

# Annual Report

## 2013 - 2014



**Crawford County**  
Home Health, Hospice & Public Health

105 North Main Street  
Courthouse Annex  
Denison, Iowa 51442  
(712) 263-3303

## Table of Contents

Introduction.....	Page 1
Acknowledgements.....	Page 2
Mission Statement.....	Page 3
Year End Summary.....	Page 4
Year End Report.....	Pages 5-7
Three Year Comparison Statistics.....	Page 8
2013-2014 Grants.....	Pages 9-10
Board/Coalition Membership & Representation.....	Pages 11-12
Staff Introduction & Organizational Charts.....	Page 13
Agency Staff.....	Pages 14-20
Agency & Program Organizational Table.....	Page 21
Financial Reports.....	Page 22
Statement of Activities.....	Page 23
Fiscal Year Financial Review.....	Page 24
Actual Income By Period.....	Page 25
Actual Expense By Period.....	Page 26
Tax Asking History.....	Page 27
Home Health Program.....	Page 28
Program Report.....	Pages 29-32
Audit Summary.....	Page 33
Referrals, Admissions & Discharges.....	Page 34
Hospice Program.....	Page 35
Program Report.....	Pages 36-40
Audit Summary.....	Page 41
Home Care Aide Program.....	Page 42
Program Report.....	Page 43-46
Audit Summaries.....	Pages 47-49
HCBS Waiver Programs.....	Page 50
Brain Injury.....	Pages 51-52
Elderly Waiver & Elderly Waiver Case Management.....	Pages 53-54
Intellectually Disabled.....	Page 55

Public Health Programs.....	Page 56
Baby Boutique.....	Page 57
Blood Pressure Screening.....	Page 58
Care for Yourself (BCCEDP).....	Pages 59-60
Child Health.....	Pages 61-62
Communicable Disease.....	Pages 63-64
Community Equipment Loan Program.....	Page 65
Dr ALTo Coalition.....	Pages 66-67
EPSDT.....	Page 68
Family Planning.....	Pages 69-70
Family STEPS.....	Pages 71-72
hawk-i.....	Page 73
Hepatitis B.....	Page 74
Immunization.....	Pages 75-79
Influenza.....	Page 80
Lead.....	Page 81
Maternal Health.....	Pages 82-84
Mental Health.....	Page 85
One Time Mom/Baby.....	Page 86
Public Health Preparedness.....	Pages 87-88
Schleswig Community School.....	Page 89
Vision Screening.....	Page 90
HCCMS Program.....	Page 91
Maternal/Child Health & Family Planning.....	Pages 92-97
Child Care Nurse Consultant.....	Pages 98-100
1 <sup>st</sup> Five Healthy Mental Development Initiative.....	Pages 101-102
I-Smile.....	Pages 103-105
School-Based Sealant.....	Pages 106-107

Welcome to the Crawford County Home Health, Hospice & Public Health (CCHHH&PH) Annual Report for fiscal year of July 1, 2013 through June 30, 2014. Each year the employees of Crawford County Home Health, Hospice & Public Health work together to prepare this report.

Crawford County Home Health, Hospice & Public Health meets the community's needs through providing public health, home health, hospice, and homemaker services. Crawford County Home Health, Hospice & Public Health has been Medicare certified since May of 1974 and Hospice certified since May of 1999. Public Health services have been provided to the citizens of Crawford County since 1951. The agency is a non-profit organization serving under the direction of the Crawford County Board of Health and receives financial support from the Crawford County Board of Supervisors.

Crawford County Home Health, Hospice & Public Health believes in the human rights of each individual, the value of life and the goal of achieving the highest standard of health possible for each individual served. The agency believes that the services provided are an important part of the health care delivery system. It is also believed that a home environment in many cases can enhance and encourage individuals to strive for optimal health. To achieve this goal, coordination and planning must involve the health care provider, other service providers, and education to the client and/or family. Optimum quality care is important to meet the community health needs by providing services from prenatal through the end-of-life for the diverse population in Crawford County.

# Acknowledgements

Crawford County Home Health, Hospice & Public Health extends their appreciation to all of those who serve as members of the Board of Health and the Board of Supervisors. The staff would like to thank the Boards for the time and support given to the agency.

## BOARD OF HEALTH

Douglass Soseman, DDS  
Patty Ritchie  
Tim Weber, RPh  
Karl Hasik, MD  
Marcy Larson, BSN RN



Ritchie, Larson, Soseman, Weber (Hasik absent)

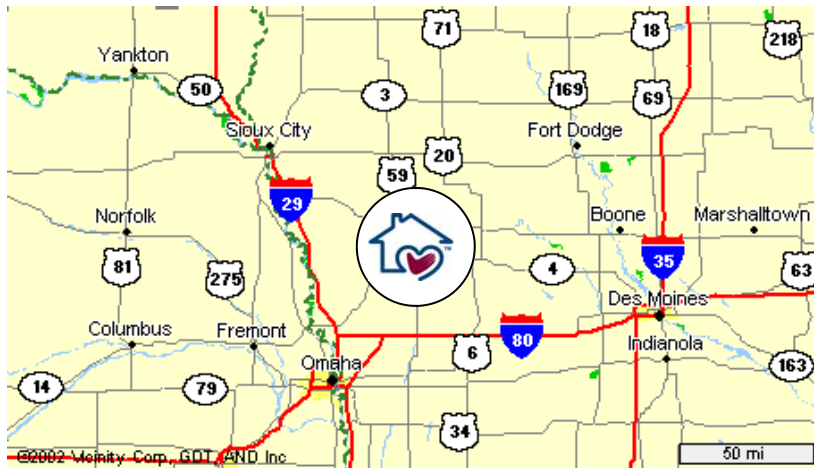


Kuhlmann, Skoog, Ulmer, Buller, Blum

## BOARD OF SUPERVISORS

Steve Ulmer  
Eric Skoog  
Jerry Buller  
Cecil Blum  
Randall Kuhlmann

*Providing the highest quality  
of care and meeting the needs*



*of the community in the most  
cost effective way.*

2  
0  
1  
3

# Year End Summary



2  
0  
1  
4

## Year End Summary

The following information is a summary of events that occurred during the year July 1, 2013 through June 30, 2014.

July:

- No Board of Health Meeting held.

August:

- No Board of Health Meeting held.

September:

- Presentation of the FY14 Annual Report.
- Exploring the process for a 501(c)3 to create a new Hospice donation entity to replace the Hospice Volunteer Board which was disbanded earlier in the year by the group. This group normally coordinate the Hospice Tree of Lights campaign and other Hospice donation efforts.
- Public Health Emergency Preparedness grant will be part of the Crawford County Coalition with Crawford County Memorial Hospital being the fiscal agent.

October:

- No Board of Health Meeting held.
- Kay Ross, BSW resigned as Hospice Social Worker.
- Emilee Lakner, BSW hired as Hospice Social Worker.

November:

- Grant for the new 1<sup>st</sup> Five program through HCCMS was awarded.
- Approval was received to pay BKD for cost report preparations.
- Board approved the procedure to allow agency employees to accrue sick leave at the rate of 1.5 days per month effective January 1, 2014, to coincide with the current Crawford County Handbook.
- Board approved the expense for Grief Recovery Method Training and also to seek reimbursement from the Methodist Church Grief Board when appointed.
- Monica Neumann changed from part-time HCCMS Project Assistant to full-time status effective November 15<sup>th</sup>.
- Hospital Foundation is going to work with the agency in Hospice fund-raising activities for the next year at no charge. A committee needs to be created to work with this. By-laws or rules will also need to be developed concerning duties and responsibilities.



- The Tree of Lights Ceremony was held at CCMH on November 26<sup>th</sup> with the donations running through the hospital foundation.
- Family Planning Clinic has been moved from Dr. Crabb's office to the basement/back entrance of the former DHS building on 5<sup>th</sup> Avenue South.
- Beginning to investigate the role of the Board of Supervisors in relationship to the Board of Health.

#### December:

- Jennifer Bendgen, RN was hired full-time for the 1<sup>st</sup> Five Project.
- Cheryl Bral, full-time Medical Biller passed away after her battle with cancer.
- Jodi Utech was hired as full-time Medical Biller.
- Patty Ritchie reappointed to the Board of Health.
- Dr AlTo sponsored a billboard advertisement which will be displayed by the Kum & Go in Denison.
- An audit of Prevent Child Abuse funds took place with no problems found.
- Board of Health approved a Raw Milk Position Statement request from the Iowa Environmental Health Association and the Iowa Counties Public Health Association (ICPHA). This is Crawford County's Board of Health Position Statement.
- The Board of Supervisors has taken the position of recognizing agency appointments and claims, rather than approving.

#### January:

- No Board of Health Meeting held.
- Jennifer Bendgen, RN resigned due to family issues.

#### February:

- Sharon Davidson stepped down from the I-Smile Coordinator position.
- Election of Board of Health Officers as follows: Dr. Soseman, Chairman; Tim Weber, Vice Chairman and Patty Ritchie, Secretary.
- Board of Health approved the FY15 proposed budget.
- Lori Hoch, CCNC Coordinator, transitioning into the 1<sup>st</sup> Five Coordinator.
- Family Planning implemented electronic health records.
- 31 WIT Nursing students begin to shadow nurses 4 days a week with a BSN student doing a practicum in the agency.
- Rotary provided a \$10,000 grant for promotion and post party follow-up of the Live Healthy Iowa initiative.
- Health Care Coalition looking at joining with Sac, Ida, Buena Vista and possibly Woodbury counties in order to meet grant expectations of Public Health Emergency Preparedness.

- Laura appointed by City to Ad Hoc Committee looking at a Rec Center in Denison.

March:

- No Board of Health Meeting held.

April:

- No Board of Health Meeting held.
- Erinn Brasel, RN resigned but will remain on staff until all paperwork has been signed and completed per part of the Home Health and Hospice needs.
- Christina Lamaak, BSN RN was hired as full-time Hospice nurse.

May:

- Sharon Davidson resigned as Dental Hygienist. A Dental Hygienist has been contracted and has been working with the School-based Sealant program in Cass County.
- HCCMS Five County Project Grant application for Maternal/Child Health/Family Planning for \$225,616 was submitted.
- Crawford County Child Health Program has transitioned to indirect services.
- Application made for “Child at Home” grant designed to assist families in securing the services and support they identify as necessary in helping their child remain in the home.
- Laura worked with CCMH to submit an IDPH grant for EMS services for \$7,538.
- The Live Healthy Iowa wrap-up held with traveling trophies were given out.
- Laura reported grants that were submitted which include: 1) Early Childhood Iowa-Child Care Nurse Consultant (HMS Counties), BVCS (Crawford County), Boost (Cass County); 2) Early Childhood Iowa-Oral Health (HMS Counties), BVCS (Crawford County), Boost (Cass County); 3) Children at Home (Crawford and Harrison Counties); 4) Maternal Child Health/Family Planning (HCCMS Counties); 5) Family STEPS; 6) PCA; and 7) Drug, Alcohol & Tobacco Coalition (Dr AlTo).

June:

- No Board of Health Meeting held.
- Dr. Hasik resigned as a Board of Health member.

**CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH  
STATISTICS**

**THREE YEAR COMPARISONS**

<b>HOME HEALTH</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
Home Health Admits	81	127	124
Home Health Discharges	85	130	122
Home Health Nursing Visits	1976	2389	2518
Therapy Visits	152	181	272
Evaluation Visits	62	58	47

<b>HOMEMAKER</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
Homemaker Admits	33	28	32
Homemaker Discharges	27	35	27
Homemaker Visits	2062	1769	2220

<b>HEALTH AIDE</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
Health Aide Admits	22	89	107
Health Aide Discharges	24	97	106
Health Aide Visits	1676	2140	2643

<b>WAIVER PROGRAMS</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
Elderly Waiver Admissions	3	5	8
Elderly Waiver Discharges	3	7	6
Elderly Waiver Aide Visits	849	947	1193
Brain Injury SCL Visits	4	44	45
Brain Injury CDAC Visits	52	101	106
ID SCL Visits	2	44	474
CM Elderly Waiver Visits	341	349	387
CM Elderly Waiver Admissions	4	6	12
CM Elderly Waiver Discharges	9	8	7

<b>HOSPICE</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
Hospice Admits	81	81	77
Hospice Deaths or Discharges	81	84	69
Hospice RN Visits	833	1059	991
Hospice SW Visits	301	317	285
Hospice HA Visits	255	396	432
Nurse Practitioner Visits	3	8	8

<b>PUBLIC HEALTH</b>	<b>FY14</b>	<b>FY13</b>	<b>FY12</b>
1 x Mom & Baby Visits	6	18	17
Immunizations for Children	503	438	591
Children's Flu Mist	188	207	116
Children's Flu Shot	83	131	60
Adult Hep B	18	13	36
Blood Pressures Taken	802	803	1035
Vision Checks	18	12	7
Seasonal Flu Shots	431	568	560
TB Preventative Served	26	18	10
TB Direct Observation Therapy	24	0	0
TB Skin Tests	59	55	22
Disease Investigations	5	4	7
Family STEPS Visits	758	747	974
FS- Not Home/Not Found	74	61	66
Promise Jobs Visits	117	111	106
Drug Patch Applications	0	111	50
Drug Patch Removals	0	107	48
Lead Screenings	34	43	73
Family Planning Clinic Visits	252	208	283
Family Planning Pick Up Visits	405	468	662
Child Health Clinic Visits	107	151	205
Maternal Health Visits	21	29	61
Care for Yourself	51	39	48
WISE WOMAN	0	29	34
CCNC Visits	86	46	83
I-Smile Screenings	176	257	193

Total Home Care Visits	10888	11497	12976
Served in P.H. Programs	3899	4139	5023

## 2013-2014 Grants

HCCMS Maternal/Child Health/Family Planning/CCNC/I-Smile/hawk-i

October 1, 2012 - September 30, 2013 ~ \$346,188

October 1, 2013 - September 30, 2014 ~ \$255,026

CCNC - Crawford, Buena Vista & Sac Counties Early Childhood Iowa

\$19,281

Oral Health - Crawford, Buena Vista & Sac Counties Early Childhood Iowa

\$5,619

CCNC - Boost-4-Families Cass, Mills & Montgomery Early Childhood Iowa

\$5,473

Oral Health - Boost-4-Families Cass, Mills & Montgomery - Early Childhood Iowa

\$2,922

CCNC - Harrison, Monona & Shelby Early Childhood Iowa

\$43,633.24

Oral Health - Harrison, Monona & Shelby Early Childhood Iowa

\$10,437

HCCMS - Cervical Cancer Screening

\$950

HCCMS - 1<sup>st</sup> Five HDMI Community Planning

\$74,742

HCCMS - School-based Dental Sealant Program

\$25,000

## 2013-2014 Grants

Family STEPS - Crawford, Buena Vista & Sac Counties Early Childhood Iowa  
\$149,141

Prevent Child Abuse Iowa  
Family STEPS ~ \$15,176

Local Public Health Services Contract (LPHSC)  
\$57,619

Public Health Emergency Preparedness  
July 1, 2013 - September 30, 2013 ~ \$5993 (3 month extension)  
(Original Grant = \$28,031 ~ Total Grant =\$34,024)  
October 1, 2013 - June 30, 2014 ~ \$21,817

Elderbridge Agency on Aging  
Homemaker ~ \$15,600  
Personal Care Homemaker ~ \$3,000  
Respite ~ \$1,250

Immunization  
January 1, 2013 - December 31, 2013 ~ \$10,290  
January 1, 2014 - December 31, 2014 ~ \$10,930

DrALTo - Community Partners for Protecting Children (CPPC)-Decategorization  
\$4,900

Baby's Boutique - Community Partners for Protecting Children (CPPC)-Decat  
\$3,000

Iowa Care for Yourself Program (Cass County BOH holds Grant)  
Total Amount: \$6,300

Community Equipment Loan Program (CELP) - Crawford County Comm Foundation  
\$2,000.00

## Board/Coalition Membership & Representation

	<u>Attended By:</u>
Crawford, Buena Vista & Sac Counties Early Childhood Iowa-10 times a year	Laura
Crawford & Sac Counties Decategorization-10 times a year	Laura
Crawford County Early Childhood Iowa Advisory Council-6 times a year	Laura
Crawford County Decategorization Advisory Council-6 times a year	Laura
Crawford County Child Abuse Prevention Council-6 times a year	Laura
Crawford County <u>Drug</u> , <u>Alcohol</u> & <u>Tobacco</u> Coalition (Dr AlTo)-as needed with activities	Laura
Crawford County Emergency Planning Committee-as needed	Laura
IDPH Preparedness Advisory Committee (PAC)-quarterly	Laura
Public Health Advisory Council-bi-monthly	Laura
Denison Elementary School Business Partner-quarterly	Laura
Iowa Counties Public Health Association (ICPHA)-bi-monthly	Laura
Iowa Alliance in Home Care (IAHC)-state & district-twice a year	Laura
Hospice & Palliative Care Association of Iowa (HPCAI)-state-twice a year & district bi-monthly	Lynette
Crawford County Wellness Coalition-as needed	Laura & Kim
Rural Referral Network	Laura & Kim
Wellness Center Ad Hoc for Denison City Council	Laura

## Other Meetings

	<u>Attended By:</u>
BOH-six times a year & as needed	Laura, Alan, Kathy, Lynette & Kim
BOS-as needed	Laura
Home Health/Hospice Staffing-as needed	Home Health & Hospice Staff
All Agency-monthly-with exceptions	All Staff
Waiver/Homemaker Staffing-monthly	Jan, Kay, HCA Staff Lynette & Laura (as needed)
Regional Public Health Preparedness-in person & webinars-monthly	Laura
Family STEPS Tri-County Staffing-quarterly	Family STEPS Staff & Laura
Family STEPS Crawford Staffing-monthly	Family STEPS Staff & Laura
Regional Nurse Administrator Meetings-quarterly	Laura
Hospice IDT-every other week	Hospice Staff
Immunization Update-yearly	Amy
Epi Update-yearly	Laura, Kim & Amy
Cultural Diversity-monthly	Laura & Kim
IDPH MCH/FP Grantee Meetings-Regional meetings 3 x year & Fall Conference	Kim
<i>hawk-i</i> Outreach Taskforce-bi-annually	Kim
Family Planning Directors-twice a year	Kim
HCCMS Administrators-as needed	Kim & Laura
HCCMS MCH Meetings-as needed	Kim, Monica & Staff
HCCMS Family Planning-quarterly	Kim
CCNC Regional Meeting-quarterly	Lori
I-Smile-3 times per year	Sharon
Early Childhood Iowa for Cass and HMS-quarterly & as needed	Lori, Sharon & Kim

Many of these are transitioned to teleconferences or webinar based meetings.

# Staff Introductions & Organizational Charts

2  
0  
1  
3



2  
0  
1  
4



## Agency Administrator



Laura Beeck, BSN RN started in the agency in June 2000. Laura is the Administrator and directs all aspects of the agency, as well as, represents the Board of Health and agency on numerous committees and coalitions.

## Finance Manager



Alan Schramm, BA started in the agency in June 2007 as Finance Manager. He oversees all financial aspects of the agency. Al works full-time.

## Coordinator/Supervisor



Lynette Ludwig, BSN RN started in the agency in September 2002 as a part-time employee. In February 2005, she became the Home Care and Hospice Coordinator. Lynette works full-time.



Kim Fineran, BSN RN started in the agency in April 2008 as the HCCMS Project Director for the Maternal/Child Health, I-Smile, Healthy Child Care Iowa and Family Planning Programs in Harrison, Cass, Crawford, Monona and Shelby Counties. She also supervises the Public Health programs. Kim works full-time.

## Nurses



Debra Birks, BSN RN started in the agency in December 2012 working with the HCCMS & Crawford EPSDT Program. Deb works part-time.



Kara Bral, MSN BSN RN started in the agency in December 2010 and is a Home Care and Hospice nurse. She also works on the agency's Quality Compliance needs. Kara works part-time.



Erinn Brasel, RN started in the agency in April 2010 and is a Home Care and Hospice Nurse. In January 2013, Erinn moved to the primary Hospice Nurse. Erinn resigned in April 2014.



Gayle Chapman, RN started in the agency in July 2007 working with the HCCMS & Crawford EPSDT Program. Gayle works part-time.



Jennifer Chapman, BSN RN started part-time in the agency in November 2001. She is a Family STEPS support worker and assists with other Public Health programs as needed. Jennifer works full-time.



Kim Feser, RN started in the agency in January 1993 and is a Home Health and Hospice Nurse. Kim works full-time.



Amy Hartwig, BSN RN started in the agency in May 2013. She is the primary Public Health Nurse and is the contracted Nurse at West Iowa Community Health Mental Health Center. Amy works full-time.



Lori Hoch, RN started in the agency in September 2008 as a Child Care Nurse Consultant (CCNC) for Harrison, Crawford, Monona & Shelby Counties. In May, Lori moved to the 1st Five Coordinator position. Lori works full-time.



Angie Kastner, BSN RN started in the agency in November 2004 as a part-time nurse until 2010 when she reduced her hours. Angie works on-call, as needed.



Christina Lamaak, BSN RN started in the agency in April 2014 as a Home Health and Hospice Nurse. Christina works full-time.



Shelley Moreland, LPN started in the agency in September 2008 working with the Care for Yourself (CYF), EPSDT, HCCMS EPSDT, Child Health, Immunization and *hawk-i* programs. Shelley works part-time.



Nicky Nicoletto, MA BSN RN worked in the agency from August 1990 until January 2011 when she retired. Nicky works on-call, as needed.



Janet Schroeder-Brus, RN started in the agency in September 2012 as a Home Health and Hospice Nurse. Janet works full-time.



Amy Trucke, LPN started in the agency in October 2007. She is a Family STEPS support worker and assists with other Public Health programs as needed. Amy works full-time.



Jaime Van Kley, BSN RN started in the agency in March 2012 working in the Public Health Programs. In June 2013, she moved to on-call status, as needed.



Jan Vonnahme, RN started in the agency in August 2009 as a Home Care and Hospice Nurse. In December 2009, Jan left the Home Care & Hospice Programs and now serves as the Case Manager for Waiver Programs. Jan works part-time.



Alyssa Willenborg, RN started in the agency in February 2013 as a Home Health and Hospice Nurse. Alyssa works full-time.

## Nurse Practitioner



Jill Kierscht, ARNP started in the agency in October 2011 providing face-to-face assessments for Hospice clients. Jill work part-time.

## Social Workers



Emilee Lakner, BSW started in the agency in October 2013 as a Social Worker. Emilee works full-time.



Janette Clausen, LBSW started in the agency in July 2004 working as a Social Worker. In March of 2006, Janette changed to as needed status for Hospice.

## Dental Hygienist

As of June 30<sup>th</sup>, the position was vacant, but the new Dental Hygienist will start on July 8<sup>th</sup>.

## Dental Assistant



Tami McCollough, RDA started in the agency in April 2011 working with the I-Smile Dental Program. Tami works as needed.

## Home Care Aides



Kay Blunk, HCA started in the agency in May 1988. Kay is the Homemaker Case Manager and Home Care Aide Scheduler. She also provides data entry for the Home Care and Hospice. Kay works full-time.



Susan Boettger, HCA started in the agency in April 1987. Susan assists with agency audits and also fills in for the Homemaker Case Manager & HCA Home Care Aide Scheduler. Susan works full-time.



Jayne Gehling, HCA started in the agency in February 1985. Jayne works full-time.



Bill Greteman, HCA started in the agency in February 1994. Bills works part-time.



Carol Meyer, HCA started in the agency in June 2010. Carol works part-time.



Kate Neumann, HCA started in the agency in February 1994. Kate works full-time.



Ruth Parker, HCA started in the agency in March 2010. Ruth works full-time.

### Clerical & Interpreter Staff



Cheryl Brai started in the agency in May 2006. She processed billing for all agency services and provided back-up support for the Flu Clinics. Cheryl worked full-time. Cheryl passed away on December 8, 2013.



Rocio Fernandez started in the agency in January 2010 as an Interpreter. She assists with Child Health, EPSDT and bilingual secretarial duties. Rocio works part-time.



Juanita Garcia started in the agency in December 2012 as an Interpreter. Juanita works part-time.



Ashley Eggers started in the agency in June 2006. She assists HCCMS with secretarial and billing needs. Ashley works part-time.



Monica Neumann started in the agency in May 2000. She works as the HCCMS Finance and Project Assistant. In 2004, Monica moved to part-time status until November 2013 when she returned working full-time.



Yesica Perez Zavala started in the agency in March 2012 as an Interpreter. Yesica works as needed.



Kathy Ransom started in the agency in November 1983. She serves as Administrative Secretary and support staff to the Board of Health. She completes the data entry for timestudies, processes payroll for the agency and provides clerical support for Flu clinics. Kathy works full-time.



Jodi Utech started in the agency in December 2013 as the Medical Biller. Jodi works full-time.



Kelly Weltz started in the agency in 2007. Kelly works as the agency receptionist and assists with Immunization and Lead Programs, as well as, the Volunteer Hospice program and other agency programs as needed. Kelly works full-time.

**On Call Interpreters:**

Oralia Saldana

**Left Agency Employment in FY14:**

Jennifer Bendgen, 1st Five Coordinator, employed December 2013 to January 2014

Joanie Bral, LPN, employed May 2008 to June 2014

Sharon Davidson, RDH, employed March 2008 to May 2014

Bethany Gonzalez, Interpreter, employed March 2012 to June 2014

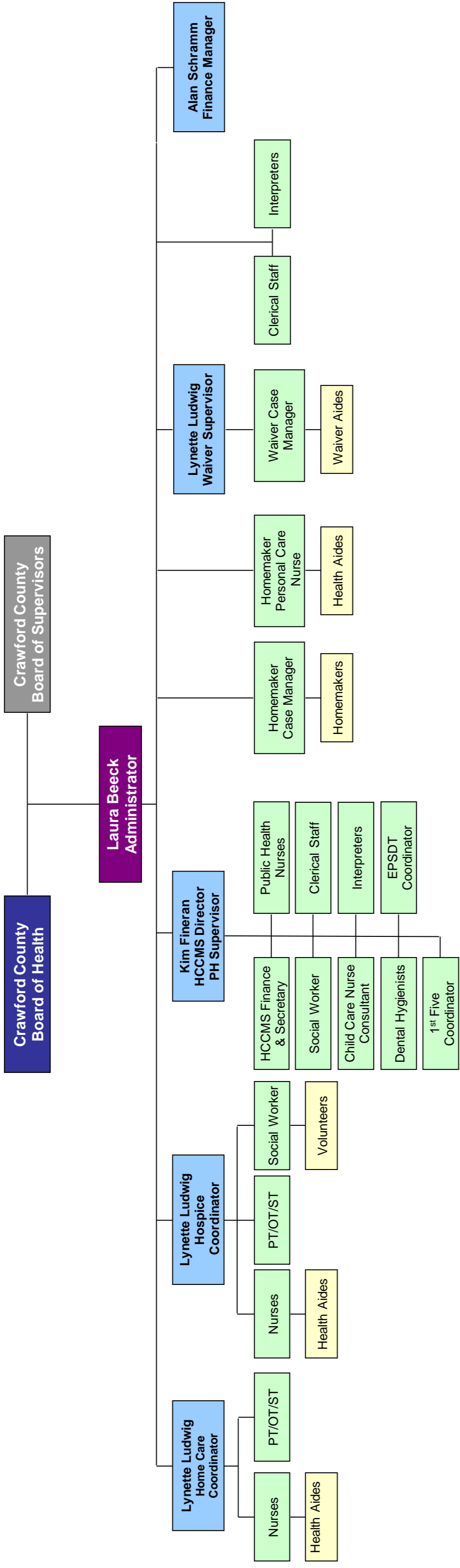
Margie Gorden, RN, employed May 2012 to June 2014

Cheryl Lahr, BSN RN, employed December 2011 to June 2014

Kay Ross, BSW, employed October 2011 to October 2013

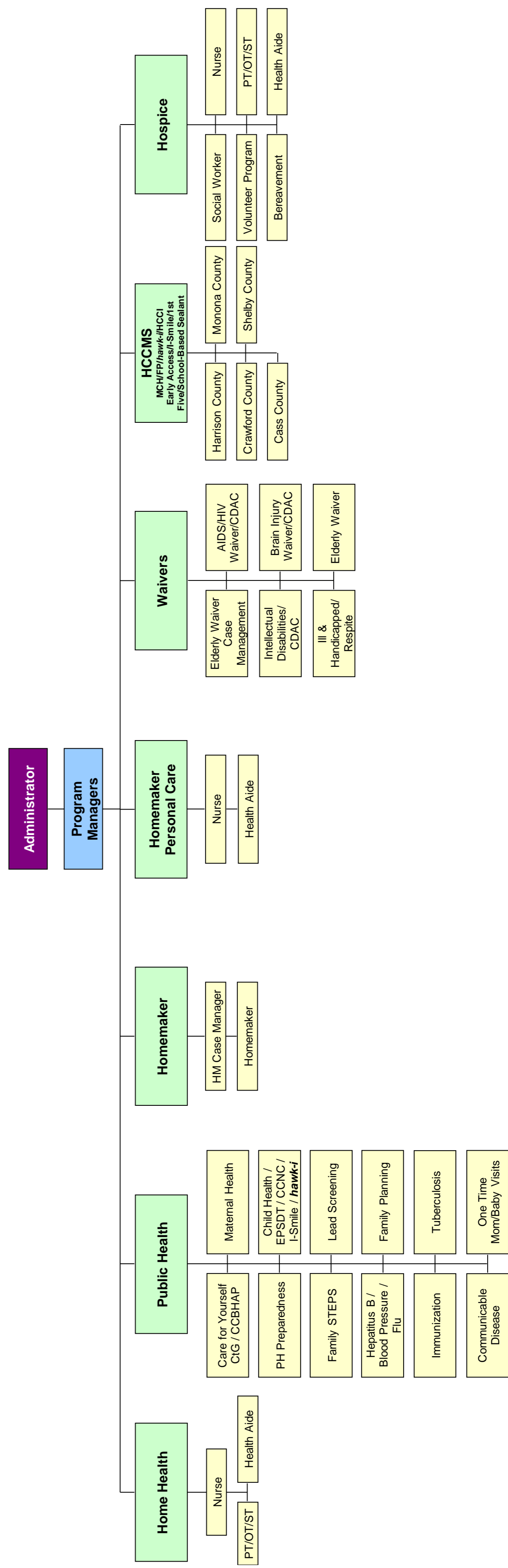
# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH

## Agency Organizational Table



# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH

## Program Organizational Table





# Financial Reports



2  
0  
1  
3

2  
0  
1  
4

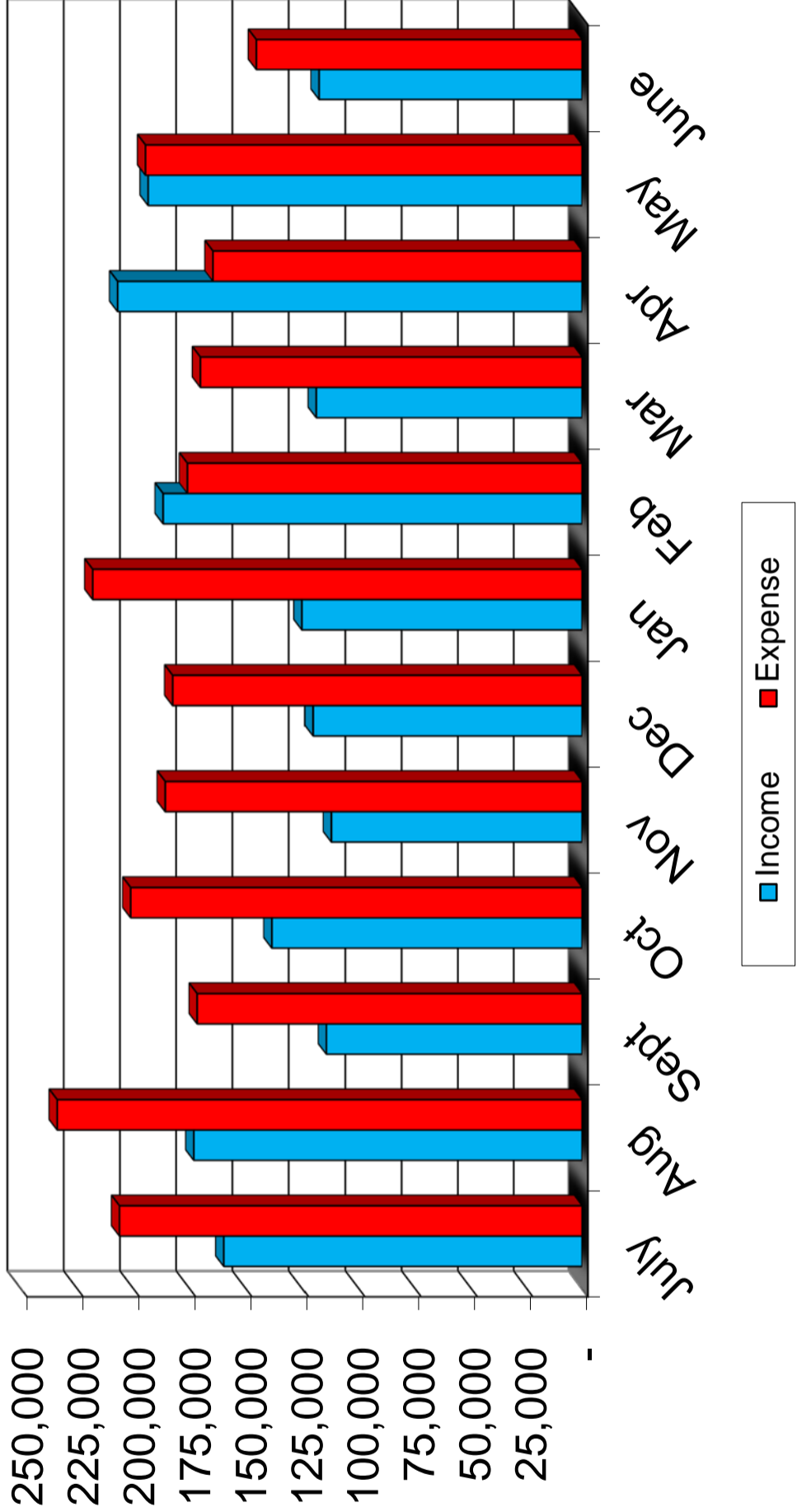
**Statement of Activities (YTD)  
Crawford County Home Health, Hospice & Public Health  
For Month Ended June 30, 2014**

	Total	Home Health				HCCMS Family Planning, Maternal/Child Health
		Department 12	Public Health & Health Aide	Homemaker	Hospice	
<b>Expenses:</b>						
Direct Patient/Program:						
Salaries and benefits	\$ 1,080,736	\$ 977,278	\$ 625,081	\$ 159,451	\$ 192,746	\$ 103,457
Therapy (PT/OT/ST)	\$ 14,900	\$ 14,900	\$ 14,900	\$ -	\$ -	\$ -
Supplies/materials	\$ 21,549	\$ 8,653	\$ 2,791	\$ 128	\$ 5,734	\$ 12,896
Medications/vaccinations	\$ 23,278	\$ 23,278	\$ 6,179	\$ -	\$ 17,098	\$ -
Services and insurance	\$ 10,170	\$ 10,170	\$ 1,080	\$ -	\$ 9,090	\$ -
Hospital, nursing, other contracted	\$ 176,703	\$ 86,332	\$ 425	\$ -	\$ 85,907	\$ 90,372
Mileage, transportation, and agency auto exp.	\$ 41,721	\$ 35,536	\$ 15,947	\$ 10,256	\$ 9,333	\$ 6,185
Medical waste disposal	\$ 180	\$ 180	\$ 153	\$ -	\$ 27	\$ -
Donations, pass through, other reimb.	\$ 12,164	\$ 12,164	\$ 2,155	\$ 2,027	\$ 7,982	\$ -
Accounting & other consulting services	\$ 5,200	\$ 5,200	\$ 2,600	\$ -	\$ 2,600	\$ -
Cost Report Settlements	\$ 6,528	\$ 6,528	\$ 6,528	\$ -	\$ -	\$ -
Indirect Patient/Program:						
Education and training	\$ 9,245	\$ 2,284	\$ 2,175	\$ 34	\$ 75	\$ 6,962
Ads and publications	\$ 7,686	\$ 5,923	\$ 4,189	\$ 524	\$ 1,211	\$ 1,763
Pass through	\$ 221,621	\$ -	\$ -	\$ -	\$ -	\$ 221,621
Uniforms	\$ 2,314	\$ 2,024	\$ 1,507	\$ 378	\$ 139	\$ 290
Overhead and administrative:						
Salaries and benefits	\$ 511,476	\$ 359,585	\$ 296,451	\$ 28,017	\$ 35,117	\$ 151,891
Board of Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office administration	\$ 29,061	\$ 22,861	\$ 17,865	\$ 2,203	\$ 2,793	\$ 6,201
HR & Employee Medical	\$ 903	\$ 756	\$ 124	\$ 465	\$ 167	\$ 147
Industry pubs. & dues	\$ 7,196	\$ 7,101	\$ 5,098	\$ 11	\$ 1,992	\$ 95
Telecommunications	\$ 10,762	\$ 8,464	\$ 6,460	\$ 795	\$ 1,208	\$ 2,298
Information technology	\$ 22,065	\$ 20,323	\$ 11,913	\$ 665	\$ 7,745	\$ 1,743
Office equipment	\$ 25,741	\$ 11,391	\$ 11,376	\$ -	\$ 15	\$ 14,350
Maintenance and repairs	\$ 1,567	\$ 1,567	\$ 1,046	\$ 258	\$ 263	\$ -
Rent	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Settlements, fines and adjustments (paybacks)	\$ 8,980	\$ 8,980	\$ 216	\$ -	\$ 8,764	\$ -
Net Program expense	\$ 2,251,746.59	\$ 1,631,477.36	\$ 1,036,258.72	\$ 205,212.06	\$ 390,006.58	\$ 620,269.23
		\$ 1,795,400.00	\$ 1,145,473.00	\$ 207,969.00	\$ 441,958.00	\$ 729,933.00
		91%				
<b>Revenues:</b>						
Third party payers:						
Medicare	\$ -	\$ 391,896	\$ 122,008	\$ -	\$ 269,888	\$ -
Medicaid	\$ 391,896	\$ 182,415	\$ 139,472	\$ 27,494	\$ 15,449	\$ 26,603
Other Insurance	\$ 209,018	\$ 85,217	\$ 28,249	\$ 975	\$ 55,993	\$ -
Private pay	\$ 85,217	\$ 67,690	\$ 31,056	\$ 36,634	\$ -	\$ -
Restricted grants and program revenues	\$ 67,690	\$ 398,418	\$ 342,564	\$ 55,855	\$ -	\$ 380,231
Donations and fundraising	\$ 778,649	\$ 23,433	\$ 8,540	\$ 100	\$ 14,793	\$ -
Pass through	\$ 23,433	\$ -	\$ -	\$ -	\$ -	\$ 210,140
Sale of fixed assets	\$ 210,140	\$ 1,575	\$ -	\$ 1,575	\$ -	\$ -
Reimbursement of money paid	\$ 1,575	\$ 561	\$ 530	\$ -	\$ 32	\$ 656
Net Program revenues	\$ 1,768,835.85	\$ 1,151,206.16	\$ 672,419.10	\$ 122,632.55	\$ 356,154.51	\$ 617,629.69
		\$ 1,315,900.00	\$ 729,529.00	\$ 117,071.00	\$ 469,300.00	\$ 729,933.00
		87%				
County tax dollars used	\$ 482,910.74	\$ 480,271.20	\$ 363,839.62	\$ 82,579.51	\$ 33,852.07	\$ 2,639.54
		\$ 479,500.00	\$ 415,944.00	\$ 90,898.00	\$ (27,342.00)	\$ 0.00

## Actual Income and Expense By Period

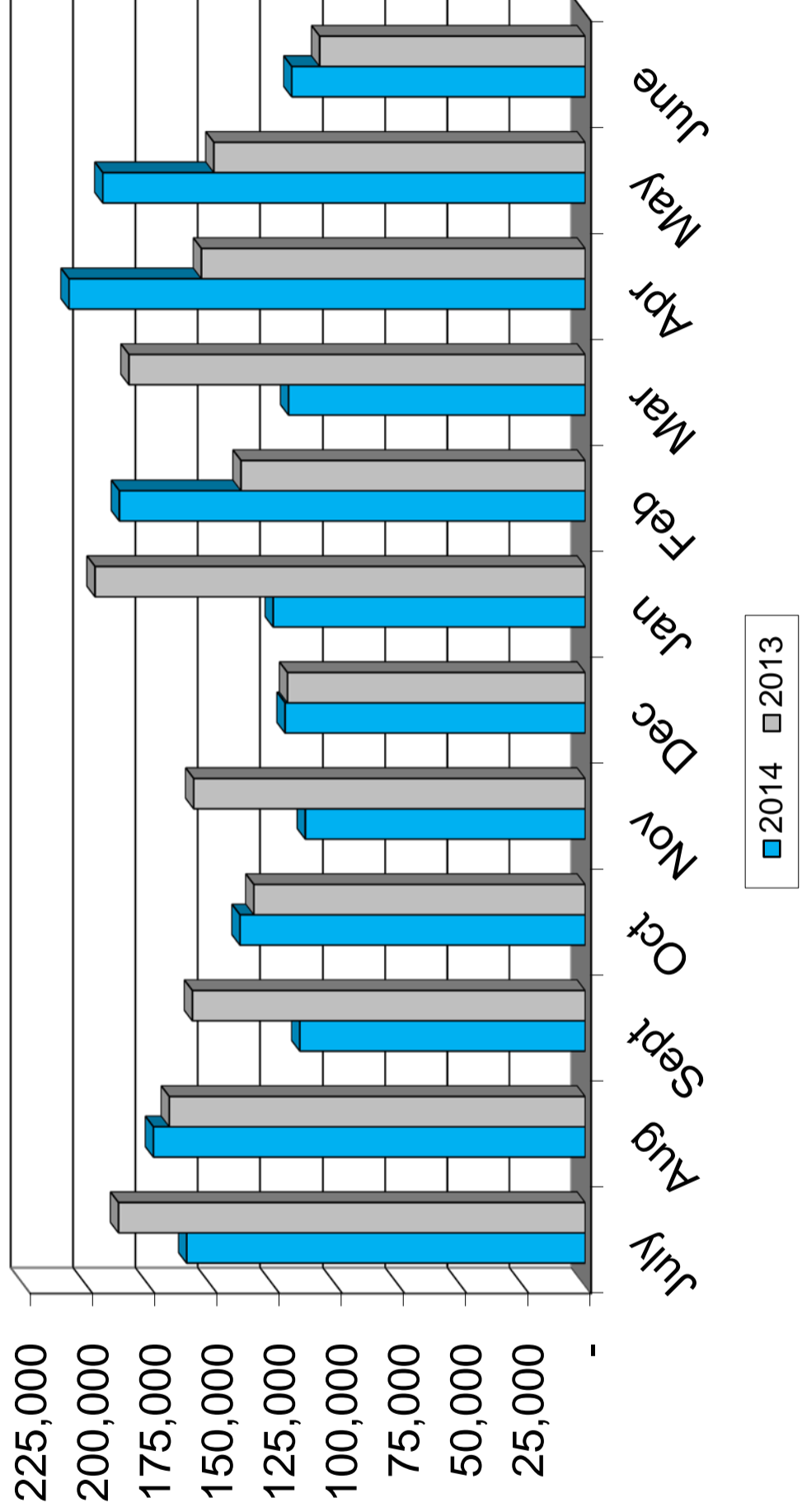
Fiscal Year 2013-2014

Income:	July	August	September	October	November	December	January	February	March	April	May	June	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month
Nursing	76,343	53,792	32,664	59,139	23,254	36,303	70,267	93,217	62,401	56,581	51,264	57,197	672,419	729,529	92.2%	56,034.93
Homemaker	9,698	8,866	4,707	13,523	3,916	10,685	19,555	10,666	11,376	9,494	9,838	10,308	122,633	117,071	104.8%	10,219.38
Hospice	16,456	52,967	24,925	39,682	22,395	230	435	18,263	18,702	59,496	78,011	24,592	356,155	469,300	75.9%	29,679.54
Dept. 12	102,497	115,625	62,296	112,343	49,566	47,217	90,257	122,147	92,479	125,570	139,113	92,097	1,151,206	1,315,900	87.5%	95,933.85
HCCMS (13)	57,452	57,660	52,249	26,216	62,776	73,229	34,976	64,769	26,593	81,566	54,445	25,698	617,630	729,933	84.6%	51,469.14
<b>TOTAL AGENCY</b>	<b>159,949</b>	<b>173,285</b>	<b>114,545</b>	<b>138,559</b>	<b>112,342</b>	<b>120,446</b>	<b>125,233</b>	<b>186,916</b>	<b>119,072</b>	<b>207,136</b>	<b>193,558</b>	<b>117,795</b>	<b>1,768,836</b>	<b>2,045,833</b>	<b>86.5%</b>	<b>147,402.99</b>
<b>Expense:</b>																
Nursing	91,823	112,821	77,905	81,765	78,847	78,677	109,919	89,708	76,193	76,855	81,882	79,863	1,036,259	1,145,473	90.5%	86,354.89
Homemaker	13,125	22,386	16,598	15,328	15,922	15,993	22,385	18,177	15,911	16,401	16,065	16,921	205,212	207,969	98.7%	17,101.01
Hospice	29,822	34,921	24,600	33,658	36,770	46,101	34,972	26,597	21,611	25,728	49,086	26,138	390,007	441,958	88.2%	32,500.55
Dept. 12	134,771	170,128	119,103	130,752	131,539	140,771	167,276	134,483	113,715	118,984	147,033	122,923	1,631,477	1,795,400	90.9%	135,956.45
HCCMS (13)	71,541	63,866	52,673	70,585	54,438	41,901	50,947	41,646	56,622	45,787	47,722	22,541	620,269	729,933	85.0%	51,689.10
<b>TOTAL AGENCY</b>	<b>206,312</b>	<b>233,994</b>	<b>171,777</b>	<b>201,337</b>	<b>185,977</b>	<b>182,672</b>	<b>218,223</b>	<b>176,129</b>	<b>170,337</b>	<b>164,771</b>	<b>194,755</b>	<b>145,464</b>	<b>2,251,747</b>	<b>2,525,333</b>	<b>89.2%</b>	<b>187,645.55</b>
Tax Asking 12:	32,274	54,504	56,807	18,408	81,973	93,553	77,020	12,336	21,236	(6,586)	7,920	30,826	480,271	479,500	100.2%	40,022.60
Tax Asking 13:	14,089	6,206	424	44,369	(8,338)	(31,328)	15,971	(23,123)	30,028	(35,779)	(6,723)	(3,157)	2,640	-	-	219.96



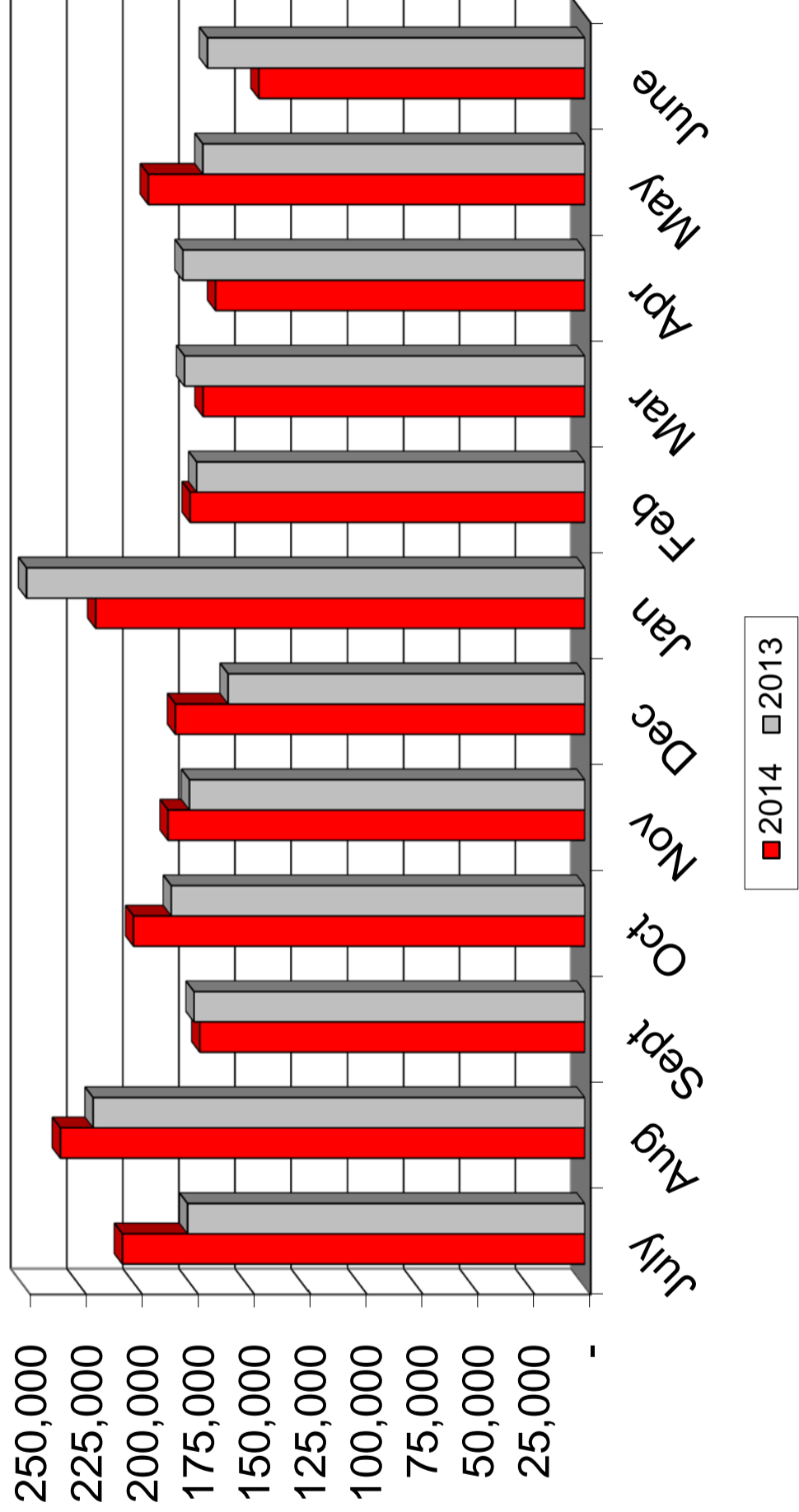
## Actual Income By Period Fiscal Year Comparison

	July	August	September	October	November	December	January	February	March	April	May	June	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month
<b>2014</b>																
Nursing	76,343	53,792	32,664	59,139	23,254	36,303	70,267	93,217	62,401	56,581	51,264	57,197	672,419	729,529	92.2%	56,034.93
Homemaker	9,698	8,866	4,707	13,523	3,916	10,685	19,555	10,666	11,376	9,494	9,838	10,308	122,633	117,071	104.8%	10,219.38
Hospice	16,456	52,967	24,925	39,682	22,395	230	435	18,263	18,702	59,496	78,011	24,592	356,155	469,300	75.9%	29,679.54
Dept. 12	102,497	115,625	62,296	112,343	49,566	47,217	90,257	122,147	92,479	125,570	139,113	92,097	1,151,206	1,315,900	87.5%	95,933.85
HCCMS	57,452	57,660	52,249	26,216	62,776	73,229	34,976	64,769	26,593	81,566	54,445	25,698	617,630	729,933	84.6%	51,469.14
<b>TOTAL AGENCY</b>	<b>159,949</b>	<b>173,285</b>	<b>114,545</b>	<b>138,559</b>	<b>112,342</b>	<b>120,446</b>	<b>125,233</b>	<b>186,916</b>	<b>119,072</b>	<b>207,136</b>	<b>193,558</b>	<b>117,795</b>	<b>1,768,836</b>	<b>2,045,833</b>	<b>86.5%</b>	<b>147,402.99</b>
<b>2013</b>																
Nursing	83,561	42,483	62,815	54,261	60,720	19,976	89,388	45,372	56,342	49,396	55,995	39,985	660,295	667,794	98.9%	55,024.59
Homemaker	9,581	11,256	6,490	10,712	7,108	4,751	11,231	7,994	3,586	13,173	9,340	7,219	102,441	125,140	81.9%	8,536.76
Hospice	54,267	38,049	39,124	33,131	38,079	5,932	69,795	49,995	64,609	37,468	36,977	9,598	477,023	433,506	110.0%	39,751.96
Dept. 12	147,408	91,788	108,429	98,105	105,907	30,659	170,413	103,362	124,536	100,037	102,312	56,802	1,239,760	1,226,440	101.1%	103,313.31
HCCMS	39,891	75,117	49,215	34,877	51,205	88,841	26,278	34,787	58,549	54,005	46,709	50,003	609,476	711,130	85.7%	50,789.67
<b>TOTAL AGENCY</b>	<b>187,300</b>	<b>166,905</b>	<b>157,644</b>	<b>132,981</b>	<b>157,112</b>	<b>119,501</b>	<b>196,691</b>	<b>138,148</b>	<b>183,085</b>	<b>154,042</b>	<b>149,021</b>	<b>106,805</b>	<b>1,849,236</b>	<b>1,937,570</b>	<b>95.4%</b>	<b>154,102.97</b>



## Actual Expense By Period Fiscal Year Comparison

	July	August	September	October	November	December	January	February	March	April	May	June	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month
<b>2014</b>																
Nursing	91,823	112,821	77,905	81,765	78,847	78,677	109,919	89,708	76,193	76,855	81,882	79,863	1,036,259	1,145,473	90.5%	86,354.89
Homemaker	13,125	22,386	16,598	15,328	15,922	15,993	22,385	18,177	15,911	16,401	16,065	16,921	205,212	207,969	98.7%	17,101.01
Hospice	29,822	34,921	24,600	33,658	36,770	46,101	34,972	26,597	21,611	25,728	49,086	26,138	390,007	441,958	88.2%	32,500.55
Dept. 12	134,771	170,128	119,103	130,752	131,539	140,771	167,276	134,483	113,715	118,984	147,033	122,923	1,631,477	1,795,400	90.9%	135,956.45
HCCMS	71,541	63,866	52,673	70,585	54,438	41,901	50,947	41,646	56,622	45,787	47,722	22,541	620,269	729,933	85.0%	51,689.10
<b>TOTAL AGENCY</b>	<b>206,312</b>	<b>233,994</b>	<b>171,777</b>	<b>201,337</b>	<b>185,977</b>	<b>182,672</b>	<b>218,223</b>	<b>176,129</b>	<b>170,337</b>	<b>164,771</b>	<b>194,755</b>	<b>145,464</b>	<b>2,251,747</b>	<b>2,525,333</b>	<b>89.2%</b>	<b>187,645.55</b>
<b>2013</b>																
Nursing	79,475	111,108	82,017	84,291	82,745	79,431	113,867	78,183	90,847	78,181	78,673	90,016	1,048,833	1,077,764	97.3%	87,402.79
Homemaker	14,446	18,906	13,533	13,705	14,441	14,167	17,686	13,086	13,516	14,048	13,289	15,984	176,807	223,178	79.2%	14,733.94
Hospice	20,957	28,942	33,965	35,382	28,194	25,549	60,212	29,474	25,956	28,137	32,867	25,252	374,889	370,498	101.2%	31,240.74
Dept. 12	114,878	158,956	129,515	133,378	125,380	119,147	191,765	120,744	130,320	120,366	124,828	131,253	1,600,530	1,671,440	95.8%	133,377.47
HCCMS	62,377	60,448	44,862	51,139	51,050	40,044	57,296	52,461	48,303	58,961	45,616	37,126	609,683	711,130	85.7%	50,806.94
<b>TOTAL AGENCY</b>	<b>177,255</b>	<b>219,404</b>	<b>174,377</b>	<b>184,517</b>	<b>176,430</b>	<b>159,191</b>	<b>249,061</b>	<b>173,204</b>	<b>178,622</b>	<b>179,328</b>	<b>170,444</b>	<b>168,378</b>	<b>2,210,213</b>	<b>2,382,570</b>	<b>92.8%</b>	<b>184,184.41</b>



**Crawford County Home Health, Hospice and Public Health**  
Tax Asking History

	BUDGET	BUDGET AMENDED	ACTUAL	OVER / UNDER BUDGET
<b>FISCAL YEAR - 2013-2014</b>				
INCOME:	1,315,900	-	1,151,206	
EXPENSE:	1,795,400	-	1,631,477	
TAX ASKING:	479,500	-	480,271	771
<b>FISCAL YEAR - 2012-2013</b>				
INCOME:	1,226,440	-	1,239,760	
EXPENSE:	1,671,440	-	1,600,530	
TAX ASKING:	445,000	-	360,770	(84,230)
<b>FISCAL YEAR - 2011-2012</b>				
INCOME:	1,235,843	-	1,241,212	
EXPENSE:	1,660,843	-	1,646,723	
TAX ASKING:	425,000	-	405,511	(19,489)
<b>FISCAL YEAR - 2010-2011</b>				
INCOME:	1,460,999	-	1,198,597	
EXPENSE:	1,788,199	-	1,621,592	
TAX ASKING:	327,200	-	422,995	95,795
<b>FISCAL YEAR - 2009-2010</b>				
INCOME:	1,156,230	80,000	1,567,574	
EXPENSE:	1,600,330	80,000	1,592,066	
TAX ASKING:	444,100	-	24,493	(419,607)

# Home Health Program



2  
0  
1  
3

2  
0  
1  
4

## Home Health

### *Program Description*

The Home Health nurses assess health care needs, provide teaching on a new diagnosis, assist with an acute or chronic illness, provide and/or teach wound care with dressing changes, assist with medication management, give injections, and assist with IV therapy and pain control. Rehabilitation services such as Physical Therapy, Occupational Therapy, and Speech Therapy through contracted therapists are also coordinated by the nurse. Reimbursement for services rendered is through Medicare, Medicaid, Private Insurance, Local Public Health Services Contract funds, Title XIX Waivers, Private Pay, or County. The Home Health nurses are available 24 hours/day to meet the needs of the current clientele and to accept referrals for new clients.

### *Program Update*

This past year the agency completed 1976 skilled nursing visits, a decrease of 413 visits from last year. There were 81 admissions, 85 discharges, and 62 evaluation visits. The top five referral sources for agency services this past year were, in descending order of number of referrals: out-of-town hospitals, families/clients, nursing homes/Assisted Living Facilities, local and out-of-town physicians/physician offices and Crawford County Memorial Hospital. Other sources of referrals include infusion companies, Mental Health, and other programs within the agency such as the Homemaker department or the Waiver nurse.

OASIS is the form that Home Health agencies use as part of a comprehensive assessment and for payment determination for Medicare and Medicaid skilled clients. OASIS stands for Outcome and Assessment Information Set. The current OASIS-C version incorporates and follows the use of best practices and process measures for certain health related issues, including diabetes, heart failure, pain, depression, pressure ulcers, and care coordination with the physician. This is in preparation for eventual pay-for-performance, which CMS (Centers for Medicare and Medicaid Services) is studying as a value-based and cost-saving possibility for Medicare dollars. During this fiscal year, the nurses continued to work on perfecting their OASIS-C skills and understanding of best practices/process measures. All the Home Health nurses attend OASIS-C workshops to support their ability to complete the paperwork accurately. Preparations were in place to convert to the newest OASIS, the OASIS-C1, due to take effect in October 2014, to coincide with the implementation of ICD-10 diagnosis coding. Due to strong push back by physicians and the AMA (American Medical Association) against the 2014 implementation of ICD-10, OASIS-C1 and ICD-10 were delayed until at least October of 2015. CMS has decided to go



ahead and implement an ICD-9 version of the OASIS-C1, which will be effective in January of 2015.

The agency continues to submit HHCAHPS, or Home Health Consumer Assessment of Provider Systems, data. All Medicare certified Home Health agencies which meet certain criteria are required to contract with one of several vendors to provide Medicare and Medicaid skilled home health clients with a satisfaction survey, or risk losing 2% of Medicare revenue. The survey is administered by a vendor of the agency's choice and requires a financial outlay by the agency, which is not reimbursed by Medicare. Crawford County Home Health, Hospice & Public Health continues to work with Deyta for this service. Each month, the home care coordinator and the finance manager gather the requested information to transmit on to Deyta. Deyta then sends the surveys to selected clients. The survey is mailed back to Deyta. Deyta compiles the information gleaned from the returned surveys and the agency is able to access that information by computer. We also continue to send out a very brief internal satisfaction survey at this time.

### *Staffing Patterns*

Current Home Health Nursing staff: Lynette Ludwig, BSN RN, Home Care Coordinator; Kim Feser, RN; Kara Bral, MSN RN; Janet Schroeder-Brus, RN; and Alyssa Willenborg, RN. Erinn Brasel, RN, left the agency in April, 2014 and her position was filled by Christina Lamaak, BSN RN as the primary Hospice nurse. Christina also assists with Home Health clients. Nicky Nicoletto, MS RN, continues to be on-call status. Carol Peterson, BS RN has continued to do our quarterly chart audits.

## Client Satisfaction Comments

*"Alyssa was the person who normally changed my wound dressing. She was excellent every time she came. I thoroughly enjoyed her cheerfulness, professionalism, concern and her knowledge."*

*"All my workers are very nice-helpful and concerned about my well being. They are a great group of people. I would not trade them for anything."*

*"Janet was very good at what she did. She even delivered a cane for me to use on her way home from work. It was even on Christmas Eve. Thank you for going out of your way for that."*

*"She went above and beyond to accommodate me and helped me get the answers I was looking for. She was also kind and caring and a great person for her position! Thanks Kim Feser."*

*"They did an amazing job making my 1 year old daughter feel more comfortable....they were amazing."*

*"Excellent!"*

*"I loved my nurse & so did my girls. We will miss seeing her!"*

*"I have the best care, by all the nurses. I was very well taken care of, Kim was just the best I could ask for, I can't thank you enough for my care."*

*"Great care. Thank you for your help!"*

*"Kim Feser & Erin Brasel were the two nurses who assisted me & they were great!!"*

Goals for the last fiscal year were:

Continue to update the policy and procedure book.

*Partially Met, Ongoing*

Continue chart audit activities with Carol Peterson.

*Met*

Continue working with Kara Bral to assist with agency quality oversight, infection control and policy/procedure review.

*Partially Met, Ongoing*

Begin preparation and education for ICD-10.

*Partially Met, Ruling Changed*

Begin preparation and education for OASIS-C1.

*Partially Met, Ruling Changed*

Goals for the next fiscal year are:

Continue to update the Policy/Procedure book and infection control program with the assistance of Kara Bral and Janet Brus.

Perform chart audit activities internally as Carol Peterson is currently not available to assist us.

Prepare for OASIS-C1 ICD-9 version.

## Home Health Skilled Nursing Audit Summary FY 2013-2014

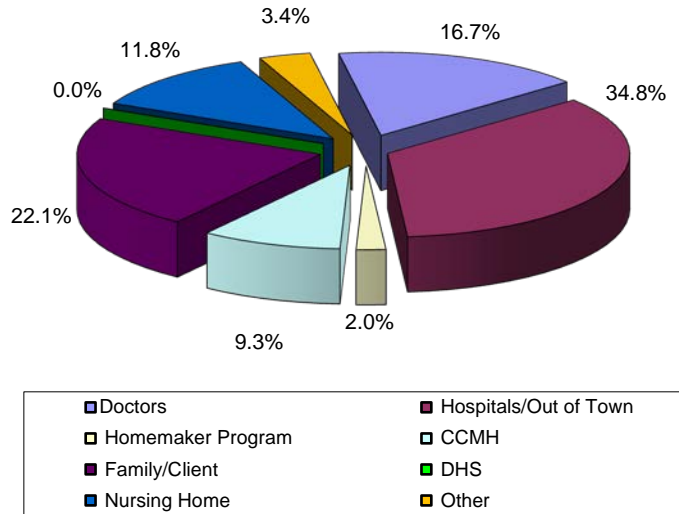
Chart audits are to be done on a quarterly basis, with open and closed charts for each nurse being selected. Carol Peterson, BS RN has continued to contract with us to complete chart audits.

The Centers for Medicare and Medicaid (CMS) continues to look towards possible changes in the Prospective Payment System (PPS), to include “Pay for Performance” in the future. There continues to be a big push nationwide for agencies to improve outcomes. The most recent version of the OASIS (Outcomes Assessment Information Set) incorporates assessment data on the use of best practices in such processes as diabetes management, heart failure, depression, pain, falls, and care coordination. Chart audits will take into consideration the use of tools to focus on and improve best practices in order to improve client outcomes. It is an ongoing goal to improve chart audit activities.

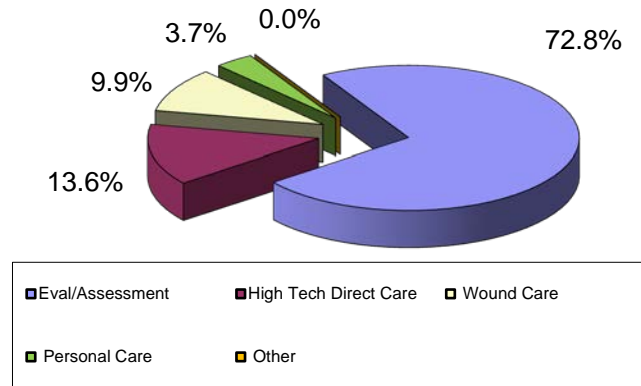
“Areas of Excellence” noted by Carol when doing audits this year included appropriate level of care provided and changed per client needs; admission and discharge summaries; coordination of services with therapy; client advocacy. Some areas of needed improvement noted by Carol included documenting client understanding of medications and interactions; documentation of discharge plan; determination of nursing need in a therapy only client. Carol also continues to encourage the nurses to use the materials and check lists already included in the OASIS and non-OASIS forms to assist in care planning.

## Home Health: Referrals, Admissions, & Discharges

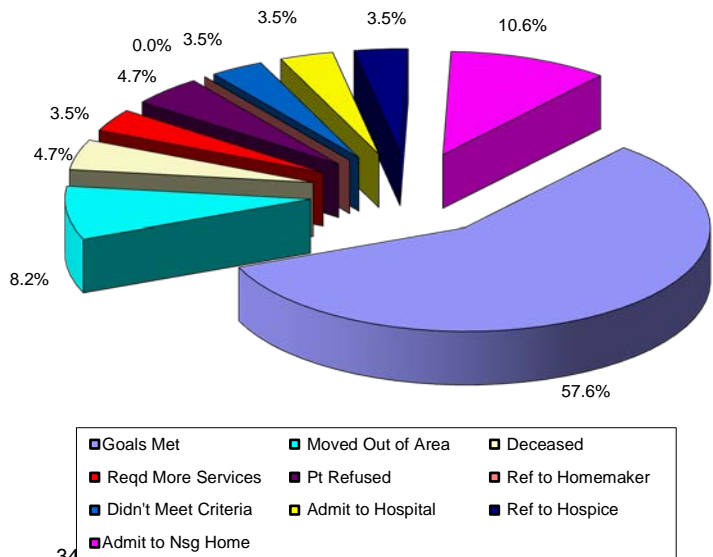
	12-13	13-14
<b>Referrals</b>		
Doctors:		
CCMH Medical Clinic	9	15
Dr. Crabb	1	2
Manning Family Healthcare	3	0
Crawford County Clinic	1	2
Other Physicians	9	15
Hospitals/Out-of-Town	100	71
CCMH	23	19
Family/Client	48	45
DHS	0	0
Other Agency Program	9	4
Nursing Home	25	24
Mental Health	1	1
Assisted Living Facility	1	0
Other	13	6
<b>Total Referrals</b>	<b>243</b>	<b>204</b>



	12-13	13-14
<b>Primary Reason for Admission</b>		
Eval/Assessment	90	59
High Tech Direct Care	8	7
Injections	3	4
Wound Care	14	8
Title-19 Personal Care	10	3
Other	2	0
<b>Total Admissions</b>	<b>127</b>	<b>81</b>



	12-13	13-14
<b>Primary Reason for Discharge</b>		
Goals met	84	49
Moved out of area	6	7
Deceased	2	4
Required more services	3	3
Pt. refused services	4	4
Referred to HM or Pers. Care	2	0
Didn't meet criteria	5	3
Admitted to Hospital	4	3
Referred to Hospice	5	3
Admit to Nsg Home	15	9
<b>Total Discharges</b>	<b>130</b>	<b>85</b>



2  
0  
1  
3

# Hospice Program



2  
0  
1  
4

## Hospice

### *Program Description*

Hospice is a program of palliative and supportive services which provides physical, psychological, social, and spiritual care for dying persons and families. Services are provided by a medically supervised interdisciplinary team of professionals. Care is coordinated for all community resources. Bereavement services are available to the family. Services provided are based on client and family need. Hospice provides support and care for persons in the last six months of incurable disease so the person may live life fully and be as comfortable as possible. The Hospice nurses are available 24 hours a day to meet the needs of the clientele and family, as well as to accept referrals for new clients. Hospice services can be provided in the client's home, assisted living facility, nursing home, or hospital.

### *Program Update*

For FY 2013-2014 there were 81 admits, the same as last year. There were 81 total discharges, 72 through death and 9 due to no longer meeting the Hospice criteria or per client choice. There were 833 nursing visits, 301 social worker visits, 255 health aide/homemaker visits and 3 Nurse Practitioner face-to-face visits. The average length of stay for this fiscal year was 22 days. This is 10 days less than last year. The average daily census was 4.5 clients, 3 less than a year ago.

Volunteer Program: There were six active Hospice volunteers during this fiscal year. The volunteers have provided 54.50 hours of service during the year. Volunteers are utilized per client/family request and also assist with clerical functions in the office.

Because the Crawford County Area Volunteer Hospice Board had previously decided to disband, the Tree of Lights campaign was handled internally this year, along with the assistance of Crawford County Memorial Hospital. The Christmas Tree was set up in the hospital lobby and donations were sent to Hospice. Hospice administration has been working with the Crawford County Memorial Hospital Foundation to set up a new board. Five volunteers have been appointed, and there will be a CCMH appointee as well, but no meetings have yet been scheduled.

Bereavement Program: Bereavement planning begins upon admission. The Hospice nurse, social worker, and/or other team member offers support and reassurance at the time of death or shortly thereafter. A red rose is sent to the funeral home or to a family member following the death and the Hospice team members involved with the client attempt to attend the visitation and/or funeral of the client. Phone contact is made with the family to identify problems or concerns. Families who want bereavement support are placed on

a mailing list and receive the monthly *Journeys* newsletter published by the Hospice Foundation of America. The newsletter contains excellent articles related to grief and the grieving process. Follow-up phone calls are made to assess how families are coping. The Hospice Social Worker or Counselor is available if families need additional support or one-on-one visits. The Hospice Chaplain provides follow-up visits as needed for spiritual support. The Hospice team provides a memorial service for families, held in November. Hospice has a lending library of resources, videos and information for anyone interested. The program provided 152 families with bereavement support throughout the year. An average of 125 *Journeys* newsletters are sent out each month, most going to families of Hospice clients but are also sent to others who request the newsletter.

### *Staffing Patterns*

Current Hospice staff: Lynette Ludwig, BSN RN, Hospice Coordinator; Kim Feser, RN; Kara Bral, MSN RN; Janet Schroeder-Brus, RN; and Alyssa Willenborg, RN. Erinn Brasel, RN, who had been the primary Hospice nurse, left the agency in April, 2014 and her position was filled by Christina Lamaak, BSN RN as the primary Hospice nurse, although all the nurses do see Hospice clients. Christina began as the Hospice nurse in April of 2014. Nicky Nicoletto, MA BSN RN assists on an on-call basis. Jill Kierscht, ARNP does the mandatory face-to-face visits that are required prior to any hospice client's third recertification period. The face-to-face visit can be performed by a doctor or a non-physician practitioner, such as an advanced practice nurse. Kay Ross, BSW, the Hospice Social Worker, left the agency in October, 2013. Emilee Lakner, BSW, was hired as the full-time Social Worker in October of 2013. The Social Worker also coordinates Bereavement and the Volunteer Program. The agency continues to contract with West Iowa Community Mental Health Center to provide a Master Social Worker. This Social Worker consults and collaborates with the Hospice Social Worker on a monthly basis. Agencies that do not have a Master Social Worker must have this relationship with a Master Social Worker, per the Medicare Hospice regulations. Dr. John Ingram continues as the Hospice Medical Director and Pastor Paul Seefeldt is the Hospice Chaplain. Other disciplines such as Occupational Therapy, Physical Therapy, Speech Therapy, and Dietary are consulted on an as-needed basis. Hospice Aides are used as needed. The Hospice Volunteers provide many hours to meet the needs of the Hospice clients and families. Carol Petersen, BS RN assists to complete chart audits and updating of Hospice policies to meet the Hospice CoP's.



## *Client Satisfaction Comments*

*"I was very pleased with the care my mother received during her time under the care of Hospice. They were very good about communicating to me any changes or concerns I would need to know. They were very good towards the very end. They made sure I knew what to expect. They treated my mother with dignity and made her comfortable. The people I dealt with were great. It made a difficult time much less difficult."*

*"I didn't know what Hospice is about until we needed it. I can't say enough about how well my husband was treated in his final hours. The Hospice girls were there for what was needed and more. They were great."*

*The care-kindness and love was excellent. My husband and myself both appreciated everything they did. Your whole Denison group, go beyond their call and I call all of them-a special friend. God bless them with their mission. V\_\_\_\_\_ 's passing has been hard but thanks to the girls, He and I both felt more prepared."*

*"From the moment we met Erinn for the initial intake, Mom and I both "clicked" with her & trusted her right away. With 10 children & varying opinions (strong!), it was Erinn's intention to always be available to discuss things with any of the 10. When things were awkward regarding setting boundaries when needed, I would discuss with Erinn & Mom and Erinn generally agreed to be the "bad" guy with anyone who would push back. When Mom passed, Erinn came to Mom's even though she was not the nurse on call. We were all very grateful for that, especially cause it was very difficult & emotional. Kim was also very helpful and we were thankful for her involvement, recommendations & overall care & attention to Mom's needs. When Kim showed up at Mom's visitation, all of us were very happy to see her. While we had other hospices as options, I would always choose and recommend Crawford Co. Hospice. I've had much contact with hospice due to being in health care & they truly are phenomenal!"*

*"This has to be the best Hospice Team in the area. We were always informed and supported by every member. My husband was very scared and they always brought a smile to his face. I am so thankful those wonderful professionals came into our lives for an all to brief time. I asked one of the nurses how she could do this job day after day. She answered how could she not. After C\_\_\_\_\_ 's death I got it. The team spent 3 months laughing with us, crying with us, meeting our grand children and becoming like family. We appreciated every small thing they did for us. I hope they all know how important their jobs are. Thank you all again. I can't say it enough!"*

*"I felt very confident in the hospice care team. It was good to know that I had someone I could call 24/7. It was helpful to have a volunteer come in so I could leave to take care of personal business or just get out of the house for awhile. Overall I feel that the hospice team deserves an A+. Also it is very nice to have follow up phone calls by the social worker."*

*"...The only thing I would have changed would have asking for Hospice care much earlier. I felt that he was receiving excellent cares, therefore I didn't consider hospice. I know now I should have called hospice 3 or 4 months earlier. I wish I was given the booklet "Gone from my sight" at that time I could have understood things so much better, as K\_\_\_ was going thru so many of the stages. Crawford County Home Health and Hospice care is a great concerning team, not only do they give great cares, but show their love for the patient but family as well. "God bless them"."*

*"As a family, my wife, daughter and myself were extremely happy with the hospice care we received. I would highly recommend Crawford Co Hospice to anyone considering such care."*

*"...I have only positive things to say about the Hospice staff that my mom had. I honestly don't think we would have gotten through it without them. Erin, Kay, and Jane are three of the most caring, compassionate and dedicated people I've met. Mom was always treated with dignity and respect. She always came first and they made sure she had everything she needed. They made sure that mom, as well as her family, were aware of what was going to happen and answered all questions that we had. They were there by our (& moms) side every step of the way. Erin was mom's angel. Mom was very comfortable around her. Every time Erin walked through our door, mom would get a smile on her face. She looked forward to Erin's visits. Erin also made sure to involve the family and help them through everything. You couldn't ask for better care and treatment than what my mom got. Kay was also very good with mom and her family. Kay even sang mom's favorite song to her when I was unable to find it on the computer. I'll be forever grateful for what they did for all of us, especially my mom. It takes someone special to do this kind of work and they truly care. I would recommend Hospice and the services they provide to anyone. It is because of people like them that give you hope and make this world a much better place. I will be forever thankful/grateful for what they did for my mom, myself, and the rest of the family."*

Goals for last fiscal year are:

Continue community marketing and outreach of Hospice services.  
*Ongoing*

Continue to increase and improve use of Hospice volunteers.  
*Ongoing*

Offer continued volunteer trainings as interest warrants.  
*Met, Ongoing*

Continue with training Kara Bral to assist with an active infection control program, reviewing hospice policies and improving the QAPI program.  
*Ongoing*

Send Erinn Brasel and possibly other nurses to Hospice trainings as necessary, particularly an End-of-Life Nursing Education Consortium (ELNEC) training if offered in our area, to increase knowledge and comfort level with Hospice.  
*Partially Met*

Goals for next fiscal year are:

Continue community marketing and outreach of Hospice services.

Continue to increase and improve use of Hospice volunteers.

Offer continued volunteer trainings as interest warrants.

Continue with utilizing Kara Bral to assist with an active infection control program, reviewing hospice policies and improving the QAPI program.

Work on new QAPI projects to include increased Volunteer usage, implementation of a Tuck-In Program and routine use of Out Of Hospital DNR form at Hospice admission.

Teach and implement the new requirement of the HIS (Hospice Item Set) as required by CMS.

## *Hospice Audit Summary*

The contract with Carol Peterson, BS RN has been continued to assist with chart audits. Carol completed quarterly audits of open and closed charts. Some of Carol's comments about the charts indicated that areas of excellence included admission teaching; bereavement notes and plans of care; communication with physicians; well-documented client care and bereavement follow up; caring and empathy shown to clients and families. Areas of needed improvement included addressing of all services on discharge summaries; addressing client condition at various time points on physician summaries; overall completeness of full client record.

As the QAPI (Quality Assessment and Performance Improvement) program is continued and maintained, chart audits will be helpful in assisting with that part of the program as well. The goal of QAPI is to use data and best practices to improve Hospice services.

As part of the focus on QAPI, the Centers for Medicare & Medicaid (CMS) previously had focused on two measures that were to be addressed and reported. Failure to report by specific dates would result in a 2% reduction in the market basket update (inflationary) payment. One of the measures was the National Quality Forum (NQF) endorsed #0209 pain measure which is described as: the percentage of clients who report being uncomfortable because of pain at the initial assessment after admission to Hospice services, who then report pain being brought to a comfortable level within 48 hours. The other requirement was related to structural measurements and was developed to determine if hospice QAPI programs included at least three quality indicators related to patient care. After two years of requiring hospices to gather data on these measures, CMS stopped their focus on them and turned their attention to development and implementation of the Hospice Item Set (HIS). The HIS data is gathered at both admission and discharge of Hospice clients and will be submitted into a data base that goes to CMS. The HIS collection will begin in July of 2014. Hospices with more than 50 admissions a year that do not report the information to CMS will lose 2% of their reimbursement beginning in 2016.

# Home Care Aide Program



2  
0  
1  
3

2  
0  
1  
4

## Home Care Aide

### *Program Update*

The purpose of the Home Care Aide program is to assist the individual to remain at home as long as safely possible through RN supervised services of a Home Care Aide (HCA).

A Home Care Aide is a trained and supervised paraprofessional who provides a wide variety of services to individuals from complex personal care needs to assistance with minimal basic housekeeping.

### *Staffing Patterns*

CCHHH&PH currently employs seven Home Care Aides. There is one full-time HM Case Manager/HCA Scheduler (Kay Blunk), four full-time Home Care Aides (Susan Boettger, Jayne Gehling, Kate Neumann and Ruth Parker) and two part-time Home Care Aides (Bill Greteman and Carol Meyer).

### *Home Health Aide*

Home Health Aide services are provided by Home Care Aides under the direct supervision of an RN working under physicians' orders. Health Aides provide assistance with personal cares such as bathing, hair care, dressing, TED hose application, ambulating, exercises, and medication assistance/compliance. These services are provided until the client no longer meets the skilled nursing criteria or a higher level of care is required, such as nursing home placement. These services can also be provided in the evening and on the weekends, as directed by the RN. Reimbursement is provided by Medicare, Medicaid, Private Insurance, Private Pay and County Funds.

Home Health Aide Program	2012 - 2013	2013 - 2014
Number of Visits	2140*	1676
Number of Hours	1976.50*	1312.75
Number of Admissions	89*	22
Number of Discharges	97*	24

\*Information includes Hospice Aide services.

### *Client Satisfaction Comments*

*"She was a very nice person."*

*"The caregiver could not have been nicer. If needed in the future I would ask for her."*

*"I really appreciated Katie's help. She was friendly, very competent, quick. I couldn't believe how fast she got things done. She couldn't have been nicer to have helped me."*

*"Everyone was helpful and easy to work with, Thank-you."*

### *Home Health Aide/ Hospice*

Home Care Aides participate in the Hospice program by providing the same Home Health Aide services to the Hospice client such as personal cares, but also provides companionship or respite services as needed. These services are provided in the client's home, nursing home or in the hospital. Hospice Aides provide cares supervised by the Hospice Nurse. Services for the client are coordinated by the Hospice Interdisciplinary Team (IDT). These services are funded through Medicare, Medicaid and Private Insurance.

HHA/Hospice Program	2012 - 2013	2013 - 2014
Number of Visits	396	255
Number of Hours	322.75	197.00

### *Homemaker*

Homemaker services are provided to the elderly or disabled who need assistance with maintaining activities of daily living such as housekeeping, laundry, groceries, or meal preparation. A doctor's order is not necessary for these services, and the person does not need to be homebound. These services are not Medicare or Medicaid funded but are Private Pay, based on a sliding fee scale. The sliding fee scale considers a person's income and medical expenses to determine the fee for service. Additionally, Local Public Health Services Contract funds, Elderbridge Agency on Aging funds and County funds are used to support services to the client. Respite services (providing a break for a primary caregiver) are funded through Elderbridge Area Agency on Aging or through Private Pay and are only available during office hours.

Homemaker Program	2012 - 2013	2013 - 2014
Number of Visits	1769	2062
Number of Hours	1791.75	2075.00
Number of Admissions	28	33
Number of Discharges	35	27

### *Client Satisfaction Comments*

*"I had two different ones and they were both great, I was glad they changed the sheets and made the bed."*

*"Carol was very good to me."*

*"She was here once but did a very good job."*

*"I was very well taken care of, I can't thank you enough for my care."*

### *Homemaker Personal Care*

The Homemaker Personal Care program provides hands-on personal care services to clients. The Personal Care program applies to clients who need assistance with care such as bathing, hair care, dressing assistance, TED hose application or other hands-on care, but do not have a skilled need such as nursing or therapy. This program does require a doctor's order, as well as RN supervision of the Home Care Aide on an every two month basis. Homemaker Personal Care is paid for privately per sliding fee scale, as well as through Local Public Health Services Contract funds and County funds.

HM/Personal Care Program	2012 - 2013	2013 - 2014
Number of RN Supervision Visits	111	143
Number of Homemaker Visits	1584	2177
Number of Homemaker Hours	964.25	1323.25
Number of Admissions	25	23
Number of Discharges	21	16



Goals for this fiscal year were:

Improve HCA documentation of client's cares and needs.

*Ongoing*

Continue to update competency checklist for each HCA.

*Ongoing*

Improve communication skills in reporting client's status to Case Manager/Nurse. Aides will report significant changes in their clients to the nurse immediately or as soon as possible.

*Ongoing*

Continue regular in-services to educate the HCA staff on topics relating to appropriate care of the client's.

*Ongoing*

Goals for next fiscal year are:

Monitor travel time and miles to reduce the cost to the programs.

Improve HCA documentation of client's cares, needs and services provided.

Continue to update competency checklist for each HCA.

Improve communication in reporting client's status to Case Manager/Nurse. Aides will report significant changes in their clients to the nurse immediately or as soon as possible.

Continue regular in-services to education the HCA staff on topics relating to appropriate care of the clients.

Improve communication from RN's to HCA's regarding newly admitted clients or client changes.

**Homemaker**  
**Client Outcome Chart Audit Upon Discharge**

**A. Source of Referral:**

10	Self/Family	1	Nursing Home
0	Friend/Neighbor	0	FP/WIC/MCH
0	Physician	1	Homemaker
0	Hospital	14	PHN
0	Social Services	0	Other

**B. Primary Reason for Admission:**

0	Personal Care	0	Transportation
23	Home Maintenance	3	Respite
0	Preventive/Protective	0	Other
0	Financial Mgt/ Budgeting		

**C. Primary Reason for Discharge:**

6	Goals Met	2	Refused Services
2	Moved Out of Area	0	Home Health Aide
2	Deceased	0	Significant Other Provides Care
11	Higher Level of Care	3	Other

**D. Client Level of Care**

Dependent:

YES	NO	
1	25	Admission
6	18	Discharge
0	2	Deceased

Needs Assistance with ADLs:

YES	NO	
26	0	Admission
18	6	Discharge
0	2	Deceased

**E. Safety**

Knows Safety Measures:

YES	NO	
26	0	Admission
24	0	Discharge
0	2	Deceased

Safe Environment:

YES	NO	
25	1	Admission
18	6	Discharge
0	2	Deceased

**Homemaker Chart Audits**  
**2013-2014 Ongoing Audits**

Total Audits: 23

<b>Sections To Audit</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
1	Face sheet complete	100%		
2	Initial assessment complete	100%		
3	Health history complete with diagnosis/medications	100%		
4	Ongoing assessments complete according to state regulation	31%	4%	65%
5	Initial Plan of Care	100%		
6	Update Plan of Care according to state regulation	35%		65%
7	Financial Sheet & Release complete and updated annually	26%		74%
8	Emergency Medical Plan complete	100%		
9	Safety Plan complete	100%		
10	Referral Sheet complete	100%		
11	Assignment sheet complete & matches Plan of Care includes hours/frequency	87%	13%	
12	Review of Assignment sheets	100%		
13	Introduction of HCA if has not been done in home	100%		
14	Supervisory notes complete with documentation of problems & how it was handled, conferences, and updates	100%		

<b>HCA Demonstrates the Following</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
1	Progress notes complete	100%		
2	Service time matches hours & frequency	70%	30%	
3	Progress notes dated and signed	100%		
4	Arrival and Departure time complete	100%		
5	Reports problems to CM/Nurse according to agency policy and procedure	100%		
6	Documents why services were refused	57%	43%	

**Comments:** None

**Homemaker Chart Audits**  
**2013-2014 Discharge Audits**

Total Audits: 33

<b>Sections To Audit</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
1	Face sheet complete	100%		
2	Initial assessment complete	100%		
3	Health history complete with diagnosis/medications	100%		
4	Ongoing assessments complete according to state regulation	36%	3%	61%
5	Initial Plan of Care	100%		
6	Update Plan of Care according to state regulation	36%	3%	61%
7	Financial Sheet & Release complete and updated annually	21%	9%	70%
8	Emergency Medical Plan complete	94%	6%	
9	Safety Plan complete	100%		
10	Referral Sheet complete	97%	3%	
11	Assignment sheet complete & matches Plan of Care includes hours/frequency	58%	30%	12%
12	Review of Assignment sheets	94%		6%
13	Introduction of HCA if has not been done in home	94%		6%
14	Supervisory notes complete with documentation of problems & how it was handled, conferences, and updates	94%	6%	

<b>HCA Demonstrates the Following</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>
1	Progress notes complete	94%		6%
2	Service time matches hours & frequency	82%	15%	3%
3	Progress notes dated and signed	94%	3%	3%
4	Arrival and Departure time complete	94%	3%	3%
5	Reports problems to CM/Nurse according to agency policy and procedure	94%	3%	3%
6	Documents why services were refused	55%	42%	3%

**Comments:** None

# HCBS Waiver Programs



2  
0  
1  
3

2  
0  
1  
4

## Brain Injury Waiver

### *Program Description*

CCHHH&PH has been providing Brain Injury (BI) Waiver services since May of 2003. The BI Waiver program provides Home and Community Based Services (HCBS) to persons diagnosed with a brain injury in order for the client to be able to remain in his or her home for as long as possible. CCHHH&PH receives referrals for the BI Waiver services through DHS. Brain injury may result from such things as trauma, stroke, bleeding in the brain, a tumor or multiple other causes. The services provided through CCHHH&PH at this time is Consumer Directed Attendant Care (CDAC). CDAC provides assistance to the client with self-care tasks, which the client would otherwise do for him/herself, if able. Home Care Aides provide the services in the client's home. Nursing and health aide services are utilized when the consumer has a health condition that requires a doctor's order. These are billed to Medicare or Medicaid.

### *Program Update*

On March 26, 2013 Iowa Medicaid Enterprise Home and Community Based Services Quality Oversight program conducted a review of our HCBS programs to validate each provider's responses selected on the 2012 Provider Quality Management Self-Assessment. During this review the auditors reviewed our policies along with our Quality Improvement Plan. After review of their recommendations it was determined that it was no longer cost effective to continue with the SCL services. The agency discontinued SCL services as of July 31, 2013. CDAC services for BI waiver continues to be available at this time.

Currently, CCHHH&PH's BI Waiver program has no clients receiving CDAC services. One client was discharged and no admissions from the Brain Injury Waiver Program this fiscal year. Services were supplied for SCL from July 1, 2013 to July 31, 2013 when they were discontinued. 4 visits were made for one client with a total of 27.53 hrs for BI SCL program.

Brain Injury Waiver - CDAC	2012-2013	2013-2014
Number of visits	101	52
Number of hours	235.10	106.40

Brain Injury Waiver - SCL	2012-2013	2013-2014
Number of visits	44	4
Number of hours	132.67	4.75

## Staffing Patterns

Jan Vonnahme, RN coordinates and supervises the BI Waiver program. The HCA Scheduler assists the RN with communication and scheduling services. The HCA's are adequately trained to provide services and participate in a monthly staffing with agency RN case manager, as well as quarterly staffing with the consumer's DHS caseworker.

### Goals for last fiscal year were:

Keep CDAC staff up to date on new techniques to be used to assist the clients on caseload to assist clients with self-care tasks, which the client would normally do by themselves if able.

*Ongoing*

Review CDAC charting, cares and provide monthly staff meeting to ensure adequate services are being provided.

*Ongoing*

### Goals for next fiscal year are:

Instruct CDAC staff on any new techniques to assist the clients with self-care tasks.

Instruct providers on member's rights, support needs, incident reporting, and review CDAC charting, cares and provide monthly staff meeting to ensure adequate services are being provided.

All direct care staff will have completed the BI training modules prior to direct service by January 1, 2015.

## Elderly Waiver & Elderly Waiver Case Management

### *Program Description*

Elderly Waiver services have been offered by Crawford County Home Health, Hospice & Public Health since September 1996. Elderly Waiver is a Medicaid program made available to any person who is age 65 and older who meets two criteria: nursing home level of care and income that does not exceed 300% of poverty. Level of care is determined by the Iowa Medicaid Enterprises (IME) and income eligibility by the Iowa Department of Human Services. For the person who meets both criteria, the goal is to provide enough services for the elderly person to remain in his or her own home as long as possible. CCHHH&PH offers case management, nursing, health aide and homemaker services to eligible clients. Services which Elderly Waiver clients are eligible for include: Adult Day Care, Assistive Devices, Case Management, Chore Services, Consumer Directed Attendant Care, Emergency Response System, Home and Vehicle Modifications, Home Delivered Meals, Home Health Aide, Homemaker Services, Mental Health Outreach, Nursing Care, Nutritional Counseling, Respite, Senior Companions, Transportation and Consumer Choices Option.

Since October of 2006 CCHHH&PH has been an independent Case Management Provider for the Elderly Waiver. The Case Manager is in charge of identifying and coordinating Elderly Waiver services with the client and service providers. Annual review and assessment is performed to assure program eligibility.

### *Program Update*

At the end of this fiscal year, CCHHH&PH is serving 19 Elderly Waiver Case Management clients and provides Homemaker services to 13. It is required that a minimum of one monthly contact be made with the client and quarterly a face-to-face contact must occur.

Elderly Waiver Homemaker	FY 2012-2013	FY2013-2014
Number of visits	947	849
Number of hours	1213.75	1279.00

Elderly Waiver Case Management	FY 2012-2013	FY 2012-2013
Number of visits	349	341
Number of hours	668.53	724.00



## *Staffing Patterns*

Jan Vonnahme, RN is the Case Manager for the Elderly Waiver program. The Case Manager takes referrals, performs assessments, facilitates the Level of Care form with the physician for eligibility for the program, assists with identifying the needs of the client, coordinates services to assure that the identified needs are met, makes monthly contacts and facilitates quarterly follow-ups. All RNs who admit clients to the Home Health know of the Elderly Waiver program and refer these clients when appropriate. In addition the agency receives referrals through the Individualized Services Information System (ISIS) where clients have applied for the Elderly Waiver program through DHS. CCHHH&PH nurses and HCA's meet the needs of the clients who qualify for the Elderly Waiver.

### Goals for last fiscal year were:

Maintain and improve the case management of Elderly Waiver clients by finding the best choice of services for each client at the lowest cost possible.

*Ongoing*

Have monthly staff meetings for the HCA staff, attempting to provide advice, support, and pertinent information for the HM staff along with the staff informing case manager of any unknown need/concerns of clients.

*Ongoing*

Make appropriate referrals to help increase the number of elderly in Crawford County who utilize services through the Elderly Waiver. Assist referrals in completing applications in an attempt to expedite the processes.

*Ongoing*

Participate in the Department of Human Services Provider Self Assessment to identify any areas in need of improvement.

*Met*

### Goals for next fiscal year are:

Maintain and improve the case management of Elderly Waiver clients by finding the best choice of services for each client at the lowest cost possible.

Have monthly staff meetings with HM staff to increase communication and support to meet the needs of the clients.

Assist elderly and their families in understanding the Elderly Waiver program and its goals. Assist in referrals if appropriate or guide them to needed assistance.

Participate in the HCBS Department of Human Services annual Provider Self Assessment to identify any areas in need of improvement.

## Intellectually Disabled Waiver

### *Program Description*

The Intellectually Disabled (ID) Waiver program has been an active program offered by CCHHH&PH since 1994. The ID Waiver program provides home and community-based services to children and adults diagnosed with intellectual disability. The ID Waiver program is designed to assist families with keeping the intellectually disabled family member in the home with the highest degree of independence for as long as possible. CCHHH&PH provided Supported Community Living (SCL) services for the ID child/consumer who met eligibility per the recommendation of the Department of Human Services (DHS). The goals for SCL included personal and home skills training, individual advocacy, community skills development, and personal environment support. Although exceptions to policy can be made, a maximum of 52 hours per month of SCL is provided to the ID consumer. CCHHH&PH Home Care Aides who provided SCL receive continuing education to meet the individual needs of the consumer. Nursing and health aide services were utilized when the consumer had a health condition that requires a doctor's order. These were billed to Medicaid.

### *Program Update*

On March 26, 2013 Iowa Medicaid Enterprise Home and Community Based Services Quality Oversight program conducted a review of our HCBS programs to validate each provider's responses selected on the 2012 Provide Quality Management Self-Assessment. During this review the auditors reviewed our policies along with our Quality Improvement Plan. After review of their recommendations it was determined that it was no longer cost effective to continue with the SCL services. The agency discontinued SCL services as of July 31, 2013.

CCHHH&PH served one ID consumer, age 18 and under.

SCL	2012-2013	2013-2014
Number of Clients	1-3	1
Number of Visits	44	2
Number of Hours	181.70	37.07

### *Staffing Patterns*

Jan Vonnahme, RN Coordinated and supervised the ID Waiver program. The HCA Scheduler assisted with communication and scheduled SCL services. The HCA's were trained to provide SCL services and participated in a monthly staffing with agency RN case manager, as well as monthly staffing with the consumer's DHS caseworker.

# Public Health Programs



2  
0  
1  
3

2  
0  
1  
4

## Baby Boutique

### *Program Description*

Crawford County Home Health, Hospice & Public Health continues to operate the Baby Boutique. The Boutique is a “store” located at the First United Methodist Church in Denison.

The Boutique receives generous donations from area churches and organizations throughout the year to help support the program and the families of Crawford County.

Participants in the Boutique must be pregnant and/or have child/children younger than 1 year of age. The Boutique allows participants to “spend” points on a variety of baby items such as cribs, car seats, diapers, wipes, bottles, blankets, and any other basic necessities needed for baby. Participants can earn points in various ways including: early prenatal care, well child physical exams and immunizations as recommended by their doctor, parenting classes, WIC (Women, Infant, Children), obtaining high school diploma, or their GED, assisting in the store with interpreting and by attending the monthly classes offered by the program.

### *Program Update*

At the end of this fiscal year there were 51 families that participated in the Baby Boutique program and 30 families were on the active list. Families included 36 Hispanic, 11 Caucasian, 2 Black, 1 Native American and 1 Asian. Approximately 707 Crawford County families have been served since the Boutique opened in 2002.

The Boutique classes are held on the 4<sup>th</sup> Monday of each month with the store being open from 3:00 pm to 6:00 pm. Classes include a variety of topics and includes both English and Spanish speaking participants, with the aid of an interpreter as needed from 4:00 pm to 6:00 pm.

### *Staffing Patterns*

The Program is coordinated by two Public Health Nurses, Jennifer Chapman, BSN RN and Amy Trucke, LPN, as well as, Staci Gallup with Northwest AEA. An Interpreter from the agency provides the translating for the educational classes and paperwork as needed.

## Blood Pressure Screening

### *Program Description*

The Blood Pressure Screening program is a health promotion service in which blood pressures are taken in a clinic setting, at the office or at an outreach site. The purpose of the service is to detect elevated blood pressures and refer the person to a physician as needed. If the blood pressure is elevated, the individual is instructed to see a medical provider and/or follow-up with additional blood pressure checks in the future. Education is provided regarding hypertension and diet.

### *Program Update*

The agency has provided several screening clinics in the community in the past year. There were 802 blood pressures taken in 2013-2014 as compared 803 in 2012-2013.

Charter Oak Senior Center	55
Eventide Senior Housing	105
Denison Senior Center	136
Dow City Senior Meals	112
Oakwood Apartments	109
Realife Apartments	239
Office	46
Total	802

### *Staffing Patterns*

Amy Hartwig, BSN RN, is the coordinator for the Blood Pressure Screening program. This program is staffed by a trained Home Care Aide at the clinic sites and a RN or LPN provides the service to walk-ins to the agency.

## Care for Yourself Program (Breast & Cervical Cancer Early Detection Program)

### *Program Description*

Care for Yourself Program (CFY) is a joint effort of the Iowa Department of Public Health and local public health agencies and is funded by a grant from the U.S. Centers for Disease Control and Prevention. Cass County is the lead agency for the multi-county project. The mission is to reduce the number of deaths from breast and cervical cancer through coalition building, education, and early detection. The program offers, at no cost to eligible women between 50 and 64 years of age, the following: clinical breast examinations, self-breast examination education, pelvic examinations, pap smears, mammograms, as well as other screenings, diagnostic testing, and follow-up. Non-invasive breast services for women aged 40-49 are funded by the Susan G. Komen Foundation.

Referrals to the CFY program come from the provider offices, Family Planning nurses, word-of-mouth, and through various outreach activities. Due to budget cuts, enrollment has been limited to those women who have not received services within the last three years. The program is required to rescreen a certain percentage of women so occasionally there will be mammograms completed yearly instead of waiting three years.

### *Program Update*

In fiscal year 2013-2014, CCHHH&PH was allocated slots for 60 women to receive services. The agency received payment for 51 breast and cervical clients. WISEWOMAN services were not funded this year. Cass County Public Health provides administration of this grant.

On October 5, 2013 community volunteers organized the 5<sup>th</sup> Annual Breast Cancer Awareness Walk at Yellow Smoke Park. Approximately 200 walkers participated and \$3,403.97 was raised. Majestic Hills Ladies League held a Pink Out tournament on June 12, 2014 and donated \$4,300.00 for provide public education and mammograms for uninsured women.

### *Crawford County Breast Health Awareness Program*

Funds raised by local groups will be used in the Crawford County Breast Health Awareness Program. Women who do not qualify for the CFY program may be eligible to use the funds for mammograms. Mammograms and radiology services are provided by Crawford County Memorial Hospital and Iowa-Nebraska Radiology Consultants at Medicaid rates.

### *Check the Girls*

Check the Girls, a local program based in Dunlap, also provides funds for mammograms and other diagnostic services in Crawford and surrounding counties. This program works closely with the CFY program.

### *Staffing Patterns*

Shelley Moreland, LPN is the part-time program coordinator.

#### Goals for last fiscal year were:

Outreach activities at various community events throughout the year.

*Ongoing*

Outreach to Hispanic women with posters and brochures in areas often accessed by Hispanic women.

*Ongoing*

Offer educational presentations to community organizations.

*Not met*

Utilize donated funds to provide mammogram services to uninsured women in the county.

*Ongoing*

Concentrate services on women who have not had screenings done in the last 2 years.

*Ongoing*

#### Goals for next fiscal year are:

Encourage program participants to spread the word about the program to help utilize all allocated slots.

Increase community outreach activities to encourage program participation to help utilize all three funding sources.

Obligate 2/3 of CFY's allocated slots by December 31, 2014 and use all slots by the end of the program year.

## Child Health

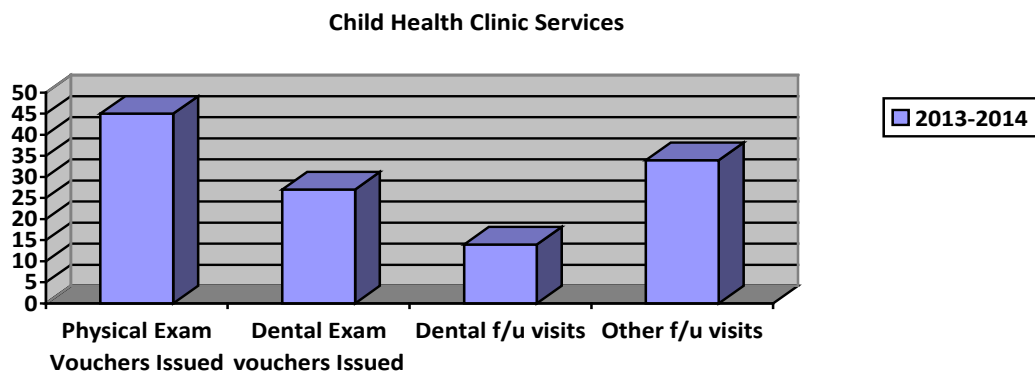
### *Program Description*

The Child Health program assists children ages 0-21 to obtain a physical examination. In October 2013, CCHHH&PH began the transition from direct child health (physicals provided at our clinic location by a Pediatric Nurse Practitioner) to an indirect model of service delivery. Indirect service is providing the family with a voucher to pay for services and coordinating well-child care with the child's primary medical provider. Contracts were established for CCMH Physicians Clinic, Crawford County Clinic, and Boys Town Pediatrics. For those children without insurance coverage, assistance with Medicaid or *hawk-i* will be provided. For those children that do not qualify for either of those programs, grant funds can be utilized to pay for the well-child examinations (vouchers).

For those children with no pay source for medical or dental care, indirect services may also include a dental screening, fluoride varnish, oral health education, referral to a dentist and provision of voucher to pay for services, and developmental screening to age six. If needed, a referral to the WIC dietitian for nutrition assessment and/or counseling can also be arranged. Immunizations are provided as needed through the public health immunization program. Lead screening is provided as needed for children age 12 months to 6 years.

### *Program Update*

Direct clinics were held in August and September 2013 with 33 children receiving services. In October 2013, CCHHH&PH began the transition from direct child health to an indirect model of service delivery. From October through June, 74 kids received services through this program. There are 128 active clients in the Child Health program with 97% indicating Hispanic/Latino ethnicity.



### *Staffing Patterns*

Rocio Fernandez is the coordinator of the Child Health program. She also provides bilingual support. Deb Birks, BSN RN provides nursing and oral health services for Child Health clients.



# HCCMS Family Health Services

---

*Child Health Services Questionnaire*  
33 Questionnaires Answered

1. **Is this your first time using these services?** Yes-0 No-32 No Answer-1  
**If yes, how long did it take for you to get an appointment?**  
Within the next month-5 2 months-0 3 months-0 Longer-5 No answer-23
2. **How did you hear about these services?** WIC-5 Friend-20 Doctor's Office-2  
DHS-5 No answer-3 Public Health -1
3. **Did you/your child receive a variety of services that are important to good health?**  
Yes-24 No-5 No answer-4
4. **Are these same services available at your doctor's office?**  
Yes-10 No-15 No answer-8
5. **Will you continue coming here for these services?** Yes-32 No-0 No answer-1  
If No, why not?
6. **Compared to your doctor's office, was your waiting time for the services provided here:**  
About Right-32 Too Long-1 Not enough time-0 No answer-0
7. **Would you recommend these services to others?** Yes-33 No-0 No answer-0  
If No, why not?
8. **If these services were no longer available, where would you go for similar services?**  
Doctor-15 Hospital-10 No Where-3 Another Clinic-4 No answer-2
9. **Did you understand the information that was given to you today?**  
Yes-28 No-0 No answer-5 If No, why not?
10. **Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**  
Yes-19 No-2 No answer-12  
**If yes, have you ever utilized these services?**  
Yes-23 No-2 Not Applicable-4 No answer-4

## Communicable Disease

### *Program Description*

Public Health coordinates the follow-up of all communicable diseases reported in Crawford County. Public Health's goal is control and prevention of disease. When a communicable disease is considered probable, a clinical case or confirmed, a case investigation is started. Case investigation involves determining possible sources of the person's infection, assessing the likelihood of the individual transmitting the infection to others, establishing prevention strategies and education for the infected person and the contacts. Prevention efforts may slow or help eliminate the disease. Diseases are reported by individuals, physicians, nurses, local health departments, and laboratories. In 2008-2009 implementation of the Iowa Disease Surveillance System (IDSS) occurred. IDSS is a statewide tracking system for communicable diseases. IDPH, local hospitals and local Public Health's are able to utilize this system and share information regarding these communicable disease clients. Four staff members were trained to use this system in the agency.

### *Program Update*

#### Reportable Disease Investigations:

In 2013-2014 there were 17 reportable disease cases in Crawford County for follow-up by Public Health. These cases included: 4 Salmonellosis, 1 Hepatitis B, 1 Cryptosporidium and 11 Pertussis that were confirmed.

#### Tuberculosis (TB):

Public Health facilitates medication administration for people with either latent TB infection or active TB disease. Latent TB infection is when a person is infected with tuberculosis but is not feeling sick and is not contagious. This person has a positive tuberculin skin test but a normal chest X-ray. Approximately 10% of people with latent infection will develop into active TB disease. The risk for developing active TB disease is higher in the first two years of infection. The risk is always higher for people with weakened immune systems. Receiving a six to nine month IDPH regulated regimen of medication will prevent the infection from progressing to disease. In 2013-2014, there were 26 clients coming to the agency monthly for assessment and medication refill for latent TB infection.

Active TB disease is when a person has a positive skin test and an abnormal chest X-ray. The person may have some or all the following symptoms: coughing, loss of appetite, weight loss, fever, fatigue, night sweats and/or bloody sputum. The person is usually contagious for approximately 4-5 weeks after initiation of antibiotics. Active disease is curable with antibiotics and isolation. Untreated active TB disease can lead to death.

People with active disease should avoid contact with others until antibiotics have been started and three sputum cultures are negative. Antibiotics are

provided at no cost through IDPH. Direct Observation Therapy (DOT) is provided by the Public Health nurse for six to nine months. This involves the nurse directly observing the client taking the antibiotics. DOT visits are completed outside at the client's home, with the nurse standing upwind from the client to avoid exposure. TB skin testing of immediate contacts is completed and DOT administration of medications is provided for those who have active TB disease. DOT administration of antibiotics is provided routinely for a child under the age of four even if testing is negative.

In 2013-2014 there were 2 active TB cases in Crawford County.

In 2013-2014 there were 59 TB skin tests given, this is an increase of 4 from 2012-2013. These tests were provided to members of the local fire departments, employees at childcare centers/assisted living facilities/pharmacies, nursing students, city and county employees, others as requested, as well as those who had possible contact with an infected individual.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for Communicable Diseases. Public Health staff routinely receive training on communicable diseases and appropriate follow-up. IDSS users include Amy Hartwig, BSN RN, Kim Fineran, BSN RN, and Laura Beeck, BSN RN.

## Community Equipment Loan Program

### *Program Description*

The Community Equipment Loan Program (CELP) lends out health equipment to community members to be used following hospitalization, surgery, illness and disabilities. Originally the equipment was donated to Crawford County Home Health, Hospice & Public Health by the Vail VFW in 1999. The equipment is to be used on a short term basis; it is not loaned out with the intentions of it being used for years. Anyone can use the equipment in the Crawford County area regardless of income or age. There is no cost to the individual for the use of the equipment. Items offered include: wheelchairs, walkers, bath benches, stool risers, canes, etc. Due to lack of other funding sources, we have been forced to absorb this program expense in order to maintain safe equipment and update equipment, as needed.

### *Program Update*

In 2013-2014 there were 90 pieces of equipment loaned to individuals in need of this assistance.

### *Staffing Pattern*

Kay Blunk, HCA is the coordinator of the Community Equipment Loan Program and is assisted by Bill Greteman, HCA and Susan Boettger, HCA.



## Crawford County Drug, Alcohol & Tobacco Coalition (Dr ALTO)

### *Program Description*

Crawford County's Drug/Alcohol/Tobacco (Dr ALTO) Coalition was established in 2005 after the completion of a survey for the Community Health Needs Assessment and Health Improvement Plan. The results of the health related survey showed drugs, alcohol and tobacco use to be the 2<sup>nd</sup> highest concern for those citizens of Crawford County that responded to the survey (child abuse and domestic violence ranked first, which could also be a result of drug and alcohol use). Dr ALTO's mission is to help reduce the use of drugs, alcohol and tobacco through public education and awareness initiatives. The Coalition is made up of community organizations and other interested individuals.

Dr ALTO created a resource library on prevention and abuse relating to drugs, alcohol and tobacco issues to be used by schools and community organizations with an interest in educating others on these issues. Dr ALTO also provides information at health fairs and other community events such as parent teacher conferences in efforts to help with public education and awareness initiatives regarding drugs, alcohol and tobacco prevention.

Dr ALTO is working towards increasing the awareness of the effects and consequences of the use and abuse of drugs, alcohol and tobacco. Dr ALTO's motto is "Healthy Choices Makes Healthy Kids!" The Coalition's goal is to increase the accessibility of resources to the schools and community organizations working with the youth in Crawford County. Ultimately, Dr ALTO wants to coordinate and collaborate with community partners to educate the youth in Crawford County and is attempting to bring people and resources together to better serve the community.

### *Program Update*

CCHHH&PH is the fiscal agent for this coalition. Grants are obtained to provide community awareness activities. The Dr AlTo Coalition is made up of community organizations and other interested individuals. Members include: Crawford County Home Health, Hospice & Public Health; Crawford County Memorial Hospital; Iowa State University Extension; Crawford County Community Partnership in Tobacco Control; Jackson Recovery Center; Crawford County Juvenile Court Services; West Iowa Community Mental Health Center; Denison Community Schools; Job Corps Center; Lutheran Services in Iowa; Department of Human Services; Domestic Sexual Assault Outreach Center; Crawford County Early Childhood Iowa; Crawford County Decategorization; Chamber & Development Council of Crawford County; Crawford County Board of Health; Crawford County Board of Supervisors; and interested citizens.

Activities that Dr AlTo has participated in include: PSAs to county newspapers, Denison Homecoming parade, co-sponsor Health Fairs, 7<sup>th</sup> grade Ag Days at the Crawford County fairgrounds, freshman orientation and sponsored speakers at county schools.

This year grant activities and funds focused on the newly passed social host ordinance. There has been a billboard by Kum & Go since December 2013. Community Partners for Protecting Children (CPPC) again funded the activity provided by Dr AlTo.

### *Staffing Patterns*

Laura Beeck, BSN RN is the facilitator of this coalition. Kathy Ransom is the clerical support for this coalition.

## EPSDT

### *Program Description*

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, also called *Care for Kids*, provides comprehensive child health care for Medicaid eligible children under the age of 21. The two components of the EPSDT program are: (1) assuring the availability and accessibility of required health care resources (Informing/Re-informing); and (2) helping Medicaid recipients and their parents or guardians effectively use these resources (Care Coordination). EPSDT is provided as part of the HCCMS Child Health program.

Families with children who are newly eligible for Medicaid coverage do not always know about all the services available to their children. Through the informing process, they are told about the health care services covered under the program. During this process, emphasis is placed on the importance of preventive medical and oral health care for all the children in the family. Re-informing is provided for families when the attempts to contact the family for informing are unsuccessful. Both services provide the same information for the family.

Care coordination is the process of linking the client to the health care system. The care coordinator works with the family to assure that overall health is improved through preventive exams, early diagnosis, and appropriate treatment. Care coordination helps families to become independent health consumers; develop healthy beliefs, attitudes, and behaviors; make informed health care choices for their children; establish and maintain medical and dental homes; and improve the health and physical well-being of their children.

EPSDT emphasizes preventive care and the importance of providing children with regular and early health visits from birth until age 21. *Care for Kids* services include regular medical and dental checkups, vision and hearing tests, information about growth and development, immunizations, lab testing, nutrition education, and referrals.

### *Staffing Patterns*

Shelley Moreland, LPN and Rocio Fernandez are the part-time EPSDT Coordinators. Gayle Chapman, RN and Deb Birks, BSN RN also work part-time, providing supervision and quality assurance surveillance for the program.

## Family Planning

### *Program Description*

The Family Planning program assists individuals (men, women, and adolescents) by providing reproductive health examinations, birth control supplies, testing and treatment for sexually transmitted infections (STI), pap smears, breast examinations, tests for high blood pressure and anemia, pregnancy tests, infertility examinations, counseling, referrals, and health education. The Crawford County Family Planning clinic is held 2-3 times per month on Tuesdays or Thursdays.

Costs for services at Family Planning clinics are based on ability to pay and are often less than at other health centers. Services are free for people whose income is below the federal poverty guidelines. Medicaid and private insurance can also be billed for services as applicable.

### *Program Update*

There have been 31 Family Planning Clinics held in 2013-2014. The number of tests performed and services provided are shown in the following table:

Family Planning Program	2012-2013	2013-2014
Annual Pap Smear	149	168
Initial Pap Smear	59	86
Repeat Pap Smear	6	3
Abnormal Pap Smear	6	6
Supply Visit	644	412*
Chlamydia Test	107	106
Positive Chlamydia	11	7
Male Clients	16	15
Positive Gonorrhea	0	0
Medical Problems	76	73
Pregnancy Tests	136	153
Emergency Contraceptive Pills	26	25
ParaGard Insertions	8	3**
Mirena Insertions	11	1**
Implanon Insertions	25	11**
ParaGard/Mirena/Implanon Removals	16	23
Gardisal Injections	4	0

*\*Clients who are not confidential and have insurance coverage are encouraged to get their supplies from their pharmacy.*

*\*\*The number of LARC's provided to uninsured clients has decreased due to a decrease in grant funding*



## *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for Family Planning program. Jaime VanKley, BSN RN assists with the program as needed. Kelly Weltz is the clerical support for Family Planning. Rocio Fernandez is the interpreter during supply visits.

Calla Poldberg, ARNP is the provider for the Family Planning program. The nurse practitioner is employed by Myrtue Medical Center Department of Community Health in collaboration with HCCMS Family Planning. Clinic was staffed with a secretary, employed by Myrtue Medical Center. Juanita Garcia is the clinic assistant and interpreter. Family Planning clinic was held on Tuesdays or Thursdays at the office adjoining Denison Medical & Surgical Associates, PC. until October 2013 when the clinics were moved to the local DHS building. Clinics are held 2-3 times per month.

Goals for last fiscal year were:

Increase the number of new clients through community outreach and publicity.

*Ongoing*

Clients due for recall for annual examinations will return within two months of the date they are due.

*Ongoing*

Goals for next fiscal year are:

Increase the number of new clients through community outreach and publicity.

Clients due for recall for annual examinations will return within two months of the date they are due.

Clients with abnormal pap smears will have follow up within 1 month of recommended follow up time-frame.

## Family STEPS

### *Program Description*

Family STEPS (Support To Experience Parenting Success) continues to be a successful program that started in 2001. Funding is provided through Early Childhood Iowa (ECI) and Prevent Child Abuse grants. Family STEPS provides parenting education to families with children from ages 0 to 3 and high risk 4 and 5 year olds. It also includes a prenatal program for pregnant women. Home visits are provided to the client using the Partners for a Healthy Baby and the Healthy Babies Healthy Families curriculum. All of these curriculums provide guidance and support in parenting and many other aspects including discipline. The Partners Program provides a curriculum for expecting parents as well. Family STEPS is part of a three county Early Childhood Iowa (Crawford, Sac and Buena Vista counties) program. In 2009 the ECI Board decided that the Family STEPS program should apply to become Iowa credentialed. This credentialing is a new program in Iowa. The Family STEPS program became credentialed in January 2012.

Family STEPS assists with meeting Promise Jobs requirements (for women receiving state financial assistance after having a baby) by offering six parenting education sessions utilizing the Great Beginnings curriculum on the following: 1) Everyday Growing and Learning; 2) Guidance and Discipline; 3) Play and Encouragement; 4) Getting Along; 5) Building Family Strengths; and 6) The Essentials of Successful Parenting.

### *Program Update*

Two Public Health nurses provided home visits for the Family STEPS clients. At the end of the fiscal year, we had 67 families participating in the Family STEPS program, with 27 new admissions and 24 discharges. The main reasons for the discharges were due to families moving out of the area, children exceeding age criteria for the program, goals being met, and/or not meeting credentialing criteria. At the end of June there were 42 clients participating in the Family STEPS program including; 28 Hispanic, 10 Caucasian, 3 Black and 1 Asian families. There were 19 Hispanic families needing the use of an interpreter. Due to the high level of need for this program there are typically always families on the waiting list. As of June 30, 2014 there were 3 families waiting to be enrolled into the Family STEPS program. While on the waiting list they receive information in regards to community resources and outreach clinics that may be available to them prior to admission. Referrals continue to come from doctor offices, hospitals, Family Planning, Maternal Health, Child Health, First Five, WIC, One-Time Mom/Baby, DHS, and Promise Jobs programs. A total of 758 visits were completed this fiscal year.

### *Staffing Patterns*

Jennifer Chapman, BSN RN and Amy Trucke, LPN are the nurses that provide the family support visits. A Spanish Interpreter is utilized during home visits for Hispanic families that do not speak the English language. There are monthly staff meetings with Family STEPS supervisors/administrators, as well as quarterly staff meetings with the staff from Sac and Buena Vista counties

and the Early Childhood Iowa Coordinator/Family STEPS Quality Assurance Coordinator.

Goals for this fiscal year were:

Continue to make the Family STEPS program known in the community by going to a variety of clubs, groups, etc.

*Ongoing*

Continue to obtain the most up to date information for prenatal care, infant and child care through age five.

*Ongoing*

Ensure that local doctors are aware of the benefits of the Family STEPS program.

*Ongoing*

Assist clients in accessing available community services.

*Ongoing*

Continue to offer parenting education classes at the Denison Job Corps campus and within the community with a six week session to meet Promise Job requirements.

*Ongoing*

Ensure referrals are made to local community agencies (i.e. Library, Early Headstart, Baby Boutique, etc.) for the Family STEPS clientele to meet group socialization requirements.

*Ongoing*

Ensure that the FY2013 ICAPP: Outreach and Follow-up Surveys are completed and submitted on time to the Prevent Child Abuse Organization.

*Met*

Initiate the REDCap Family Support Database which is a web based data system to aid in the process of data collection for ECI and IDPH.

*Met*

Goals for the next fiscal year are:

Obtain the most up to date information for prenatal care, infant and child care through age five.

Ensure that local doctors and other community affiliates are aware of and have a clear understanding of the Family STEPS program.

Assist clients in accessing available community services.

Offer parenting education classes at the Denison Job Corps campus and within the community as needed to meet Promise Job requirements.

Ensure referrals are made to local community agencies (i.e. Library, Early Headstart, Baby Boutique, etc.) for the Family STEPS clientele to meet group socialization requirements.

Ensure that the FY2014 ICAPP: Outreach and Follow-up Surveys are completed and submitted on time to the Prevent Child Abuse Organization.

Continue to utilize the REDCap Family Support Database which is a web based data system to aid in the process of data collection for ECI and IDPH.

Initiate the recertification process for the Iowa Family Support Credentialing.

## *hawk-i*

### *Program Description*

*hawk-i* is low-cost or free insurance for children who meet the following criteria: Children must be under the age of 19 years, have no other health insurance (including Medicaid), must be a citizen of the United States or a qualified alien, and meet income guidelines. There are two options for families to choose from: coverage for both medical and dental services and a dental-only option for families with medical coverage but no dental coverage.

Beginning September 2010, Iowa implemented a service called presumptive eligibility for children. The program offers families the option to complete an application and be given temporary coverage immediately. This coverage extends throughout the period while the formal determination for Medicaid eligibility is completed. Presumptive eligibility covers all services covered by Medicaid.

The *hawk-i* contact person within the agency answers questions regarding both the *hawk-i* program and presumptive eligibility assists with completing the applications, and follows up for a client if needed. The agency supplies area medical providers, dentists, hospitals, pharmacies, chiropractors, orthodontists, optometrists, banks, and other appropriate locations with informational brochures and posters. This information is also made available for Kindergarten Round-Up, preschools, and school registrations.

### *Staffing Patterns*

Kim Fineran, BSN RN is the contact person for the agency.

## Hepatitis B

### *Program Description*

The Hepatitis B vaccine is provided for infants, children and adults through Public Health. OSHA has a mandatory requirement for employers to vaccinate staff if high-risk exposure to Hepatitis B was possible. To be adequately protected, a person needs a series of three shots over a period of six months. Crawford County Home Health, Hospice & Public Health has been supplying and administering the vaccine as requested by service organizations or health care students.

### *Program Update*

In 2013-2014, there were 18 injections given. This is an increase from 13 injections given in 2012-2013. The table below shows the breakdown of individuals who started or completed the Hepatitis series this fiscal year.

WESCO	6
Agency	0
Reed House	4
Others	8
Total	18

### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator the Hepatitis B Program. Hepatitis B is also administered to youth and children during VFC Immunization clinics and not included in these statistics.

## Immunization

### *Program Description*

The Immunization program provides vaccinations for children from birth through 18 years. All the vaccine is supplied through a federal program, Vaccines for Children (VFC). Only children who meet the following criteria are eligible to receive the vaccine: Medicaid recipient, uninsured, underinsured with either a high deductible or health insurance that does not cover immunizations, or Native Americans. Children not meeting these criteria are referred back to family medical provider. Three clinics are held per month. Two clinics are held in the afternoon and one is in the morning to cover different times of the day. The clients are taken on a first-come first-serve basis. An additional clinic was held each month in June, July and August to focus on adolescent vaccinations. Walk-in immunizations are provided to transfer students per school request. IRIS is a statewide computer program used to maintain immunization records. All vaccinations for children through the age of 18 are entered into this system by Public Health. The three doctors' offices in Denison enter the vaccinations into IRIS, but the doctor's office in Westside does not.

In addition to staffing the clinics, the immunization coordinator is responsible for auditing the county's school records to assure all children/youth comply with the state's minimum immunization requirements. This is done in the fall every year. The results of last year's audit shows that the area schools are 98% in compliance and childcare centers are at 97%.

### *Program Update*

Information is distributed at the county fair, schools, area health fairs, preschools, and childcare centers. Updated information is also provided to the provider offices and school nurses. Agency information and brochures are offered in Spanish to better serve the Hispanic population in Crawford County.

In fiscal year 2013-2014, 1,331 immunizations were given to 503 children as compared to 1,615 immunizations were given to 438 children in 2012-2013. There were 65 more children served and 184 less vaccines given this fiscal year.

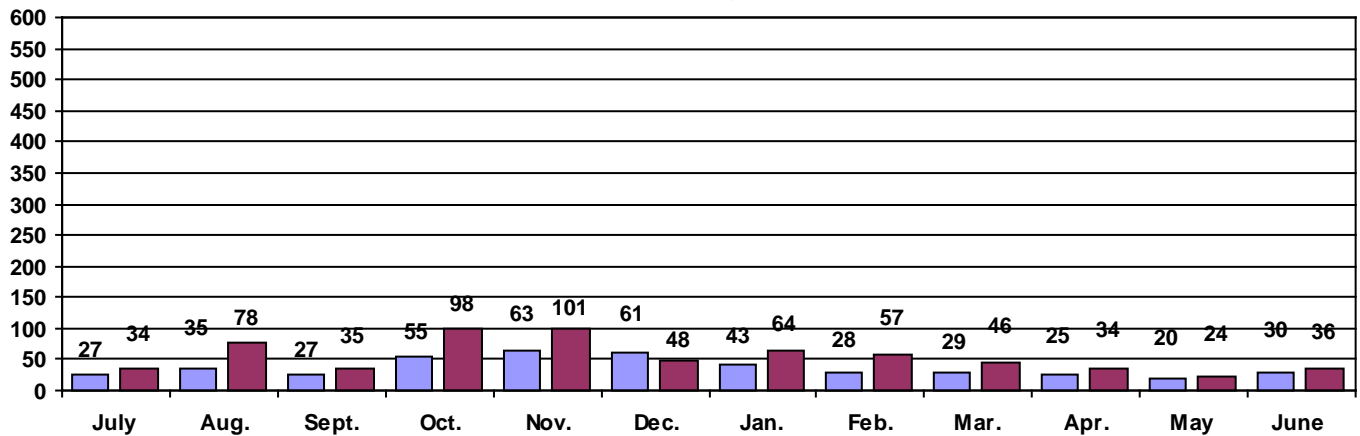
The following chart compares the number of each vaccine given in the past 2 years.

Vaccines	2012-2013	2013-2014
DTaP (Infanrix)	30	20
DTaP/IPV/Hep B (Pediatrix)	66	50
Dtap/IPV (Kinrix)	28	28
HIB (Pedvax)	63	61
HIB (ActHIB)	20	0
Hep B, Adol. Hep B	27	35
Hep A (Vaqta)	253	279
MMR	59	23
MMR/Varicella (Proquad)	11	53
Polio (IPV)	20	39
TD	7	2*
DT	1	0*
Tdap	262	83*
Varicella	79	47
Meningococcal (Menactra)	50	87
Meningococcal (Menveo)	25	0
HPV (Gardasil)	141	154
Prevnar	95	69
Rotavirus (Rotateq)	9	0
Rotavirus (Rotarix)	31	30
Influenza -Pediatric	131	83
Flumist	207	188
<b>Totals</b>	<b>1615</b>	<b>1331</b>

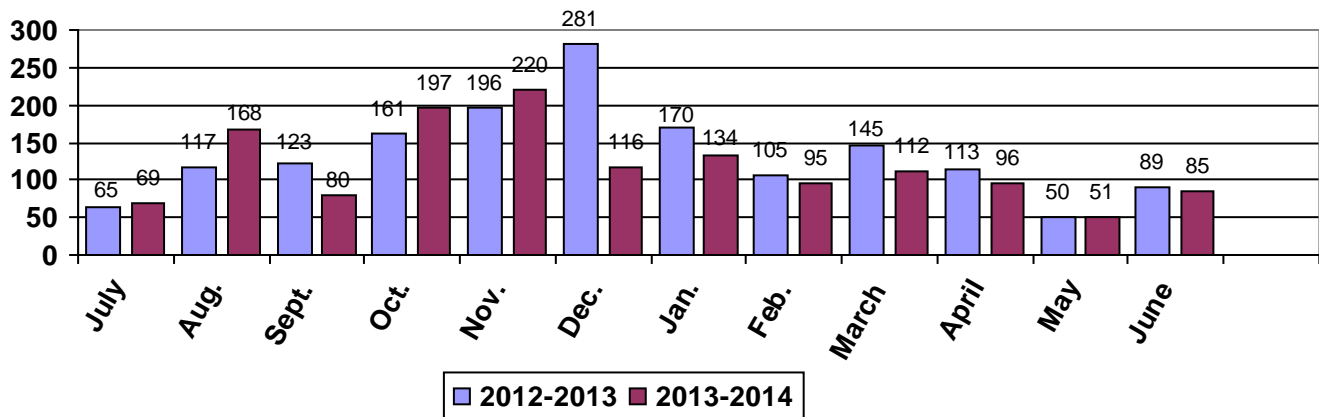
\*No school based Tdap clinics were held in FY 2013-2014, we no longer stock TD or DT due to low numbers and vaccine wastage.

IRIS is a secure and confidential web-based computer system that contains immunization information for individuals of all ages residing in the State of Iowa. While offering staff some challenges the system offers several benefits, including the capability to instantly assess immunization status, future interface with other state information systems, enhanced reporting and recall systems, and consolidation of immunization records as children move or change healthcare providers.

**Number of Children/Teens Immunized Per Month  
(Not including adult TD)**



**Number of Vaccines given per month**



The top chart reflects the number of children who received immunizations, and the bottom chart reflects how many vaccinations were given to those children per month.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the immunization program coordinator. The clinics are staffed with one RN, one LPN, two clerical staff (one being bilingual) and one interpreter. Shelley Moreland, LPN is the assistant during clinic and Kelly Wertz is the primary clerical staff that works with the Immunization program.



Goals for last fiscal year were:

Work with local medical providers to encourage administration of vaccines per ACIP recommendations.

*Ongoing*

Partner with local providers to improve the 2-year-old immunization rates for Crawford County.

*Ongoing*

Goals for next fiscal year are:

Work with local medical providers to encourage administration of vaccines per ACIP recommendations.

Partner with local providers to improve the 2-year-old immunization rates for Crawford County.

Work on a plan with local providers to ensure patients are not being refused vaccination due to lack of availability.

## Crawford County Home Health, Hospice & Public Health

105 Main Street  
Denison, IA 51442  
(712) 263-3303

### Evaluation Questionnaire for Immunization Clinic

169 surveys returned

1. How did you hear about the Clinic?  
Friend/family-80      Doctor-28      DHS-20      Radio-0  
Other-38
2. Were the clinic hours convenient for you?      Yes-167      No-1  
If no, what hours would be more convenient? \_\_\_\_\_
3. Compared to your doctor's office, was your waiting time for services in our clinic  
About right for the services received-145      Too Long-11
4. Were personnel at the Clinic courteous?  
Yes-168      No-0      If no, please explain \_\_\_\_\_
5. Before your child received their shots, did you feel well informed about the vaccines,  
their side effects and the use of over the counter pain medications to control fever?  
Yes -163      No-2      If no, please explain \_\_\_\_\_
6. Did you understand the information given to you at clinic?  
Yes-165      No-0      If no, please explain \_\_\_\_\_
7. Were you given information about when you should return for the child's next  
immunization clinic?      Yes-156      No-2
8. Would you recommend the Clinic to others?  
Yes-169      No-0      If no, please explain \_\_\_\_\_
9. Will you continue to bring your child to this Immunization clinic?  
Yes-168      No-2      If no, please explain \_\_\_\_\_
10. Please add any additional comments:  
It's a good clinic. Very good people. Very friendly.

**Thank you for helping us to evaluate our services!!**

## Influenza

### *Program Description*

Crawford County Home Health, Hospice & Public Health provides influenza vaccinations to the residents of Crawford County. The purpose for administering the vaccine is to reduce the potential for influenza relating to the high incidence of respiratory illness and complications associated with it.

### *Program Update*

There were 24 clinics held around the county. In addition to the community clinics, several walk-in clinics were held at Public Health throughout influenza season. There were 431 influenza vaccinations given to adults and to the children that did not qualify for the state funded Vaccines for Children (VFC) program in 2013-2014 compared with 568 in 2012-2013.

### *Staffing Patterns*

Amy Hartwig, BSN RN coordinated the Influenza program with Kathy Ransom providing clerical support. Other Public Health nurses and clerical staff assist with this service as needed. Home Health nurses administer vaccinations to clients on caseload.

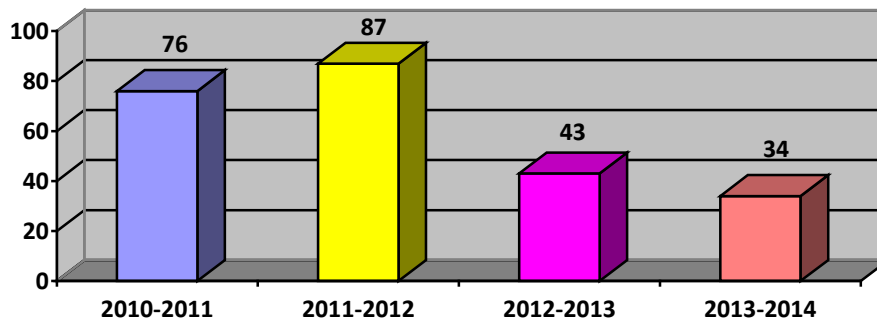
## Lead

### *Program Description*

Lead screenings are completed on children ages 12 months to 6 years of age. Public Health screens children through Child Health and Immunization clinics. Finger sticks are performed with the blood specimen being sent to State Hygienic Laboratory (SHL). The results are sent back to Public Health for follow-up as needed. If the results are greater than 10ug/dl, the level is rechecked in 3 months. If the reading is greater than 15ug/dl a venipuncture blood draw is done. Further follow-up and interventions are completed depending on the venous result. Interventions may include education, nutrition consultation, environmental assessment, medical examination, AEA referral, and treatment with medication.

There were 34 children screened for lead poisoning in 2013-2014 compared to 43 children screened in 2012-2013. In 2013-2014 no children were found to have levels greater than 15ug/dl requiring confirmatory venipunctures and close follow-up. Follow-up continues for three children with elevated levels from the previous year. These cases will be followed until the lead levels return to normal limits, which are 2 lead level readings below 10 or 3 below 15. The need for increased blood lead screening has been identified because Iowa has a high percentage of older homes. Lead based paint, the most common source of lead poisoning, is often found in homes built before 1960.

**Lead Screenings**



### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator of the Lead program. Deb Birks, BSN RN performs lead screening tests for Child Health clients and Amy Trucke, LPN provides testing during immunization clinics. Kelly Weltz is the clerical staff that works with the Lead program.

## Maternal Health

### *Program Description*

The Maternal Health program provides care coordination (including the Medicaid prenatal risk Assessment and presumptive eligibility determination), education, oral health services, and postpartum home visits. Enhanced services include more intense care coordination, health education, nutrition, and psychosocial services. All pregnant women are eligible to enroll in the program, regardless of pay source. The clients are seen throughout the pregnancy for services through visits in the office, client's home, or school. Each client also receives a postpartum home visit. Enrolled women may also receive prenatal vitamins through this program. Nutritional counseling is offered by the WIC nutritionist on two occasions during the pregnancy and again post-partum. A social worker completes psychosocial services as needed. The agency interpreter is available at appointment times to assist with the increasing number of Hispanic clients. This helps considerably with the ability to effectively educate clients. Referrals are received by the program from WIC, Family STEPS, Family Planning, school nurses, and some inquiries about the program are received by a pregnant individual, due to word of mouth.

### *Program Update*

The Maternal Health visits are provided by appointment in the office, client's home, or at school. In 2013-2014, 21 clients were served, a decrease of 5 from 2012-2013. Oral health screenings, fluoride varnish, care coordination, health education, home visits, risk assessments, and presumptive Medicaid eligibility determination were provided this year. The Maternal Health program continues to see a large percentage of Hispanic clients, many with advanced pregnancies and no medical care. Names of doctors are provided so that the pregnant woman can try to obtain care and Public Health then follows-up within the month to verify care has started.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator of the Maternal Health program. Emilee Lakner provides the social worker component of the Maternal Health program.

Goals for this fiscal year were:

Create a quarterly “Quick Facts” information sheet to be distributed to local practitioners, OB departments, and billing/admission staff at local hospitals in an effort to create awareness of program services and promote early prenatal care and medical homes.

*Met*

Collaborate with the WIC Director to develop a referral system for pregnant women to ensure access to pregnancy services, medical/dental care, and medical homes.

*Met*

Goals for next fiscal year are:

Increase the number of clients who receive 2 or more education visits.

Increase the total number of Maternal Health visits by at least 10%.

# HCCMS Family Health Services

---

## Maternal and Child Health Services Questionnaire

- 1. Which county do you live in?** 6 questionnaires returned for Crawford County
- 2. Is this your first time using these services?** Yes-5 No-1  
**If yes, how long did it take for you to get an appointment?** No answer-1  
Within the next month-4 2 months-0 3 months-0 Longer-0
- 3. Which service are you using?** Maternal Health-6 Child Health
- 4. How did you hear about these services?** WIC Friend-3 Doctor's Office-0 DHS-0  
Other (please specify): Work-1 School nurse-1 Public Health-1
- 5. Did you/your child receive a variety of services that are important to good health?**  
Yes-5 No-0 No answer-1
- 6. Are these same services available at your doctor's office?** Yes-4 No-2
- 7. Will you continue coming here for these services?** Yes-6 No-0  
If No, why not? \_\_\_\_\_
- 8. Compared to your doctor's office, was your waiting time for the services provided here:**  
About Right-5 Too Long-0 Not enough time-0 No answer-1
- 9. Would you recommend these services to others?** Yes-6 No-0  
If No, why not? \_\_\_\_\_
- 10. If these services were no longer available, where would you go for similar services?**  
Doctor-4 Hospital-1 No Where-1 Another Clinic-0 Other (please specify): 0
- 11. Did you understand the information that was given to you today?** Yes-6 No-0  
If No, why not? \_\_\_\_\_
- 12. Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**  
Yes-2 No-0 No answer-4  
**If yes, have you ever utilized these services?** Yes-2 No-0 Not Applicable-0 No answer-4

## Mental Health

### *Program Description*

In March 2009, West Iowa Community Mental Health (WICMH) entered into an agreement with CCHHH&PH to facilitate or supervise the telepsychiatry sessions. A registered nurse is required to be in the room with the client while the Psychiatrist is providing services via the telemonitoring system. The clinics are held at the WICMH office usually held one time per week. In March 2014, daily services were requested and began by a registered nurse for medication refills and prior authorizations. July 1, 2014 WICMH merged and is now Plains Area Mental Health Center.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the primary nurse providing this service.



## One Time Mom/Baby Visits

### *Program Description*

Public Health offers a one-time postpartum visit for mothers and newborns that live in Crawford County. A nurse tries to provide a home visit within five days post hospitalization or as ordered by the physician. This visit provides assessment of mother/baby and support/education to the parents. This is a complimentary service provided by Public Health.

### *Program Update*

Public Health continues to work with the hospital and doctors to provide a post-partum visit to newborns and mothers in Crawford County. 6 visits were completed, which is a decrease of 12 from fiscal year 2012-2013. The referral may not result in a visit. When contacted by the nurse after the mother and new baby are home, the mother may feel that the visit is not necessary and decline. The referral may also be deferred to another agency program such as Family STEPS or Maternal Health where it may fit better due to needs.

### *Staffing Patterns*

Amy Hartwig, BSN RN is the coordinator for this program. Interpreters are utilized for the Spanish speaking clientele.

## Public Health Preparedness

### *Program Description*

Following September 11, 2001 the country became more aware that terrorism is a very real threat. Centers for Disease Control (CDC) & Health Resources and Services Administration (HRSA) felt Biopreparedness was where public health departments and hospitals would play a large role in planning to be prepared for such tragedies. Starting in September 2002, IDPH received grant funding from the CDC for public health preparedness and funding from HRSA for hospital readiness efforts. Building infrastructure has been a very important part of these efforts especially in public health. Coalition development was a requirement this year. At this time it was determined that our Coalition would include Crawford County Memorial Hospital, Crawford County Emergency Management, Crawford County Environmental Health, and Crawford County Public Health. Additional members will be added over upcoming years. The regional concept was dissolved but there are still regional meetings, usually monthly for communication purposes.

### *Program Update*

Public Health Emergency Preparedness grant dollars have been used to build infrastructure, mass vaccination plans, epidemiology and pandemic influenza planning. Scenarios, tabletop drills, functional and full-scale exercises are all part of these planning efforts. These drills have been statewide, regional, and specific to a county. By exercising these plans the respective participants are able to see what works and what doesn't work and gives everyone experience in the event of a real emergency. These planning efforts are not just for bioterrorism activities, but can be used for other real world emergency situations such as food-borne or communicable disease outbreaks such as H1N1. Having regular communication and interaction with local partners is important so in the event of a real emergency there is better understanding of everyone's roles and leads to a better team approach.

### *Staffing Patterns*

The Public Health Administrator, Laura Beeck, BSN RN, coordinates these planning efforts but the entire staff, many volunteers and other county organizations will be needed to implement these plans in the event of an emergency situation. Laura Beeck, Lynette Ludwig and Kim Fineran have all been trained as Public Information Officer (PIO). CCHHH&PH staff will fill the following Incident Command roles in the event of an incident/emergency: Incident Commander, Liaison Officer, Planning Chief, PIO, Logistics Chief, Safety Officer, Operations Chief, Finance Chief, and Volunteer Coordinator. Staff members who will fill these roles in the event of an incident include: Laura Beeck, Lynette Ludwig, Kim Fineran, Al Schramm, Kathy Ransom, Kay

Blunk and Amy Hartwig. Continued training is needed to educate staff on Incident Command and duties during an event.

Goals for last fiscal year were:

Continue to update all plans and checklists for public health emergency response events.

*Ongoing*

Incident command staff will receive additional training as offered.

*Ongoing*

Work to develop coalition and plans specific to the newly developing coalition.

*Ongoing*

Participate in exercises or drills with county partners as indicated.

*Ongoing*

Goals for next fiscal year are:

Continue to update all plans and checklists for public health emergency response events.

Incident command staff will receive additional training as offered.

Continue working to develop coalition and plans specific to the newly developed coalition.

Participate in exercises or drills with county partners as indicated.

Work with coalition members and other county partners for planning activities related to county needs.

Expand coalition to include other counties.

## Schleswig Community School

In 2008 CCHHH&PH began and continues to provide school nursing services to Schleswig Community School. The superintendent determines the number of hours and services needed. Nursing services include vision screenings, dental screenings, lice screenings, immunization review, student education, consultation, and technical assistance on health related topics.

### *Staffing Patterns*

Angie Kastner, BSN RN is the nurse providing these services to Schleswig Community School.

## Vision Screening

### *Program Description*

The Vision Screening program involves a Public Health nurse testing the vision of children in the county schools that do not have a nurse on staff or have not contracted with one. These schools provide a pre-screen of all students, and then notify Public Health of all students that have a vision test of 20/40 or worse. The Public Health nurse then goes to the school and re-screens those children. When the re-screening indicates vision impairment, a letter is sent to the parents regarding the impairment and recommends that the child see a vision care provider.

### *Program Update*

In the past year, 18 students were re-screened at Zion Lutheran Schools.

### *Staffing Patterns*

Amy Hartwig, RN completes the re-screen during Immunization Audits at that school.

HCCMS Program  
Five County  
Maternal/Child Health &  
Family Planning  
Project



2  
0  
1  
3  
  
2  
0  
1  
4

## HCCMS Maternal/Child Health & Family Planning

### *Program Description*

HCCMS is a five county Maternal/Child Health (MCH) and Family Planning (FP) project, funded by the Iowa Department of Public Health. The five counties included in HCCMS Family Health Services are Harrison, Crawford, Cass, Monona, and Shelby. Federal grant dollars are passed through to IDPH to assist in providing these services. The program is in its fourteenth year and continues to serve the maternal health, child health, and family planning needs in each of the five counties.

In October 2013, CCHH&PH began the transition from direct child health to an indirect model of service delivery. Indirect service is coordinating well-child care with the child's primary medical provider. For those children without insurance coverage, assistance with Medicaid or *hawk-i* will be provided. If the child does not qualify for either of those programs, grant funds will be utilized to pay for the well-child examinations.

Indirect Child Health clinical services are provided through the Early Periodic, Screening, Diagnosis and Treatment (EPSDT) program for Harrison, Cass, Monona, and Shelby counties. These services involve case management, assisting the families to access medical and dental care for well-child and dental examinations. The children can also receive gap-filling services at the local Public Health agency which include lead screens, immunizations and dental services with referrals to other agencies or providers as needed.

Presumptive eligibility (PE) provides Medicaid coverage for a limited time while a formal eligibility determination is being processed by the Department of Human Services. The goal of this process is to provide immediate healthcare coverage for families who are likely to be eligible for Medicaid. Families complete the application, the application is entered into the DHS web-based system, and a decision is generated immediately. If approved, the family member(s) are assigned an identification number. HCCMS provides this service for children (ages 0 through 18 years) and pregnant women who enroll in the Maternal Health program. Deb Birks, BSN RN and Kim Fineran, BSN RN are both qualified to process these applications.

Maternal Health (MH) services are offered in the HCCMS delivery area. Education, care coordination, oral health, and postpartum services are provided to all pregnant women enrolled in the program. In addition, enhanced services including more in-depth education and care coordination, nutrition and diabetes management, and psychosocial services are provided to women with high-risk pregnancies. Most RN and Social Worker services are provided at the agency in a manner that is convenient to the client. Home visits are completed for those whom transportation is a problem. Referrals are made to WIC for nutrition counseling. During the MH visit, health information is obtained and parenting education is provided, with appropriate referrals as needed. The nurse completes a dental screen, fluoride varnish, and provides oral health educational materials.

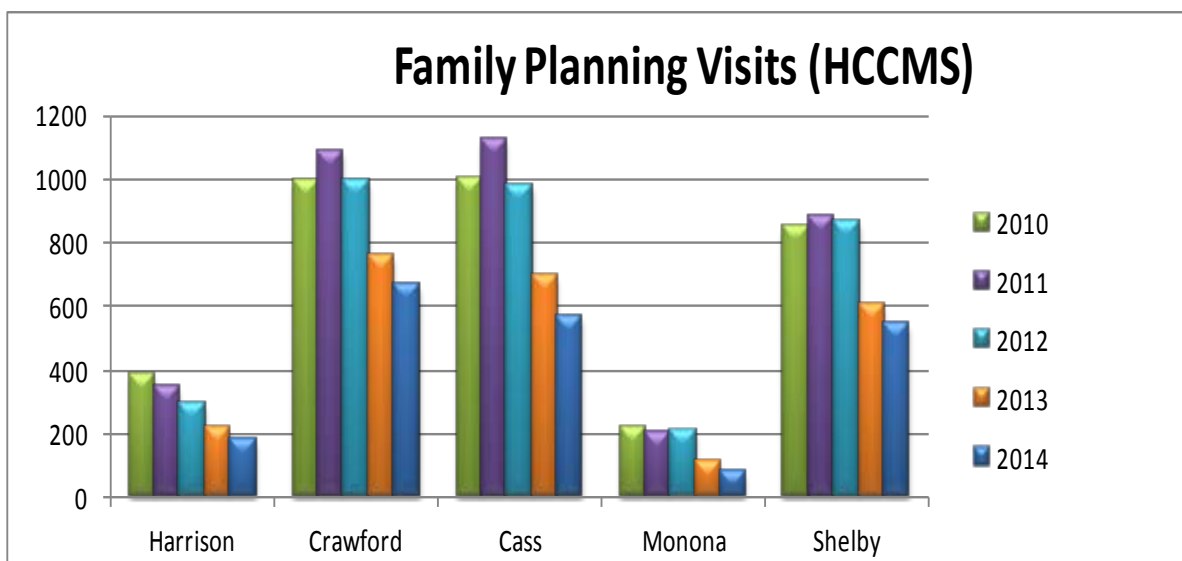
Family Planning services and clinics are provided in all five counties. Crawford County administers the project and subcontracts some Family Planning program management duties to Myrtue Medical Center Department of Community Health.

### *Program Update*

In Crawford County, the Child Health Clinics were held two times in 2013-2014. The last direct clinic was held in September, when Crawford County switched to the indirect model of service delivery. Harrison, Cass, Monona and Shelby Counties continue to operate as an indirect service model for Child Health.

The HCCMS Indirect Child Health program served 74 clients this fiscal year and 7,230 clients through other child health services. The HCCMS Maternal Health Program served 72 clients this fiscal year. The health statistics data reported at the state level point to the fact that in the HCCMS service area there is a significant number of families vulnerable due to the lack of health care services and/or the means to obtain these services.

The HCCMS Family Planning program served 910 unduplicated clients this fiscal year with 95.8% of these clients at 250% of poverty or less. During this fiscal year, 11,264 Family Planning services were provided. The drop in client numbers over the last two years can be attributed to a number of factors including the decreased need for visits due to the use of long-acting reversible contraceptives (LARCs). Once the LARC is placed, they are good for three to ten years depending on the method type. Perhaps the biggest reason for the decrease has been the development and implementation of electronic health records. System building began in November with Go-Live on February 18, 2014. Clinic times were reduced to allow opportunities for the nurses to train in the new system. For Go-Live and the weeks after, individual appointment times were extended to allow extra time to get the information into the system. Since March, we have seen an increase in the number of clients and anticipate that growth will continue.





## *Staffing Patterns*

The HCCMS project is staffed by a part-time Director, Kim Fineran BSN RN, Accountant/Secretary, Monica Neumann and Billing Secretary, Ashley Eggers. Deb Birks, BSN RN provides coordination of the EPSDT program for the project. The Family Planning project is coordinated by Peggy Cole, BA from Myrtue Medical Center Department of Community Health.

### Goals for this fiscal year were:

Provide information about pre-pregnancy planning and the importance to prenatal care to all Family Planning clients who present for emergency contraception.

*Ongoing*

Implement Reproductive Life Planning for clients enrolling in the Maternal Health Program.

*Met*

Implement developmental screenings and follow-up for families utilizing the EPSDT Program.

*Met*

Transition direct child health services in Crawford to an indirect model, based on existing EPSDT care coordination services.

*Met*

### Goals for next fiscal year are:

Implement the Listening Visit service for maternal health clients who are mildly to moderately depressed as shown by a depression screening.

Expand indirect child health services to include contracts with providers in communities surrounding Denison.

Update Family Planning policies and procedures to reflect new Title X guidelines.

# HCCMS Family Health Services

## Maternal and Child Health Services Questionnaire

- 1. Which county do you live in?** Maternal Health—Harrison-8/Crawford-6/Cass-8/Monona-0/Shelby-12  
Child Health—Harrison-0/Crawford-33/Cass-0/Monona-0/Shelby-0
- 2. Is this your first time using these services?** Maternal Health—Yes-21 / No-12 / No answer-1  
Child Health—Yes-0 / No-32/ No answer-1  
**If yes, how long did it take for you to get an appointment?**  
Maternal Health—Within the next month-28 / 2 months-0 / 3 months-0 / Longer-0/No answer-6  
Child Health—Within the next month-5 / 2 months-0 / 3 months-0 / Longer-5 / No answer-23
- 3. Which service are you using?** Maternal Health-34 Child Health-33
- 4. How did you hear about these services?**  
Maternal Health—WIC-4 / Friend-8 / Doctor’s Office-6 / DHS-2 / No answer -3 / Public Health-2 / AEA-1 /  
Family Planning-2 / Hospital-1 / Home visitation program-2 / Walk-in-1 / Work-1 / School nurse-1  
Child Health—WIC-5 / Friend-20 / Doctor’s Office-2 / DHS-5 / Public Health-1 / No answer-3
- 5. Did you/your child receive a variety of services that are important to good health?**  
Maternal Health—Yes-33 / No-0 / No answer-1 Child Health—Yes-24 / No-5 / No answer-4
- 6. Are these same services available at your doctor’s office?**  
Maternal Health—Yes-18 /No-14 / No answer-1 Child Health—Yes-10 / No-15 / No answer-8
- 7. Will you continue coming here for these services?**  
Maternal Health—Yes-33 / No-1 / No answer-0 Child Health—Yes-32 / No-0 / No answer-1  
If not, why: Insurance doesn’t cover
- 8. Compared to your doctor’s office, was your waiting time for the services provided here:**  
Maternal Health—About Right-33 / Too Long-0 / Not enough time-0 / No answer-1  
Child Health—About Right-32 / Too Long-1 / Not enough time-0 / No answer-0
- 9. Would you recommend these services to others?**  
Maternal Health—Yes-34 / No-0 Child Health— Yes-33 / No-0 / No answer-0
- 10. If these services were no longer available, where would you go for similar services?**  
Maternal Health—Doctor-17 / Hospital-5 / No Where-5 / Another Clinic-6 / No answer-1  
Child Health—Doctor-15 / Hospital-10 / No Where-3 / Another Clinic-4 / No answer-2
- 11. Did you understand the information that was given to you today?**  
Maternal Health—Yes-34 / No-0 Child Health—Yes-28 / No-0 / No answer-5
- 12. Did you know that if your child does not have Medicaid or other insurance, the Child Health Program offers assistance with Dental and Doctor visits if funds are available?**  
Maternal Health—Yes-21 / No-9 / No answer-4 Child Health—Yes-19 / No-2 / No answer-12  
**If yes, have you ever utilized these services?**  
Maternal Health—Yes-6 / No-19 / Not applicable-1 / No answer-8  
Child Health—Yes-23 / No-2 / Not applicable-4 / No answer-4

**Maternal Health:** Spanish Questionnaires: 6 English Questionnaires: 28

**Child Health:** Spanish Questionnaires: 29 English Questionnaires: 4

**Maternal Health Comments:** Good help with breastfeeding.

**Child Health Comments:** Good service (2). Good attention. I like the services (3). I like how they do the check-ups.

## HCCMS Family Health Services Family Planning Survey

1. What services are you here for today?

84 First time examination here	33 Repeat PAP smear	1 Male exam
20 Receiving Depo Provera injection(shot)	295 Yearly examination	123 Other
50 Concern with birth control method	21 STI testing and or treatment	10 No Answer

2. How long did it take to get an appointment?

299 Less than 1 week	104 1 week	14 No answer
78 2 weeks	52 Longer	

3. Why did you choose this clinic?

337 Location	47 Hours	62 IFPN
151 Prices	76 Confidentiality	41 Other
133 Preference for a female practitioner	144 Clinic Staff	5 No answer

4. How did you hear about us?

216 Friend	103 Relative	24 Other
25 Doctor	14 Public Health	52 No Answer
13 Nurse	12 School	1 DHS
2 Pharmacy	1 Don't remember	6 Google Search
12 Hospital	1 Medicaid	5 Walk-in
14 Another clinic	41 Been here before	5 Coworker

5. Were you given the opportunity to ask questions today?

514 Yes	6 No	27 No Answer
If yes, were those questions answered to your satisfaction?		
452 Yes	3 No	92 No answer

6. How do you feel about the length of time that was spent with you at each part of your visit?

	Too much time	About right	Not enough	Does not apply	No answer
Check-in/paperwork	16	494	4	5	28
Pre-exam consultation	2	491	2	7	45
Examination	3	487	3	9	45
Check-out/pay bill/get supplies	2	477	2	16	50

7. What is the best time for you to come to the clinic?

215 Weekday mornings	130 Weekday evenings
262 Weekday afternoons	62 Saturday
35 No answer	

8. Would you recommend this Family Planning clinic to others?

530 Yes	2 No	15 No answer
---------	------	--------------

## HCCMS Family Health Services Family Planning Survey Comments

### **Question: What was the best part of your visit?**

#### **HARRISON**

Thank you for helping people like me with no insurance. / The wonderful staff made me feel at home. Explaining everything in the best way possible, questions answered, being able to get the exam done quickly, friendly, informative, nice people. / Friendly staff and appointment didn't take long. / Being able to ask questions. I was able to receive my birth control at no cost. / Everyone was very nice and made me feel very comfortable. Everyone is friendly and welcoming. / I can get help where I need it. / Went through everything step by step.

#### **CASS**

People were very friendly. / Getting to ask questions and getting answers. / The nurses are so nice. / Excellent advice. Questions are answered fully. / Good communication-knowing exactly what was happening. / Fast and friendly. Very personal-took the time to explain everything. / The staff makes me feel extremely comfortable. Friendly workers. / Everyone is always very friendly and caring. / Friendly, nice environment. Feeling confident and questions are answered; I think everything was done great. / Got all questions answered.

#### **CRAWFORD**

The doctor was very nice. / Very friendly environment, made me feel comfortable. / Very nice people and clean. I was treated with respect; it was greatly appreciated. / Convenient and friendly staff. / Answered all my questions. They helped me find a medication that will hopefully help with migraines. / Everyone so polite and nice. Staff was great after I had complications. / Everyone was nice and talked to me in a language that I can understand. I was treated well. / Very attentive. / Everyone being understanding, friendly, and answering questions.

#### **MONONA**

People are friendly. / I appreciate what all of you do. / Felt comfortable. / Friendly staff that's easy to talk to. Got more information about different birth control. / Efficient wait time, friendly staff.

#### **SHELBY**

Your program is needed and amazing, thank you. / You are all nice and easy to talk to. / Easy to talk to doctor. Doctor wouldn't perform birth control I want and I found this program through Joan. / Friendly staff. Very timely and very comfortable. / Being able to be open. / Very personable and informative. Being able to consult with anything and the flexibility of everyone. / Seeing a woman doctor. / Everyone is very kind. Got everything done that we needed to and the people were good to me; the whole thing was great. The questions that I had were answered. / Friendly and helpful staff.

### **Question: What can we do to improve?**

#### **HARRISON**

Go a little faster getting to the exam. / No complaints. / Shorten check-in/check out time.

#### **CASS**

Be on time with appointments. / Not require these yearly exams. / Put a vending machine in the lobby. / Get juice. More days and times to choose from. / Just keep smiling ladies.

#### **CRAWFORD**

I was seen an hour after my appointment. / Efficiency. / Rooms need to be warmer. Give women more knowledge about the importance of family planning. / The rest of the comments dealt with signage.

#### **SHELBY**

Less exam room wait time. / Get an ultrasound to find lost implants. / Too much paperwork. / Fix computer.

HCCMS  
Child Care Nurse Consultant

*Program Description*

The Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) support Healthy Child Care Iowa (HCCI) to improve the health and safety of children attending childcare as well as to assist families in accessing community-based resources including medical homes. The title, Child Care Nurse Consultant (CCNC), is emerging as a subspecialty in a variety of disciplines. Iowa is using the term Child Care Nurse Consultant to note a specialty within the pediatric public health nursing professional practice. Registered nurses (RNs) practicing in public health have long been called upon by childcare providers to assist the provider in responding to issues of childhood communicable disease, child development, safety and injury prevention, nutrition and family health. Public health nurses with pediatric expertise have gradually built the subspecialty.

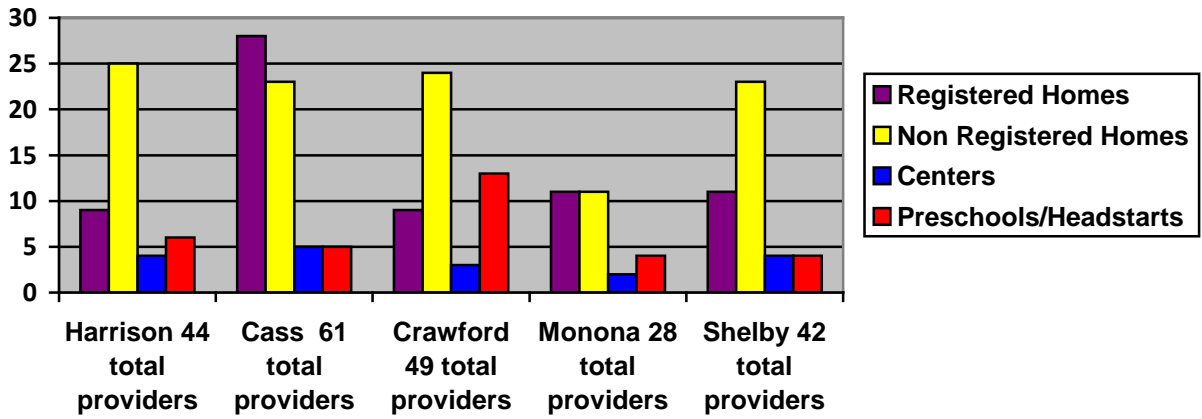
*Program Update*

In today's society, families are faced with the challenge of balancing home, work, education and recreation. More children between the ages of birth to 12 years are spending considerable time in out-of-home care arrangements. Children may have several childcare providers during the day to meet the needs of the family. Families depend on childcare providers to attend to the child's needs, anticipate problems or concerns and to direct or refer families to needed resources. The CCNC is one of the resources available to support childcare providers in meeting the health and safety needs of the children in out-of-home childcare.

The CCNC provides guidance, training, coordination and support to community-based childcare businesses to promote safe and healthy childcare environments for all children including children with special health or developmental needs. Upon request or based upon identified needs, the CCNC conducts on-site consultation to address and resolve health and safety issues, assists with policy development, provides trainings based on individual needs, and promotes involvement with Iowa's Quality Rating System (QRS).

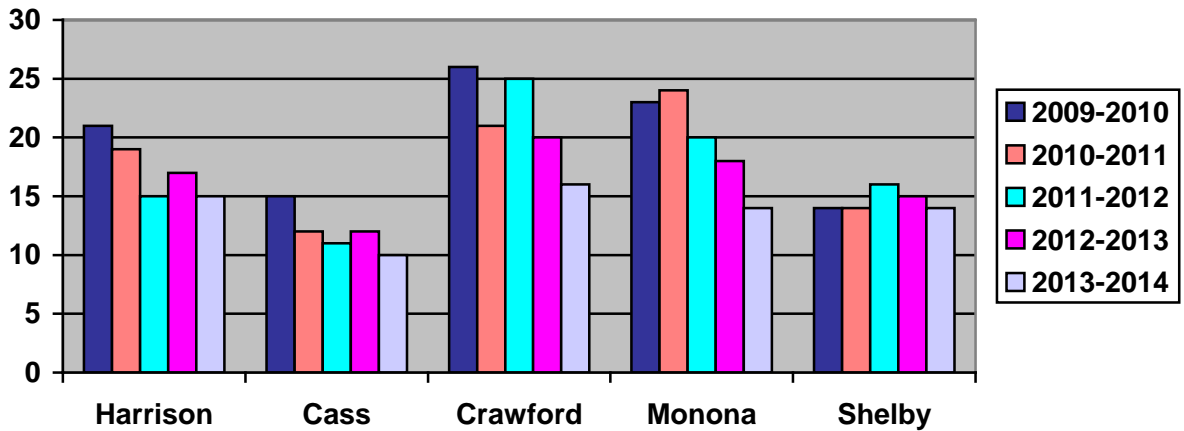
HCCMS and the CCNC have worked closely with Early Childhood Iowa (ECI) to secure funding for this position. The five counties have three Early Childhood Iowa areas. Fiscal year 13-14, HCCMS Family Health Services received a commitment for funding from Boost4Families for Cass County; BVCS Early Childhood Iowa for Crawford County; and HMS Early Childhood Iowa for Harrison, Monona, and Shelby counties.

### Number of Child Care Providers by Type as of June 30, 2014

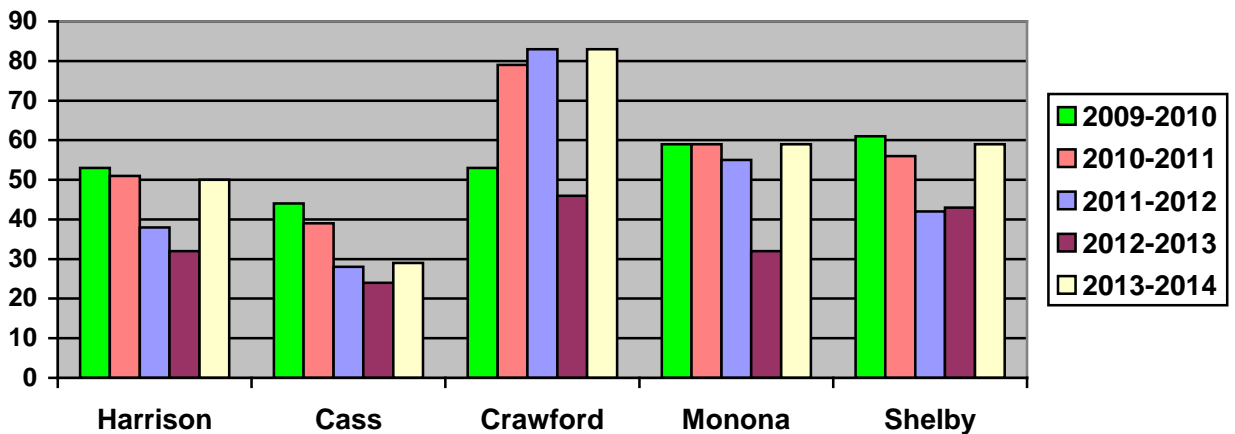


### Active Business Partnership Agreements (BPA)\*

\*BPA's are valid for 2 years from date of signatures



### Number of Provider Visits per County



## *Staffing Patterns*

Lori Hoch, RN assumed a full-time role to cover all five counties in HCCMS service delivery area July 1, 2013. In February 2014, Lori accepted the 1<sup>st</sup> Five Coordinator position. From February through April, she transitioned from the CCNC role into the 1<sup>st</sup> Five role, fully taking over 1<sup>st</sup> Five in May. Deb Gimer, RN was contracted to provide consultant services through July 31, 2014. Once FY15 funding awards are received from Early Childhood Iowa, HCCMS will fill the CCNC position.

### Goals for this fiscal year were:

The CCNC will collaborate with childcare providers, parents, and Area Education Agencies to provide developmental screenings and follow-up for children with suspected delays.

*Met*

The CCNC will collaborate with ECI to research the feasibility of providing hearing and vision screenings for childcare providers.

*On-going*

### Goals for next fiscal year are:

Fill the vacant CCNC position.

Newly hired CCNC will complete the required training by IDPH.

Newly hired CCNC will complete the Child Care Resource & Referral credentialing process and begin providing trainings.

HCCMS  
1<sup>st</sup> Five Healthy Mental Development Initiative

*Program Description*

1st Five is a public-private partnership bridging primary care and public health services in Iowa. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to 5 and coordinates referrals, interventions and follow-up.

Iowa's 1st Five Healthy Mental Development Initiative builds partnerships between physician practices and public service providers to enhance high quality well-child care. 1st Five promotes the use of developmental tools that support healthy mental development for young children during the first five years. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, would play out later in life.

The foundations of mental health are set in the first five years of life. During these years, children rapidly develop social and emotional capacities that prepare them to be self-confident, trusting, empathetic, intellectually inquisitive, competent in using language to communicate and capable of relating well to others. These emotional skills form the foundation of a child's "healthy mental development" - to develop the ability to regulate and express emotions, form close personal relationships with other children and adults, and explore and learn from their environment. This social-emotional foundation also plays a key role in determining a child's school readiness.

*Program Update*

In November 2013, HCCMS was awarded funding for 1<sup>st</sup> Five Community Planning. Jennifer Bendgen, BA was hired as the Site Coordinator in January 2014. After 4 weeks, she resigned. In March, Lori Hoch, RN, our Child Care Nurse Consultant (CCNC), accepted the position. To prevent a disruption in CCNC program services, a transition plan was developed with Lori fully taking over the 1<sup>st</sup> Five program in May. The 1<sup>st</sup> Five Site Coordinator position is a full-time position covering all five counties in the service delivery area.

Goals for the planning period included developing partnerships with primary care providers, assessing capacity of primary care and mental health providers, developing a formal referral and follow-up process for families referred to the program, and promoting knowledge of children's healthy mental development to community service providers.



Goals for this fiscal year were:

Secure at least five letters of commitment from medical providers to participate in the 1<sup>st</sup> Five program.

*Met*

Site Coordinator will complete all IDPH required trainings within 6 months of hire.

*Met*

Goals for next fiscal year are:

Increase the number of participating primary care providers within in the service area by 5%.

1<sup>st</sup> Five Care Coordinator will complete all IDPH required trainings within 1 year.

## HCCMS I-Smile

### *Program Description*

In 2005, the Iowa legislature passed a Medicaid reform initiative that included a mandate stating all children twelve years of age or younger who receive medical assistance shall have a designated dental home and shall be provided with dental screenings and preventive care as identified in the oral health standards of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). In response, the I-Smile Dental Home Project was created.

The goal of creating a dental home is to ensure that children receive age-appropriate comprehensive dental care. The American Academy of Pediatric Dentistry's (AAPD) definition of a dental home is the conceptual framework for the I-smile project. AAPD recommends that children be referred for preventive and routine oral health care as early as 6 months of age and no later than 12 months of age.

A dental home provides acute care, preventive services, assessment of oral disease, individualized preventive care based on risk assessment, anticipatory guidance, information about caring for teeth and gums, dietary counseling, and referral to dental specialists as needed.

IDPH envisions a conceptual dental home, allowing a team approach to manage oral disease. Primary prevention and care coordination are the focus of the I-Smile project. Through referrals, dentists serve as the providers of treatment and definitive evaluation. Additional health professionals, such as dental hygienists and registered nurses, are an integral part of a network providing oral screenings, education, and preventive services as needed to assure that all children receive care.

### *Program Update*

The I-Smile Coordinator continues to focus on the ultimate goal of establishing a dental home. With this goal in mind, the focus of service delivery is on infrastructure building, population based, and enabling services. These services provide support to the existing health care systems to meet the needs of underserved families. Direct services through the MCH agency are to be provided as gap filling only, for those clients who do not have access to a dental home.

Infrastructure building services are the foundation for assuring that children and families have access to oral health care. These activities improve health status by developing and maintaining oral health services systems and include community planning and assessment, policy development and support, training, quality assurance, and system development.

Population based services are preventive interventions and health services provided to an entire group rather than in a one-on-one situation. Programs

and services are designed to meet the specific needs of groups so that many people can benefit at once.

Enabling services help families overcome barriers to establishing a dental home. Enabling includes outreach, informing, and care coordination. Through outreach activities, the MCH agency helps families and community partners become aware of available services. Informing activities include notifying families with children who are newly enrolled in Medicaid of the services available through the program. Care coordination services link families to oral health care and help them to establish and maintain dental homes.

Through collaboration with WIC, immunization programs, maternal and child health programs, Early Childhood Iowa, public schools, preschools and childcare providers, oral health screenings, fluoride varnish, and care coordination have been provided for families facing difficulties finding dental care.

In fiscal year 2013-2014 a total of 1,712 oral health services were provided throughout HCCMS service delivery area. Services consisted of oral health screenings, fluoride varnish, sealant application, care coordination, and education. Oral health services are provided in the preschool setting through a partnership with Early Childhood Iowa (ECI). Through grants, ECI provides funding for the dental hygienist to provide services in licensed preschool and Head Start settings. Services are also provided at WIC clinics periodically throughout the year.

### *Staffing Patterns*

The I-Smile Dental Home Project was staffed by a part-time registered dental hygienist, Sharon Davidson, RDH, until her resignation in May 2014. The position is vacant until July 8, 2014 when the new coordinator begins employment.

Goals for this fiscal year were:

I-Smile Coordinator will partner with Monona County Community Alliance to write for grant funds from Delta Dental of Iowa Foundation to implement a school-based sealant program in each county of the service area.

*Not met*

I-Smile Coordinator will update the Oral Health Quick Facts sheet for inclusion with inform/re-inform/screening reminder letters used in the EPSDT Program.

*Met*

Goals for next fiscal year are:

I-Smile Coordinator will complete all training required by IDPH within 6 months of hire.

I-Smile Coordinator will attend a Board of Health meeting in each county to introduce herself to board members and provide information about I-Smile program services and goals.

I-Smile Coordinator will partner with Boy Scouts/Cub Scouts in each county to provide education and promote oral health.

HCCMS  
School-Based Sealant Program

*Program Description*

School-based dental sealant programs are an important and effective public health approach in promoting the oral health of children and adolescents. Eighty to ninety percent of dental decay in children ages 5 - 17 occurs in the pits and fissures of teeth, mostly on the chewing surfaces. Placing dental sealants on molar teeth significantly lowers the probability that decay in those teeth will occur.

The cost of preventing tooth decay by placing dental sealants in children is much less than the cost of treating tooth decay, and the savings realized over a lifetime can be substantial. If untreated decay progresses, it may be necessary to perform root canals and other extensive and expensive procedures. According to the Surgeon General Report, there is strong evidence supporting dental sealants and community sealant programs for the prevention of dental decay, particularly for high-risk children.

School-based sealant programs improve communication between parents and oral health professionals, helping parents make informed decisions about the benefits dental sealants provide. In addition, these programs help families who lack insurance or who don't have access to preventive services due to transportation or other barriers to care. Most importantly, the coordination of these programs has also been linked to helping families establish dental homes.

*Program Update*

The Iowa Department of Public Health (IDPH) funds school-based sealant programs throughout the state. In October 2013, IDPH released a grant for the Expansion of School-Based Dental Sealant Programs. This grant was a collaborative effort between IDPH and Delta Dental of Iowa and targeted several counties in the state based on a needs assessment. Cass County, which is in our service delivery area, was one of the targeted counties.

In December 2013, HCCMS was awarded funding to provide sealant services within the service delivery area. The grant application focused on Cass County, since it was one of the targeted counties identified in the grant, as well as Crawford County due to high participation in the free-reduced lunch program at the elementary schools.

The biggest challenge to implementation of this program was staffing. The current I-Smile Coordinator requested to step down from the coordinator position into a staff hygienist position, effective in February. Extensive advertising resulted in only a few applications. In April, after reaching out to local contacts and with IDPH assistance, a hygienist contacted HCCMS and

voiced interest in assisting in Cass County. This hygienist had 30 years of experience and had recently retired. A contract was established and services were provided at CAM North (Anita) and CAM South (Massena) Elementary Schools in Cass County. 14 children received screenings and fluoride varnish applications and 11 of those children received sealants on 39 teeth. The school personnel were very welcoming and plan on partnering for services next year.

### *Staffing Patterns*

Sharon Davidson, RDH was the I-Smile Coordinator through May 1, 2014. She assisted with program planning activities and no direct services for the program. Peggy Mortensen, RDH is a contracted hygienist. She provided services in both participating schools in Cass County. HCCMS plans on contracting with an additional hygienist next year to assist with services in Crawford County. The I-Smile Coordinator will also assist with services.

#### Goals for this fiscal year were:

Provide sealant services at Washington Elementary School (Atlantic), CAM North Elementary School (Anita), Lewis Elementary School (Lewis), and Denison Elementary School (Denison).

*Not met-Due to the inability to reach school personnel, no services were provided at Washington Elementary. Lewis Elementary refused services since we were unable to provide services at their sister school (outside our service area). Our grant workplan was amended and approved by IDPH to include CAM South Elementary School rather than Lewis). We continue to try and reach Washington Elementary.*

#### Goals for next fiscal year are:

Provide sealant services at CAM North and South Elementary Schools, Denison Elementary, and Washington Elementary.

Thank you for reviewing our annual report. For additional information you may contact us at (712) 263-3303, fax us at (712) 263-4033, stop in at the Courthouse Annex located at 105 North Main Street in Denison, e-mail us at [cchha@frontiernet.net](mailto:cchha@frontiernet.net) or visit our web site at [www.crawfordcountyhealth.com](http://www.crawfordcountyhealth.com).