.3.1: Reduce infant mortality	1.3.1A	By Dec. 31, 2015, reduce the infant mortality rate in Pinellas from 6.7 per 1,000 live births (2010 - 2012) to 6.0 per 1,000 live births (2012 - 2014).	MCH Home Visiting	Florida CHARTS	Annual	Kathy Clark	On Schedule	
Goal 2.1: Improve efficiency and effectiveness	2.1.1: Adopt certified electronic health record software	2.1.1A	By Dec. 31, 2013, all Pinellas Clinical and Dental sites will be utilizing the clinical visit within the HMS Electronic Health Record for client visits.	IT	HMS Meaningful Use Report	Quarterly	John Martinelli	On Schedule	
Goal 2.1: Improve efficiency and effectiveness	Strategy 2.1.2: Adopt certified electronic health record software	2.1.2A	By Dec. 31, 2014, increase the number of Pinellas emergency rooms submitting electronic information used for syndromic surveillance to DOH from 85.7% to 100%.	Disease Control & Health Protection	Local	Quarterly	JoAnne Lamb	On Schedule	
Goal 2.1: Improve efficiency and effectiveness	Strategy 2.1.3: Use public health information technology and systems to efficiently improve business practices	2.1.3A	By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite and collaboration tools.	IT	Local	Quarterly	James Baird	On Schedule	

Goal 2.1: Improve efficiency and effectiveness	Strategy 2.1.4: Use public health information technology and systems to efficiently improve business practices	2.1.4A	By March 31, 2015, implement and utilize an online travel system.	Admin Services	Local	Quarterly	Pankaj Doshi	On Schedule	
Goal 2.1: Improve efficiency and effectiveness	Strategy 2.1.4: Use public health information technology and systems to efficiently improve business practices	2.1.4B	By June 30, 2014, implement an electronic review of contracts and grants.	Admin Services	Local	Quarterly	Mike Davis	On Schedule	
Goal 2.2: Maximize funding to accomplish the public health mission	2.2.1: Maximize Medicaid and other third party revenue to help retain the infrastructure necessary to meet the public health needs of the community	2.2.1A	By Dec. 31, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.	Admin Services	Local	Quarterly	Barb Sarver	On Schedule	
Goal 2.2: Maximize funding to accomplish the public health mission	2.2.2: Review and update fee policies and fee schedules	2.2.2A	By Dec. 31, 2013 and annually, review and update fee policies and fee schedules.	Admin Services	Local	Quarterly	Jennifer West	On Schedule	
Goal 2.3: Promote a culture of organizational excellence	2.3.1: Collect, track and use performance data to inform business decisions and continuously improve	2.3.1A	By Dec. 31, 2014, implement and maintain an online performance monitoring dashboard.	Planning & Performance Management	Local	Quarterly	Melissa Van Bruggen	On Schedule	
Goal 2.3: Promote a culture of organizational excellence	2.3.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions	2.3.2A	By Dec. 31, 2015, implement 95% of activities in the agency QI plan based on established schedule.	Planning & Performance Management	Local	Quarterly	Melissa Van Bruggen	On Schedule	

Goal 2.3: Promote a culture of organizational excellence	2.3.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions	2.3.2B	By Dec. 31, 2013, and annually, maintain the percentage of completed customer satisfaction surveys with a satisfactory or better rating at 90% or better.	Planning & Performance Management	Local	Quarterly	Linda Kahle	On Schedule	
Goal 2.4: Optimize communications	2.4.1: Develop, implement and improve internal and external communication strategies and plans.	2.4.1A	By Dec. 31, 2015, maintain 95% compliance with objectives in the DOH strategic communications plan.	Director's Office	Local	Quarterly	Amber Boulding	On Schedule	
Goal 3.1: Assure access to health care	3.1.1: Increase access to care for underserved populations	3.1.1A	By Dec. 31, 2015, increase the number of dental clients served from 11,500 to 12,650.	Clinical Services & Community Health Promotion	HMS	Monthly	Christine Vongsyprasom	On Schedule	
Goal 3.1: Assure access to health care	3.1.1: Increase access to care for underserved populations	3.1.1B	By Dec. 31, 2015 decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.1% (2010) to 15.2%.	Clinical Services & Community Health Promotion	BRFSS	Biennially	Lisa Brown	On Schedule	
Goal 3.1: Assure access to health care	Provide equal access to culturally and linguistically competent care	3.1.2A	By Dec. 31, 2014, conduct a Culturally and Linguistically Appropriate Services (CLAS) self-assessment.	Planning & Performance Management	Local	Quarterly	Rebecca Phillips	On Schedule	
Goal 3.2: Promote an integrated public health system	3.2.1: Collect, track and use performance data to inform business decisions and continuously improve	3.2.1A	By Dec. 31, 2013, distribute a current Community Health Improvement Plan that aligns with SHIP using a minimum of three methods of distribution.	Planning & Performance Management	Local	Quarterly	Jocelyn Howard	Complete	

Goal 3.2: Promote an integrated public health system	3.2.1: Collect, track and use performance data to inform business decisions and continuously improve	3.2.1B	By Dec. 31, 2014, convene with Community Health Action Team a minimum of annually to assess CHIP progress.	Planning & Performance Management	Local	Quarterly	Jocelyn Howard	On Schedule	
Goal 3.2: Promote an integrated public health system	3.2.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions	3.2.2A	By Dec. 31, 2014, increase public health presence in the local planning process by attending a minimum of one county planning board, planning review committee, or regional planning meeting.	Disease Control & Health Protection	Local	Quarterly	Christine Frankford	On Schedule	
Goal 3.2: Promote an integrated public health system	3.2.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions	3.2.2B	By Dec. 31, 2014, share data and information about Community Health Assessment work with partner organizations.	Planning & Performance Management	Local	Quarterly	Jocelyn Howard	On Schedule	
Goal 3.2: Promote an integrated public health system	3.2.3: Support local efforts to revitalize communities	3.2.3A	By Dec. 31, 2014, create a Community Action Team to increase activities and support for household and community level development.	Disease Control & Health Protection	Local	Quarterly	John Geisler	On Schedule	
Goal 4.1: Attract, recruit, and retain a competent and credentialed workforce	4.1.1: Implement a competency-based framework for recruitment and training	4.1.1A	By Dec. 31, 2015, 80% of employees will have an employee development plan that identifies at least one competency-based training.	HR & Training	Local	Quarterly	Darrell Pfalzgraf	On Schedule	
Goal 4.1: Attract, recruit, and retain a competent and credentialed workforce	4.1.2: Provide trainings and resources that support and develop current public health employees	4.1.2A	By Dec. 31, 2015, implement the DOH competency based certificate programs for public health employees.	HR & Training	Local	Quarterly	David Dodd	On Schedule	

Goal 4.2: Ensure partnerships, systems and processes to support the future workforce	4.2.1: Develop, sustain, and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce	4.2.1A	By June 30, 2015, implement 95% of activities identified in the Workforce Development Plan based on established schedule.	HR & Training	Local	Quarterly	Chris Gibson	<u>On Schedule</u>	
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