



## **FY 2014 PERFORMANCE PLAN**

### **Department of Health**

#### **MISSION**

The mission of the Department of Health (DOH) is to promote healthy lifestyles, prevent illness, protect the public from threats to their health, and provide equal access to quality healthcare services for all in the District of Columbia.

#### **SUMMARY OF SERVICES**

The DOH adheres to the ten essential public health services generally accepted by the United States public health community. The ten essential public health services are:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

#### **PERFORMANCE PLAN DIVISIONS:**

- Center for Policy, Planning, and Evaluation (CPPE)
- Community Health Administration (CHA)
- Health Emergency Preparedness and Response Administration (HEPRA)
- Health Regulation and Licensing Administration (HRLA)
- HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)
- Office of the Director (OD)



## AGENCY WORKLOAD MEASURES

Measures	FY 2011 Actual	FY 2012 Actual	FY 2013 YTD	FY 2014 Projection
Number of federal grants managed by the Department	73	98	92	57
Number of subgrant awards issued by the Department	245	245	224	230
Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	16,537	16,558	15,603	16,500
Number of Farmers Markets vendors accepting Produce Plus benefits (Sustainable DC FD2.3)	N/A	N/A	47	52
Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1)	N/A	N/A	30	30
Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	4,500	4,525	4,580	4,600
Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	15,000	15,300	15,350	15,400
Number of Ryan White service visits	428,172	318,193	235,230	391,181
Number of new EMT certifications by DC DOH	1,492	1,434	1,255	1,150
Number of background checks conducted for health care professionals receiving licensure	11,829	23,592	28,585	21,480
Number of health care related complaints received	900	820	1,272	900
Number of health care related incidents received	9,148	9,301	8,992	9,800
Number of adverse events reported in nursing homes & hospitals	113	71	44	80
Number of new health professional licenses issued by the Health Regulation and Licensing Administration (HRLA)	8,306	6,160	11,813	9,415
Number of Certificate of Need application decisions	37	33	31	30
Number of walk-in customers to the Vital Records Office	37,001	30,834	24,372	32,500
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	4,597	3,967	2,537	5,000



## **SUMMARY OF SERVICES**

The Center for Policy, Planning, and Evaluation (CPPE) is responsible for developing an integrated public health information system to support health policy decisions, state health planning activities, performance analysis and direction setting for department programs. Activities include health planning and development, health research and analysis, vital records and administering a comprehensive evaluation and health risk assessment program.

### **OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas (One City Action Plan Action 3.2.1).**

#### **INITIATIVE 1.1: To increase residents' access to needed health care services.**

The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure and construction process, if applicable, to establish services. In FY14, SHPDA will have reviewed 30 CON applications. **Completion Date: September, 2014.**

#### **INITIATIVE 1.2: Assess the availability of and access to care to determine the need for constructing new primary health care clinics and for recruiting and retaining primary care, mental health and dental providers in underserved areas (One City Action Plan Action 3.2.1).**

In FY 14, the Primary Care Bureau (PCB), within the Community Health Administration (CHA), seeks to increase the participation of “primary care” medical professionals in the District’s Health Professions Loan Repayment Program (HPLRP) so that they represent 50% of all HPLRP participants. After an assessment was completed, regulations were passed in FY 2010 that set “target” participation goals for each eligible discipline: 60% primary care providers, 20% dental providers, and 20% mental health providers. In FY12, primary care practitioners represented 42.8% of the total participant pool. **Completion Date: September, 2014.**

#### **INITIATIVE 1.3: Ensure that 90% of Tobacco Settlement Fund funded health center and hospital projects are operational and serving the public**

The District Government has invested over \$70 million in Tobacco Settlement Funds (TSF) to construct new and expand existing primary care and hospital facilities. The PCB within the CHA has provided oversight for these capital grants to ensure that facilities are completed and open for services as expeditiously as possible. In FY13, 70% (seven out of 10) of the TSF-funded projects had been completed and were operational. By September 30, 2014, the PCB will ensure that two major projects – representing a combined \$30.9 million of the total awarded TSF for capital projects - are completed and fully operational, thus bringing the total to 90% (nine out of 10). The final funded project, a multi-use facility with multiple partners, has faced delays and is projected to be completed in FY15. **Completion Date: September, 2014.**



**OBJECTIVE 2: Process vital records in a timely manner to ensure quality customer service.**

**INITIATIVE 2.1: Improve the timeliness of issuing vital records (birth and death certificates) in order to reduce wait times and increase customer satisfaction.**

In FY 14, CPPE will maintain that at least 95 percent of vital records are processed within thirty minutes by increasing the number of historic records entered into the electronic system. Completion Date: September, 2014.

**INITIATIVE 2.2: Analyze customer data to improve service delivery.**

The Vital Records division will analyze data from the QMatic customer flow system to identify those customer requests most often requiring more than 30 minutes to process. The analysis will support recommendations for improved processing of the identified ‘time consuming’ requests. **Completion Date: September, 2014.**

**OBJECTIVE 3: Conduct the Behavioral Risk Factor Surveillance System Survey (BRFSS)**

**INITIATIVE 3.1: Complete 4800 interviews for the survey year implementing a landline and cell phone questionnaire.**

The 2011 BRFSS marked the first time that the CDC added a cell phone survey component to the annual survey process. CPPE has since published a 2011 report that included cell phone responses. By September 30, 2014, CPPE will complete the data collection and analysis for the 2013 survey, providing the District with three years of health behavior data based upon a more representative sample of the city’s population. **Completion Date: September, 2014.**

**KEY PERFORMANCE INDICATORS – Center for Policy, Planning and Evaluation**

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of Certificates of Need (CONs) reviewed (One City Action Plan Action 3.2.1)	33	25	31	30	30	30
Percent of HPLRP participants that are practicing primary care (One City Action Plan Action 3.2.1)	42.8%	60%	61%	60%	60%	60%
Percent of TSF-funded health center and hospital projects operational and serving the public	42.8%	60%	61%	60%	60%	60%
Percent of vital records processed within 30 minutes	95%	95%	95%	95%	95%	95%
Number of BRFSS surveys completed <sup>1</sup>	3,967	4,800	2,537	5,000	5,000	6,000

<sup>1</sup> This measure is based upon the industry standard. CDC requires that each state participating in the BRFSS to have a sample size of no less than 4,000.



## Community Health Administration

### SUMMARY OF SERVICES

The Community Health Administration (CHA) provides programs and services that promote coordination among the health care systems in the city and enhances access to effective prevention, primary and specialty medical care through collaborations with public and private organizations.

**OBJECTIVE 1: Maintain the delivery of safety-net services provided to low-income, uninsured residents through Project WISH in efforts to reduce breast and cervical cancer mortality rates in the District of Columbia.**

**INITIATIVE 1.1: Project WISH will provide clinical breast, pelvic and cervical exams, as well as mammogram screenings and PAP-test screenings, to eligible women.**

Project Wish provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms. To qualify for services eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia. **Completion Date: September, 2014.**

**OBJECTIVE 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate (One City Action Plan Actions 3.4.1, 3.4.2 and Indicator 3H).**

**INITIATIVE 2.1: Increase number of DC residents participating in SNAP-ED sessions (One City Action Plan Actions 3.4.1 and 3.4.2).**

In FY 14, CHA seeks to increase the number of residents participating in SNAP-Ed sessions. SNAP-ED sessions focus on encouraging low-income participants (the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet by emphasizing five nutrition messages: eating nutritious fruits and vegetables, consuming low-fat dairy, eating more whole grains foods, drinking more water, and engaging in daily physical activity. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences. **Completion Date: September, 2014.**

**INITIATIVE 2.2: Increase the number of District residents reached through the *Live Well D.C.! Initiative* (One City Action Plan Action 3.4.2 and Sustainable DC Plan Action HW1.2).**

This District-wide wellness program aims to improve individual health behaviors by educating the public of the importance of making healthy lifestyle choices as a means of improving health outcomes. In FY 14, DOH will sponsor strategic advertising campaigns and partner with local organizations to continue outreach and education through cooking demonstrations in and around the 30 neighborhood stores in Ward 5, 7 and 8 that are participating in the *D.C. Healthy Corner Store* program. **Completion Date: September, 2014.**

**INITIATIVE 2.3: Expand the *D.C. Fresh!* pilot program (One City Action Plan Action 3.4.2 and Sustainable DC Plan Action FD2.2).**

This District-wide wellness program aims to improve individual health behaviors by increasing access to healthy foods. This program uses mobile healthy food carts to provide fresh produce and minimally-processed foods in high traffic low-income neighborhoods, particularly in Wards 5, 7 and



8. In FY 14, DOH will increase the number of participants in the program. **Completion Date: September, 2014.**

**OBJECTIVE 3: Improve the identification and treatment of infants at risk for developmental delays through referral and parent education.**

**INITIATIVE 3.1: Increase the percentage of parents of infants with abnormal hearing screening results that are educated on the importance of follow-up care and the percentage of infants that receive follow-up care.**

In FY 14, the CHA is implementing a new data collection tool to make it easier for local health care providers to report data related to newborn hearing. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. **Completion Date: September, 2014.**

**OBJECTIVE 4: Increase the number of home visitations for pregnant women and newborn infants for an evidenced reduction in the infant mortality rate (One City Action Plan Action 3.2.2 and Indicator 3F).**

**INITIATIVE 4.1: Build on the successful elements of the Infant Mortality Plan originally published in December 2007 (One City Action Plan Action 3.2.2 and Indicator 3F).**

In FY14, DOH will build on the continued reduction of the District's infant mortality rate by: (1) increasing capacity of home visitation for pregnant women; (2) enhancing collaboration between DOH and other government agencies; and (3) increasing coordination between the District government and community organizations. **Completion Date: September, 2014.**

**INITIATIVE 4.2: Collect and analyze demographic data to improve DOH's effectiveness in targeting the causes of high infant mortality (One City Action Plan Action 3.2.2 and Indicator 3F).**

In FY 13, CPPE released an analysis of the most recent infant mortality data. The multidisciplinary analysis included market research and public health data. Additional analysis will be conducted in order to develop a new five-year infant mortality plan. **Completion Date: September, 2014.**

**OBJECTIVE 5: Improve immunization rates among children enrolled in District of Columbia Public Schools and District of Columbia Public Charter Schools.**

**INITIATIVE 5.1: Maintain at least 92% of children with up-to-date immunizations in District of Columbia Public Schools and District of Columbia Public Charter Schools.**

By working closely with school health officials, health care providers, and Managed Care Organizations, CHA will meet the immunization compliance goal of 95% by September 30, 2014. DOH has launched a public information campaign to encourage children and their caregivers to seek immunization from a primary care provider and partner with community health centers offering a well-child exam, including immunizations. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. **Completion Date: September, 2014.**



**OBJECTIVE 6: Increase the number of young children in the District who are ready for school.**

**INITIATIVE 6.1: Increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program.**

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program seeks to improve maternal and child health; prevent child injuries, child abuse and neglect; reduce emergency room visits; improve school readiness and achievement; reduce crime and domestic violence; improve family economic self-sufficiency; improve care coordination and referrals for community resources and support; and finally, improve parenting skills to increase child development. In FY 14, the program will increase the number of families participating in the program. **Completion Date: September, 2014.**

**KEY PERFORMANCE INDICATORS - Community Health Administration**

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of women receiving breast exams and mammograms	1,771	640	660	680	700	720
Number of women receiving pelvic and cervical exams and/or PAP-tests	602	275	285	295	305	315
Number of SNAP-Ed participants receiving education <sup>2</sup> [One City Action Plan Actions 3.4.1 and 3.4.2 and Sustainable DC Plan Action FD2.3]	8,348	10,000	8,552	45,000	45,650	46,332
Number of residents participating in a Live Well DC event (Sustainable DC Plan Action HW1.2)	N/A	2,000	1,859	3,000	3,500	4,000
Percent of parents receiving educational counseling for newborn hearing loss	85.28%	85%	89%	90%	92%	94%
Percent of infants that receive documented follow up care after the first referral	55%	60%	67%	65%	70%	75%
Number of home visits provided to pregnant women and newborns to reduce infant mortality [One City Action Plan Action 3.2.2]	4,740	2,500	2,469	2,500	2,500	2,500
Percent of children with up-to-date immunizations <sup>3</sup>	90.86%	92%	88.36%	90%	91%	92%
Number of families in the DC Home Visiting program, early childhood visits	120	60	180	360	480	180

<sup>2</sup> Participation numbers include those served by CHA and its partners - UDC and Capital Area Food Bank. In 2011, funding was cut from \$2.5 million to \$1.5 million, and USDA ceased providing the 50% cash match for nutrition education provided. The *One City Action Plan* called for a baseline of 25,000 with a 3% growth.

<sup>3</sup> This measure is based upon the industry standard. The U.S. Department of Health and Human Services established through Healthy People 2020 that 95% of children enrolled in kindergarten should have their required shots. Data indicates that this 95% is achieved nationally. For adolescents, the target drops to 80% as data indicates that only about 45% of adolescents received required vaccinations.



## *Health Emergency Preparedness and Response Administration*

### **SUMMARY OF SERVICES**

The Health Emergency Preparedness and Response Administration (HEPRA) provides regulatory oversight of Emergency Medical Services (EMS) including service providers, associated educational institutions, EMS agencies and their operations. HEPRA also ensures that DOH and its partners are prepared to respond to city-wide medical and public health emergencies, such as those resulting from terrorist attacks or natural disasters. In addition, HEPRA oversees an extensive medication management program that procures and distributes lifesaving medications to District programs that provide pharmaceutical services to eligible residents.

### **OBJECTIVE 1: Improve Administrative Services with Customer & Stakeholder Feedback/Satisfaction Surveys**

**INITIATIVE 1.1: HEPRA will solicit input of stakeholders on the services that were provided to them. Their feedback will shape future performance.**

Each Division has a number of services and products that are provided to stakeholders. With the recent access to SurveyMonkey, HEPRA can begin to determine if the products and services are meeting the needs of stakeholders, as well as solicit thoughts on how to improve. In FY14, HEPRA will complete an analysis of the customer feedback received through completed SurveyMonkey surveys. **Completion Date: September, 2014.**

### **OBJECTIVE 2: Improve and sustain public health emergency preparedness and response efforts within HEPRA.**

**INITIATIVE 2.1: Ensure staff participating in the Health Emergency Coordination Center (HECC) activities are prepared to respond to emergencies utilizing the concepts of the National Incident Management System (NIMS) as directed by Homeland Security Presidential Directive #5.**

The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The goal of HEPRA will be to meet the following NIMS training levels for HECC participating staff, with 100% of applicable staff being trained in NIMS IS-100, NIMS IS-200, NIMS IS-700, and NIMS IS-800. **Completion Date: September, 2014.**

### **OBJECTIVE 3: Expand the District's medication distribution capabilities by establishing two new programs that serve to increase ease of access to pharmaceuticals and improve knowledge and counseling for those who have multiple chronic illnesses.**

**INITIATIVE 3.1: Establish a DOH Mail Order Pharmacy Service (MOPS) program.**

In FY 14, the program will provide a mechanism for the direct delivery of selected prescription medications to eligible District residents who currently receive medications at distribution centers through enrollment in District programs. **Completion Date: September, 2014.**

**INITIATIVE 3.2: Establish a Medication Therapy Management (MTM) service for District residents.**

The purpose of the MTM service will be to provide counseling and other needed assistance for recipients with multiple chronic diseases (such as diabetes, asthma, hypertension,





hyperlipidemia and HIV/AIDS), who are enrolled in a District program that provides pharmaceuticals. These recipients may encounter issues with taking multiple medications and have higher drug costs associated with multiple prescriptions. **Completion Date: September, 2014.**

**KEY PERFORMANCE INDICATORS – Health Emergency Preparedness and Response Administration**

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of survey reports that are sent out to stakeholders and customers	479	500	416	500	500	500
Percent of applicable staff trained on NIMS <sup>4</sup> IS 100, 200, 700 and 800	100%	90%	100%	100%	100%	100%
Number of pharmacy providers in the DC Specialty Care Pharmacy Network	N/A	25	25	28	30	30
Number of District agencies receiving procurement/distribution services via the DOH Pharmaceutical Warehouse	N/A	9	9	10	12	12

<sup>4</sup> The measure on NIMS training is being used as an industry benchmark. In January of 2012, the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Preparedness and Response released the Healthcare Preparedness Capabilities. It is an industry standard that staff be trained on NIMS.



## *HIV/AIDS, Hepatitis, STD, and TB Administration*

### **SUMMARY OF SERVICES**

The HIV/AIDS, Hepatitis, STD and TB Administration's (HAHSTA) mission is to prevent primary infection of HIV/AIDS, STDs, Tuberculosis and Hepatitis, reduce transmission of the diseases and provide care and treatment to persons with the diseases. HAHSTA partners with health and community-based organizations to offer HIV and STD testing and counseling, prevention education and interventions, free condoms, as well as medical support, medication at no cost and other support services needed by clients living with HIV/AIDS. In addition, HAHSTA provides direct services at its STD and TB Clinics for residents of the District, administers the District's budget for HIV/AIDS, Tuberculosis, and Hepatitis programs, and collects and manages data on disease specific programs and services.

**OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions (One City Action Plan Action 3.2.3).**

#### **INITIATIVE 1.1: Increase identification of individuals newly infected with HIV or STDs**

Routine, opt-out HIV testing is a key component of HAHSTA's strategy to prevent new infections. HAHSTA has worked to incorporate this policy as a standard of care in all facilities in the District and HIV testing has been expanded to motor vehicles offices and an addiction recovery center. In FY14, HAHSTA will equip hospitals and medical providers with new technology to provide confirmatory tests rapidly, which will improve immediate linkage into HIV medical care and identifying acute infection, which can be more easily transmitted.

**Completion Date: September, 2014.**

#### **INITIATIVE 1.2: Reduce the Prevalence of STDs and HIV in Youth.**

It is critical that the District support young people to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal include: mainstreaming of STD/HIV information into youth activities; training all school nurses working in DC Public Schools to integrate routine STD and HIV prevention and screening; education for in-school and out-of-school youth to build skills that allow them to reduce their risk of infection; and expanding youth outreach and STD/HIV testing and treatment services to venues other than the school. In FY14, HAHSTA will increase the number of youth screened for STDs. **Completion Date: September, 2014.**

**OBJECTIVE 2: Improve care and treatment outcomes, as well as quality of life, for HIV/AIDS-infected individuals through increased access to, retention in, and quality of care and support services, as part of the District's adoption of the National HIV/AIDS Strategy, with targets to be accomplished by 2015 (One City Action Plan Action 3.2.3).**

#### **INITIATIVE 2.1: Increase the Number of People in quality HIV/AIDS medical care (One City Action Plan Action 3.2.3).**

HAHSTA will work to increase the utilization of HIV/AIDS care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. Through HAHSTA's Red Carpet Entry program, the newly diagnosed and those returning to treatment receive expedited appointments for HIV/AIDS medical care..



In FY 14, HAHSTA will increase the percentage of clients linked to care within 3 months of diagnosis. Completion Date: September, 2014.

**KEY PERFORMANCE INDICATORS - HIV/AIDS, Hepatitis, STD, and TB Administration**

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of new HIV/AIDS cases reported within the fiscal year [One City Action Plan Action 3.2.3]	721	1,300	330	700	650	600
Number of publicly supported HIV tests reported [One City Action Plan Action 3.2.3]	138,317	125,000	82,477	125,000	125,000	125,000
Number of needles off the streets through DC NEX Program [One City Action Plan Action 3.2.3]	549,464	400,000	473,806	500,000	550,000	550,000
Number of condoms (female and male) distributed by DC DOH Condom Program [One City Action Plan Action 3.2.3]	5,747,000	4,500,000	4,909,820	5,000,000	5,000,000	6,000,000
Number of youth (15-19 years) screened for STDs through youth outreach programs	5,870	7,500	3,096	7,500	7,500	7,500
Percent of clients linked to care within 3 months of diagnosis [One City Action Plan Action 3.2.3]	84%	50%	81%	85%	85%	90%



## *Health Regulation and Licensing Administration*

### **SUMMARY OF SERVICES**

Health Regulation and Licensing Administration (HRLA) administers the District and Federal laws and regulations governing the licensure, certification and registration of health care professionals, human service facilitations, pharmacies, animal and rodent control activities and other health-related establishments (restaurants, vendors and spas) to ensure the protection of the health and safety of the residents and visitors of the District of Columbia.

### **OBJECTIVE 1: Conduct annual licensure and federal certification inspections of health care facilities that HCFD regulates.**

#### **INITIATIVE 1.1: Conduct on-site surveys to ensure health, safety, sanitation, fire, and quality of care requirements of facilities that are licensed and/or certified.**

The facility types inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Wavier (COW) Laboratories. In FY 14, HCFD will complete 111 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

**Completion Date: September, 2014.**

### **OBJECTIVE 2: Conduct annual licensure for all facilities under the purview of ICFD and federal certification inspections of ICF/MRs, as well as conduct monitoring inspections of community residential facilities, home care agencies, and child placing agencies.**

#### **INITIATIVE 2.1: Conduct on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities.**

Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for persons with mental retardation (ICF/MR) as well as community residential facilities, assisted living residences, child placing agencies and home care agencies. By September 30, 2014, ICFD will complete 192 inspections and as appropriate identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions.

**Completion Date: September, 2014.**

### **OBJECTIVE 3: Protect the public health and safety of residents and visitors in the District through the prevention of food-borne outbreaks and protect the food supply through inspections.**

#### **INITIATIVE: 3.1 Inspect food establishments.**

In response to complaints and food borne illness reports, HRLA will work with establishments to improve their observance of the food code regulations which promote clean and healthy eating environments. This fiscal year 500 inspections will be completed in response to complaints. Food-borne illnesses remain a major public health priority and are among the few reportable diseases required by the U.S. Centers for Disease Control. **Completion Date: September, 2014.**



**OBJECTIVE 4: To ensure that 100% of x-ray machines are safe for use and are free of defects that may cause harm to the public.**

**INITIATIVE 4.1: Inspect x-ray tubes**

In FY 14, HRLA will inspect, at minimum, 850 of the x-ray tubes for compliance with the District of Columbia's Radiation Protection Standards. The 850 represent 92% of the total existing x-ray tubes used in the registered x-ray machines in the city. Improperly functioning equipment often results in patient harm and medical errors. **Completion Date: September, 2014.**

**OBJECTIVE 5: Conduct timely animal surveillance and disease control to protect residents and visitors.**

**INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing within 48 hours upon notification of exposure.**

Although this activity has been occurring for some time, this is the first time data is being collected and routinely reported for evaluation. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe. **Completion Date: September, 2014.**

**OBJECTIVE 6: Protect the health and safety of residents and visitors through the reduction of rodent activity.**

**INITIATIVE 6.1: Inspect 50,000 premises for rodent activity**

The Rodent Control Division will inspect 50,000 premises for rodent activity and will work to reduce activity, enforce sanitation laws and distribute education materials. This increase in inspections represents a 10% change from previous inspection years and should provide an evidenced decrease reduction in rodent activity. **Completion Date: September, 2014.**



## KEY PERFORMANCE INDICATORS – Health Regulation and Licensing Administration

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Number of inspections completed by the HCFD	147	110	118	111	122	122
Number of inspections completed by the ICFD	211	192	158	220	225	230
Number of inspections of food establishments generated by complaints/food borne illness reports	703	500	505	500	500	500
Number of food establishment closures	91	100	93	100	100	100
Number of x-ray tubes inspected for compliance with radiation protection standards.	840	820	790	850	875	900
Number of rabies-suspect animals submitted for testing within the required timeframe for notification	320	261	261	300	325	350
Number of premises inspected for rodent activity	46,951	50,000	44,135	50,000	55,000	58,000



*Office of the Director (OD)*

**SUMMARY OF SERVICES**

The Office of the Director provides leadership and direction to the Department through policy development, strategic planning, agency performance and human resource management, fiscal controls and administration of grants and contracts, information technology, legal oversight and government relations, risk management, communication and community relations, and facilities management.

**OBJECTIVE 1: Train DOH employees on quality improvement (QI) tools and principles.**

**INITIATIVE 1.1: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles.**

D.C. DOH is an active participant in CDC’s National Public Health Improvement Initiative (NPHII). As a NPHII grantee, DOH has committed to training its workforce on QI tools and principles in order to develop a versatile workforce focused on continuous improvement of programs and services. QI tools include root cause analysis, process mapping and solution selection. Completion Date: September, 2014.

**OBJECTIVE 2: Achieve national public health accreditation**

**INITIATIVE 2.1: Assess the Department’s ability to satisfy national public health standards.**

On March 28, 2013, the Department applied to the Public Health Accreditation Board (PHAB) for accredited status. In order to become accredited, DOH must submit 331 examples of documented activities to meet national standards. During this effort, the Department will complete a community health needs assessment to better understand the environmental, economic and social barriers to healthy lifestyles specific to District residents (Sustainable DC Plan Action HW2.2). It is expected that in FY 14, the Department will be accredited. Completion Date: September, 2014.

**KEY PERFORMANCE INDICATORS - Office of the Director**

Measure	FY 2012 Actual	FY 2013 Target	FY 2013 YTD	FY 2014 Projection	FY 2015 Projection	FY 2016 Projection
Percent of Managers Trained on QI	N/A	10%	20%	90%	100%	100%
Percent of Non-managers trained on QI	N/A	10%	15%	50%	60%	75%
Percent of PHAB examples collected	N/A	100%	60%	100%	N/A	N/A