

# Annual Report

## 2011 - 2012



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

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

Welcome to the Crawford County Home Health, Hospice & Public Health (CCHHH&PH) Annual Report for fiscal year of July 1, 2011 through June 30, 2012. 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. In June 2012 Tim Weber was appointed to the Board of Health, replacing Kevin McKeown, DVM, who moved out of state. Dr. McKeown served on the Board from 1997-2012.

## BOARD OF HEALTH

Kevin McKeown, DVM  
Lori Lenz, RN MS HCA  
Tracy Kahl, DO  
Douglass Soseman, DDS  
Patty Ritchie



(McKeown, Lenz, Kahl, Soseman, Ritchie)



(Skoog, Buller, Segebart, Blum, Ulmer)

## BOARD OF SUPERVISORS

Eric Skoog  
Jerry Buller  
Mark Segebart  
Cecil Blum  
Steve Ulmer



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# Year End Summary



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## Year End Report

The following information is a summary of events that occurred during the year July 1, 2011 through June 30, 2012.

### July:

- No Board of Health Meeting.
- Agency employees staffed a table at the Crawford County Fair.

### August:

- ActivBoard purchased and installed at CCMH with an ActivSlate for agency use. CCMH was chosen due to the size of their conference room and getting more use there.
- Agency participated in Community Wellness Walk.

### September:

- Presentation of the FY11 Annual Report.
- Family STEPS accreditation takes place.
- Laura working quarterly with Mrs. Prickett's 4<sup>th</sup> grade class as part of the Business Partners Program with the Elementary school.
- Agency participated in Health Fair held at Boulders and sponsored by CCMH.
- Immunization grant written.
- Flu Clinics began to be held throughout the county.
- Retirement of Diane Sonnichsen, LBSW.
- Cheryl Lahr, BSN RN left full-time employment but remained as an on-call nurse.
- Agency is participating in the Community Wellness Committee in an effort for Denison to become a Blue Zone Community.

### October:

- No Board of Health meeting held.
- Breast Cancer Awareness Walk held at YellowSmoke Park with \$4,000 raised, with proceeds to the Care for Yourself Program.
- Denison High School Students scheduled to rotate through agency to learn more about home health.
- Jill Kierscht, ARNP hired to do face-to-face Hospice visits.

### November:

- No Board of Health meeting held.

### December:

- Board approved contracting with Ability Network for Medicare billing.
- Dr. John Ingram will serve as the Hospice Medical Director, replacing Dr. David Wright who resigned effective December 31, 2011.

- Agency is contracting with West Iowa Community Mental Health Center for MSW supervision as required by Hospice CoPs.
- IDPH-LPHS Compliance Review was completed and revealed no areas of major concern.
- Dr AlTo Coalition sponsored a speaker for the Denison School students, funded by a Rotary Grant.

#### January:

- Re-election of BOH Officers, Dr. McKeown as Chairman, Lori Lenz as Vice-Chairman, and Dr. Soseman as Secretary.
- Updated Board of Health Plan approved.
- Board of Health approval of the FY13 budget proposal with a tax asking of \$450,000.
- Board of Health annual review and approval of Agency and HCCMS policies.
- Peg Naylor, Community Health Center Planning Coordinator-New Opportunities, presented information to the Board of Health concerning Community Planning Initiative 2012.
- Board approved submitting the LPHS grant application, continuing to support services as in past years, and submitting the Performance Measures Report.
- Board approved a \$10 administrative fee per child receiving immunizations, Title XIX clients excluded.
- Board approved agency providing TB skin testing and Td for the public.
- Board approved increasing the skilled nursing charge to \$125 per visit.
- Barb Robinson, HCA retired.

#### February:

- No Board of Health Meeting.
- Presentation by University of Northern Iowa faculty entitled, "Introduction of Working Effectively with Refugees from Sudan".
- Laura, Kim, Lynette and Al received ActivBoard training.

#### March:

- No Board of Health Meeting.
- Margie Gorden, RN, Public Health Nurse retired.
- Renee Neddermeyer, RN, Home Health & Hospice Nurse resigned.
- Dana Neemann, RN hired full-time replacing Renee Neddermeyer, RN.
- Cathy Kruse, RN hired part-time replacing Kara Bral, BSN RN who changed to as needed status.

#### April:

- In recognition of Public Health and Immunization Month, KDSN Radio playing PSAs and Board of Supervisors signed a proclamation.

- Prevent Child Abuse newspaper supplement organized by Laura for local Prevent Child Abuse Council.
- Kid's Fest held, co-sponsored by Dr AlTo Coalition, Crawford County Prevent Child Abuse Council and the Children's Imagination Station.
- Laura and Kim attended Public Health Conference in Ames.
- Laura attended Bioterrorism training held in Des Moines.
- Submitted HCCMS Maternal/Child Health/Family Planning/CCNC/I-Smile/*hawk-i* grant.
- Applications for Family STEPS support submitted to Early Childhood Iowa and Prevent Child Abuse Iowa.

May:

- Board approved contracting to meet OIG Compliance requirements.
- Dr. McKeown resigned from Board of Health effective June 1<sup>st</sup>, due to moving away. Plaque was presented to Dr. McKeown for his service from 1997 to 2012.
- Dr. Soseman elected to serve as Board of Health Chairman.
- Patty Ritchie elected to serve as Board of Health Secretary.

June:

- No Board of Health Meeting.
- Colleen McLaughlin, HCA moved from full-time to on call status.
- Actual agency tax asking for FY11-12 was \$405,303.

## 2011-2012 Grants

HCCMS Maternal/Child Health/Family Planning/CCNC/I-Smile/hawk-i  
October 1, 2010 - September 30, 2011 ~ \$309,347  
October 1, 2011 - September 30, 2012 ~ \$318,236

Dental-Crawford, Buena Vista & Sac Counties Early Childhood Iowa  
\$2,593

CCNC-Crawford, Buena Vista & Sac Counties Early Childhood Iowa  
\$15,467

CCNC-Boost-4-Families Cass, Mills & Montgomery Early Childhood Iowa  
\$3,750

I-Smile-Harrison, Monona & Shelby Early Childhood Iowa  
\$7,035.34

CCNC-Harrison, Monona & Shelby Early Childhood Iowa  
\$33,515.86

Family STEPS-Crawford, Buena Vista & Sac Counties Early Childhood Iowa  
\$126,366.30

Prevent Child Abuse  
Family STEPS ~ \$15,175.50

Local Public Health Services Contract (LPHSC)  
\$55,528

Public Health Emergency Preparedness  
August 10, 2010 - August 09, 2011 ~ \$46,043  
Core ~ \$20,001  
H1N1 ~ \$22,645 + \$3,397 (Incentive) = \$26,042  
August 10, 2011 - August 09, 2012  
Core ~ \$16,204

## 2011-2012 Grants

### Elderbridge Agency on Aging

Homemaker ~ \$15,600

Respite ~ \$1,950

### Immunization

January 1, 2011 - December 31, 2011 ~ \$10,047

January 1, 2012 - December 31, 2012 ~ \$9,964

DrAlTo-Community Partners for Protecting Children (CPPC)-Decategorization  
\$4,850

CBCAP- Community Partners for Protecting Children (CPPC)-Decategorization  
Family STEPS ~ October 1, 2010 - September 30, 2011 ~ \$4,275

### Care for Yourself Program (Cass County BOH holds Grant)

Comprehensive ~ \$5,950 to serve 34 women

Limited ~ \$1,470 to serve 14 women

Lifestyle Interventions ~ \$3,638 to serve 34 women

## Board/Coalition Membership & Representation

Crawford, Buena Vista & Sac Counties Early Childhood Iowa-10 times a year

Crawford & Sac Counties Decategorization-10 times a year

Crawford County Early Childhood Iowa Advisory Council-10 times a year

Crawford County Decategorization Advisory Council-10 times a year

Crawford County Child Abuse Prevention Council-10 times a year

Crawford County Drug, Alcohol & Tobacco Coalition (Dr AlTo)-as needed with activities

Crawford County Community Partners for Health & Social Need (on hold)

Crawford County Community Adolescent Pregnancy Prevention Coalition-as needed

Crawford County Emergency Planning Committee-as needed

IDPH Preparedness Advisory Committee (PAC)-quarterly

Public Health Advisory Council-bi-monthly

Denison Elementary School Business Partner-quarterly

Iowa Counties Public Health Association (ICPHA)-bi-monthly webinars

Iowa Alliance in Home Care (IAHC)-state & district-twice a year

Hospice & Palliative Care Association of Iowa (HPCAI)-state-twice a year & district bi-monthly

## Other Meetings

BOH-six times a year & as needed  
BOS-as needed  
Home Health/Hospice Staffing-as needed  
All Agency-monthly-with exceptions  
Waiver/Homemaker Staffing-monthly  
Public Health preparedness-in person & webinars  
Public Health Preparedness-trainings as needed  
Family STEPS Tri-County Staffing-quarterly  
Family STEPS Crawford Staffing-monthly  
Regional Nurse Administrator Meetings-quarterly  
Regional Home Care Aide Director Meetings-yearly  
Regional Support Staff Meeting-webinar yearly  
ISAC (Iowa State Association of Counties)-twice a year  
Volunteer Hospice Board Meeting-five times per year  
Hospice IDT-every other week  
Immunization Update-yearly  
Epi Update-yearly  
Cultural Diversity-monthly  
IDPH MCH/FP Grantee Meetings-Fall Seminar & 2 via electronic technology  
*hawk-i* Taskforce-bi-annually  
Family Planning Directors-twice a year  
HCCMS Administrators-twice a year  
HCCMS MCH Meetings-as needed  
HCMMS Family Planning-quarterly  
CCNC Regional Meeting-quarterly (2 different regions)  
CCNC State ICN-four times per year  
CCNC State Meeting-yearly  
I-Smile-3 times per year  
Early Childhood Iowa for Cass and HMS-quarterly & as needed

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

# Staff Introductions & Organizational Charts

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## 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



**Joanie Bral, LPN** started in the agency in July 1995 as a part-time employee. Joanie retired in January 2008 and returned in May 2008 to work part-time assisting with Immunization and Child Health clinics as well as other Public Health programs and promotion as needed. Joanie works on-call, as needed.



**Kara Bral, BSN RN** started in the agency in December 2010 and is a Home Care and Hospice Nurse. In March Kara reduced her hours, working as needed assisting with Home Health and Hospice visits.



**Erinn Brasel, RN** started in the agency in April 2010 and is a Home Care and Hospice Nurse. Erinn works full-time.



**Gayle Chapman, RN** started in the agency in July 2007 coordinating the EPSDT Program for the HCCMS Five County Project as well as Crawford County. 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.



**Diana Frazier, BS RN** started in the agency in August 2002. She is a Hospice and Home Health nurse. Diana works full-time.



**Margie Gorden, RN** started in the agency in February 1992 and retired in March 2012. Margie returned to the agency in May 2012 to assist on call, as needed.



**Lori Hoch, RN** started in the agency September 2008 as a Child Care Nurse Consultant (CCNC) for Shelby, Harrison & Monona Counties. In August 2009 she became the CCNC in Crawford County also. Due to grant funding, Lori moved to part-time status in July 2011.



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



**Cathy Kruse, RN** started in the agency in March 2012. She is a Home Health and Hospice nurse. Cathy works part-time.



**Cheryl Lahr, BSN RN** started in the agency in March 2001 and resigned in September 2011. In December 2011 Cheryl returned to on call, as needed.



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



**Dana Neemann, RN** started in the agency in March 2012. She is a Home Health and Hospice Nurse. Dana works full-time.



**Nicky Nicoletto, MA BSN RN** worked in the agency from August 1990 until January 2011 when she retired. Due to staffing changes and staff medical leave, Nicky returned in January 2012 to assist with Home Health and Hospice visits. Nicky works as needed.



**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. She works with the Family Planning Program, Communicable Diseases, Blood Pressure, Hepatitis, Flu programs, is the Early Access Coordinator, as well as contracted Registered Nurse at West Iowa Community Health Mental Health Center. Jaime assists with other Public Health programs as needed. Jaime works full-time.



**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.

## Nurse Practitioner



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

## Social Workers



Kay Ross, BSW started in the agency in October 2011 working as the Hospice Social Worker. Kay works full-time.



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

## Dental Hygienist



Sharon Davidson, RDH started in the agency in March 2008 working with the HCCMS Five County I-Smile Dental Program. Sharon works part-time.

## 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. Bill works part-time.



**Colleen McLaughlin, HCA** started in the agency in November 1997. Colleen changed to on-call as needed status in June 2012.



**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 part-time.

## Clerical & Interpreter Staff



**Cheryl Bral** started in the agency in May 2006. She processes billing for all agency services and provides back-up support for the Flu Clinics. Cheryl works full-time.



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



**Ashley Neumann-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. Monica works as the HCCMS Finance and Project Assistant. Monica works part-time.



**Yesica Perez Zavala** started in the agency in March 2012 as an Interpreter. Yesica works part-time.



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



**Kelly Weltz** started in the agency in February 2007. Kelly works with the Immunization, Family Planning, and Lead programs as well as assists with the Volunteer Hospice program and other Public Health programs as needed. Kelly works full-time.

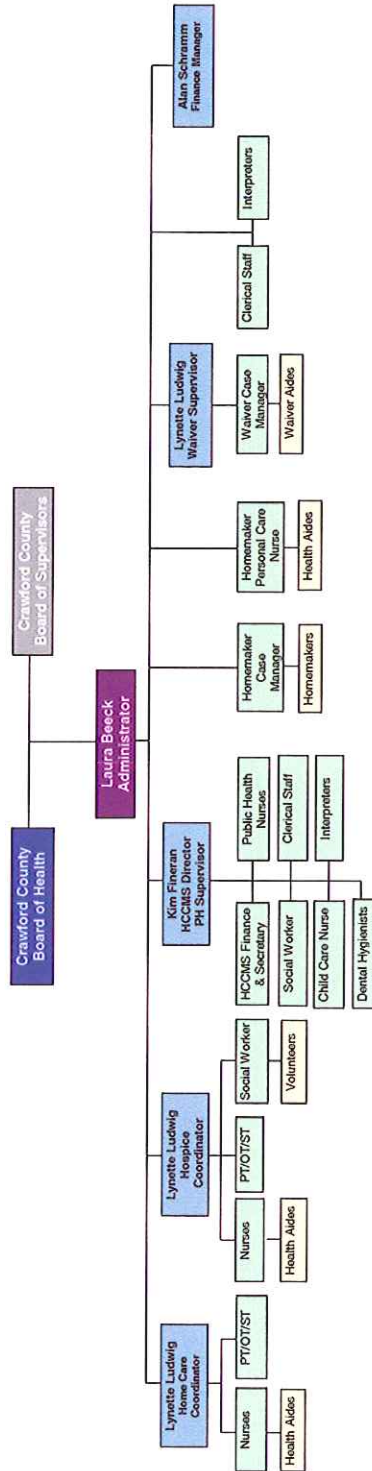
**On Call Interpreters:**

Oralia Saldana  
Maria (Lupe) Saldana  
Nancy Castillo  
Bethany Gonzalez

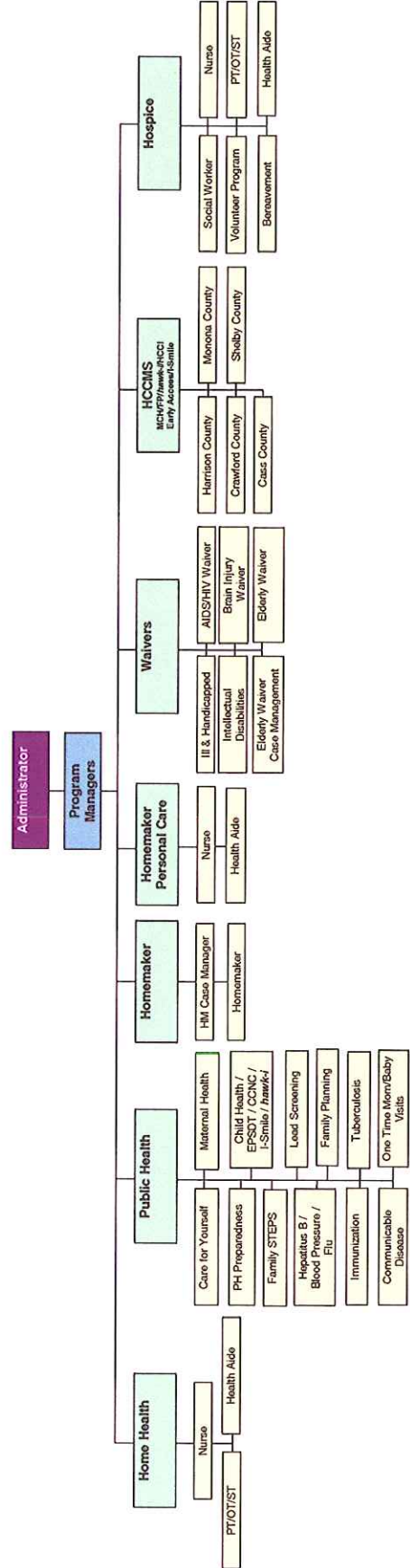
**Left Agency Employment in FY12:**

Renee Neddermeyer, RN employed December 2008 to March 2012  
Toni Aschinger, RN employed December 2011 to March 2012  
Diane Sonnichsen, LBSW employed December 2005 to September 2011  
Barb Robinson, HCA employed September 2006 to December 2011  
Catalina Gibbons, Interpreter employed July 2008 to June 2012  
Gilda Lopez, Interpreter employed March 2010 to June 2012  
Karen Mendoza, Interpreter employed August 2011 to October 2011  
Karen Andrade, Interpreter employed April 2012  
Yvette Alvarez, Interpreter employed February 2012 to March 2012

# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH Agency Organizational Table



# CRAWFORD COUNTY HOME HEALTH, HOSPICE & PUBLIC HEALTH Program Organizational Table



# Financial Reports



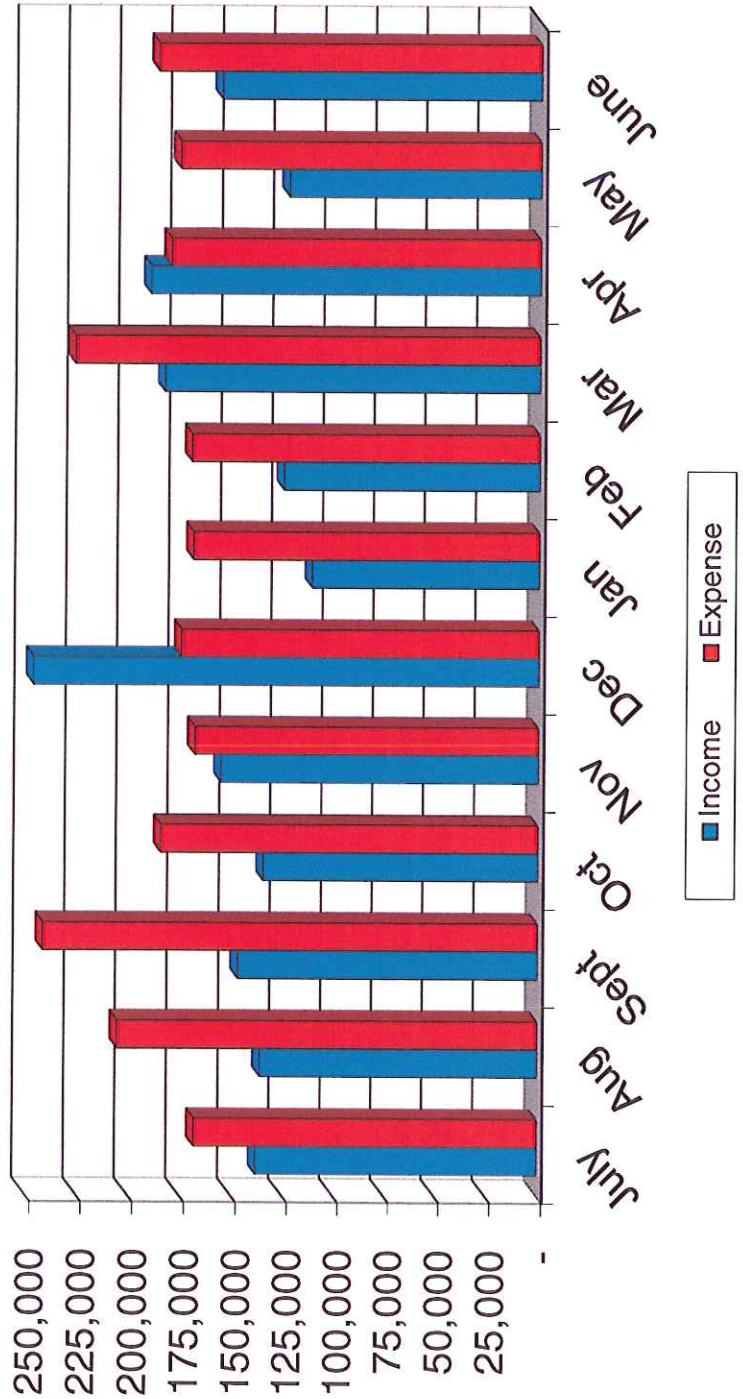
**Statement of Activities (YTD)  
Crawford County Home Health, Hospice and Public Health  
For the Month Ended June 30, 2012**

	Total	Home Health				Hospice	Five County Family Planning, Matrnl/Child Health
		Department 12	Public Health & Health Aide	Homemaker	Hospice		
<b>Expenses:</b>							
<b>Direct Patient/Program:</b>							
Salaries and benefits	\$ 1,074,630	\$ 973,997	\$ 654,153	\$ 152,528	\$ 167,316	\$ 100,633	
Therapy (PT/OT/ST)	\$ 24,600	\$ 24,600	\$ 24,600	-	-	-	
Equipment	\$ -	\$ -	\$ -	-	-	-	
Supplies/materials	\$ 15,598	\$ 11,490	\$ 3,978	\$ 390	\$ 7,122	\$ 4,109	
Medications/vaccinations	\$ 25,761	\$ 25,761	\$ 7,278	-	\$ 18,482	-	
Services and insurance	\$ 7,989	\$ 7,989	\$ 1,080	-	\$ 6,909	-	
Hospital, nursing, other contracted	\$ 241,845	\$ 125,515	\$ 488	-	\$ 125,028	\$ 116,330	
Mileage, transportation, and agency auto exp.	\$ 41,931	\$ 37,176	\$ 19,732	\$ 10,393	\$ 7,052	\$ 4,754	
Medical waste disposal	\$ 351	\$ 351	\$ 298	-	\$ 53	-	
Donations, pass through, other reimb.	\$ 5,197	\$ 5,197	\$ -	\$ 156	\$ 5,041	-	
Accounting & other consulting services	\$ 4,617	\$ 4,617	\$ 2,309	-	\$ 2,309	-	
Cost Report Settlements	\$ 1,345	\$ 1,345	\$ 1,345	-	-	-	
<b>Indirect Patient/Program:</b>							
Education and training	\$ 8,200	\$ 4,024	\$ 3,974	\$ 45	\$ 5	\$ 4,177	
Ads and publications	\$ 9,820	\$ 9,820	\$ 5,130	\$ 1,187	\$ 3,503	-	
Pass through	\$ 284,680	\$ 1,496	\$ 1,496	-	-	\$ 283,184	
Uniforms	\$ -	\$ -	\$ -	-	-	-	
<b>Overhead and administrative:</b>							
Salaries and benefits	\$ 405,052	\$ 320,378	\$ 266,842	\$ 22,444	\$ 31,093	\$ 84,673	
Board of Health	\$ 131	\$ 115	\$ 77	\$ 22	\$ 16	\$ 16	
Office administration	\$ 32,231	\$ 29,094	\$ 22,663	\$ 2,170	\$ 4,261	\$ 3,138	
HR & Employee Medical	\$ 1,323	\$ 1,309	\$ 965	\$ 25	\$ 319	\$ 14	
Industry pubs. & dues	\$ 6,257	\$ 6,222	\$ 4,451	\$ 87	\$ 1,685	\$ 35	
Telecommunications	\$ 10,504	\$ 8,352	\$ 6,732	\$ 599	\$ 1,021	\$ 2,152	
Information technology	\$ 37,032	\$ 34,482	\$ 26,789	\$ 1,244	\$ 6,449	\$ 2,549	
Office equipment	\$ 11,789	\$ 11,789	\$ 11,315	\$ 65	\$ 409	-	
Maintenance and repairs	\$ 1,605	\$ 1,605	\$ 1,034	\$ 318	\$ 253	-	
Rent	\$ -	\$ -	\$ -	-	-	-	
Settlements, fines and adjustments	\$ -	\$ -	\$ -	-	-	-	
<b>Net Program expense</b>	\$ 2,252,487.56	\$ 1,646,723.01	\$ 1,066,726.88	\$ 191,670.32	\$ 388,325.81	\$ 605,764.55	
<b>Revenues:</b>							
<b>Third party payors:</b>							
Medicare	\$ 506,312	\$ 506,312	\$ 130,770	\$ -	\$ 375,542	\$ -	
Medicaid	\$ 287,276	\$ 265,553	\$ 170,344	\$ 46,690	\$ 48,519	\$ 21,723	
Other Insurance	\$ 50,657	\$ 48,596	\$ 33,099	\$ 775	\$ 14,722	\$ 2,062	
Private pay	\$ 53,955	\$ 53,955	\$ 28,623	\$ 25,332	-	-	
Restricted grants and program revenues	\$ 647,825	\$ 355,796	\$ 300,877	\$ 54,802	\$ 118	\$ 292,029	
Unrestricted grants and program revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Donations and fundraising	\$ 9,708	\$ 9,674	\$ 4,670	\$ -	\$ 5,004	\$ 34	
Pass through	\$ 290,125	\$ -	\$ -	\$ -	\$ -	\$ 290,125	
Sale of fixed assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Reimbursement of money paid	\$ 1,327	\$ 1,327	\$ 1,065	\$ 69	\$ 193	\$ -	
<b>Net Program revenues</b>	\$ 1,847,184.59	\$ 1,241,212.49	\$ 669,447.68	\$ 127,668.55	\$ 444,096.26	\$ 605,972.10	
<b>County tax dollars used</b>	\$ 405,302.97	\$ 405,510.52	\$ 397,279.20	\$ 64,001.77	\$ (55,770.45)	\$ (207.55)	

## Actual Income and Expense By Period

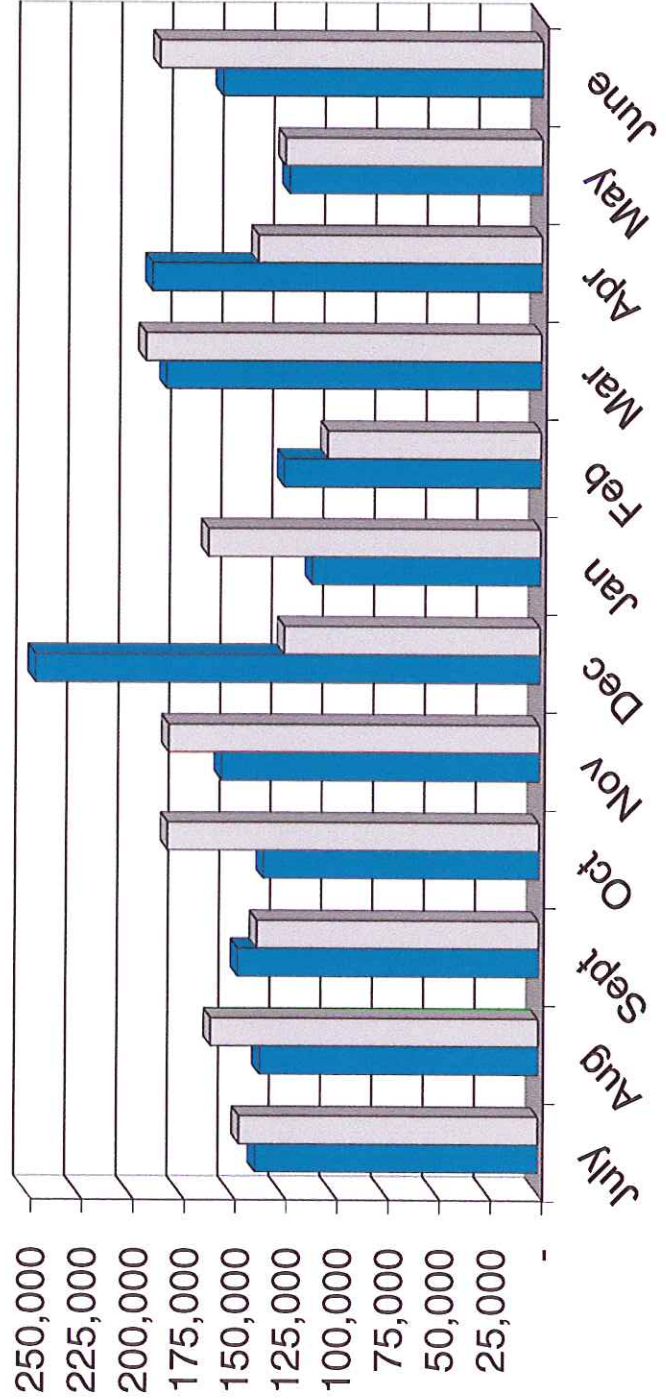
### Fiscal Year 2011-2012

	July	August	September	October	November	December	January	February	March	April	May	June	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month	
<b>Income:</b>																	
Nursing	52,090	48,490	55,621	65,023	51,703	83,090	45,041	39,407	47,133	60,770	70,475	50,605	669,448	681,018	98.3%	55,787.31	
Homemaker	12,513	8,756	3,991	4,982	2,725	33,331	5,185	5,077	4,960	12,583	9,389	24,176	127,669	120,249	106.2%	10,639.05	
Hospice	30,112	23,494	21,756	28,688	44,884	44,404	29,642	14,155	86,503	68,531	20,810	31,117	444,096	434,576	102.2%	37,008.02	
Dept. 12	94,714	80,740	81,368	98,693	99,312	160,825	79,868	58,639	138,596	141,884	100,674	105,899	1,241,212	1,235,843	100.4%	103,434.37	
HCCMS (13)	43,190	55,237	65,602	35,938	55,931	85,781	31,464	66,670	44,680	48,395	22,692	50,393	605,972	708,284	85.6%	50,497.68	
<b>TOTAL AGENCY</b>	<b>137,904</b>	<b>135,976</b>	<b>146,970</b>	<b>134,631</b>	<b>155,244</b>	<b>246,606</b>	<b>111,332</b>	<b>125,309</b>	<b>183,276</b>	<b>190,280</b>	<b>123,366</b>	<b>156,291</b>	<b>1,847,185</b>	<b>1,944,127</b>	<b>95.0%</b>	<b>153,932.05</b>	
<b>Expense:</b>																	
Nursing	77,061	109,320	114,043	83,904	81,218	82,964	74,228	77,134	111,404	83,488	84,013	87,949	1,066,727	1,042,057	102.4%	88,893.91	
Homemaker	15,770	14,856	20,910	14,727	14,595	14,973	14,552	14,882	20,134	15,049	16,187	15,035	191,670	245,184	78.2%	15,972.53	
Hospice	33,214	28,851	33,707	22,349	26,590	27,356	26,818	25,741	40,762	28,317	36,175	58,445	388,326	373,602	103.9%	32,360.48	
Dept. 12	126,045	153,028	168,660	120,979	122,404	125,293	115,598	117,757	172,299	126,854	136,375	161,430	1,646,723	1,660,843	99.1%	137,226.92	
HCCMS (13)	41,916	52,322	72,981	63,394	45,801	49,579	53,763	52,462	54,678	53,608	39,829	25,433	605,765	708,284	85.5%	50,480.38	
<b>TOTAL AGENCY</b>	<b>167,961</b>	<b>205,350</b>	<b>241,641</b>	<b>184,374</b>	<b>168,205</b>	<b>174,872</b>	<b>169,361</b>	<b>170,219</b>	<b>226,977</b>	<b>180,462</b>	<b>176,204</b>	<b>186,863</b>	<b>2,252,498</b>	<b>2,369,127</b>	<b>95.1%</b>	<b>187,707.30</b>	
Tax Asking 12:	31,331	72,289	87,291	22,287	23,092	(35,532)	35,730	59,118	33,703	(15,030)	35,700	55,531	405,511	425,000	95.4%	33,792.54	
Tax Asking 13:	(1,274)	(2,915)	7,380	27,456	(10,131)	(36,202)	22,299	(14,209)	9,998	5,213	17,137	(24,959)	(208)	-		(17.30)	



## Actual Income By Period Fiscal Year Comparison

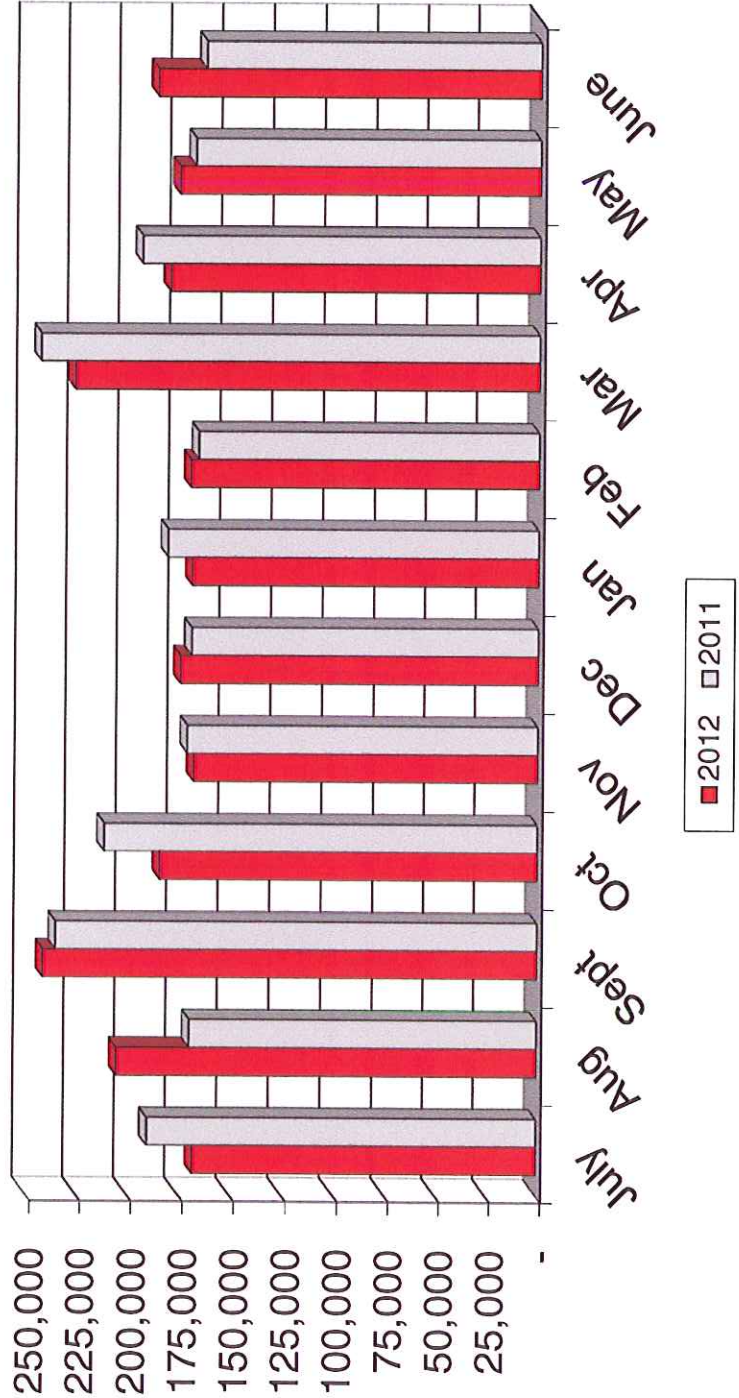
2012	July	August	September	October	November	December	January	February	March	April	May	June	Actual YTD Total	Budgeted Totals	Actual % of Budget	Average Per Month
Nursing	52,090	48,490	55,621	65,023	51,703	83,090	45,041	39,407	47,133	60,770	70,475	50,605	669,448	681,018	98.3%	55,787.31
Homemaker	12,513	8,756	3,991	4,982	2,725	33,331	5,185	5,077	4,960	12,583	9,389	24,176	127,669	120,249	106.2%	10,639.05
Hospice	30,112	23,494	21,756	28,688	44,884	44,404	29,642	14,155	86,503	68,531	20,810	31,117	444,096	434,576	102.2%	37,008.02
Dept. 12	94,714	80,740	81,368	98,693	99,312	160,825	79,868	58,639	138,596	141,884	100,674	105,899	1,241,212	1,235,843	100.4%	103,434.37
HCCMS	43,190	55,237	65,602	35,938	55,931	85,781	31,464	66,670	44,680	48,395	22,692	50,393	605,972	708,284	85.6%	50,497.68
<b>TOTAL AGENCY</b>	<b>137,904</b>	<b>135,976</b>	<b>146,970</b>	<b>134,631</b>	<b>155,244</b>	<b>246,606</b>	<b>111,332</b>	<b>125,309</b>	<b>183,276</b>	<b>190,280</b>	<b>123,366</b>	<b>156,291</b>	<b>1,847,185</b>	<b>1,944,127</b>	<b>95.0%</b>	<b>153,932.05</b>
<b>2011</b>																
Nursing	35,567	52,547	62,336	75,337	84,422	54,340	76,557	40,320	65,291	38,173	44,580	86,129	715,599	616,476	116.1%	59,633.28
Homemaker	10,778	10,406	1,704	11,249	9,557	8,039	21,238	7,269	12,418	6,514	12,783	6,010	117,965	133,238	88.5%	9,830.43
Hospice	41,043	30,378	28,452	44,432	36,106	9,229	24,616	7,655	33,409	31,508	31,726	46,479	365,032	711,285	51.3%	30,419.35
Dept. 12	87,389	93,332	92,492	131,018	130,085	71,608	122,411	55,243	111,119	76,194	89,089	138,618	1,198,597	1,460,999	82.0%	99,883.06
HCCMS	58,437	66,576	45,171	50,464	51,151	53,261	39,832	48,757	82,424	62,221	36,324	48,462	643,079	691,960	92.9%	53,589.89
<b>TOTAL AGENCY</b>	<b>145,826</b>	<b>159,907</b>	<b>137,663</b>	<b>181,481</b>	<b>181,236</b>	<b>124,869</b>	<b>162,243</b>	<b>104,000</b>	<b>193,543</b>	<b>138,416</b>	<b>125,413</b>	<b>187,079</b>	<b>1,841,675</b>	<b>2,152,959</b>	<b>85.5%</b>	<b>153,472.95</b>



■ 2012 □ 2011

## 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>2012</b>																
Nursing	77,061	109,320	114,043	83,904	81,218	82,964	74,228	77,134	111,404	83,488	84,013	87,949	1,066,727	1,042,057	102.4%	88,893.91
Homemaker	15,770	14,856	20,910	14,727	14,595	14,973	14,552	14,882	20,134	15,049	16,187	15,035	191,670	245,184	78.2%	15,972.53
Hospice	33,214	28,851	33,707	22,349	26,590	27,356	26,818	25,741	40,762	28,317	36,175	58,445	388,326	373,602	103.9%	32,360.48
Dept. 12	126,045	153,028	168,660	120,979	122,404	125,293	115,598	117,757	172,299	126,854	136,375	161,430	1,646,723	1,660,843	99.1%	137,226.92
HCCMS	41,916	52,322	72,981	63,394	45,801	49,579	53,763	52,462	54,678	53,608	39,829	25,433	605,765	708,284	85.5%	50,480.38
<b>TOTAL AGENCY</b>	<b>167,961</b>	<b>205,350</b>	<b>241,641</b>	<b>184,374</b>	<b>168,205</b>	<b>174,872</b>	<b>169,361</b>	<b>170,219</b>	<b>226,977</b>	<b>180,462</b>	<b>176,204</b>	<b>186,863</b>	<b>2,252,488</b>	<b>2,369,127</b>	<b>95.1%</b>	<b>187,707.30</b>
<b>2011</b>																
Nursing	71,255	76,413	100,330	84,067	74,769	72,280	87,601	86,685	109,685	86,801	77,149	79,168	1,006,203	985,760	102.1%	83,850.29
Homemaker	15,511	15,273	22,517	15,961	16,325	16,154	17,387	16,040	22,258	16,915	16,132	16,564	207,036	260,824	79.4%	17,252.98
Hospice	33,785	30,396	45,987	37,512	38,598	32,422	24,947	28,066	38,818	37,052	27,685	33,084	408,353	541,615	75.4%	34,029.40
Dept. 12	120,551	122,081	168,834	137,540	129,692	120,856	129,935	130,790	170,762	140,768	120,966	128,816	1,621,592	1,788,199	90.7%	135,132.67
HCCMS	69,624	47,517	66,564	74,000	41,572	48,611	51,096	35,614	73,096	53,347	47,335	34,703	643,079	691,960	92.9%	53,589.89
<b>TOTAL AGENCY</b>	<b>190,175</b>	<b>169,598</b>	<b>235,398</b>	<b>211,541</b>	<b>171,265</b>	<b>169,467</b>	<b>181,031</b>	<b>166,404</b>	<b>243,857</b>	<b>194,115</b>	<b>168,301</b>	<b>163,518</b>	<b>2,264,671</b>	<b>2,480,159</b>	<b>91.3%</b>	<b>188,722.56</b>



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

<b>FISCAL YEAR - 2011-2012</b>	<b>BUDGET</b>	<b>BUDGET AMENDED</b>	<b>ACTUAL</b>	<b>OVER / UNDER BUDGET</b>
INCOME:	1,235,843	-	1,241,212	
EXPENSE:	1,660,843	-	1,646,723	
TAX ASKING:	425,000	-	405,511	(19,489)
<hr/>				
<b>FISCAL YEAR - 2010-2011</b>	<b>BUDGET</b>	<b>BUDGET AMENDED</b>	<b>ACTUAL</b>	<b>OVER / UNDER BUDGET</b>
INCOME:	1,460,999	-	1,198,597	
EXPENSE:	1,788,199	-	1,621,592	
TAX ASKING:	327,200	-	422,995	95,795
<hr/>				
<b>FISCAL YEAR - 2009-2010</b>	<b>BUDGET</b>	<b>BUDGET AMENDED</b>	<b>ACTUAL</b>	<b>OVER / UNDER BUDGET</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)
<hr/>				
<b>FISCAL YEAR - 2008-2009</b>	<b>BUDGET</b>	<b>BUDGET AMENDED</b>	<b>ACTUAL</b>	<b>OVER / UNDER BUDGET</b>
INCOME:	1,077,700	n/a	1,222,080	
EXPENSE:	1,489,700	n/a	1,486,682	
TAX ASKING:	412,000	n/a	264,602	(147,398)
<hr/>				
<b>FISCAL YEAR - 2007-2008</b>	<b>BUDGET</b>	<b>BUDGET AMENDED</b>	<b>ACTUAL</b>	<b>OVER / UNDER BUDGET</b>
INCOME:	952,700	1,202,700	1,251,349	
EXPENSE:	1,358,700	1,508,700	1,452,473	
TAX ASKING:	406,000	306,000	201,124	(104,876)

# Home Health Program



## Home Health

### *Program Description*

The Home Health nurses assess health care needs, provide teaching on a new diagnosis, assist with any 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 2518 skilled nursing visits, a decrease of 274 visits from last year. There were 124 admissions, 122 discharges, and 47 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, Crawford County Memorial Hospital, patients/families, and local physicians (tie), and nursing homes/Assisted Living Facilities. Other referral sources include out of town physicians, infusion companies and other programs within the agency.

In January of 2010, a new OASIS, the OASIS-C was rolled out. OASIS is the form that is used for a comprehensive assessment and payment determination for Medicare and Medicaid skilled clients. OASIS stands for Outcome and Assessment Information Set. This OASIS 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.

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 HHCAHPS survey vendors began gathering data during the fourth quarter of calendar year 2010. 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 has chosen 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. So far, we have noted a very small response to the survey, which is a 4 page, 34 question document. The few comments that have come in with the surveys have been positive regarding the care from the agency. We also continue to send out an internal satisfaction survey at this time.

### ***Staffing Patterns***

Current Home Health staff: Lynette Ludwig, BSN RN, Home Care Coordinator; Kim Feser, RN; Diana Frazier, BS RN; Erinn Brasel, RN; Dana Neeman, RN; Cathy Kruse, RN; and Kara Bral, MSN RN. Toni Aschinger, RN worked for the agency on a part-time basis from December 2011 to March 2012. Renee Neddermeyer, RN left the agency in March, 2012. Dana Neeman, RN was hired full-time in March 2012 to replace Renee and Cathy Kruse, RN was hired part-time in March 2012 to replace Toni. Cheryl Lahr, BSN RN continues to be available on an as needed basis to assist with pediatric clients. In January 2012 Nicky Nicoletto, MS RN came out of retirement to help with home visits on an as needed basis due to the extended sick leave of one of the nurses. The contract with Carol Petersen, BS RN to complete chart audits has continued.

### ***Client Satisfaction Comments***

***“The people who help me are wonderful, very kind and understanding. They are more like friends who help me in every way. Thank you so much for all of the help”.***

***“All I have to say is “Wonderful” things to say about the care and concern I received from the people that was involved in my care “First class all the way”.***

***“I was very impressed by the nurse that visited me, she was kind, gentle, informative and was always willing to take a phone call”.***

***“The Nurses are always very courteous, polite and truly show concern and sympathy toward you condition”.***

***“The Nurse was very professional and courteous, always asked if I understood or had questions”.***

**Goals for the last fiscal year were:**

Continue to work on updating the policy and procedure book, especially regarding policies for OASIS-C, best practices, and process measures

***Not Met, Ongoing***

Continue chart audit activities with assistance of Carol Peterson.

***Met, Ongoing***

Continue education of RN staff as needed with process measures and best practices for OASIS-C.

***Met, Ongoing***

Work with internal staff to improve home care coordinator's ability to access OBQI/OBQM information via the CASPER system, in order to more effectively access and study quality and adverse event data.

***Not Met***

Continue to educate staff about HHCAHPS, share client responses.

***Met, Ongoing***

Work with Carol Peterson on protocols for CHF and Diabetes.

***Ongoing***

**Goals for next fiscal year are:**

Continue to work on updating the policy and procedure book, especially regarding policies for OASIS-C, best practices, and process measures.

Continue chart audit activities with assistance of Carol Peterson.

Continue education of RN staff as needed with process measures and best practices for OASIS-C.

Work with internal staff to improve home care coordinator's ability to access OBQI/OBQM information via the CASPER system, in order to more effectively access and study quality and adverse event data.

Continue to educate staff about HHCAHPS, share client responses.

Continue to work with Carol Peterson on protocols/best practices for CHF and Diabetes.

Train Kara Bral to assist with agency quality oversight, infection control and policy review.

Re-educate RN staff regarding timepoints & timelines for comprehensive assessments.

Re-education RN staff of importance of proper documentation to "paint a picture" of the client.

## Home Health Skilled Nursing Audit Summary FY 2011-2012

Chart audits are to be done on a quarterly basis, with open and closed charts for each nurse being selected. In 2009 Carol Peterson BS, RN was contracted with to complete chart audits and she has continued to assist us this year.

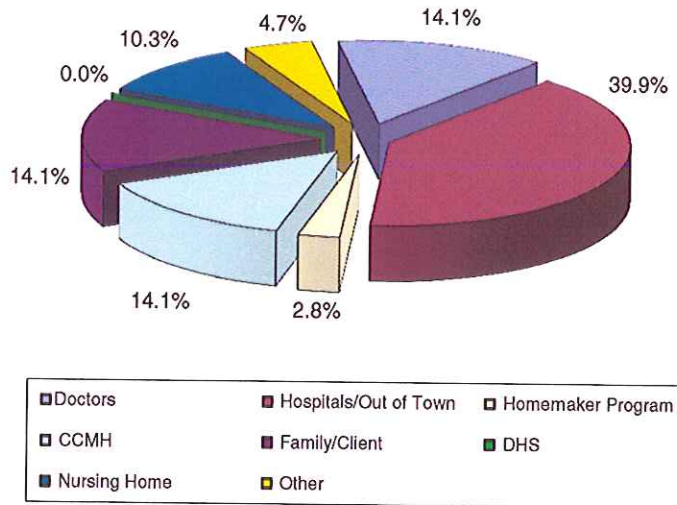
The Centers for Medicare and Medicaid (CMS) continues to look towards possible changes in the Prospective Payment System (PPS), to include "Pay for Performance" in the future. There continues to be a big push nationwide for agencies to improve outcomes. The most recent version of the OASIS (Outcomes 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.

Agency nurses continue to focus on Medicare rules and regulations for required paperwork, completing drug regimen reviews and following accurate coding guidelines. It is an ongoing goal to improve chart audit activities and OBQI activity.

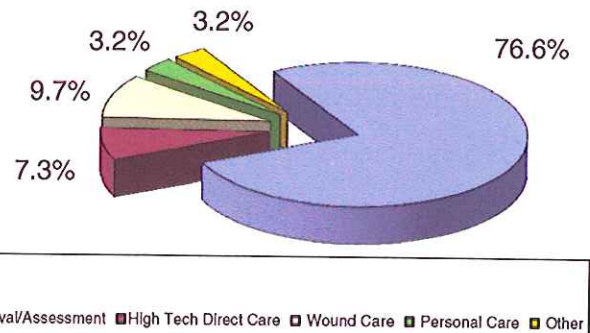
"Areas of excellence" noted by Carol when doing audits this year included documentation of services; referral and follow-up prior to admission; addressing of goals and client outcomes in the documentation and discharge summary; communication between client, family, nursing staff, physician and other service providers; and detailed client summaries to the physicians. Some areas of needed improvement noted by Carol include discharge teaching and discharge materials provided to the client, as well as documentation of client understanding of disease management at the time of discharge; and greater utilization of the OASIS tool to aid in care planning and discharge teaching. Carol and Lynette have also looked at all the forms and documents required in a Medicare admission packet to see if anything can be removed or consolidated to make the admission process and chart more user-friendly for the nurses and less daunting for the client at the time of admission. Because of Medicare requirements for what is included in the admission packet, they have had little success in trying to weed out unnecessary paperwork.

## Home Health: Referrals, Admissions, & Discharges

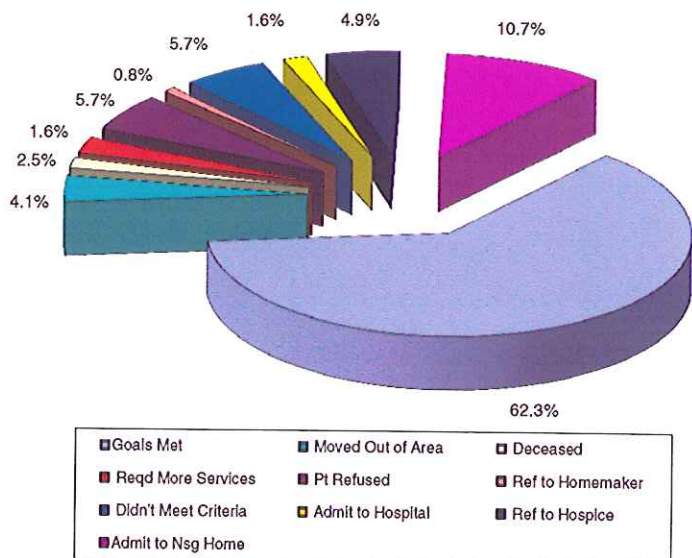
	10-11	11-12
<b>Referrals</b>		
Doctors:		
CCMH Medical Clinic	9	15
Dr. Crabb	4	3
Manning Family Healthcare	0	0
Crawford County Clinic	0	3
Other Physicians	9	9
Hospitals/Out-of-Town		
CCMH	13	30
Family/Client	17	30
DHS	0	0
Other Agency Program	8	6
Nursing Home	8	18
Mental Health	1	0
Assisted Living Facility	0	4
Other	7	10
<b>Total Referrals</b>	<b>144</b>	<b>213</b>



	10-11	11-12
<b>Primary Reason for Admission</b>		
Eval/Assessment	106	95
High Tech Direct Care	12	6
Injections	3	3
Wound Care	13	12
Title-19 Personal Care	7	4
Other	3	4
<b>Total Admissions</b>	<b>144</b>	<b>124</b>



	10-11	11-12
<b>Primary Reason for Discharge</b>		
Goals met	89	76
Moved out of area	8	5
Deceased	9	2
Required more services	4	3
Pt. refused services	11	7
Referred to HM or Pers. Care	4	1
Didn't meet criteria	4	7
Admitted to Hospital	0	2
Referred to Hospice	3	6
Admit to Nsg Home	8	13
<b>Total Discharges</b>	<b>140</b>	<b>122</b>



# Hospice Program



## 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 2011-2012 there were 77 admits, a decrease of 4 over last year. There were 69 total discharges, 64 through death and 5 due to no longer meeting the Hospice criteria or per client choice. There were 991 nursing visits, 285 social worker visits and 432 health aide visits. The average length of stay for this fiscal year was 38 days. This is 17 days more than last year. The average daily census was 7 clients, 1.5 more than a year ago.

**Volunteer Program:** There are nine active Hospice volunteers and eight members on the Volunteer Hospice Board. The volunteers have provided 52.25 hours of service during this fiscal year. Volunteers are utilized per client/family request and also assist with clerical functions in the office. Joan Sessions (volunteer) remains very helpful with clerical and bereavement support follow-up as well as assisting in the office on a regular basis. The Crawford County Area Volunteer Hospice Board has been very helpful and supportive of the Hospice program by purchasing durable medical equipment, educational materials, birthday recognition gifts for Hospice clients, and the roses that are sent following a Hospice client's death. The Hospice Volunteer Board continues to be active in the community with the Tree of Lights campaign for fundraising.

**Bereavement Program:** Bereavement planning begins upon admission. The Hospice nurse and/or other team member offers support and reassurance at the time of death or shortly thereafter. The Volunteer Hospice Board purchases a rose for the family. 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. Father Glenn Rankin, the Hospice Chaplain, provides follow-up visits as needed for spiritual support. Father Rankin and the Hospice team provide a memorial service for families, held in November. Hospice has a lending library of resources, videos and information for anyone interested. The program currently has 60 families receiving bereavement support, a decrease of 14 since last year. Approximately 123 *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; Diana Frazier, BS RN; Erinn Brasel, RN; Dana Neeman, RN; Cathy Kruse, RN; and Kara Bral, MSN RN. Toni Aschinger, RN worked for the agency part-time from December 2011 to March 2012. Cathy Kruse, RN was hired in March 2012 to replace her. Renee Neddermeyer, RN left the agency in March 2012 and Dana Neeman was hired to replace her. Nicky Nicoletto, MS RN came out of retirement in January 2012 to assist with visits when another nurse was on an extended sick leave. Jill Kierscht, ARNP was hired in October 2011 to do 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. Diane Sonnichsen, LBSW, retired in September 2011 and Kay Ross, BSW was hired in October 2011 as the full-time Hospice Social Worker. Kay also coordinates Bereavement and the Volunteer Program. Due to Hospice Medicare regulations that took effect with the new Conditions of Participation (CoP's) in 2008, the agency also contracted 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. At the time that the new CoP's took place, hospices that already had social workers without a master's degree were grandfathered in to the regulation, but with the retirement of Diane Sonnichsen we lost that designation. Dr. David Wright was the Medical Director until his resignation in December 2011. Dr. John Ingram was then contracted as the Hospice Medical Director. Father Glenn Rankin fills the role of 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

*"Like I said our family was truly grateful for our having help in caring for our loved one, during a difficult time. Because of hospice, we knew what to do, what possibilities we could expect and when. When we cried they cried, we laughed they did as well. I personally drew strength within myself because of the help and encouragement of the nurses. They are truly gifts from above...these nurses were wonderful. Also our Social Worker was also very compassionate with us and with our loved one. She was great too."*

*"We are so grateful for the services of wonderful people from Hospice. Prescription medications & nutritional drinks were much easier to access; supplies such as the hospital bed, home oxygen, & the step by step support in the dying process were wonderful. Dianna & Diane (nurse & social worker) make a great team, their compassion & humor helped relieve tension & fear. I am grateful for your services, as it helped to keep mom @ home. Thanks a million!"*

*"My brother, sister, and I were kept informed on progress of my father's dying. They treated him with dignity and respect and always told him what they were doing prior to doing it. They also spoke to him about other things, tho' he was no longer responding. Even the bath aide was talking to him about Heaven or "the journey" after this life. I believe that hearing is the last to go. So the importance of talking to him was big to me. Renee the nurse had to intervene with the NH on several occasions on behalf of dad. (Much appreciated Renee) The only thing that would have made this a better experience would have been if I had the room to move him to my home where he wouldn't have to depend on the NH staff. Crawford County Hospice is the best."*

*"Hospice staff were accessible whenever I needed them. The Hospice RN spent quality time with me, in person and on the phone, discussing ways in which we could support my mother as well as members of her family who were experiencing difficulties in resolving their longstanding conflicts. While we didn't resolve everything, we made progress because, through the nurses' work with us, we were able to focus on our mother and let go of raw resentments. The Chaplain was superb in his work with us. He was insightful and accessible. The Personal Care Aides were clearly effective in providing necessary care in a calm and organized way. Everyone on the Hospice Team looked us straight in the eye when talking to us. I personally gained comfort and strength when talking with the social worker and R.N. They were clearly focused on making this death experience as meaningful as possible. I will always be deeply grateful to the entire team for their presence and service."*

*“The hospice team was thorough with their health care for my wife. My wife always seemed to be comforted with their attention.”*

**Goals for last fiscal year are:**

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

Improve and increase use of the Hospice volunteers.  
***Ongoing***

Continue to research the need for Hospice volunteer training and provide training as needed or share training with another Hospice.  
***Ongoing***

Work with Hospice staff to improve paperwork, policies, care planning and documentation.  
***Ongoing***

Hospice Coordinator will improve QAPI program and processes.  
***Ongoing***

Develop an infection control program as per CoP requirements.  
***Not Met***

**Goals for next fiscal year are:**

Continue community marketing and outreach of Hospice services.

Improve use of Hospice volunteers.

Advertise in local newspapers to gauge interest for new volunteers and offer a volunteer training as indicated.

Train Kara Bral to assist with an active infection control program, review hospice policies and improve QAPI program.

### *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 excellent documentation of hospice need; good coordination of care among interdisciplinary team members and with nursing homes; documentation indicated caring of hospice staff and appreciation of family members; and good pain control. A need for physician signature on the medication list was noted by Carol.

As a better QAPI (Quality Assessment and Performance Improvement) program is developed and maintained, Carol will also be helpful in assisting with auditing that part of the program as well. The goal of QAPI is to use data and best practices to improve Hospice services. Carol noted in this year's chart audits that both pain and respiratory issues were well controlled in our hospice clients.

# Home Care Aide Program



## 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*

CCHH&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). Colleen McLaughlin went to on call status in June.

### *Home Health Aide*

Home Health Aide services are provided by Home Care Aides under the direct supervision of an RN working under physician's orders. Health Aide's 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.

<b>Home Health Aide Program</b>	<b>2010 - 2011</b>	<b>2011 - 2012</b>
Number of Visits	2298	2643
Number of Hours	2539.25	2575.25
Number of Admissions	127	107
Number of Discharges	122	106

### *Client Satisfaction Comments*

*"The girls have been doing a very good job, Thank-you so very much."*

*"I'm well pleased with the help the girls do and look forward to their coming and their friendship."*

*“The ladies that put on the stockings are very gentle and friendly, 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.

<b>HHA/Hospice Program</b>	<b>2010 - 2011</b>	<b>2011 - 2012</b>
Number of Visits	305	432
Number of Hours	263.5	347

### ***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.

<b>Homemaker Program</b>	<b>2010 - 2011</b>	<b>2011 - 2012</b>
Number of Visits	1937	2220
Number of Hours	2993.75	3300.25
Number of Admissions	31	32
Number of Discharges	34	27

### ***Client Satisfaction Comments***

*"Thank-you so very much for the wonderful help I received."*

*"We are satisfied with the Home Health Care services and appreciate the help very much. Thank-you."*

*"I was glad for all the help I got. Everyone is so nice."*

*"I was very well pleased with the help I received."*

*"We appreciated all the help and the way you treated and respected Mom."*

*"I could not have asked for two nicer aide's they were patient, kind and very caring."*

*"Very pleasant and caring, Good job, Well done."*

### ***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.

<b>HM/Personal Care Program</b>	<b>2010 - 2011</b>	<b>2011 - 2012</b>
Number of RN Supervision Visits	106	117
Number of Homemaker Visits	1406	1238
Number of Homemaker Hours	1555.75	1025.25
Number of Admissions	18	25
Number of Discharges	22	17

## ***Client Satisfaction Comments***

*"There aren't enough words of praise for Katie, she is so very efficient and is always very pleasant."*

*"Services was excellent by Susan, very caring, Jayne came at times and was excellent."*

*"I appreciate all you are doing for me. Very well done."*

### **Goals for this fiscal year were:**

Maintain HCA assignments each day by working efficiently in completing time studies and client charting.

***Ongoing***

Improve communication between HCA and Case Manager/Nurse regarding client needs and concerns.

***Ongoing***

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

***Ongoing***

Continue competency skills and attend required continuing education programs and staff meetings.

***Ongoing***

### **Goals for next fiscal year are:**

Improve HCA documentation of client's cares and needs.

Continue to update competency check list for each HCA.

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.

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

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

**A. Source of Referral:**

6	Self/Family	0	Nursing Home
0	Friend/Neighbor	0	FP/WIC/MCH
1	Physician	2	Homemaker
0	Hospital	18	PHN
0	Social Services	0	Other

**B. Primary Reason for Admission:**

0	Personal Care	0	Transportation
26	Home Maintenance	1	Respite
0	Preventive/Protective	0	Other
0	Financial Mgt/ Budgeting		

**C. Primary Reason for Discharge:**

3	Goals Met	2	Refused Services
3	Moved Out of Area	0	Home Health Aide
1	Deceased	0	Significant Other Provides Care
11	Higher Level of Care	7	Other

**D. Client Level of Care**

Dependent:

YES	NO	
2	25	Admission
4	22	Discharge
0	1	Deceased

Needs Assistance with ADLs:

YES	NO	
27	0	Admission
22	4	Discharge
0	1	Deceased

**E. Safety**

Knows Safety Measures:

YES	NO	
26	1	Admission
26	0	Discharge
0	1	Deceased

Safe Environment:

YES	NO	
26	1	Admission
22	4	Discharge
0	1	Deceased

**Homemaker Chart Audits  
2011-2012 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	52%	9%	39%
5	Initial Plan of Care	100%		
6	Update Plan of Care according to state regulation	57%	4%	39%
7	Financial Sheet & Release complete and updated annually	100%		
8	Emergency Medical Plan complete	100%		
9	Safety Plan complete	100%		
10	Referral Sheet complete	96%	4%	
11	Assignment sheet complete & matches Plan of Care includes hours/frequency	43%	57%	
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	100%		
3	Progress notes dated and signed	65%	35%	
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	48%	52%	

**Comments:** None

**Homemaker Chart Audits  
2011-2012 Discharge Audits**

Total Audits: 24

<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	96%	4%	
4	Ongoing assessments complete according to state regulation	46%		54%
5	Initial Plan of Care	100%		
6	Update Plan of Care according to state regulation	38%	4%	58%
7	Financial Sheet & Release complete and updated annually	21%	4%	75%
8	Emergency Medical Plan complete	96%	4%	
9	Safety Plan complete	96%	4%	
10	Referral Sheet complete	92%	8%	
11	Assignment sheet complete & matches Plan of Care includes hours/frequency	71%	25%	4%
12	Review of Assignment sheets	96%		4%
13	Introduction of HCA if has not been done in home	96%		4%
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	96%		4%
2	Service time matches hours & frequency	67%	29%	4%
3	Progress notes dated and signed	96%		4%
4	Arrival and Departure time complete	96%		4%
5	Reports problems to CM/Nurse according to agency policy and procedure	96%		4%
6	Documents why services were refused	63%	33%	4%

**Comments:** None

# HCBS Waiver Programs



## 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 provides Supported Community Living (SCL) services for the ID child/consumer who meets eligibility per the recommendation of the Department of Human Services (DHS). The goals for SCL include 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 provide SCL receive continuing education to meet the individual needs of the consumer. Nursing and health aide services are utilized when the consumer has a health condition that requires a doctor's order. These are billed to Medicaid.

### *Program Update*

CCHHH&PH served two ID consumers, age 18 and under. There were no admissions and two discharges during this year.

<b>SCL</b>	<b>2010-2011</b>	<b>2011-2012</b>
Number of Clients	4	2-4
Number of Visits	523	474
Number of Hours	638	728.15

### *Staffing Patterns*

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

**Goals for this fiscal year were:**

Keep SCL staff up to date on new techniques to be used to assist the clients on caseload to meet their goals as set yearly.

***Ongoing***

Conduct monthly staff meetings with SCL staff and DHS personnel in charge of each client to monitor progress according to current goals.

***Ongoing***

**Goals for next fiscal year are:**

Keep SCL staff up to date on new techniques to be used to assist the clients on caseload to meet their goals as set yearly.

Conduct monthly staff meetings with SCL staff and DHS personnel in charge of each ID client to monitor progress according to current goals. Review the goals with the SCL staff so there is good understanding. Review charting with staff and give any suggestions as needed.

## 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 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 20 Elderly Waiver Case Management clients and provides Homemaker services to 17.

<b>Elderly Waiver Homemaker</b>	<b>FY 2010-2011</b>	<b>FY2011-2012</b>
Number of visits	1113	1193
Number of hours	1188.25	1367

<b>Elderly Waiver Case Management</b>	<b>FY 2010-2011</b>	<b>FY 2011-2012</b>
Number of visits	346	387
Number of hours	142	666.50

For Case Management services the agency can receive \$35.08 for 15 min. contact per client if there has been a collateral contact. A collateral contact is a contact where the clients' goals or need for services are being addressed with the client, family or service provider. It is required that a minimum of one monthly contact with the client is made and a quarterly face-to-face contact be made with the client.

## ***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 and facilitates quarterly follow-ups. All RNs who admit clients to the Home Health program and the Homemaker Case Manager are trained to complete the Functional Abilities Screening Evaluation (FASE) to identify referrals for the Elderly Waiver program. In addition the agency receives referrals through the Individualized Services Information System (ISIS) where clients have applied for the Elderly Waiver program through DHS. CCHH&PH nurses and HCA's meet the needs of the clients who qualify for the Elderly Waiver. Angie Kastner, BSN RN is trained as back-up.

### **Goals for last fiscal year were:**

Maintain and improve the case management of Elderly Waiver clients.

***Ongoing***

Have regular staff meetings for the HCA Staff, attempting to provide advice, support and pertinent information for the Homemaker staff.

***Ongoing***

Increase the number of elderly in Crawford County who utilize services through Elderly Waiver.

***Ongoing***

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

***Met, Ongoing***

### **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.

Have regular staff meetings for the HCA Staff, attempting to provide advice, support, and pertinent information for the Homemaker staff.

Make appropriate referrals to help increase the number of elderly in Crawford County who utilize services through Elderly Waiver.

Assist referrals in completing application in an attempt to expedite the processes.

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

## 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 are Supported Community Living (SCL) and Consumer Directed Attendant Care (CDAC). SCL involves assistance to the client with community and daily living skills. Goals are set by the client or family to work towards. 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 and in the community. 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*

Currently, CCHHH&PH's BI Waiver program has one client who receives CDAC services and one who receives SCL services. No clients were admitted or discharged from the Brain Injury Waiver Program this fiscal year.

<b>Brain Injury Waiver - CDAC</b>	<b>2010-2011</b>	<b>2011-2012</b>
Number of visits	102	106
Number of hours	168	249.70

<b>Brain Injury Waiver - SCL</b>	<b>2010-2011</b>	<b>2011-2012</b>
Number of Visits	42	45
Number of hours	43.5	113.95

### *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 SCL and CDAC 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:**

Conduct annual supervisory visits with all BI clients.

***Ongoing***

Conduct monthly staff meetings with SCL/CDAC staff and DHS personnel in charge of each BI client to monitor progress according to current goals.

***Ongoing***

**Goals for next fiscal year are:**

Keep SCL/CDAC staff up to date on new techniques to be used to assist the clients on caseload to meet their goals as set yearly.

Conduct monthly staff meetings with SCL/CDAC staff and DHS personnel in charge of each BI client to monitor progress according to current goals. Review the goals with the SCL/CDAC staff so there is good understanding. Review charting with staff and give any suggestions as needed.

# Public Health Programs



## **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 1035 blood pressures taken in 2011-2012 as compared 1093 in 2010-2011.

Charter Oak Senior Center	68
Eventide Senior Housing	123
Denison Senior Center	139
Dow City Senior Meals	107
Oakwood Apartments	82
Realife Apartments	217
Office	167
WIPCO Appreciation Supper	29
Crawford County Fair	103
<b>Total</b>	<b>1035</b>

### ***Staffing Patterns***

Margie Gorden, RN, was the coordinator for the Blood Pressure Screening program until her retirement. Jaime Van Kley BSN RN was hired in April 2012. 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.

In addition to breast and cervical services, the program has also been providing blood pressure measurements, lab work to determine heart disease/stroke risk, and height/weight measurements to determine body mass index (BMI) through the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program. To be eligible for these additional services, the woman must be an CFY participant and between the ages of 40 to 64 years.

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 recently.

### *Program Update*

In fiscal year 2011-2012, CCHHH&PH was allocated slots for 48 women to receive services. The agency receives \$105.00 per woman enrolled for breast and cervical services only, \$175.00 per woman enrolled for breast, cervical, and WISEWOMAN services, and an additional \$107.00 for women with two lifestyle interventions completed. In 2011-2012 the agency received payment for 14 BCCEDP clients, 34 WISEWOMAN clients, and lifestyle interventions (follow-up phone calls to set up goals for those women on WISEWOMAN program) on 32 clients. Due to a decrease in grant funding, for 2012-2013 there will be 29 allocated slots for comprehensive services (WISEWOMAN) and 12 slots for limited breast and cervical.

On October 15, 2011 community volunteers organized a breast cancer awareness walk at YellowSmoke Park. Approximately 200 walkers participated and \$4,000 was raised and donated to public health to provide outreach and education services for women in Crawford County.

Outreach and education were provided at community events, including the Crawford County Fair, and Health Education at the high school.

### ***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.

***Ongoing***

Develop a protocol to prioritize clients for enrollment.

***Met***

#### **Goals for next fiscal year are:**

Outreach activities at various community events throughout the year.

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

Offer educational presentations to community organizations.

Develop a process for utilizing funds donated to the program to provide mammogram services to uninsured women in the county.

## Child Health

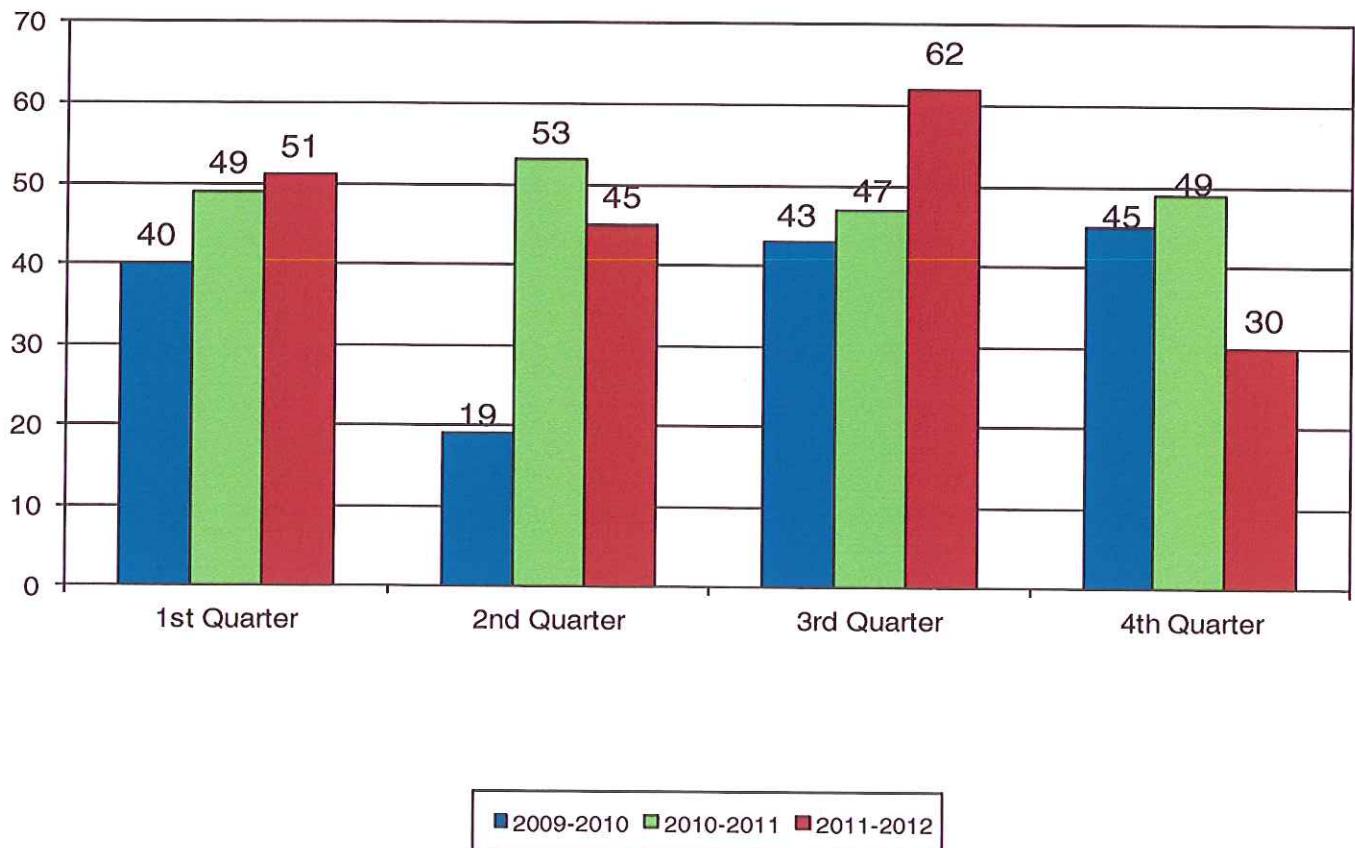
### *Program Description*

The Child Health program assists children ages 0-21 to obtain a physical exam by a Pediatric Nurse Practitioner (PNP). Services also provided include dental screening, referral to a dentist after age three, developmental screening to age six, vision, hearing and speech screening, nutrition assessment, counseling by a WIC nutritionist, urine testing, blood pressure, immunizations, health history assessment, parent education/counseling, and referrals to other health care services as needed. Referrals can be made by calling CCHH&PH. Lead screening is provided as a service to children age 12 months to 6 years at both the Child Health and Immunization clinics. The Child Health staff continues to provide education regarding child health issues such as car seat safety, immunizations, and lead screening. Outreach is provided for the Child Health clinic through the English and Spanish newspapers, radio, WIC clinics, Immunization clinics, and home visits.

### *Program Update*

In 2011-2012, there were 188 clinic visits, a decrease of 10 visits compared to 2010-2011. This year an average of 19 clients per clinic were seen. Currently the Child Health program has 178 active clients and has a waiting list. 96% of Child Health clientele indicate Hispanic ethnicity.

### **Total Child Health Visits**



### ***Staffing Patterns***

The Child Health clinic is staffed with one RN, one LPN, one clerical, and one or two interpreters. Cheryl Lahr, BSN RN was the coordinator of the Child Health program until her resignation. Jennifer Chapman, BSN RN is now the coordinator of the program. Shelley Moreland, LPN assists Jennifer and Rocio Fernandez is the bilingual clerical staff at the clinic.

# HCCMS Family Health Services

*Child Health Services Questionnaire*  
52 Questionnaires Answered

1. **Is this your first time using these services?** Yes-13 No-49  
If yes, how long did it take for you to get an appointment?  
Within the next month-10 2 months-3 3 months-1 Longer-6 No answer-22
2. **How did you hear about these services?** WIC-12 Friend-25 Doctor's Office-0  
DHS -5 No answer-3 Family -1
3. **Did you/your child receive a variety of services that are important to good health?**  
Yes-45 No-5 No answer-2
4. **Are these same services available at your doctor's office?**  
Yes-15 No-29 No answer-8
5. **Will you continue coming here for these services?** Yes-51 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-45 Too Long-3 Not enough time-0 No answer-4
7. **Would you recommend these services to others?** Yes-51 No-0 No answer-1  
If No, why not? \_\_\_\_\_
8. **If these services were no longer available, where would you go for similar services?**  
Doctor-15 Hospital-9 No Where-9 Another Clinic-17 No answer-2
9. **Did you understand the information that was given to you today?**  
Yes-51 No-0 No answer-1 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-42 No-6 No answer-4  
If yes, have you ever utilized these services?  
Yes-30 No-14 Not Applicable-3 No answer-5

## 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 is the part-time EPSDT Coordinator. Gayle Chapman, RN also works part-time, providing supervision and quality assurance surveillance for the program. Rocio Fernandez is the bilingual staff that assists with this program.

## **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 new 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. Shelley Moreland, LPN also assists with the program.

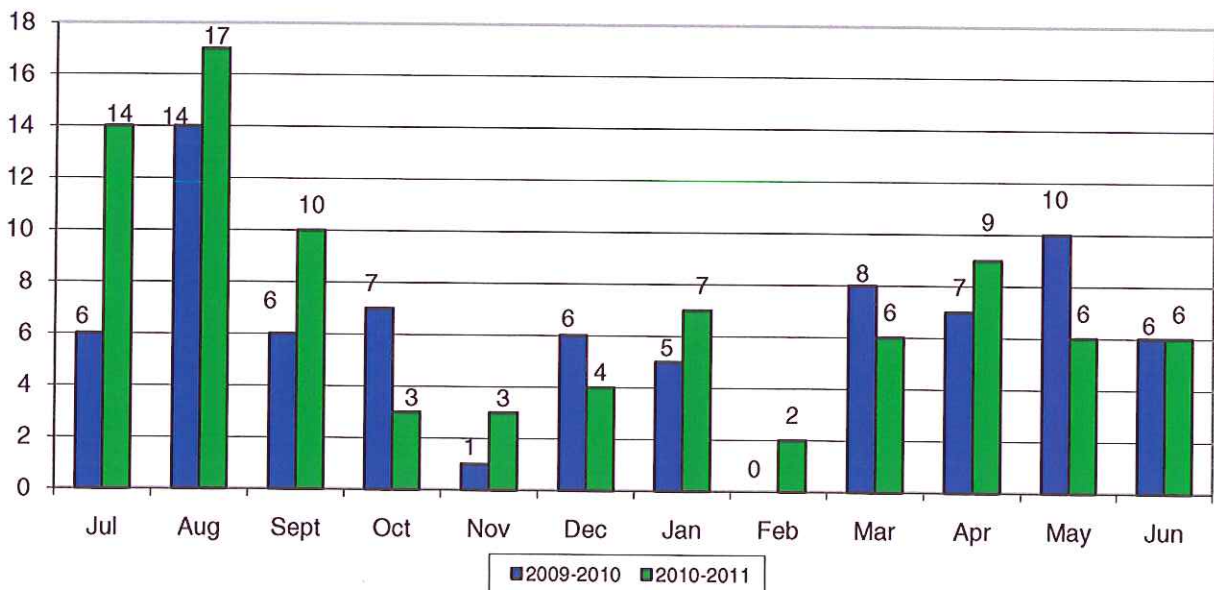
## Lead

### *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 73 children screened for lead poisoning in 2011-2012 compared to 87 children screened in 2010-2011. In 2011-2012 three children were found to have levels greater than 15ug/dl requiring confirmatory venipunctures and close follow-up. In addition, follow-up continues for five 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 Screens**



### ***Staffing Patterns***

Margie Gorden, RN was the coordinator of the Lead program until her retirement. Kim Fineran, BSN RN and Jennifer Chapman, BSN RN helped coordinate the program until Jaime Van Kley, BSN RN was hired in April. Jennifer Chapman, BSN RN performs lead screening tests at Child Health and Jaime Van Kley, BSN RN performs screenings at Immunization clinics. Kelly Weltz is the clerical staff that works with the Lead program.

## 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 2011-2012 there were 7 reportable diseases in Crawford County for follow-up by Public Health. These reportable diseases included: 2 Salmonellosis, 3 Cryptosporidiosis, and 2 Hepatitis B.

#### 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 2011-2012, there were 10 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 2011-2012 there were no active TB cases in Crawford County.

In 2011-2012 there were 22 TB skin tests given. 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, as well as those who had possible contact with an infected individual.

### ***Staffing Patterns***

Margie Gorden, RN was the coordinator for Communicable Diseases until her retirement. Cheryl Lahr, BSN RN assisted with the programs until the end of her employment. Kim Fineran, BSN RN also provided services until Jaime Van Kley, BSN RN was hired in April. Public Health staff routinely receives training on communicable diseases and appropriate follow-up. IDSS users include Jaime Van Kley, 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.

### ***Program Update***

In 2011-2012 there were 131 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.



## Dr AlTo says, “Healthy Choices Makes Healthy Kids”

### *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; West Central Iowa Healthcare Foundation; Denison Community Schools; Schleswig Community School; Ar-We-Va Community Schools; IKM Manning

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; American Cancer Society; 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, co-sponsored a middle school dance, co-sponsored a “Kid’s Fest” fair, and sponsored speakers at county schools.

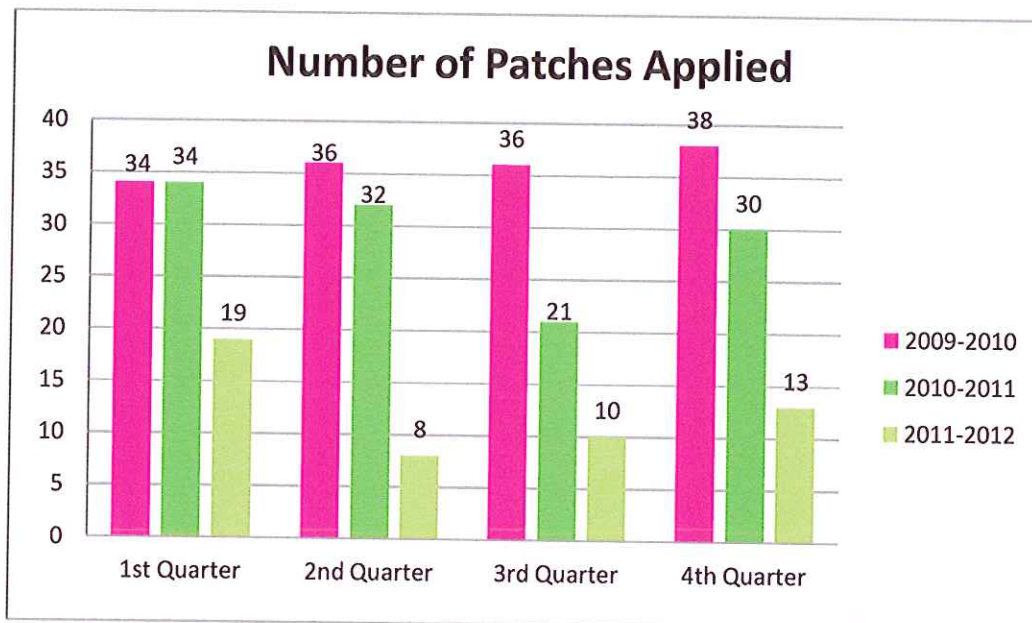
### ***Staffing Patterns***

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

## Drug Sweat Patches

### *Program Description*

Since August of 2006, Public Health has been assisting DHS with the Drug Sweat Patches for surveillance or compliance regarding drug use. The application and removal of the patch is performed by Public Health. The patch is worn for one week, unless the patch is compromised or DHS requests staff to remove sooner. Results are sent directly to DHS by the company that processes the patches.



### *Program Update*

50 patches were applied and 48 patches were removed in 2011-2012 which was a decrease of 68 applications and 68 removals from 2010-2011. The decrease in numbers is due to the fact that there are not as many clients needing tested and those clients do not need tested as frequently.

### *Staffing Patterns*

Cheryl Lahr, BSN RN was the coordinator for this program until her resignation. Kim Fineran, BSN RN and Jennifer Chapman, BSN RN assisted with the program until Jaime Van Kley was hired in April.

## **Family Planning**

### ***Program Description***

The Family Planning program assists individuals by providing birth control examinations and supplies, tests 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 each week on Thursday.

The Iowa Initiative is grant-funded assistance provided to Family Planning for the promotion of long acting reversible contraception (LARC) methods. The methods currently offered are ParaGard, Mirena and Implanon.

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.

HIV counseling and testing is offered at the Public Health agency by a representative from the Iowa Department of Public Health. This representative is at the agency one time a month for this service. Confidential appointments are made through Public Health.

### ***Program Update***

The Family Planning program now routinely provides Gardasil, a series of 3 injections to protect against Human Papillomavirus (HPV) which is associated with cervical cancer. This vaccination is indicated for males and females between the ages of 9 and 26. Funding for the Gardasil vaccine became available in March 2010 through the replacement program from the vaccine company. The vaccine is now available to our clients over the age of 19 who meet criteria for the replacement program.

There have been 41 Family Planning Clinics held in 2011-2012. The number of tests performed and services provided are shown in the following table:

<b>Family Planning Program</b>	<b>2010-2011</b>	<b>2011-2012</b>
Annual Pap Smear	133	99
Initial Pap Smear	88	39
Repeat Pap Smear	6	7
Abnormal Pap Smear	6	19
Supply Visit	745	466
Chlamydia Test	108	156
Positive Chlamydia	7	24
Male Clients	17	17
Positive Gonorrhea	0	1
Medical Problems	20	62
Pregnancy Tests	32	189
Emergency Contraceptive Pills	25	37
User Admit Clients	32	24
ParaGard Insertions	13	19
Mirena Insertions	1	7
Implanon Insertions	5	31
ParaGard/Mirena/Implanon Removals	11	26
Gardisal Injections	6	0

### ***Staffing Patterns***

Margie Gorden, RN was the coordinator for Family Planning program until her retirement in March, 2012. Jennifer Chapman BSN RN, Jennifer Muff BSN RN, Family Planning Coordinator and Rachel Birks, RN Family Planning nurse from Shelby County assisted with coverage of clinics until Jaime Van Kley, BSN RN was hired in April and orientated. Kelly Weltz is the clerical support for Family Planning. An interpreter is available during supply visits and at the clinics to assist in serving the Hispanic clients.

Jamie Brummond, ARNP started providing services in April 2010 and resigned in May 2011. HCCMS contracted services with local providers in order to continue services in each of the counties until Calla Poldberg, ARNP began working in Nov 2011. The nurse practitioner is employed by Myrtue Medical Center Department of Community Health in collaboration with HCCMS Family Planning under the Iowa Initiative grant. This grant also supplies a secretary for the clinic. Yesica Perez Zavala is contracted through Crawford County Home Health, Hospice & Public Health as an interpreter/assistant for Family Planning clinic on Thursdays at the office adjoining Denison Medical & Surgical Associates, PC. Rocio Fernandez is the interpreter for the supply visits on Wednesday and Friday afternoons.

**Goals for last fiscal year were:**

Outreach activities targeting local health care partners (doctor's offices, hospitals, behavioral health centers) will be provided. Interpreter will continue to provide outreach to the Hispanic population.

***Ongoing***

A quarterly PSA will be submitted to local newspapers to education community about FP services offered and service benefits for women, men, and adolescents.

***Met***

Host an informational meeting for teens and parents.

***Not Met***

Meet with school personnel to address teen pregnancies and STI's.

***Ongoing***

**Goals for next fiscal year are:**

Continued outreach activities to engage parents and teens in educational opportunities to discuss topics such as birth control options, STI prevention, screenings, and services available.

Promote the GYT (Get Yourself Tested) campaign in April during STD Awareness month by distributing flyers and posters advertising clinic locations to local schools, bars, provider offices, and Facebook sites.

## Family STEPS

### *Program Description*

Family STEPS (Support To Experience Parenting Success) continues to be a successful program that started in 2001. Funding is 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 Nurturing Program, 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 sessions on the following: 1) Growth and Development; 2) Safety; 3) Health and Nutrition; 4) Positive Discipline; 5) Relationships; and 6) Life Skills. The sessions are offered in homes as well as at Job Corps as a group teaching.

### *Program Update*

Two Public Health nurses provided home visits for the Family STEPS clients. At the end of the fiscal year there were 43 families on caseload. There were 17 English speaking, 24 Spanish speaking, 1 Nuer speaking and 1 Burmese speaking. There were 24 admits and 27 discharges throughout the year. 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 meeting credentialing criteria. Due to the high level of need for this program there are typically always families on the waiting list. Approximately 68% of the total caseload has been of Hispanic ethnicity, 1.4% of Sudanese culture and 1.4% of Burmese culture. Referrals continue to come from Maternal Health, Child Health, WIC, One-Time Mom/Baby visits, DHS, word of mouth, and the Promise Jobs referrals. A total of 1030 visits were completed this year.

### *Staffing Patterns*

Jennifer Chapman, BSN RN and Amy Trucke, LPN are the nurses that provide the family support visits. Jennifer and Amy work with interpreters for over half of the caseload. 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 as well as the Early Childhood Iowa Coordinator/Family STEPS staff supervisor.

**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, and infant and child care through age five.

***Ongoing***

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

***Ongoing***

Assist clients in accessing available community services.

***Ongoing***

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

***Ongoing***

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

***Ongoing***

Complete the peer review process and become an Iowa credentialed program.

***Met***

**Goals for the next fiscal year are:**

Make the Family STEPS program known in the community by presenting at a variety of clubs, groups, etc.

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

Ensure that local doctors and other community affiliates are aware of the benefits of the Family STEPS program.

Assist clients in accessing available community services.

Offer parenting 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 (ie. Library, Early Headstart, Baby Boutique, etc.) for the Family STEPS clientele to meet group socialization requirements.

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

## 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 groups.

### *Program Update*

In 2011-2011, there were 36 injections given. This is a decrease from 56 injections given in 2010-2011. The table below shows the breakdown of individuals who started or completed the Hepatitis series this fiscal year.

WESCO	11
Agency	1
Schleswig Fire Department	18
Imagination Station	1
Reed House	1
Student	3
Others	1
Total	36

### *Staffing Patterns*

Margie Gorden, RN was the coordinator the Hepatitis B Program until her retirement in March 2012. Jaime Van Kley, BSN RN now coordinates the 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 99% in compliance, Head Start is at 97%, and childcare centers are at 96%.

### *Program Update*

Information is distributed at the county fair, Kids Fest, 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 2011-2012, 1,504 immunizations were given to 591 children as compared to 2,553 immunizations given to 1,100 children in 2010-2011. There were 509 less children served and 1,049 less vaccines given this fiscal year. This is most likely due to the fact that most insurance companies are now covering immunizations as a benefit and children can now get their shots at their physician offices.

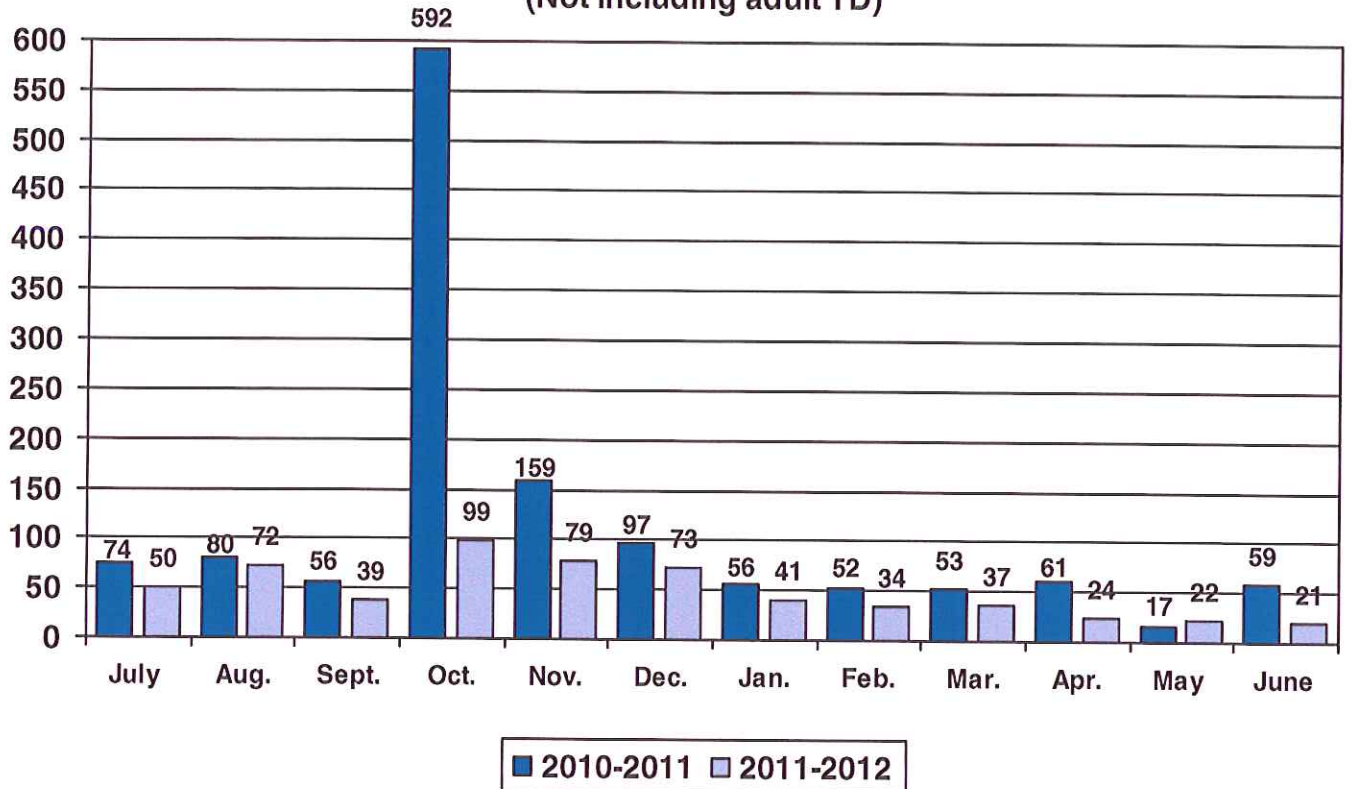
The following chart compares the number of each vaccine given in the past 2 years.

Vaccines	2010-2011	2011-2012
DTaP	9	16
DTaP/IPV/Hep B (Pediarix)	87	59
Dtap/IPV/Hib (Pentacel)	101	29
Dtap/IPV (Kinrix)	67	32
HIB (Pedvax)	84	57
HIB	0	0
Hiberix	58	14
Hep B, Adol. Hep B	60	28
Hep A (Vaqta)	122	51
Comvax (HIB/Hep B)	0	0
MMR	140	72
MMRV (MMR/Varicella)	0	0
IPV	18	19
TD	7	6
DT	2	1
Tdap	244	40
Varicella	252	85
MCV4 (Menactra)	181	54
HPV (Gardasil)	286	114
Prevnar	284	102
Rotateq	79	39
Rotarix	0	9
Influenza -Pediatric	125	60
Flumist	347	116
<b>Totals</b>	<b>2,553</b>	<b>*1504</b>

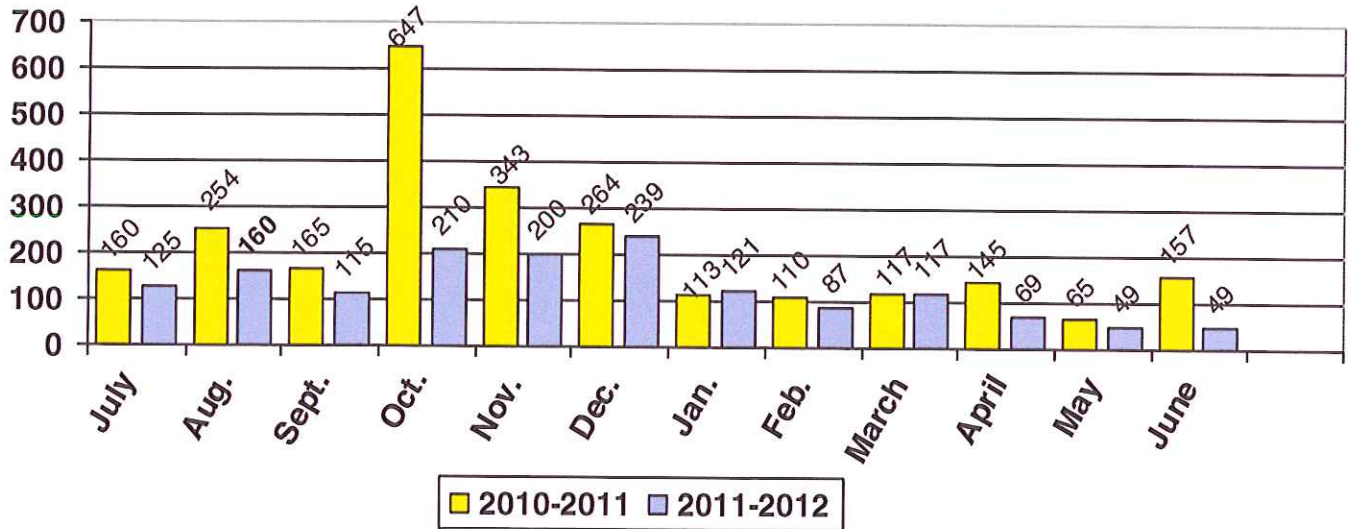
\*Due to IRIS upgrade, we were unable to secure the individual doses of vaccine given for 2 months so the individual doses will not add up to the total. However, the total number of vaccines given was available and is correct.

Last fiscal year brought a new challenge to Public Health; an upgrade of Iowa's Immunization Registry Information System (IRIS). 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. The upgrade, while offering staff some challenges navigating a new 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***

Cheryl Lahr, BSN RN was the coordinator of the Immunization program until her resignation in September 2011. Lori Hoch, RN is now the 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 Weltz is the primary clerical staff that works with the Immunization program.

### **Goals for last fiscal year were:**

Obtain 90% compliance as per state goal for children under 2 years of age.  
***Not met***

Increase the percentage of adolescents who receive the Tdap/MCV4/HPV immunizations by 10%-current percentage is 26%.  
***Not met***

Provide more outreach about changes to immunization rules or new immunizations available through local school newsletters.  
***Met***

### **Goals for next fiscal year are:**

Utilize the upgraded IRIS system to generate recall reminders for children who are due for immunizations.

Investigate the possibility of holding a school-based immunization clinic to increase the percentage of adolescents who receive the Tdap/MCV4/HPV vaccines.

Partner with local providers to increase access to all required and recommended vaccines in efforts to increase immunization rates for Crawford County.

## Crawford County Home Health, Hospice & Public Health

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

### Evaluation Questionnaire for Immunization Clinic

152 surveys returned

1. How did you hear about the Clinic?  
Friend/family-73      Doctor-25      DHS-10      Radio-9  
Newspaper-4      Other-34
2. Were the clinic hours convenient for you?      Yes-150      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-128      Too Long-17
4. Were personnel at the Clinic courteous?  
Yes-152      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 -147      No-3      If no, please explain \_\_\_\_\_
6. Did you understand the information given to you at clinic?  
Yes-152      No-0      If no, please explain \_\_\_\_\_
7. Were you given information about when you should return for the child's next  
immunization clinic?      Yes-145      No-4
8. Would you recommend the Clinic to others?  
Yes-152      No-0      If no, please explain \_\_\_\_\_
9. Will you continue to bring your child to this Immunization clinic?  
Yes-151      No-1      If no, please explain \_\_\_\_\_
10. Please add any additional comments:  
Thank you/Don't mind the wait, love that everyone is so nice to kids and  
myself...they have patience./Awesome-very nice./ 45 min is too long to wait./ Great  
staff, thank you for offering services.

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

## Immunization Audit

**Scope of Care:** Immunization

**Aspect of Care:** Immunization Clinics

**Data Source:** IRIS

**Sample Size:** 50 cards randomly pulled from Immunization Clinics

**Method:** Audited by the Immunization Coordinator

### **Audit Findings:**

The audit showed that 4 records (8%) did not belong in our agency home; they were discharged. 36 out of the remaining 46 records (78%) were up-to-date per ACIP recommendations. 10 of the 46 records (22%) showed that the children were not up-to-date. Of those ten records, the following was noted: two of the children (20%) aged out of the VFC program prior to completion of the HPV series; two of the children (20%) had a missed opportunity to receive a vaccination; and six (60%) did not return to complete their vaccination despite postcard reminders.

### **State Audit Findings:**

There was no state audit completed this year.

### **Follow-up:**

Continue to work within the new IRIS system to discharge clients that do not belong in our agency home. We will also begin to offer the 15-month shots (Dtap and Hib) at 12 months for children who are on schedule. We are also offering Hep A for all age groups (past practice was from 12-24 months).

## **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 25 clinics held around the county. Two clinics were held at Public Health in hopes of curtailing the many walk-ins at different times throughout the days during influenza season. There were 560 influenza vaccinations given in 2011-2012 compared with 723 in 2010-2011.

This year the H1N1 influenza strand was included in the flu vaccine.

### ***Staffing Patterns***

Margie Gorden, RN coordinated the Influenza program with Kathy Ransom and Cheryl Bral providing clerical support. Other Public Health nurses and clerical staff assist with this service as needed. Staff nurses administer vaccinations to clients on caseload.

## **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 2011-2012, 27 clients were served, an increase of 12 from 2010-2011. 61 Maternal Health visits were made in 2011-2012, an increase of 27 from 2010-2011. 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***

Cheryl Lahr, BSN RN was the coordinator of the Maternal Health program until her resignation in September 2011. Jennifer Chapman, BSN RN and Kim Fineran, BSN RN provided services until Jaime Van Kley, BSN RN was hired in April 2012. Kay Ross, BSW provides the social worker component of the Maternal Health program.

**Goals for this fiscal year were:**

Increase the number of women enrolled in the Maternal Health program.

***Met***

Use the WHIS program during visits to cut down on time needed after each visit for paperwork.

***Not met***

Inform the local medical providers about the program and how working together will benefit pregnant women in our county.

***Met***

**Goals for next fiscal year are:**

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.

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.

# HCCMS Family Health Services

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## 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 on Wednesday mornings.

### ***Staffing Patterns***

Margie Gorden, RN was the primary nurse providing this service until her retirement, with Kim Fineran BSN RN assisting as needed. Kim Fineran filled in until Jaime Van Kley BSN RN was hired in April.

## **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. 17 visits were completed, which is an increase of 3 from fiscal year 2010-2011. 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.

### ***Staffing Patterns***

Cheryl Lahr, BSN RN was the coordinator for this program until her resignation in September 2011. Margie Gorden, RN and Jennifer Chapman, BSN RN assisted with providing visits until Jaime Van Kley, BSN RN was hired in April. 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. There are six regions in Iowa that counties work together in planning and preparedness efforts. Crawford County belongs to Region 3, which consists of 16 counties in Northwest Iowa.

### ***Program Update***

This was the tenth year of receiving funding from IDPH for public health preparedness efforts. In the past eight years, grant dollars have been used to build public health infrastructure, mass vaccination plans, epidemiology and pandemic influenza planning. There are regular meetings in each region to continue to work with the grant efforts. 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. It has been emphasized that these planning efforts are not just for bioterrorism activities, but can be used for other real life 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, Cheryl Lahr, and Margie Gorden. 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 biopreparedness, epidemiology, and pandemic planning. **Ongoing**

Continue to work with county partners for planning activities related to county emergencies. **Ongoing**

Continue to participate in exercises or drills with county partners as indicated. **Ongoing**

Incident command staff will receive additional training as offered. **Ongoing**

Reorganize Annexes and put plans on flash drives for Incident Command staff. **Not Met**

Goals for next fiscal year are:

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

Continue to work with county partners for planning activities related to county emergencies.

Continue to participate in exercises or drills with county partners as indicated.

Incident command staff will receive additional training as offered.

Reorganize Annexes and put plans on flash drives for Incident Command staff.

## **Schleswig Community School**

In 2008 CHHH&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.

## **Stork's Nest Baby Boutique**

### ***Program Description***

Crawford County Home Health, Hospice, & Public Health continues to operate the Stork's Nest Baby Boutique. The Boutique is a "store" located at the First United Methodist Church in Denison.

A very generous donation came this year from the Southwest Iowa Latino Association in the amount of \$232.00. The Boutique also receives generous donations from area churches and organizations throughout the year to help support the program.

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 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 Boutique program.

### ***Program Update***

At the end of this fiscal year, approximately 594 families have been served since the Boutique opened in 2002. 43 families were on the active list at the end of the fiscal year 2012. Families included 24 Hispanic, 17 Caucasian, 1 Sudanese, and 1 Burmese.

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 are combined to include both English and Spanish speaking participants from 4:00 pm to 5:00 pm.

### ***Staffing Patterns***

The Program is coordinated by two Public Health Nurse's, Jennifer Chapman, BSN RN and Amy Trucke, LPN. Northwest AEA, and the employee's from the OB Department at Crawford County Memorial Hospital assist as needed.

## **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, 7 students were re-screened at Zion Lutheran Schools.

### ***Staffing Patterns***

Lori Hoch, RN completes the re-screen during Immunization Audits at that school.

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



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.

Direct Child Health clinic services are provided in Crawford County and include a physical examination completed by a Pediatric Nurse Practitioner (PNP). Laboratory work is completed as appropriate per age, such as urinalysis and hemoglobin by finger stick. A vision assessment is also completed by the nurse, as well as monitoring of height and weight. Oral health screenings, education, and fluoride varnish is provided by the dental hygienist, with referrals for follow-up provided as needed. Each client's developmental and psychosocial needs are evaluated utilizing the Ages & Stages Questionnaires and Ages & Stages Questionnaires: Social-Emotional during the physical examination and appropriate referrals are provided when a concern arises. A copy of the well-child examination is sent to the primary provider for record maintenance. Child Health staff teaches health-related behaviors that include parenting and care of the home environment to prevent serious illness. Clients may be referred to home health for possible follow-up where there is a parental concern, environmental problems or other problems identified at clinic. Lead screening is completed when age appropriate. Follow-up on elevated levels is completed as recommended by screening guidelines. Early Access Service Coordination is a component of Child Health that addresses developmental delays due to elevated blood lead levels.

Indirect Child Health clinical services are provided by the Child Health nurse in 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 will 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.

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 but subcontracts the Family Planning program administrative duties to Myrtue Medical Center Department of Community Health.

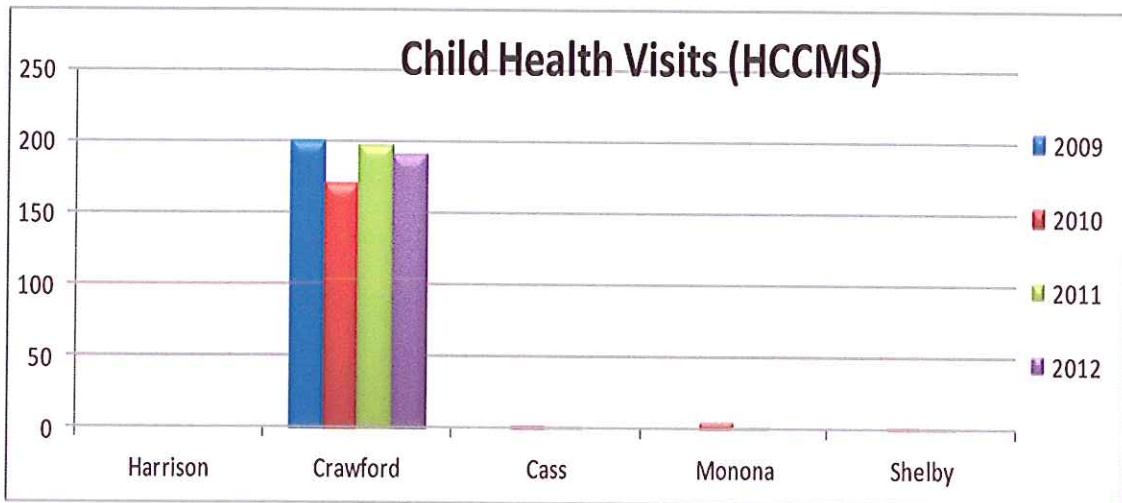
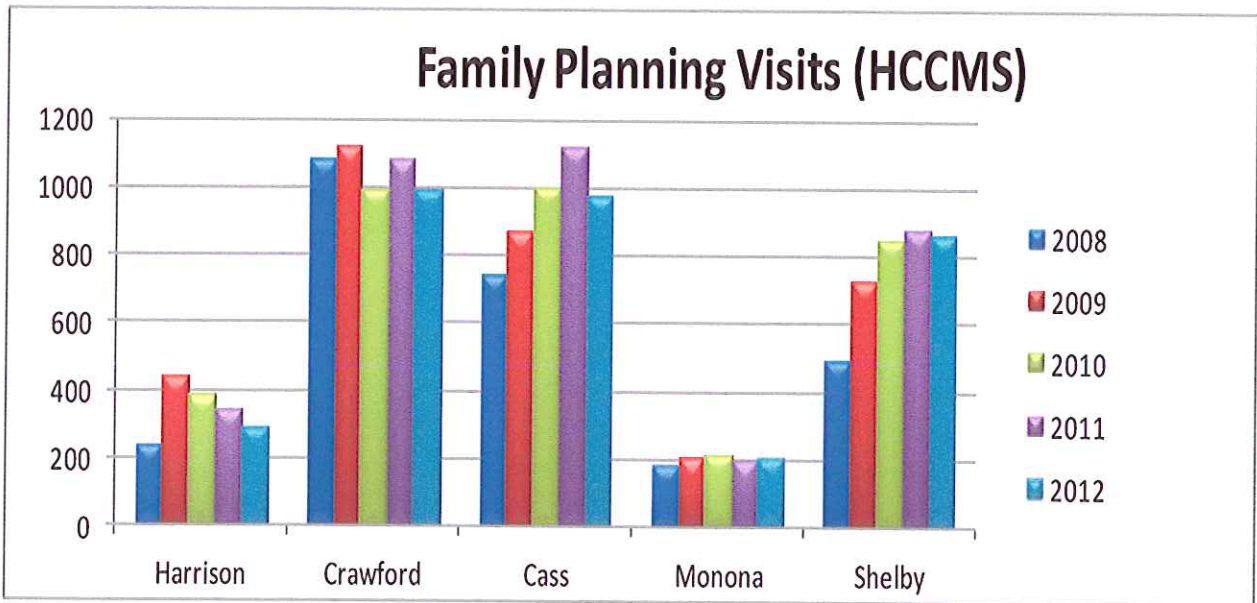
In February 2008, additional funding came to the Family Planning project by way of the Iowa Initiative grant. The Iowa Initiative aims to reduce the high level of unintended pregnancies by educating young women about contraception and making it easier to obtain family planning counseling and services. The funding from the Iowa Initiative is being used for clinic personnel including two part-time nurse practitioners, a full-time clerical, a part-time interpreter and a part time administrative assistant. Funding is also being used for equipment, long-acting reversible contraceptives, advertising, mileage, rent for office space and office supplies. February 2012, the project began its fifth and final year of the Iowa Initiative. Goals include improved access to clinical services and increased access to long-term reversible contraception.

### *Program Update*

In Crawford County, the Child Health Clinics were held one time per month. Harrison, Cass, Monona and Shelby Counties continue to operate as an indirect service model for Child Health.

The HCCMS Child Health program served 192 clients this fiscal year. The HCCMS Maternal Health Program served 74 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 1,255 clients this fiscal year with 97% of these clients at 250% of poverty or less. During this fiscal year, 15,383 Family Planning visits were made. The continued increase in the number of visits is attributed to clients with long acting reversible contraceptives (LARC) needing additional follow-up visits. Clients are able to apply and be qualified for expanded Medicaid-waiver services for Family Planning at each clinic site.



#### Staffing Patterns

The HCCMS project is staffed by a part-time Director, Kim Fineran BSN RN, one-half time Accountant/Secretary, Monica Neumann, and Billing Secretary, Ashley Neumann. Gayle Chapman RN provides coordination of the EPSDT program for the project. The Family Planning project is coordinated by Jennifer Muff BSN RN from Myrtue Medical Center Department of Community Health.

**Goals for this fiscal year were:**

Work with IDPH and the five counties to assess and evaluate program services to assure that quality cost-effective services are being provided.

***Ongoing***

Work with the five counties to assess program costs and strategize cost-saving measures.

***Ongoing***

Work with local public health agency administrators to utilize program services to address needs identified through the needs assessment.

***Ongoing***

Work with program staff to develop and revise program goals and activities.

***Ongoing***

**Goals for next fiscal year are:**

Collaborate with medical providers to assess the effectiveness of care coordination calls and strategize ways to increase utilization of preventive services.

Create a "Quick Facts" reference sheet with program information for distribution to health care providers to create awareness of programs and promote development of partnerships for referral and care coordination services.

Create a "Toilet Tabloid" information sheet for distribution to schools and community colleges stressing importance of pre-pregnancy and prenatal care, local services available, provider contact information, and public health programs and contact information.

Provide community outreach and education on pregnancy prevention, STI treatment and prevention, birth control options, reproductive health education, screenings, and services available.

# HCCMS Family Health Services

## Maternal and Child Health Services Questionnaire

1. **Which county do you live in?** Maternal Health—Harrison-0/Crawford-6/Cass-0/Monona-1/Shelby-7  
Child Health—All questionnaires were received from Crawford
2. **Is this your first time using these services?** Maternal Health—Yes-10 / No-4  
Child Health—Yes-13 / No-49  
**If yes, how long did it take for you to get an appointment?**  
Maternal Health—Within the next month-9 / 2 months-0 / 3 months-0 / Longer-0/No answer-5  
Child Health—Within the next month-10 / 2 months-3 / 3 months-1 / Longer-6 / No answer-22
3. **Which service are you using?** Maternal Health-14 Child Health-52
4. **How did you hear about these services?**  
Maternal Health—WIC-0 / Friend-5 / Doctor's Office-1 / DHS-0 / Social Worker-1 / EPSDT-1 / Work-1/  
Family Planning-1 / Home visit program-1/ Public Health-1 / School nurse-1/ No answer-1  
Child Health—WIC-12 / Friend-25 / Doctor's Office-0 / DHS-5 / Family-1 / No answer -1
5. **Did you/your child receive a variety of services that are important to good health?**  
Maternal Health—Yes-13 / No-0 / No answer-1 Child Health—Yes-45 / No-5 / No answer-2
6. **Are these same services available at your doctor's office?**  
Maternal Health—Yes-8 /No-5 / No answer-1 Child Health—Yes-15 / No-29 / No answer-8
7. **Will you continue coming here for these services?**  
Maternal Health—Yes-14 / No-0 / No answer-0 Child Health—Yes-51 / No-0 / No answer-1
8. **Compared to your doctor's office, was your waiting time for the services provided here:**  
Maternal Health—About Right-13 / Too Long-0 / Not enough time-0 / No answer-1  
Child Health—About Right-45 / Too Long-3 / Not enough time-0 / No answer-4
9. **Would you recommend these services to others?**  
Maternal Health—Yes-14 / No-0 Child Health— Yes-51 / No-0 / No answer-1
10. **If these services were no longer available, where would you go for similar services?**  
Maternal Health—Doctor-6 / Hospital-1 / No Where-3 / Another Clinic-3 / Don't know-1 / No answer-1  
Child Health—Doctor-15 / Hospital-9 / No Where-9 / Another Clinic-17 / No answer-2
11. **Did you understand the information that was given to you today?**  
Maternal Health—Yes-14 / No-0 Child Health—Yes-51 / No-0 / No answer-1
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-9 / No-1 / No answer-4 Child Health—Yes-42 / No-6 / No answer-4  
**If yes, have you ever utilized these services?**  
Maternal Health—Yes-1 / No-7 / Not applicable-2 / No answer-4  
Child Health—Yes-30 / No-14 / Not applicable-3 / No answer-5

## HCCMS Family Health Services Family Planning Survey

1. What services are you here for today?
- |  |                                 |             |
|--|---------------------------------|-------------|
| 80 First time examination here           | 50 Repeat PAP smear             | 108 other   |
| 9 Receiving Depo Provera injection(shot) | 266 Yearly examination          | 3 No Answer |
| 58 Concern with birth control method     | 32 STI testing and or treatment |             |
2. How long did it take to get an appointment?
- |                      |           |              |
|----------------------|-----------|--------------|
| 331 Less than 1 week | 73 1 week | 11 No answer |
| 96 2 weeks           | 21 Longer |              |
3. Where would you receive Family Planning services if this Family Planning facility were not available?
- |                  |                       |                   |
|------------------|-----------------------|-------------------|
| 90 Family Doctor | 163 Don't Know        | 85 Local Hospital |
| 48 No Where      | 27 Planned Parenthood | 117 Another City  |
4. Why did you choose this clinic?
- |  |                  |          |
|--|------------------|----------|
| 384 Location                             | 204 Prices       | 59 Hours |
| 119 Preference for a female practitioner | 137 Clinic Staff | 41 Other |
5. How did you hear about us?
- |                          |                    |                 |
|--------------------------|--------------------|-----------------|
| 213 Friend               | 107 Relative       | 43 Other        |
| 41 Doctor                | 27 Public Health   | 14 Hospital     |
| 8 Family Planning nurses | 6 School           | 4 DHS           |
| 3 Newspaper              | 2 Community Action | 2 Google Search |
| 1 Billboard              | 1 Flu Clinic       | 1 Salon         |
| 1 Pamida Pharmacy        | 52 No Answer       |                 |
6. Were you given the opportunity to ask questions today?
- |         |      |              |
|---------|------|--------------|
| 490 Yes | 2 No | 40 No Answer |
|---------|------|--------------|
- If yes, were those questions answered to your satisfaction?
- |         |      |              |
|---------|------|--------------|
| 478 Yes | 1 No | 53 No answer |
|---------|------|--------------|
7. How do you feel about the length of time that was spent with you at each part of your visit?
- |                                 | To much time | About right | Not enough time | Does not apply |
|---------------------------------|--------------|-------------|-----------------|----------------|
| Check-in/paperwork              | 11           | 486         | 2               | 1              |
| Pre-exam consultation           | 5            | 490         | 2               | 1              |
| Examination                     | 2            | 494         | 2               | 2              |
| Check-out/pay bill/get supplies | 2            | 484         | 3               | 4              |
| No Answer                       | 31           |             |                 |                |
8. What is the best time for you to come to the clinic?
- |                        |                      |
|------------------------|----------------------|
| 202 Weekday mornings   | 133 Weekday evenings |
| 247 Weekday afternoons | 78 Saturday          |
| 31 No answer           |                      |
9. Would you recommend this Family Planning clinic to others? 267 yes 0 no 12 No Answer
- |         |      |              |
|---------|------|--------------|
| 511 Yes | 0 No | 21 No answer |
|---------|------|--------------|

## HCCMS Family Health Services Family Planning Survey Comments

### HARRISON

None

### CASS

I'm grateful for the services this office provides because without it, I wouldn't get checked or have birth control/My mother goes here and has referred me here as well/Everyone at this clinic was wonderful and organized and thorough so thank you/Great place for anyone to come to/This is a great service for those of us without insurance. Thank you!/Thank you for making my commute less time-consuming. Sixty minutes is too long for me to travel/I appreciate your convenience, availability and friendliness/I would recommend this clinic to all of my friends/I like that there is help pay options/I was comfortable and felt my wants and needs were met/I love this clinic and am super glad you are here!

### CRAWFORD

Everything was fine/The examination was quick and painless/I wanted a type of birth control that my doctor didn't offer and he referred me here/Everything was great, no problems/Thank you!/Great staff, Thank you very much!/You guys are great!/Everything is good!/I'm glad I made an appointment to come in./It made me feel better to get things checked out.

### MONONA

Great job!/Doctor was very good/A lot of helpful information/Thank you for everything/Thank you for providing this service to this community/Very friendly/I like the honest questions and answers/It was fast and easy/Very nice staff/Good job and thank you for your services/Calla was very helpful and personable/Everyone was very nice./Keep up the good work./Very friendly, Margie is wonderful. I'm going to miss her. She always makes me feel at ease and gives the info I need.

### SHELBY

Calla and everyone were very helpful!/Very friendly and useful information/Great service and staff/Thank you!/Good experience/I feel comfortable coming here/Everyone is so polite/I have referred friends here before and will keep referring them here/I'm really happy this clinic is here. It makes my life so much easier/Very clean and friendly/I come here because it's confidential/I don't have insurance and I like the people here./Rachel is a very kind and understanding person. Always there when you need her./Been here for years!/Thank you for providing this service!/ Everyone makes me feel they care.

**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.

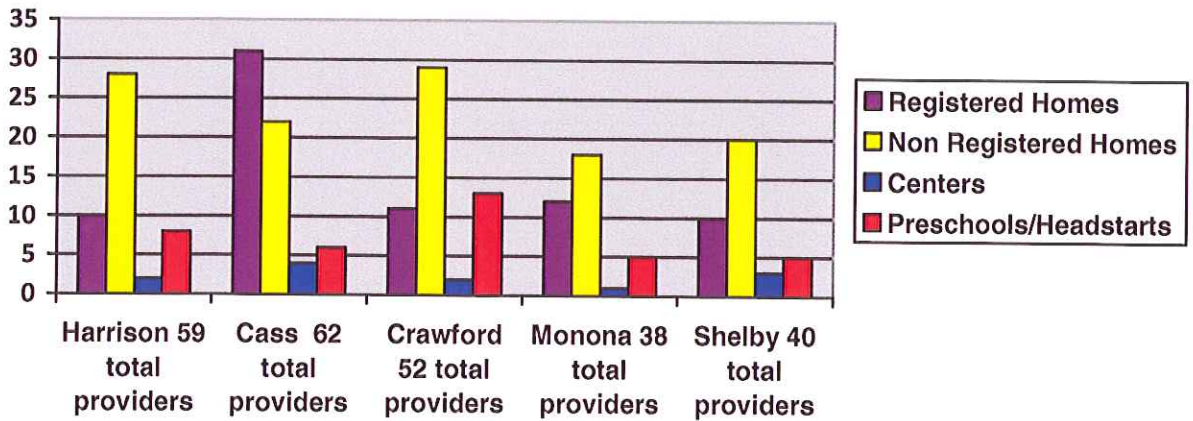
***Program Update***

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).

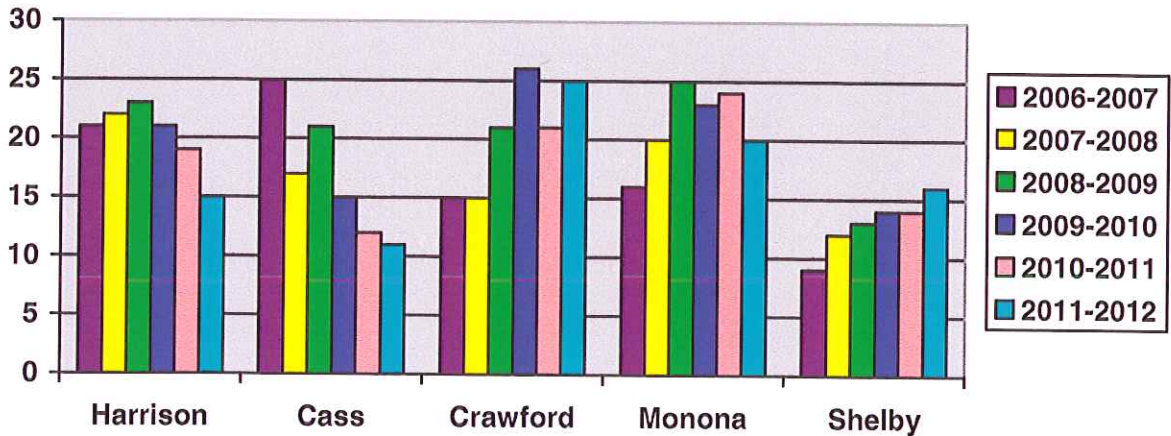
HCCMS and the CCNC have worked closely with Early Childhood Iowa to secure funding for this position. The five counties have three Early Childhood Iowa areas. Fiscal year 11-12, HCCMS Family Health Services received a commitment for funding from Boost4Families for Cass County; BVCS Early Childhood Iowa 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, 2012

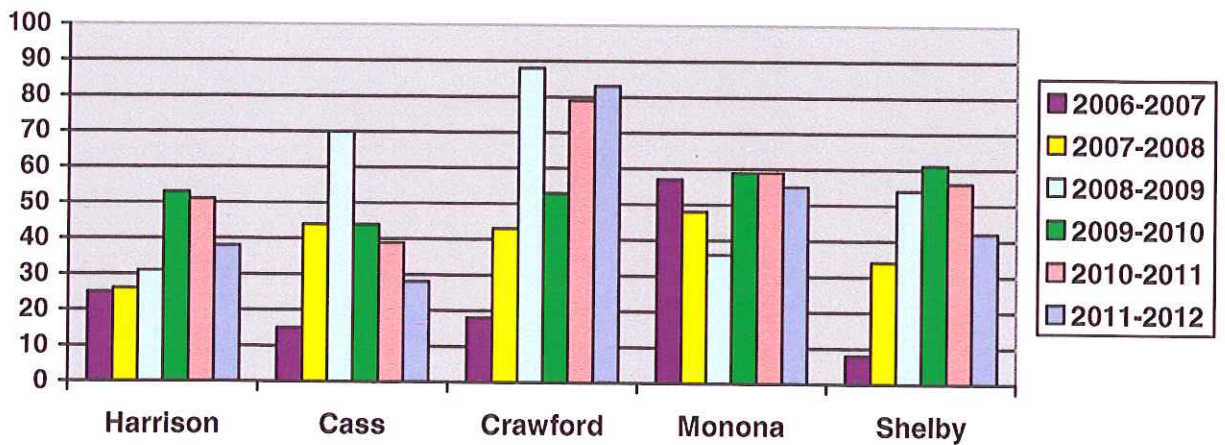


### Active Business Partnership Agreements (BPA)\*

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



### Number of Provider Visits per County



## ***Staffing Patterns***

Lori Hoch, RN CCNC is the consultant for Crawford, Harrison, Monona, and Shelby Counties. Julie Kixmiller, BSN RN CCNC is the consultant for Cass County. Lori and Julie are both employed part-time as nurse consultants.

### **Goals for this fiscal year were:**

The CCNCs will explore local resources, such as endowments or foundations, to secure additional funding for health and safety initiatives (such as safe sleep for infants, control of infectious disease, and playground safety improvements).

***Met***

The CCNCs will provide training opportunities for childcare providers to improve the health and safety in their childcare environments.

***Met***

### **Goals for next fiscal year are:**

The CCNCs will provide guidance, training, coordination, and support to community-based childcare businesses to promote safe and healthy environments for all children, including children with special health or developmental needs.

The CCNCs will collaborate with Child Care Resource and Referral to provide training opportunities for childcare providers based on provider needs.

## 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.

### ***Staffing Patterns***

The I-Smile Dental Home Project is staffed by a part-time registered dental hygienist, Sharon Davidson, RDH and a part-time dental assistant, Tami McCollough, who provide coverage for the entire HCCMS service delivery area. Douglass Soseman, DDS is the supervising dentist for the HCCMS service delivery area. Through quarterly meetings, emails, and telephone contacts, Dr. Soseman is kept up-to-date with program activities.

#### **Goals for this fiscal year were:**

I-Smile Coordinator will provide outreach services to medical and dental offices to present program information in an effort to increase services provided to Medicaid-enrolled children and to encourage contracting with HCCMS to provide services for children with no insurance to assure access to dental homes.

***Met***

I-Smile Coordinator will collaborate with WIC to provide education, screening, and referral services for children and families attending clinics in each county of the project.

***Met***

#### **Goals for next fiscal year are:**

I-Smile Coordinator will utilize data obtained from the needs assessment in an effort to educate stakeholders on oral health needs in their communities.

I-Smile Coordinator will develop partnerships with community organizations in each county of the service area to strengthen local oral health infrastructure.

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).