

# Department of Health Strategic Plan 2009-2013

The Department of Health works to protect and improve the health of people in Washington State





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### Acknowledgements

This document has been developed by the Department of Health Strategic Planning Committee with administrative and technical guidance provided by the Department of Health Senior Management Team. Many professionals from the department and program staff have dedicated their time and expertise in creating this vision for the future of the state public health system. We wish to thank the following staff for their valuable participation in the strategic plan development process:

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A special thank you to all the program staff and the Communications review team for their assistance in putting this Strategic Plan together.

Department of Health  
**Strategic Plan**  
2009-2013

## **Vision**

We are trusted and innovative public health leaders committed to working for a safer and healthier Washington.

## **Mission**

The Department of Health works to protect and improve the health of people in Washington state.

## **Values**

We recognize the value diversity brings in understanding and serving all people.

We respect and value diversity in our employees, partners and customers.

We honor the public's trust and work hard to maintain and improve that relationship.

Our employees are our most valuable resource.

We encourage and support professional growth for all staff. We strive to be an agency where the best people will want to work and stay.

We strive for effective, responsive and timely communications in our role as a trusted source of health information.

We actively pursue collaborative relationships between staff, partners and our local communities for a safer and healthier Washington state.

## **Goals**

**2009-13**

**Goal 1:** Improve health outcomes for the people of Washington state.

**Goal 2** Improve patient safety.

**Goal 3:** Make the work we do understandable, accessible and valued.

**Goal 4:** Offer a rewarding work environment to attract and cultivate skilled, innovative, diverse and committed employees.

**Goal 5:** Use technology to support timely, data-driven decisions and improve business operations.

# A Message from the Secretary

Mary C. Selecky  
Secretary of Health



Our vision statement truly reflects what we in the Department of Health work and strive for every day. “We are trusted and innovative public health leaders committed to working for a safer and healthier Washington.” Our Strategic Plan for 2009-13 provides our roadmap to seeing that vision through.

This plan provides guidance that will help the department to meet many of the current challenges it faces and to prepare for the future. We know there are many existing public health challenges, and we must balance our work on those challenges with the need to take on new work. We must be flexible, and able to adjust priorities in view of unstable public health funding and shifting state and national priorities. This plan is a result of thorough analysis of our past performance, trends, emerging issues, and the challenges we face in our constantly changing environment.

We’re proud of the important work we do every day, and we’re dedicated to our mission to “protect and improve the health of people in Washington state.” For the coming years, we will:

- Improve health outcomes for the people of Washington state.
- Improve patient safety.
- Make the work we do understandable, accessible, and valued.
- Offer a rewarding work environment to attract and cultivate skilled, innovative, diverse, and committed employees.
- Use technology to support timely, data-driven decisions and improve business operations.

Our Strategic Plan for 2009-13 reflects our support of Governor Chris Gregoire’s priorities and commitment to the legislature, our public health partners, and communities across the state. We will continue as leaders, with an active role in preparing for and responding to public health concerns.

A handwritten signature in black ink that reads "Mary C. Selecky". The signature is written in a cursive, flowing style.

Mary C. Selecky



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## **Introduction**

### **Department Overview**

Washington's Department of Health was created in 1989 (Chapter 43.70 RCW). It is an executive branch agency of state government. The secretary reports to the governor and is accountable to the legislature and the people of Washington.

The department works with federal, state and local governments and non-governmental organizations to:

- protect and improve health in Washington.
- promote healthy behaviors.
- maintain high standards for quality health care delivery.

Our main campus is located in Tumwater. We have Public Health Laboratories located in Shoreline and satellite offices in Richland, Kent, Yakima and Spokane.

## **Our Public Health Surroundings**

### **A Changing Environment**

Our ability to meet our public health responsibilities depends partly on how well we identify opportunities and threats in our environment.

We operate in a constantly changing environment that presents many challenges. Among them are the rapid movement of people, animals and viruses; a growing, diverse population; terrorism threats; and an increasingly complex network of partners. The introduction of clean water, antibiotics and vaccines has made the world safer and significantly improved the quality of life in many countries. However, some infectious dangers persist and new ones are quick to develop. The rise of terrorism lends a human hand to the problems faced by the public health system.

Not all of the threats to public health come from faraway nations. Unhealthy eating habits and low levels of physical activity are resulting in a dramatic increase in the rate of obesity here and across the country. Continued strong population growth in Washington is stressing the quality of our air, drinking water and recreational areas. And the population is aging which results in increasing demands on our health system and drives up costs.

### **Revenue Trends**

To be successful in addressing the broad and complex issues of public health, the department must be prepared to meet its organizational challenges within a very competitive environment. Funding for public health is increasingly dependent on federal money. At the federal level many health and social issues compete for funding. The department's ability to meet these challenges directly affects our ability to carry out our mission, goals and objectives.

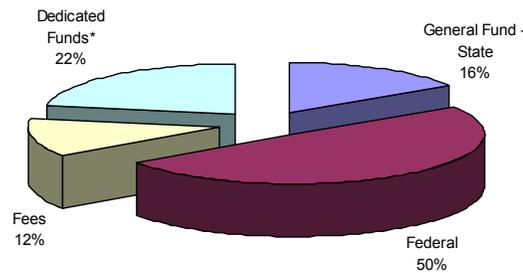
As federal policies and programs change, there have been new opportunities for addressing emerging public health issues. However, federal funding for these new issues has diverted funds from core programs. This impacts the department's ability to meet some basic public health needs. Some of the basic needs include programs that help infants, children, women and people with HIV/AIDS; programs that serve rural

and underserved populations; disease monitoring, prevention and response programs; and programs that promote healthy families and children. To continue providing basic public health services, flexible funding is needed for the state and local health agencies.

In recent years, there has also been a trend in state government to move toward centralizing services provided to state agencies. Significant resources have been applied to replace outdated systems that provide the basic infrastructure for state agencies in the areas of information technology, human resource management and contract management. These systems provide opportunities for state agencies to learn best practices from one another and take advantage of efficiencies.

At the same time, however, state agencies are bearing an increase in shared costs for building and maintaining these consolidated statewide systems. The challenges of developing common business systems for diverse services are significant. However, through collaborative efforts across agencies, those challenges can be met. The department will seek an active role in these shared processes as future consolidated statewide systems are developed so that efficiencies are maximized.

*Operating Expenditures by Source of Funds  
2007-09 Allotments*



Source	Amount (millions)
General Fund - State	159.3
Federal	497.7
Fees	125.5
Dedicated Funds*	223.2
<b>Total Funding</b>	<b>1005.7</b>

\* Includes estimated Women, Infant, and Children (WIC) and AIDS Drug Assistance Program (ADAP) rebates of \$58.7 million

The passage of Initiative 960, which requires legislative approval for fee increases, brings new challenges to the department. A number of our programs rely on fees to provide services. We will be unable to maintain the current level of services in fee-supported programs without regular increases to cover inflationary costs.

### **A Changing Population**

About 6.5 million people live in Washington, and each segment of our population is growing. According to the U.S. Census, Washington’s population was 5,894,121 in 2000. Our state’s ten-year growth rate in the 1990s was 21 percent, considerably higher than the national growth rate of 13 percent. Growth during the next decade will be strongest in the group of people 65 years and older.

*Expected Population Change  
2007 – 2020*

<b>AGE</b>	<b>2007</b>	<b>2020 - ESTIMATED</b>
0 – 4 years	423,000	506,000
5 – 17 years	1,100,000	1,300,000
18 – 24 years	654,000	676,000
25 – 44 years	1,800,000	2,100,000
45 – 64 years	1,700,000	1,900,000
64 + years	747,000	1,200,000

**Sources:**

*Forecast of the State Population, 2005, Washington State Office of Financial Management; Forecast of the State Population by Age and Sex, 1990 through 2030, November 2007, Washington State Office of Financial Management.*

## **Social and Economic Determinants of Health**

Social and economic conditions are major determinants of health. They shape individual health and risk behaviors, environmental exposures and access to resources that support good health. Health impacts associated with lower socioeconomic position accumulate and persist throughout an individual's lifespan. Developing a better understanding of the social and economic determinants of health is essential to reduce health inequalities. The department's health professionals partner with communities and local and state agencies to implement policies and programs designed to address social and economic factors that can affect people's health.

## **Climate Change**

The department has been engaged in work at the state and national level to understand the health implications of climate change. Heat waves, air pollution, infectious disease, extreme weather, rising sea levels and stress from climate change could threaten public safety and overwhelm the public health system. We are developing strategies to support enhanced emergency preparedness and response, specifically focused on heat waves. We are also looking at ways to enhance how we track air quality and disease to detect and address public health threats. Prevention and mitigation efforts include partnering with communities to build environments that manage growth, decrease urban sprawl, support efficient transportation modes and offer protection from flooding and landslides.

## **Healthy Communities – Healthy Homes**

The department monitors toxins in the environment to reduce the risk and effects of human exposure. Recent concerns over lead in children's toys, mercury in our communities, polychlorinated biphenyls (PCBs) in fish and traces of toxins found in breast milk drive monitoring activities and regulation.

There is a high level of interest in many of our environmental public health programs. This stretches our resources at a time when revenue and funding sources are decreasing or remaining flat. New and updated rules for drinking water, school safety and on-site sewage systems will result in new and increased work for our staff.

## **Antibiotic Resistance**

Since the 1960s, multidrug-resistant organisms (MDROs) have caused serious infections and have been transmitted in hospitals around the world. One of these organisms, methicillin resistant *Staphylococcus aureus* (MRSA), is receiving increased attention due to a national report on the growing number of cases in hospitals and in communities.

Governor Chris Gregoire directed the Department of Health to convene a Scientific Expert Panel to inform state policy decisions. In January 2008, the department published *Evidence Based Monitoring Strategies and Interventions for Antibiotic Resistant Organisms*. High level strategy recommendations include improved infection control measures to prevent transmission, incidence and trend monitoring, and increased educational efforts for the public and health care providers on prevention and treatment. Continued overuse of antibiotics in humans and agriculture will contribute to the proliferation of potentially serious multidrug-resistant organisms like MRSA. Future policy, financial and staffing support are essential to implementing these recommendations to protect our population.

## **Access to Health Care**

Access to health care is an important and complex issue. The high cost of insurance, shortages of health care providers and low reimbursement rates for publicly funded health care all contribute to access problems.

## **Public Health Laboratories (PHL) Capital Project**

New requirements for increased disease testing and reporting are resulting in increased demand on our Public Health Laboratories. As part of the Office of Financial Management's (OFM) ten-year capital planning process, funding has been provided to expand the Public Health Laboratories in order to meet the growing service demands. This effort will ensure that capital improvements keep pace with maintenance or replacement of infrastructure systems, programmatic changes, emerging diseases, security requirements, laboratory instrumentation and technological advancements.

## **Facilities and Capital Planning**

The department needs more space in our regional locations in King County and Eastern Washington. The population growth in these areas has driven an increased need for public health services. In concert with General Administration (GA) and OFM, the department will be conducting an analysis to determine specific facility needs for each region. As the demand for the department services continues to grow, it is evident that staff need to be situated in remote or regional centers to continue the legacy of outstanding service.

## **Public Health Emergency Preparedness and Response**

During the past five years, public health agencies across the nation have been asked to make emergency preparedness a top priority. Significant progress has been made in regard to infrastructure, information technology, disease surveillance, laboratory capacity, communications, training and planning. Washington state is considered a national leader in providing innovative and sound solutions for protecting the public in emergencies. The challenges of communicating about, and encouraging citizens to prepare for, emergencies are significant. When emergencies occur, we must be prepared to communicate information quickly and effectively to our partners and the public.

Our emergency preparedness system was put to the test in December 2007 with one of the state's most devastating winter storm/flood events. The relationships we've built in five years of working on emergency preparedness with local health partners helped us respond and support each other in a timely, effective way. Some examples of department work include getting information out about carbon monoxide poisoning; taking a lead role on disposing of livestock carcasses; and providing advice and assistance to the many drinking water systems affected by flood waters.

## **Accreditation**

A movement toward national accreditation for public health departments is gathering momentum. We currently have a voluntary system of standards and performance measures which have been in place since 2000. All 35 local health agencies and our department participate in periodic assessments to identify gaps. It is uncertain how a national accreditation system would impact our current system.

## Accountability

The department uses several performance improvement systems to monitor and report on progress toward department goals. Monitoring our results on a regular basis provides critical information to help focus our work with partners to improve public health in Washington. These tools have proven to be very valuable. However, we have used existing resources to do this work which has impacted other activities. Our performance management activities include:

- The governor’s Government Management Accountability and Performance (GMAP) process.
- The department’s internal GMAP process, HealthMAP. HealthMAP has evolved from “show and tell” presentations to interactive, data-driven discussion focused on improving performance, solving problems and breaking down barriers to progress. HealthMAP has enhanced efforts to break down silos, leading to increased collaboration across the department.
- The Public Health Standards Assessment, a single set of Washington state public health standards that must be met in every part of the state. The department and local health agencies recently completed our third comprehensive evaluation cycle, following similar evaluations in 2002 and 2005.
- The Washington State Quality Award – The department submitted its application for the “Lite Assessment” process in April 2008. RCW 43.17.390 requires agencies starting no later than 2008, and at least once every three years thereafter, to apply for the Washington State Quality Award, or similar organization, for an independent assessment of its quality management, accountability and performance system. This process was done with existing staff resources requiring over 700 additional staff hours. Applying for the “Full Application” in the coming years will require a significant amount of time and resources.

## **Enterprise Risk Management (ERM)**

We are refocusing our risk management activities into an Enterprise Risk Management model which will be used to assess the nature and extent of risks affecting the achievement of department and program goals and objectives. Key issues include:

- Attracting and retaining a well-qualified public health workforce.
- Our ability to broaden accessibility to public health services is, in part, dependent on adequate facilities for providing services as well as delivering services for testing and evaluating potential health risks.
- Technology presents an ever changing risk profile that requires constant attention to ensure key business processes are not disrupted. The department continues to develop comprehensive business continuity plans as a major component of risk mitigation.
- The current environment faced by public health entities requires creative thinking for workable solutions. Efforts to share costs through collaborative development is a viable risk mitigation strategy that has the potential of freeing up more funding for direct public health services.

The department will continuously evaluate the measures taken as part of our overall Enterprise Risk Management framework. As risks are identified, we will review them to provide assurance that our key public health objectives are met.

## **Sustainability**

Sustainable and green practices improve the health of our state and environments in which our employees work. These practices address Executive Orders, RCWs and WACs. The department is committed to our Sustainability Program. We have identified objectives to reduce the department's carbon footprint and continue to work with other agencies for increased awareness and sharing best practices.

## **Workforce**

### ***Compensation***

Every two years, through negotiation between management and labor teams, compensation is adjusted for selected classifications and those

positions that are covered by collective bargaining agreements. Non-covered positions are also affected by this process. Maintaining competitive classification and compensation is key to effective recruiting.

Agencies evaluate internal classification or compensation issues and prepare proposals. The Department of Personnel (DOP) and the Labor Relations Office (LRO) review the proposals. They then approve these for inclusion in preparation for negotiations. In this process, the department can use workforce information, including recruitment or retention data, to identify and request classification and compensation changes to meet our strategic and business needs. In 2008, three proposals were submitted for an increase of nearly \$4.5 million if approved in the form proposed.

#### ***Staff/Recruitment***

The department is focused on recruiting diverse and competent applicants that match our business needs and the populations we serve. We are having difficulty recruiting competent Information Technology (IT) staff who have the specific skills and competency levels for our business needs. We are also increasing outreach to identify experienced environmental health professionals. The department is focusing efforts on targeted outreach for these specialty areas.

#### ***Training and Performance Planning***

The department is reviewing the training and mentoring needs of new supervisors and managers to better support them. We also have not met the challenge of ensuring performance planning for all staff, to include setting expectations, identifying training plans and completing performance assessments in a timely manner.

#### ***Aging Workforce***

As many workers in the baby boomer population reach retirement age, departments will be challenged to retain their knowledge and experience. Those fears are tempered by early indications that many individuals are choosing to delay retirement for a variety of reasons, such as increased life expectancy, medical and pharmaceutical costs and the high cost of insurance premiums upon retirement.

The department is assessing the eligibility of staff for retirement and working to identify trends that will help make informed decisions about workforce planning (recruiting processes, targeted outreach to create needed applicant pools, etc.). For instance, staff turnover in the department has remained relatively flat at ten percent per year. One example of addressing the aging workforce is in our Office of Radiation, where we are implementing a ‘mentoring’ program to share some of the historical and specialist knowledge between retiring employees and those remaining in the program.



## Goal #1: Improve health outcomes for the people of Washington state

As the population ages in Washington and the nation, the public health challenge of chronic disease management will grow. Public health efforts to address this challenge require prevention, early intervention and evidence-based disease management. The department needs to involve a broad range of partners in the delivery of these services. Elimination of health inequalities is a high priority. More research and evaluation are needed to better understand underlying causes of these inequalities and how best to reduce them.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## Focus Areas

### Chronic Disease Prevention, Detection and Management

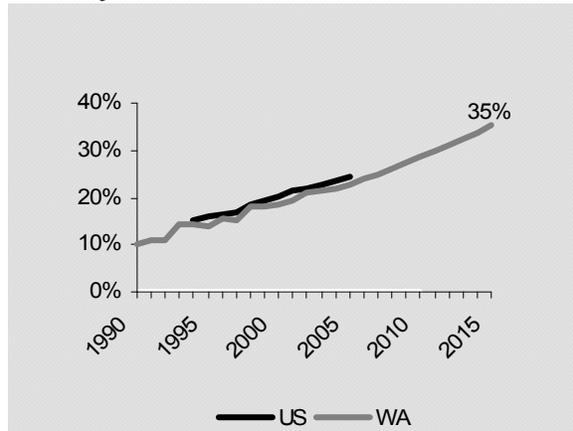
The department works through many channels to provide health promotion resources, materials and evidence-based strategies to educate and inform the public on how to be healthy and prevent disease. We provide technical assistance in community planning with the goal of making the healthy choice the easy choice. Activities include tobacco prevention and control; promotion of regular physical activity and proper nutrition; and chronic disease prevention, detection and disease management strategies. These chronic diseases include: asthma, cancer, diabetes, heart disease and stroke.

### Factors Influencing Success

Prevention of chronic disease includes eating healthy, getting enough physical activity, maintaining healthy weight and not smoking. Obesity is a particular concern because obesity rates have doubled over the last decade both in Washington and the nation. Currently an estimated 22% of Washington residents are obese and another 36% are overweight.

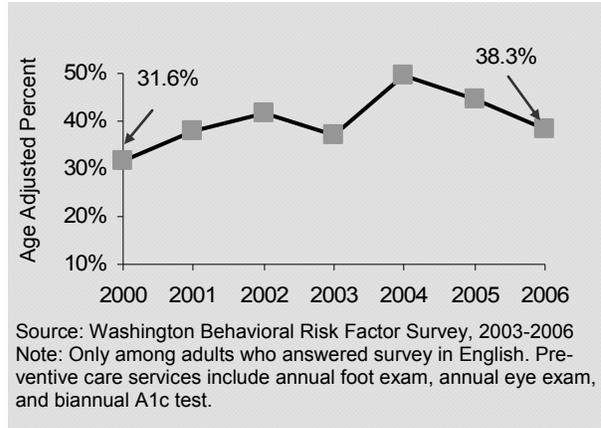
As obesity increases, chronic disease also grows accounting for 75% of Washington’s medical costs. A national study estimated obesity-related Medicare and Medicaid for chronic diseases at \$1.3 billion in 2000 in Washington state. These costs cannot be sustained.

*Obesity Rate Continues to Increase, WA & US*



To reduce health care costs and increase life expectancy and quality, policy efforts must focus on preventing disease onset, detecting existing disease and preventing complications of disease. Slowing the rising obesity rate and preventing chronic disease will require the commitment of individuals, communities, schools, government and employers.

*Receipt of Multiple Preventive-Care Services Among Adults With Diabetes in Washington*



For good disease management, all people need to receive ongoing medical care that is continuous, coordinated, comprehensive and easy to access. This is the definition of a Medical Home. Medical Homes promote equity in health care by ensuring all people have access to quality preventive care to manage their disease.

### Objectives, Strategies and Performance Measures

Objective 1				
Increase our focus on chronic disease and injury prevention	Strategy 1			
	Increase access to healthy foods and opportunities for physical activity	Performance Measures	Baseline	Target
		Slow the annual rate of increase in adult obesity	4.4% annual rate increase as of 2006	4.2% annual rate increase in 2014
	Strategy 2			
	Establish Medical Homes to support good disease management for all people in Washington state	Performance Measure	Baseline	Target
Increase the proportion of people with diabetes that receive preventive care services		38.8% in 2006	41.1% in 2013	

Goal 1

## Focus Area

### Falls Among Adults 65 and Older

Unintentional injury is the fifth leading cause of death in Washington state. Millions of people in the U.S. live their lives affected by injuries. Women have higher rates of injury due to falls than men. Lack of exercise, less body mass and higher rates of osteoporosis contribute to injuries when they fall. The leading risk factor for falls is muscle weakness in the legs.

Research has shown that there are ways to reduce the risk of falling. Effective interventions include:

- comprehensive clinical assessments by a health professional to identify and address medical and physical risk factors.
- exercise that improves balance and lower body strength.
- medication management, to reduce the number of medications, find alternative drugs, and adjust dosages to reduce side effects and interactions that can lead to falls.
- correcting vision.
- home modification when combined with other intervention strategies.
- treating health problems that increase the chance of falling.

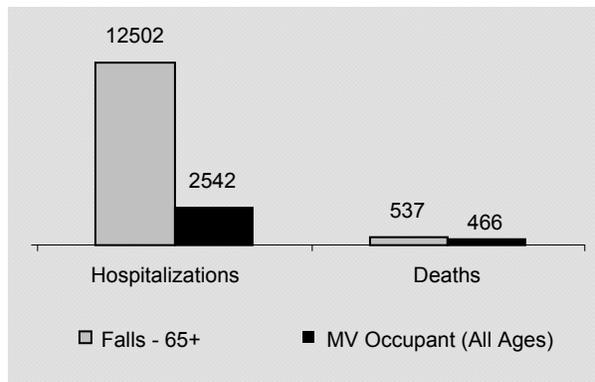
### Factors Influencing Success

Falls among older adults are among the top five causes of hospitalization in this state. In 2006, there were four times as many hospitalizations to older adults due to a fall (12,502), compared with the number of hospitalizations to motor vehicle occupants injured in crashes (2,542) - for all ages combined. Falls among older adults result in serious injury. There were over 5,000 older adult falls that resulted in a hip fracture in 2006, and over 1,100 head injuries. For the first time in 2006, deaths due to falls among adults 65 and older exceeded motor vehicle occupant deaths, again for all ages combined.

The hospitalization rate for older adult falls in 2006 was 1,720.5 per 100,000. This reflects an average increase of .5% annually over a ten year period. If left unchecked, this rate would increase to 1,790.5 per 100,000 by 2012. To achieve our major goal of reducing the overall

rate of hospitalizations due to falls, we must first stop the rate of increase and initiate an actual rate of decrease in a population that continues to grow dramatically as the baby boomer generation ages. OFM projections for the population of adults age 65 and older will nearly double by 2020, from 11% of the current population to 19% of Washington's population in 2020. Given that average hospitalization costs for a single hip fracture in Washington are \$30,000, with long term care costs equaling or exceeding that amount, older adult fall prevention could result in substantial savings to the state.

*More Older Adults are Hospitalized and Die From Falls Than Motor Vehicle Occupant Deaths, 2006*



Reversing these trends will be a major focus of our work.

## Objectives, Strategies and Performance Measures

### Falls Among Adults 65 and Older

<b>Objective 1</b>				
Increase our focus on chronic disease and injury prevention	<b>Strategy 3</b>			
	Reduce hospitalizations caused by falls among adults 65 and older	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Rate of hospitalizations due to falls for the 65 and older population	1720.5 as of 6/06	2% rate reduction by 6/12

Goal 1

## **Focus Area**

### **Notifiable Condition Cases**

When disease occurs in Washington, the Department of Health and local public health agencies work together to collect information and conduct investigations into the causes, spread and containment. These diseases, called Notifiable Conditions, must be reported to public health authorities by health care providers, health care facilities, laboratories, veterinarians, food service establishments, child care facilities and schools.

The department is responsible for statewide tracking and investigation of 65 notifiable communicable diseases in Washington state.

### **Factors Influencing Success**

Notifiable Condition surveillance and reporting is essential for two reasons: (1) it enables public health agencies to act quickly to prevent the spread of disease, and (2) it provides an overall picture of disease trends at the local, state and national levels. Analyzing these trends allows us to target resources where needed and to assess our effectiveness in preventing and controlling disease.

Educating reporting sources on what to report, timeframe and how to report is essential. Electronic disease reporting has greatly improved timeliness, accuracy and completeness of reports from local health agencies to the department. All 35 local health agencies now report electronically. Electronic laboratory reporting has been initiated for select laboratories in the communities.

## Objectives, Strategies and Performance Measures

### Notifiable Condition Cases

Objective 2				
Prevent and control outbreaks of communicable disease	Strategy 1			
	Improve the timely identification and investigation of notifiable condition cases	Performance Measures	Baseline	Target
		Percent of notifiable condition cases <u>reported</u> to LHJs within the required timeframe	72% as of 5/08	100% by 6/10
		Percent of notifiable condition cases reported to the LHJ where <u>investigation</u> was initiated within the timeframe specified in the guidelines	98% as of 5/08	100% by 6/10
	Percent of notifiable condition cases reported to the LHJ with a <u>completed investigation</u> as indicated by completion of “essential fields”	tbd by 7/08	tbd by 9/08	

Goal 1

## Focus Area

### Immunizations

The department is committed to two primary immunization goals: (1) preventing the occurrence and transmission of childhood, adolescent and adult vaccine-preventable diseases and (2) ensuring that parents, health care providers and state and local health agencies are working together to promote healthy families by increasing preventative health care for children up to age six.

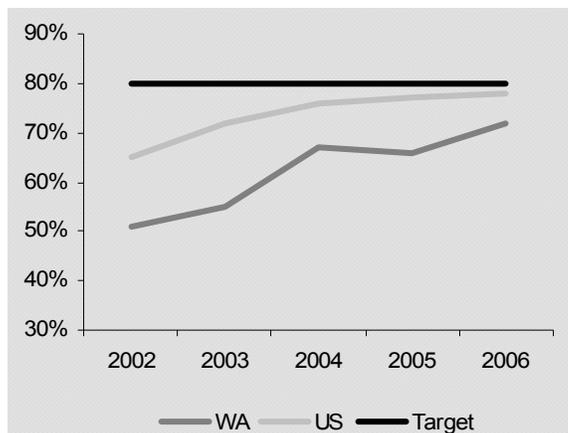
Washington became the first state in the nation to move to the Centers for Disease Control and Prevention’s (CDC) centralized vaccine distribution system. The new system consolidates vaccine inventories with a single third-party distributor that ships the vaccines directly to health care providers. The results are simpler processes and consistent reporting and accountability, making the system more efficient. It also enables state and local public health staff to spend more time on quality assurance activities, since they are no longer manually handling the vaccine.

### Factors Influencing Success

The department relies on performance tools to make sure our immunization work is making a difference. For example, we review the number of children immunized each year and identify ways to improve the rate.

Factors that determine success include assuring providers are prepared to give the right immunizations at the right time. Program staff work with health care providers, health plans, local health agencies and stakeholder groups to help measure their immunization coverage rates and develop strategies for improving immunization coverage.

*Immunization Coverage Rates  
15 Dose Series (%), WA and US*



## Objectives, Strategies and Performance Measures

### Immunizations

Objective 2				
Prevent and control outbreaks of communicable disease	Strategy 2			
	Increase the uptake of new and under-used child and adolescent vaccines; focusing improvement efforts on Varicella, Rota Virus, HPV and pediatric influenza	Performance Measures	Baseline	Target
		Number of doses ordered	<u>As of 12/07</u> HPV – 169,860 Rotavirus – 72,530 Influenza – 316,470 Varicella – 316,500	<u>As of 12/09</u> HPV – 254,000 (50%) Rotavirus – 153,230 (111%) Influenza – 490,500 (55%) Varicella – 278,000 (-12%) <u>As of 12/10</u> HPV – 279,000 (10%) Rotavirus – 165,000 (8%) Influenza – 560,500 (14%) Varicella – 260,000 (-6%)
		Number of doses administered as recorded in CHILD Profile	<u>As of 12/07</u> HPV – 84,775 Rotavirus – 33,763 Influenza – 235,004 Varicella – 157,083	<u>As of 12/09</u> HPV – 125,890 (48%) Rotavirus – 71,307 (112%) Influenza – 310,205 (32%) Varicella – 282,749 (32%) <u>As of 12/10</u> HPV – 138,480 (10%) Rotavirus – 77,012 (8%) Influenza – 341,225 (10%) Varicella – 339,299 (20%)

## Focus Area

### Chlamydia

*Chlamydia trachomatis* infection (chlamydia) is the most commonly reported communicable disease in Washington state and the U.S. In 2006, 73 percent of all notifiable disease reports in Washington were for chlamydia. There were four times as many chlamydia cases (17,819) as gonorrhea (4,231) reported in 2006.

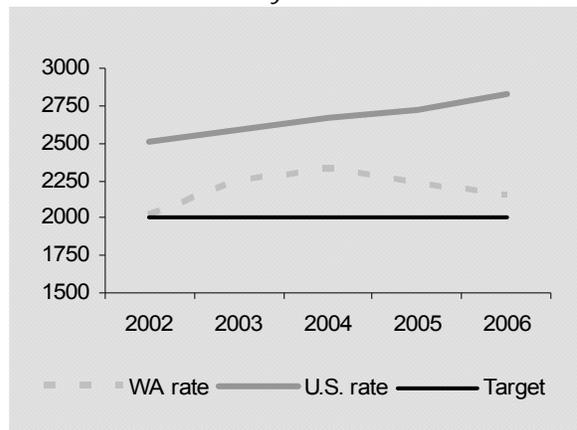
The department relies heavily on private health care providers and local public health agencies that operate clinics to provide screening and treatment. We provide resources for testing and treatment at about 140 clinics statewide and track the rate of chlamydial infection over time. The department works with local health agencies to investigate disease outbreaks and reduce the effects of untreated chlamydia, including pelvic inflammatory disease (PID) and infertility.

### Factors Influencing Success

Because the majority of chlamydia cases in females (80%) have no symptoms, screening is the primary way to identify infection. National medical and health organizations recommend screening all sexually active females under age 26. However, data from managed care plans in Washington show that less than half of eligible women are getting screened. Increasing screening of this highest risk population is a key factor in reducing chlamydia rates.

Timely treatment for chlamydia reduces the risk of infected women developing complications like PID and slows the spread of infection in the population. The department has undertaken a new approach to reduce the spread of chlamydia by increasing preventative treatment of sex partners. Starting in 2007, the department and the University of Washington implemented Expedited Partner Therapy (EPT) in waves of counties in

Chlamydia Rates



Washington. EPT allows health care providers to directly prescribe medications for their patients' sex partners and eliminates the need for a partner to see a provider before treatment. Medications are provided to partners free at local pharmacies.

Reliable and accurate monitoring of cases and effective treatment is critical to evaluating the effectiveness of public health interventions and the impact of chlamydial infection on our local population. PHIMS-STD, a new electronic and Web-based surveillance system, was introduced in 2007. This system enables faster reporting of chlamydia cases by allowing local health agencies to enter their own cases rather than requiring data entry by the state. Assuring data quality and providing technical assistance to local health around PHIMS-STD will be ongoing activities to assure successful monitoring of chlamydia morbidity.

To achieve our goal of 2,035 per 100,000, we will be decreasing our rates by approximately 2.5 % per year. This means we would have about 440 fewer cases reported for this age group in 2010, despite a projected increase in population of 12,450.

## Objectives, Strategies and Performance Measures

### Chlamydia

<b>Objective 2</b>				
Prevent and control outbreaks of communicable disease	<b>Strategy 3</b>			
	Decrease communicable disease	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Rate of reported chlamydial infections in females 15–24	2,187 cases per 100,000 as of 12/07	2,035 cases or less per 100,000 by 2010

Goal 1

## Focus Area

### Tobacco Use

If we can help families be healthier, we save money on health care costs and help everyone live fuller, happier lives. Our Tobacco Prevention and Control Program continues to reduce the number of smokers in Washington. Since the program began in 2000, there are 235,000 fewer adult smokers in our state, resulting in an estimated \$2.1 billion savings in future health care costs. Anti-tobacco programs are working in Washington. Thousands of adults, teens and babies all have a better chance of living longer. While we will continue with the broader population effort, we will also be focusing on low-income populations, which data shows have a higher smoking rate.

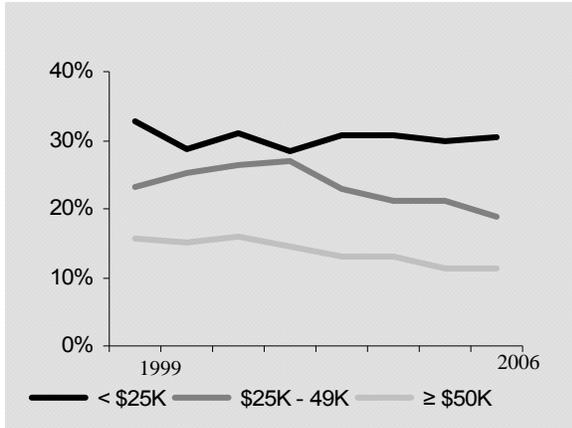
### Factors Influencing Success

We have made dramatic progress reducing overall smoking rates in our state. We have had a 24 percent decline in adult smoking rates since 2000, which outpaces national trends. While we have made good strides, tobacco is still the number one preventable cause of disease and early death. One of our biggest challenges is reducing tobacco use by low-income adults. Their smoking rate has not declined while the overall rate has. Right now, there are no best practices nationally on reaching low-income adults, so we will be working to identify what works.

Seventy five hundred deaths are attributed to tobacco annually in Washington. More than 800,000 people in our state smoke. One third of smokers have income below \$25,000 a year. Lower income smokers who try to quit are less likely to succeed than those of higher income. Insurance for low income is half as likely to cover cessation services and lower income smokers are less aware of cessation resources.

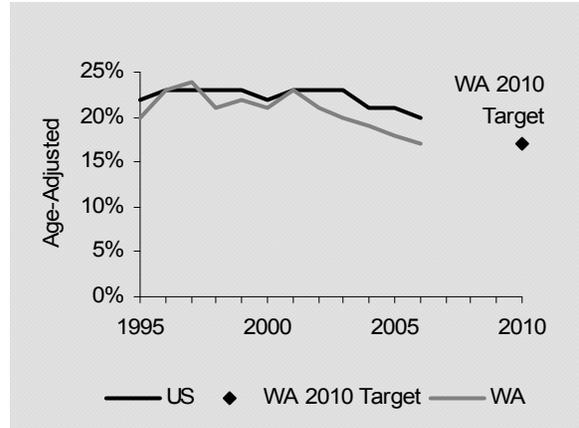
The Tobacco Prevention and Control Account can sustain the current level of program activity only through FY 2011. Funding to continue to build on the progress to date will be a challenge.

Smoking Rates Highest Among Low Income



Source: Behavioral Risk Factor Surveillance System 1999-2006

Adults Reporting Current Smoking, WA State and US



Source: Behavioral Risk Factor Surveillance System 1999-2006

## Objectives, Strategies and Performance Measures

### Tobacco Use

<b>Objective 3</b>				
Improve the health of populations who have higher disease rates than the general population	<b>Strategy 1</b>			
	Reduce smoking rates among low income adults	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Percentage of adults in lower income levels reporting smoking in last 30 days	30.5% as of 12/06	tbd 8/08

Goal 1

## Focus Area

### Cancer

Our Washington Breast and Cervical Health Program (WBCHP) is designed to provide uninsured and underinsured women ages 40 to 64 with breast and cervical cancer screenings. The program recently added colorectal cancer screening services. WBCHP clients and uninsured and underinsured men ages 50 to 64 are eligible for this cancer screening test.

The statewide service delivery system consists of more than 600 primary care clinics, specialists, radiology groups and pathology labs. This provider network is reimbursed using Medicare rates.

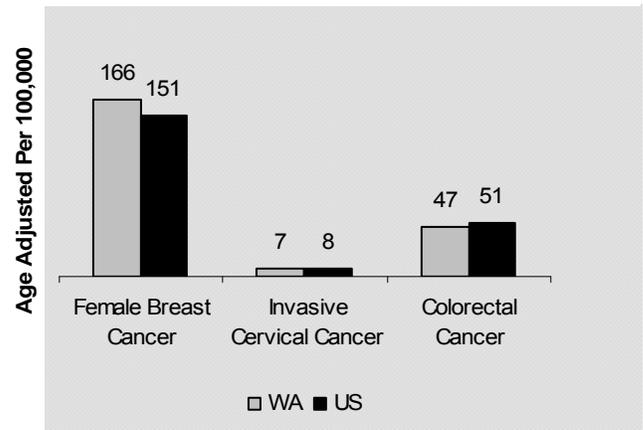
### Factors Influencing Success

Cancer is the leading cause of premature deaths in Washington. Many premature deaths from breast, colorectal and cervical cancers can be avoided through early screening, detection and treatment. Public health systems work to reduce cancer mortality by increasing screening rates in certain populations groups: low income populations that are geographically or culturally isolated; age 40 years and older; racial minority or Hispanic origin; lesbian or bisexual; and/or have disabilities.

Prolonged infection with certain types of the human papillomavirus (HPV) is the primary risk factor for cervical cancer. HPV is responsible for an estimated 70 percent of cervical, anal and genital cancers. Regular screening to detect precancerous changes to the cervix is the best method of preventing invasive cervical cancer.

Colorectal cancer is the third most common cancer in Washington state for both men and women. Regular screening beginning at age 50 can prevent colorectal cancer by detecting and removing precancerous growths before they develop into cancer.

*Washington Breast Cancer Incidence Rates Third Highest in Nation; Cervical and Colorectal Rates in Washington Lower Compared to US*



## Objectives, Strategies and Performance Measures

### Cancer

Objective 3				
Improve the health of populations who have higher disease rates than the general population	Strategy 2			
	Provide screening and diagnostic services to eligible populations that result in the early detection of breast, cervical and colorectal cancer	Performance Measure	Baseline	Target
		Number receiving breast, cervical and colorectal screening among eligible, uninsured populations (under 250% Federal Poverty Level)	<u>Breast:</u> 11,514 as of 6/07 <u>Cervical:</u> 10,343 as of 6/07 <u>Colorectal:</u> No screening program	<u>Breast:</u> 15,166 by 6/09 17,137 by 6/10 19,365 by 6/11 <u>Cervical:</u> 11,688 by 6/09 13,207 by 6/10 14,923 by 6/11 <u>Colorectal:</u> 2,250 by 6/09 2,500 by 6/10 2,750 by 6/11

## **Focus Areas**

### **Healthy Communities**

We will continue our efforts to meet our goal for a clean and healthy Puget Sound. One of our roles is the assessment of hazardous waste sites that impact Puget Sound waters. We evaluate sampling data collected at these sites to determine whether exposure to chemicals at the site might cause harmful health effects. Once the evaluation is complete, we provide recommendations on how to protect public health.

Our work also focuses on maintaining and restoring water quality for shellfish growing areas. This includes working with local health agencies to oversee the operation and maintenance of on-site sewage systems to minimize impacts to marine and fresh water.

### **Factors Influencing Success**

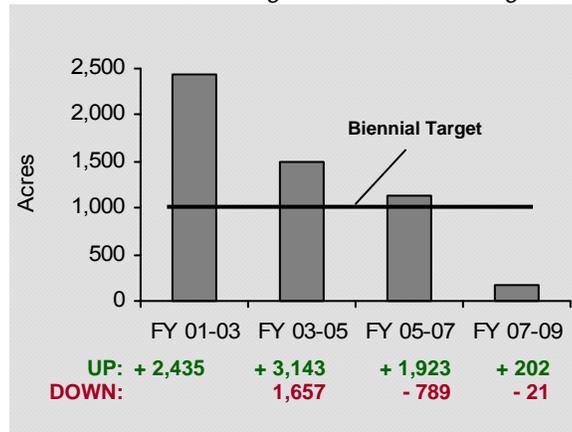
The governor's Puget Sound Initiative places a priority on water quality activities that protect public health and support the commercial and recreational use of Puget Sound. We work with many other partners in our Puget Sound activities. Our ability to be successful depends on the effectiveness of these partnerships and adequate resources to do the many activities required to protect and improve the water quality in Puget Sound.

In addition to evaluating hazardous waste sites, we work to maintain and assure water quality so that the state can support recreational shellfish harvesting and a viable shellfish industry. We will aggressively pursue the restoration of shellfish growing areas and swimming beaches that are closed due to pollution by working closely with local governments, Tribes, other agencies and Puget Sound residents. In addition, we will be working with the Department of Ecology and others to enhance opportunities for the use of reclaimed water to reduce wastewater discharges and pollution entering the Puget Sound.

We will also continue to focus on improving the oversight, operation and management of on-site systems. These efforts will include working with 12 Puget Sound area counties to implement the local on-site system manage-

ment plans they developed in 2007, and focusing on improved on-site system performance in the Marine Recovery Areas designated in those plans. We will work to improve the performance and management oversight of the larger on-site sewage systems and expand our regulatory role as directed by the legislature in 2007.

*Commercial and Recreational  
Biennial Net Change in Shellfish Acreage*



## Objectives, Strategies and Performance Measures

### Healthy Communities

<b>Objective 4</b>				
Reduce hazards in the environment	<b>Strategy 2</b>			
	Increase assessment of hazardous waste sites that impact Puget Sound waters			
	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>	
	Percent of hazardous waste sites that have been evaluated for potential health risks	9% as of 12/07 (2 of 23 sites)	100% by 6/11	

Goal 1





## Goal #2: Improve patient safety

Patient and consumer safety are among the department's top priorities. The department works to ensure that more than 320,000 health care providers comply with health, safety and professional standards through licensing, investigation and disciplinary activities. We provide information to health care facilities, health care professionals, and consumers that allows them to make informed choices.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## Focus Areas

### Complaint Investigations for Health Care Facilities and Professionals

Each year the department's division of Health Systems Quality Assurance (HSQA) receives about 7,000 complaints against credentialed health care providers and about 800 complaints against health care facilities. Staff evaluate each complaint based on a priority rating and determine the appropriate action. For patient safety, it is critical to investigate and resolve complaints as quickly as possible.

In 1993, the legislature amended the Uniform Disciplinary Act (UDA), chapter 18.130 RCW, to require timelines for adjudication of complaints against credentialed practitioners. Model procedural rules were adopted in 1993 and amended in 1995. These rules establish time periods for each of the multiple steps in the process.

Complaints against health care practitioners are prioritized from imminent danger or immediate jeopardy (Priority 1) to no patient harm, such as a safety violation (Priority 3).

Complaints against facilities are prioritized from immediate jeopardy (Priority 1) to the incident has caused harm or potential harm (Priority 3).

### Factors Influencing Success

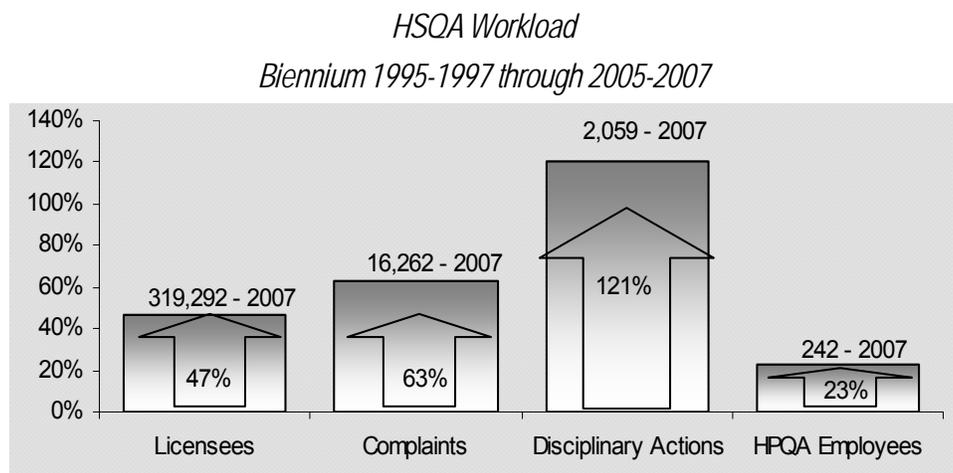
Under state law, each profession must be self-supporting. And in most cases, fees support facility licensing, inspections and investigation processes. Passage of I-960 brings new challenges. The department must now get legislative approval to increase fees in an individual profession.

The governor's and legislature's support for more investigators has helped us protect patients and allowed us to investigate 30 percent more cases involving professionals. It also resulted in a 14 percent increase in completed investigations. The added staff helped cut the oldest cases in our backlog by 72 percent. This more aggressive approach to investigate and resolve cases protects patients from incompetent and unethical health providers.

The workload for HSQA staff has jumped sharply since the 1995-1997 biennium, as shown in the following chart. In the last ten years:

- open complaints increased by 63 percent.
- disciplinary actions increased by 121 percent.

Managing workload increases continues to be a challenge in spite of process improvements and efficiencies. A reorganized HSQA division along function-based activities and a new management information database for a licensing and disciplinary system called Integrated Licensing and Regulatory System (ILRS) will streamline and improve the disciplinary process.



## Focus Area

### Credentialed Provider Applications

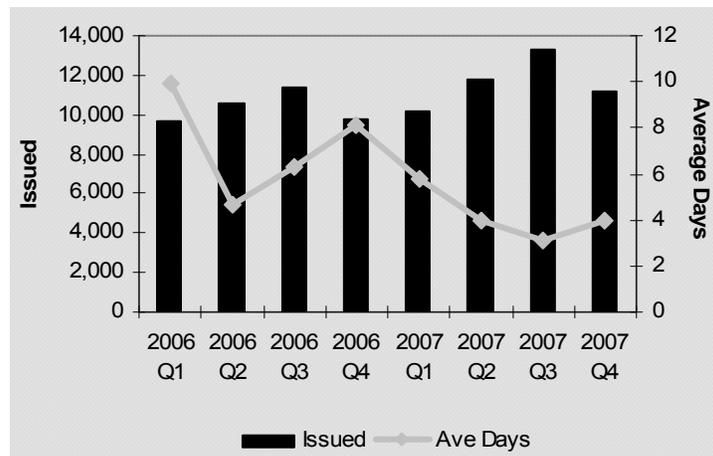
HSQA issues nearly 40,000 new credentials each year. HSQA has improved patient safety by increasing its scrutiny of new applications and conducting criminal background checks using state and federal databases. This has added complexity and has in some cases lengthened the process for making a decision to grant or deny a credential. Our intent is to manage the credentialing process as expeditiously as we can and preserve due process to applicants.

### Factors Influencing Success

HSQA’s reorganization will offer opportunities for improving the credentialing process. We have also brought ILRS, a new licensing and disciplinary management information system, online. These two initiatives will improve our ability to streamline the credentialing process and to monitor our progress in shortening the timeframe for approving or denying credential applications.

Our first step will be to develop a separate baseline for application denials. We currently monitor the time to issue or deny credentials as one measure.

*Average Days to Issue/Deny Credential Applications*



## **Focus Area**

### **Adverse Events Reporting**

The legislature passed a law in 2006 that requires health care facilities to report whenever any of the 28 types of serious adverse events occur. We will use this information to gain an accurate understanding of the size of adverse events. This reporting system will serve as a learning laboratory so we can determine what led to these events and how to prevent them.

Facilities are required to conduct a root cause analysis and implement a corrective action plan for each event. A root cause analysis is submitted to the department within 45 days following confirmation of an adverse event. This is an opportunity for medical facilities to learn as much as possible about the reason for every patient care situation that did not turn out as planned. The intent is to create change to avoid similar events in the future, and ultimately improve patient safety.

### **Factors Influencing Success**

Currently, we don't have an internet-based electronic reporting system. This system would allow facilities to report events electronically and receive root cause analyses information more quickly from us. The electronic reporting system needs to be built and maintained. Ambulatory surgical facility (ASF) licensing rules need to be completed. These facilities are also required to report adverse events. This reporting requirement did not exist before the latter half of 2007 when a baseline measurement was established. The degree to which facilities report and use root cause analysis to improve safety will determine success.

## **Focus Area**

### **Patient Prescription History**

Prescription drug abuse is a growing public health concern. A Prescription Monitoring Program (PMP) collects prescription data from pharmacies and other dispensers of controlled substances. Prescription information is then made available to prescribers and other authorized users. Data is also reviewed and analyzed for educational, public health and investigative purposes. PMP programs recognize the legitimate need

for controlled substances and are not intended to interfere with the legitimate prescribing of these drugs.

Doctor shopping, use of altered, forged or fraudulently obtained prescriptions, pharmacy robberies and burglaries and inappropriate or illegal prescribing and/or dispensing are examples of all contribute to the abuse and diversion of prescription drugs.

A PMP is one of several strategies Washington is taking to intervene in prescription drug abuse or misuse and unintentional poisonings. The PMP is expected to:

- enhance patient care by providing practitioners with an additional tool to identify problem patients.
- facilitate earlier intervention so patients receive substance abuse treatment.
- reduce the quantity of controlled substances obtained by doctor shopping individuals.
- allow for early detection of abuse trends and identify possible sources of diversion.

## **Factors Influencing Success**

The degree that health care practitioners participate in the program by requesting patient medication reports will determine its success. A marketing and education campaign will inform physicians and pharmacists of the availability and benefits of the PMP. Practitioners need to be aware that the PMP will not interfere with legitimate and appropriate prescribing. And finally, better understanding and coordination between practitioners and their patients will enhance its utilization.

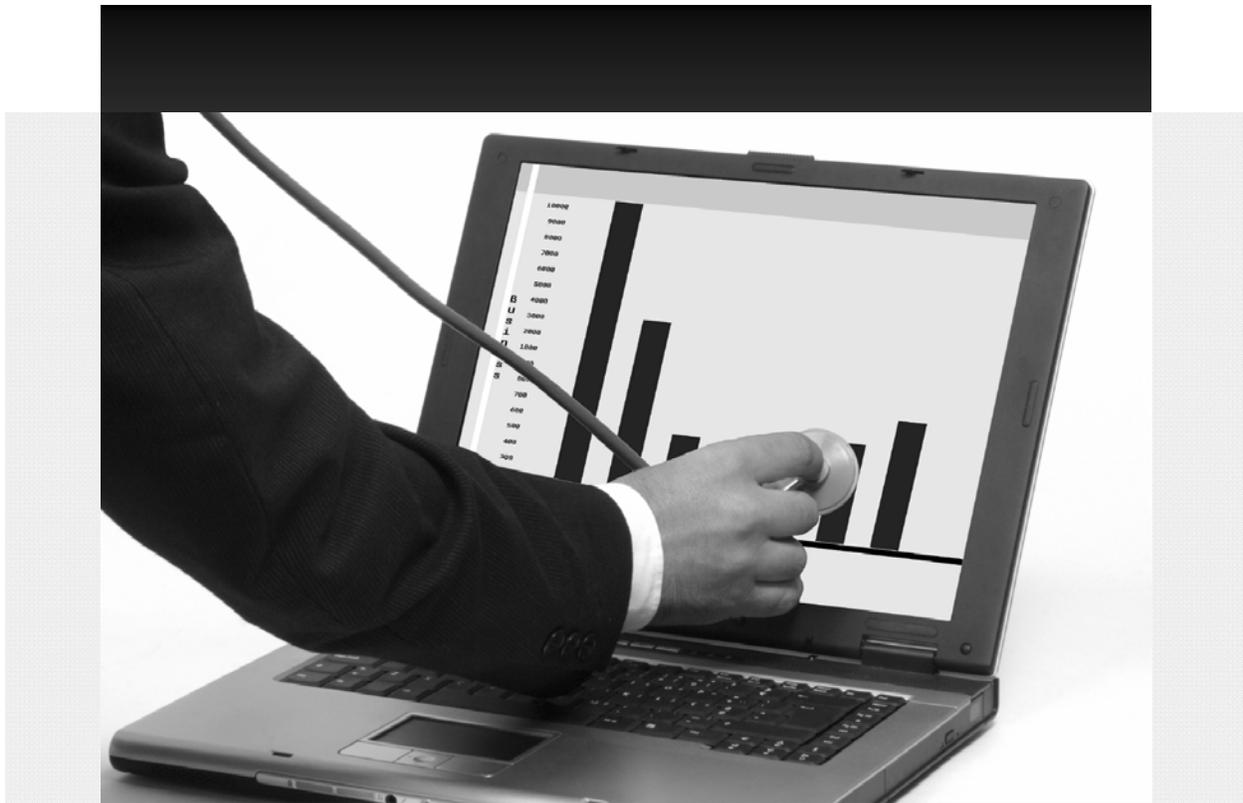
## Objectives, Strategies and Performance Measures

### Complaint Investigations for Health Care Facilities and Professionals Credentialed Provider Applications Adverse Events Reporting Patient Prescription History

Objective 1				
Improve the safety of health care facilities and care of patients	Strategy 1			
	Improve systems that impact patient safety	Performance Measures	Baseline	Target
	Percent of complaint investigations initiated against health care facilities within set timelines	78% as of 4/08	90% by 6/11	
	Percent of complaints against health care professionals completed within set timelines	71% as of 3/08	78% by 6/11	
	Percent of applications that result in denial processes within "X" days	tbd by 6/09	Will be set 9/09 once baseline is determined	
	Percent increase in adverse events reported by health care facilities	49 per quarter as of 4/08	25% by 6/30/11 (62 per quarter)	
	Percent of providers requesting reports on patient prescription history	Establish baseline by 6/09	tbd by 6/09	

Goal 2





### Goal #3: Make the work we do understand- able, accessible and valued

The department uses several performance improvement systems to monitor and report on progress toward department goals. Monitoring our results on a regular basis provides critical information to help focus the work with our partners to improve public health in Washington. These tools have proven to be very valuable.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## Focus Area

### Web Sites

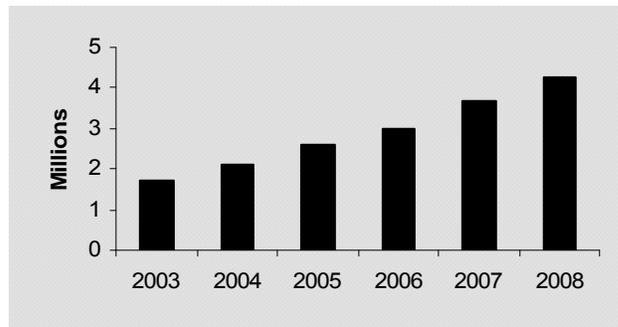
The Communications Office oversees the ease of use issues, including policies and guidelines, for Web-related content and design. Working with internal partners, they work to assure clarity, accuracy, consistency and accessibility for all department Web products and ensure guidelines and policies keep pace with rapidly changing technology.

With an increase of over 2,000 items per year to review on the Web site, new types of Web products (such as collaborative sites) need new guidelines. Managing the ease of use is critically important as the number of user hits increase.

### Factors Influencing Success

The department relies on the Web as a primary communication channel to the public, partners and stakeholders. There has been strong and steady growth in Web use both internally and externally over the last several years. The number of hits to the department's main Web site has tripled in the last five years to an average of 4,421,709 hits per month in 2007.

*Average Web Hits Per Month  
(www.doh.wa.gov)*



## Objectives, Strategies and Performance Measures

### Web Sites

Objective 1				
Provide public health information that is easy to understand and widely available	Strategy 1			
	Improve our Web sites to be completely barrier-free and topic-driven	Performance Measures	Baseline	Target
		Percent of Web site (upper level portal pages and program sub sites) updated	0% as of 4/08	100% by 12/09
		Percent of program sub sites evaluated	0% as of 4/08	100% by 6/10
	Percent of sub sites updated based on evaluation	0% as of 4/08	100% by 3/11	

## Focus Area

### Health Inequalities and Language Access

Ensuring that people across the state have access to health information and services is key to improving community health. Failure to communicate public health and safety information in an accurate and timely way contributes to unnecessary illness, injury and even death. Demographics in Washington challenge the department's ability to provide easily accessible information. In 2005, our foreign-born population was estimated to be more than 740,000. About half of these have limited English proficiency (LEP). People with LEP are a significant and growing portion of Washington's population. Access to services and information in one's accustomed language is a protected civil right and a requirement for departments that receive federal funds.

In 2006, the department established a work group to improve the accessibility of information we disseminate to people in the state who have limited ability to read and speak English. As a result, we set targets to increase both the amount of materials available in other languages as well the percent of programs providing interpretation assistance.

### Factors Influencing Success

The 2005 American Community Survey estimated that about four percent of households in Washington were linguistically isolated, which means that all members of a household, ages 14 or older, have at least some difficulty with English.

For Spanish-speaking households, linguistic isolation increased from 21 percent to 28 percent between 2000 and 2005. Census estimates indicate at least 200,000 Spanish speakers in Washington have limited English proficiency. Hispanics make up nine percent of the state population overall, more than 50 percent in two Eastern Washington counties. In eight other counties the Hispanic population is between 14 percent and 42 percent. Meeting the growing need for accurate, timely translation and interpretation services is critical to community and individual health.

## Objectives, Strategies and Performance Measures

### Health Inequalities and Language Access

<b>Objective 1</b>				
Provide public health information that is easy to understand and widely available	<b>Strategy 2</b>			
	Increase the availability of translated public health materials	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Percentage of printed materials available in other languages	31% as of 5/08	tbd by 6/09
	<b>Strategy 3</b>			
	Increase interpretation assistance to diverse populations	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Percentage of agency programs providing interpretation assistance	19% as of 2/07	50% as of 6/10 75% as of 6/11

GOAL 3

## **Focus Area**

### **Customer Feedback**

We provide services to a wide variety of customer populations with varied needs and expectations. Many programs serve and touch the same audience. Program staff are truly dedicated to their programs, to their customers and to achieving their goals, whether they are to reduce chronic diseases, prevent communicable diseases, protect environmental resources like drinking water or to regulate professions for patient safety. This dedication and focus on their own programs sometimes leads to missed opportunities to share resources and information that would be meaningful to other programs' areas.

Using customer feedback to improve internal and external service delivery will help assure that the work that we do is understandable, accessible and valued. The department plans to increase the use of customer feedback information and improve our internal coordination, applying these results to be sure we focus our resources on customers' most important service needs.

### **Factors Influencing Success**

Customer feedback collection in the department is decentralized and somewhat piecemeal. Some of our service delivery programs collect customer feedback through surveys and other less formal methods. Many do not. With better customer feedback information, our regulatory programs may find ways to improve their processes.

It's currently difficult to identify common themes in service delivery. Programs are not asking about common themes nor are we consistently sharing what we learn from our customers. We're not always recognizing when new customer information would be useful to others in the department. We're missing opportunities to share best practice approaches to delivering services and communicating with our customers.

## Objectives, Strategies and Performance Measures

### Customer Feedback

Objective 2				
Increase use of customer feedback to improve customer service	Strategy 1			
	Improve agency coordination of customer feedback activities	Performance Measure	Baseline	Target
		Percent of customer service programs regularly applying customer feedback to service improvements	tbd by 6/09	tbd as of 9/09
	Strategy 2			
	Increase the use of customer feedback for service improvements	Performance Measure	Baseline	Target
		Rating of satisfaction with the department's services (to set baseline)	tbd by 6/10	tbd as of 9/10

Goal 3

## **Focus Area**

### **Contract Performance**

About 61 percent of the department's \$1.1 billion budget is pass-through funding for local health agencies, contractors and communities. This funding helps provide core public health services such as programs that serve infants, children, women and people with HIV/AIDS; programs that serve rural and underserved populations; disease monitoring; environmental health; prevention and response programs; and programs that promote healthy families and children. The department monitors about 2,000 contracts annually to ensure these services are provided as defined in the contract scope, timeline and budget.

The stewardship of public funds includes contractual, fiscal and performance monitoring.

### **Factors Influencing Success**

Fiscal and contractual monitoring is routinely conducted for all programs. However, limited funding and staff resources have resulted in inconsistent performance monitoring. We need to assess our current practices for managing contract performance and to identify gaps in performance monitoring. This will create the foundation for developing a department-wide process and method for consistent performance management. Improved performance monitoring will assure better accountability that both quantity and quality of services are what was intended and what is being paid for.

## Objectives, Strategies and Performance Measures

### Contract Performance

<b>Objective 3</b>				
Improve management of public health funds	<b>Strategy 1</b>			
	Increase performance monitoring of all contracts	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Percent of contracts where statements of work are fully met	Establish baseline 7/10	75% - FY'12 85% - FY'13 95% - FY'14 100% - FY'15

Goal 3





Goal # 4:  
**Offer a rewarding work environment to attract and cultivate skilled, innovative, diverse and committed employees**

Recruiting and maintaining a skilled workforce that reflects the diversity of our state's population is essential to carrying out our public health mission.

**Priorities of Government**  
Statewide Result #3

*Improve the health of Washingtonians*

## **Focus Areas**

### **Staff Training and Performance Evaluations**

Supervisors are charged with orienting new employees to the department's mission and their role in it. Further, key skills sets for each position are identified and aligned with program, office, division and department organizational needs. The department offers access to a broad range of training opportunities to help employees perform at the highest level and adapt to a rapidly changing world.

The department strives to annually assess the performance of all employees using state-established performance and development planning (PDP) assessment tools and guidelines.

### **Factors Influencing Success**

Currently, not all managers set expectations and create training plans at the beginning of performance periods. In addition, the department needs to create a tracking and reporting system to foster an environment in which people have opportunities for training and to improve their skills throughout their careers.

Timely PDP completion across the department is mixed. While the trend is toward improvement, the department still has work to do to meet its 2010 goal of 100 percent completion of performance and development plans and assessments. As of December 2007, 67 percent of the department employees completed PDP Parts 1-3; 62 percent of the department employees completed PDP Parts 4-5.

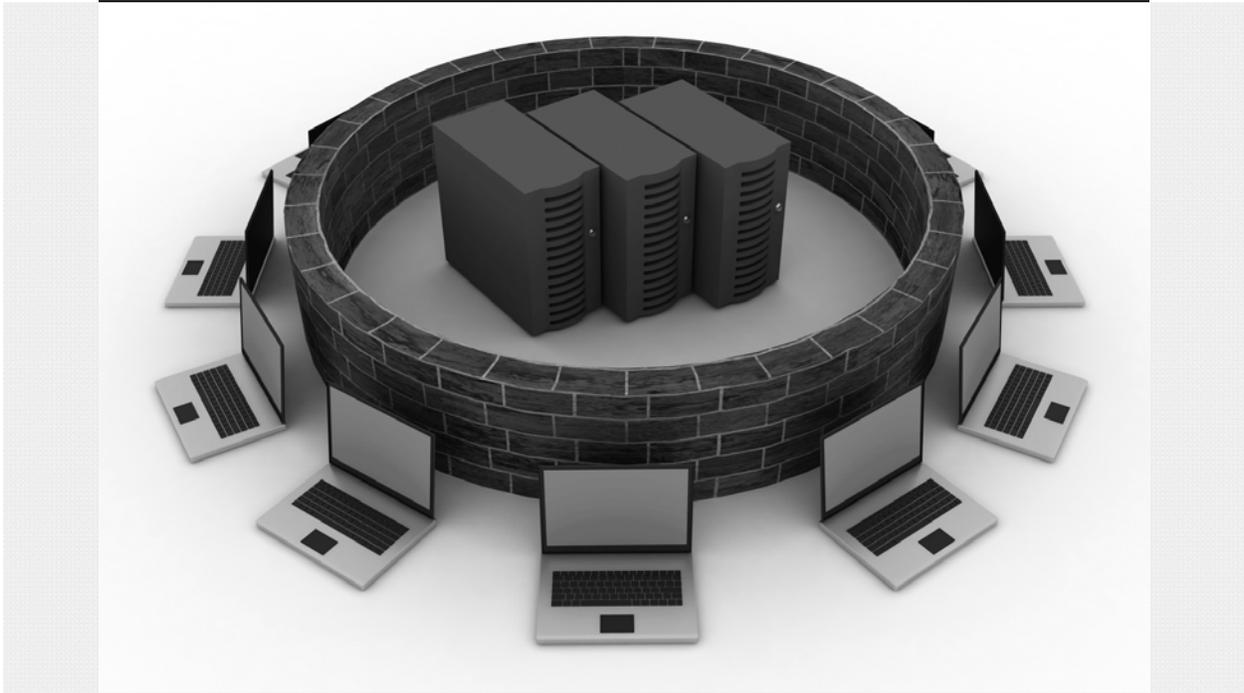
## Objectives, Strategies and Performance Measures

### Staff Training and Performance Evaluations

<b>Objective 1</b>				
Our staff has the training (required and job specific training) they need to perform their jobs	<b>Strategy 1</b>			
	Create a system that helps managers and supervisors identify position specific staff training needs to establish annual training plans	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Percentage of employees that complete their annual required training as documented in their performance and development plan	61% as of 4/08	100% by 7/10
	<b>Strategy 2</b>			
	Provide resources to managers and supervisors to improve their management and leadership skills	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
<b>Objective 2</b>		Percentage of managers and supervisors that report they have the skills and training to do their jobs well	tbd by 12/08	tbd based on baseline 12/08
Improve the evaluation of staff performance	<b>Strategy 1</b>			
	Improve the timely completion of performance development plans and assessments	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Percent of expectations (parts 1-3 of performance and development plan) set and submitted on time	67% for Jan-Dec 2007	85% for Jan-Dec 2009 100% for Jan-Dec 2010
		Percent of development assessment (parts 4-6 of performance and development plan) completed and submitted on time	62% for Jan-Dec 2007	85% for Jan-Dec 2009 100% for Jan-Dec 2010

Goal 4





Goal #5:  
**Use technology to support  
timely, data-driven decisions  
and improve business  
operations**

The mission of the Department of Health's Information Technology team is to provide secure and dependable integrated information technology systems and services for public health.

**Priorities of  
Government**  
Statewide Result #3

*Improve the health of  
Washingtonians*

## **Focus Area**

### **Data Integration**

Data Integration is combining data from different sources and providing the user with a unified view. Many offices and programs within our department capture and store data in different systems, including identical information such as names and addresses. Each of these systems have their own area to store this data which results in duplication and inaccuracies.

By developing data-sharing capabilities between various systems, we can eventually have one place to find common information. By developing a data warehouse to support integration, we will reduce the number of places where data is stored and increase the accuracy of the information while reducing the number of inconsistencies. Our focus on data integration will lead to new data-sharing opportunities and, more importantly, better information for our customers.

### **Factors Influencing Success**

Success within our department depends on continued cross-division collaboration and agreements on standard data definitions. Our challenges include construction of one single repository for all department data; enhancing an existing technology solution to accurately identify data; and application owners, stewards and custodians; and standardizing how we label data elements in the many single databases in our department today. These are all opportunities to increase the efficiency of our systems while increasing the accuracy of the data being used.

## Objectives, Strategies and Performance Measures

### Data Integration

<b>Objective 1</b>				
Improve data-sharing capabilities	<b>Strategy 1</b>			
	Develop and maintain an agency-wide data warehouse to support data integration	<b>Performance Measure</b>	<b>Baseline</b>	<b>Target</b>
		Number of department information technology systems that use the agency-wide data warehouse	0 as of 4/08	2 by 12/10 6 by 12/11 10 by 12/12

## **Focus Areas**

### **Access to Information - Email and Statewide Content Management**

We are experiencing an increasing demand for public disclosure of department records. These include documents, as well as email, web pages, voice mail and other electronic data. The desire for open government and access to information through public disclosure and e-discovery is costly, continues to increase, broaden in scope, and increase in complexity.

The department is in the process of planning a statewide content management project. Electronic records are a high risk in public disclosure. Business rules around email retention, taxonomy, search and retrieval is still considered new technology and demand for electronic records is high. The department is undertaking the email element as the first component in the statewide content management project scope. The ability to provide electronic records in a timely manner will increase our ability to respond and prepare for potential litigation actions.

### **Factors Influencing Success**

The challenge to provide a taxonomy, retention schedules, and business rules for electronic media is complex and will require and include development of business rules, rigorous security assessments, maintenance of a secure architecture for our systems, infrastructure and information. As our department information systems become more complex and the need for rapid collection, storage and distribution of large amounts of data continues to grow, this challenge becomes critically important.

## Objectives, Strategies and Performance Measures

### Access to Information - Email and Statewide Content Management

<b>Objective 2</b>				
Expand capacity to conduct business online	<b>Strategy 1</b>			
	Develop and maintain an agency system for electronic storage, retention and retrieval of records	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Number of record types that have been analyzed for conversion to an electronic management system	0 as of 4/08	8 by 6/10
		Number of record types converted to an electronic management system	4 as of 4/08	12 by 6/11

## **Focus Area**

### **Online Transactions**

People want and expect to be able to receive information and government services via the Web. Implementation of our new Integrated Licensing and Regulatory System (ILRS) will allow us to pursue online processing of health care professional and facility licenses and renewals.

Implementation of an online system for purchasing certified copies of birth, death, divorce and adoption certificates will meet the public's expectation of easier, more convenient governmental services.

The department works to ensure that internal and external fiscal and business services are managed efficiently and effectively. Toward this end, the department is one of several agencies participating in OFM's interim Enterprise Contract Management System and we will continue supporting statewide approaches such as the new Grants, Contracts and Loan Management system currently being developed by OFM. Options for automating other services, such as processing travel reimbursements and purchasing goods and services, will also be explored to improve internal customer service.

### **Factors Influencing Success**

There already is a demand for Web-based electronic transactions. The online system will be well used if it is seen as credible and user friendly by customers. The system will also need to meet the business expectations of other state agencies. As a system that is easy to use, fast and accurate, it will sell itself to customers and the public.

The design and development of these automated systems will require an assessment of current practices, identifying gaps in services needed and reviewing options for meeting the needs that can be fully sustained by the department. Staff resources as well as new funding will likely be needed to complete these strategies in a thoughtful and timely manner. Identifying resources for these new initiatives will be a challenge as federal and state funding reductions are anticipated.

## Objectives, Strategies and Performance Measures

### Online Transactions

Objective 2				
Expand capacity to conduct business on-line	Strategy 2			
	Develop ability to conduct online service transactions	<b>Performance Measures</b>	<b>Baseline</b>	<b>Target</b>
		Number of license types able to renew online	0 as of 4/08	170 by 6/11
		Number of license types able to do an initial application online	0 as of 4/08	8 as of 6/11
		Percent of birth/death certificates purchased through the use of credit cards online	0 as of 4/08	tbd 12/08
		Percent of transactions paid by using a credit card online	0 as of 4/08	tbd 12/08
		Percent of grants and contracts monitored on the system	0 as of 5/08	100% by 7/13
		Percent of purchasing transactions completed online	0 as of 5/08	100% by 7/12
		Percent of travel reimbursements completed online	0 as of 5/08	100% by 7/14



# Appendices

# Goals, Objectives, Strategies and Performance Measures Summary Reference Guide

## Goal 1: Improve health outcomes for the people of Washington state.

### Objective 1: Increase our focus on chronic disease and injury prevention.

Strategy 1: Increase access to healthy foods and opportunities for physical activity.

PM: Slow the annual rate of increase in adult obesity.

Strategy 2: Establish Medical Homes to support good disease management for all people in Washington state.

PM: Increase the proportion of people with diabetes that receive preventive care services.

Strategy 3: Reduce hospitalizations caused by falls among adults 65 and older.

PM: Rate of hospitalizations due to falls for the 65 and older population.

### Objective 2: Prevent and control outbreaks of communicable disease.

Strategy 1: Improve the timely identification and investigation of notifiable condition cases.

PM 1: Percent of notifiable condition cases reported to LHJs within the required timeframe.

PM 2: Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the guidelines.

PM 3: Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “essential fields.”

Strategy 2: Increase the uptake of new and under-used child and adolescent vaccines; focusing improvement efforts on Varicella, Rota Virus, HPV and pediatric influenza.

PM 1: Number of doses ordered.

PM 2: Number of doses administered as recorded in CHILD Profile.

Strategy 3: Decrease communicable disease.

PM: Rate of reported chlamydial infections in females 15-24.

**Objective 3: Improve the health of populations who have higher disease rates than the general population.**

Strategy 1: Reduce smoking rates among low income adults.

PM: Percentage of adults in lower income levels reporting smoking in last 30 days.

Strategy 2: Provide screening and diagnostic services to eligible populations that result in the early detection of breast, cervical and colorectal cancer.

PM: Number receiving breast, cervical and colorectal screening among eligible, uninsured populations (under 250% Federal Poverty Level).

**Objective 4: Reduce hazards in the environment.**

Strategy 1: Increase assessment of hazardous waste sites that impact Puget Sound waters.

PM: Percent of hazardous waste sites that have been evaluated for potential health risks.

**Goal 2: Improve patient safety.**

**Objective 1: Improve the safety of health care facilities and care of patients.**

Strategy 1: Improve systems that impact patient safety.

PM 1: Percent of complaint investigations initiated against health care facilities within set timelines.

PM 2: Percent of complaints against health care professionals completed within set timelines.

PM 3: Percent of applications that result in denial processes within “X” days.

PM 4: Percent increase in adverse events reported by health care facilities.

PM 5: Percent of providers requesting reports on patient prescription history.

### **Goal 3: Make the work we do understandable, accessible and valued.**

**Objective 1: Provide public health information that is easy to understand and widely available.**

- Strategy 1: Improve our Web sites to be completely barrier-free and topic-driven.
  - PM 1: Percent of Web site (upper level portal pages and program sub sites) updated.
  - PM 2: Percent of program sub sites evaluated.
  - PM 3: Percent of sub sites updated based on evaluation.

- Strategy 2: Increase the availability of translated public health materials.
  - PM: Percentage of printed materials available in other languages.

- Strategy 3: Increase interpretation assistance to diverse populations.
  - PM: Percentage of department programs providing interpretation assistance.

**Objective 2: Increase use of customer feedback to improve customer service.**

- Strategy 1: Improve department coordination of customer feedback activities.
  - PM: Percent of customer service programs regularly applying customer feedback to service improvements.

- Strategy 2: Increase the use of customer feedback for service improvements.
  - PM: Rating of satisfaction with the department's services (to set baseline).

**Objective 3: Improve management of public health funds.**

- Strategy 1: Increase performance monitoring of all contracts.
  - PM: Percent of contracts where statements of work are fully met.

**Goal 4: Offer a rewarding work environment to attract and cultivate skilled, innovative, diverse and committed employees.**

**Objective 1: Our staff has the training (required and job specific training) they need to perform their jobs.**

Strategy 1: Create a system that helps managers and supervisors identify position specific staff training needs to establish annual training plans.

PM: Percentage of employees that complete their annual required training as documented in their performance and development plan.

Strategy 2: Provide resources to managers and supervisors to improve their management and leadership skills.

PM: Percentage of managers and supervisors that report they have the skills and training to do their jobs well.

**Objective 2: Improve the evaluation of staff performance.**

Strategy 1: Improve the timely completion of performance development plans and assessments.

PM 1: Percent of expectations (parts 1-3 of performance and development plan) set and submitted on time.

PM 2: Percent of development assessment (parts 4-6 of performance and development plan) completed and submitted on time.

**Goal 5: Use technology to support timely, data-driven decisions and improve business operations.**

**Objective 1: Improve data-sharing capabilities.**

Strategy 1: Develop and maintain a department-wide data warehouse to support data integration.

PM: Number of department information technology systems that use the department-wide data warehouse.

**Objective 2: Expand capacity to conduct business online.**

Strategy 1: Develop and maintain a department system for electronic storage, retention and retrieval of records.

PM 1: Number of record types that have been analyzed for conversion to an electronic management system.

PM 2: Number of record types converted to an electronic management system.

Strategy 2: Develop ability to conduct online service transactions.

PM 1: Number of license types able to renew online.

PM 2: Number of license types able to do an initial application online.

PM 3: Percent of birth/death certificates purchased through the use of credit cards online.

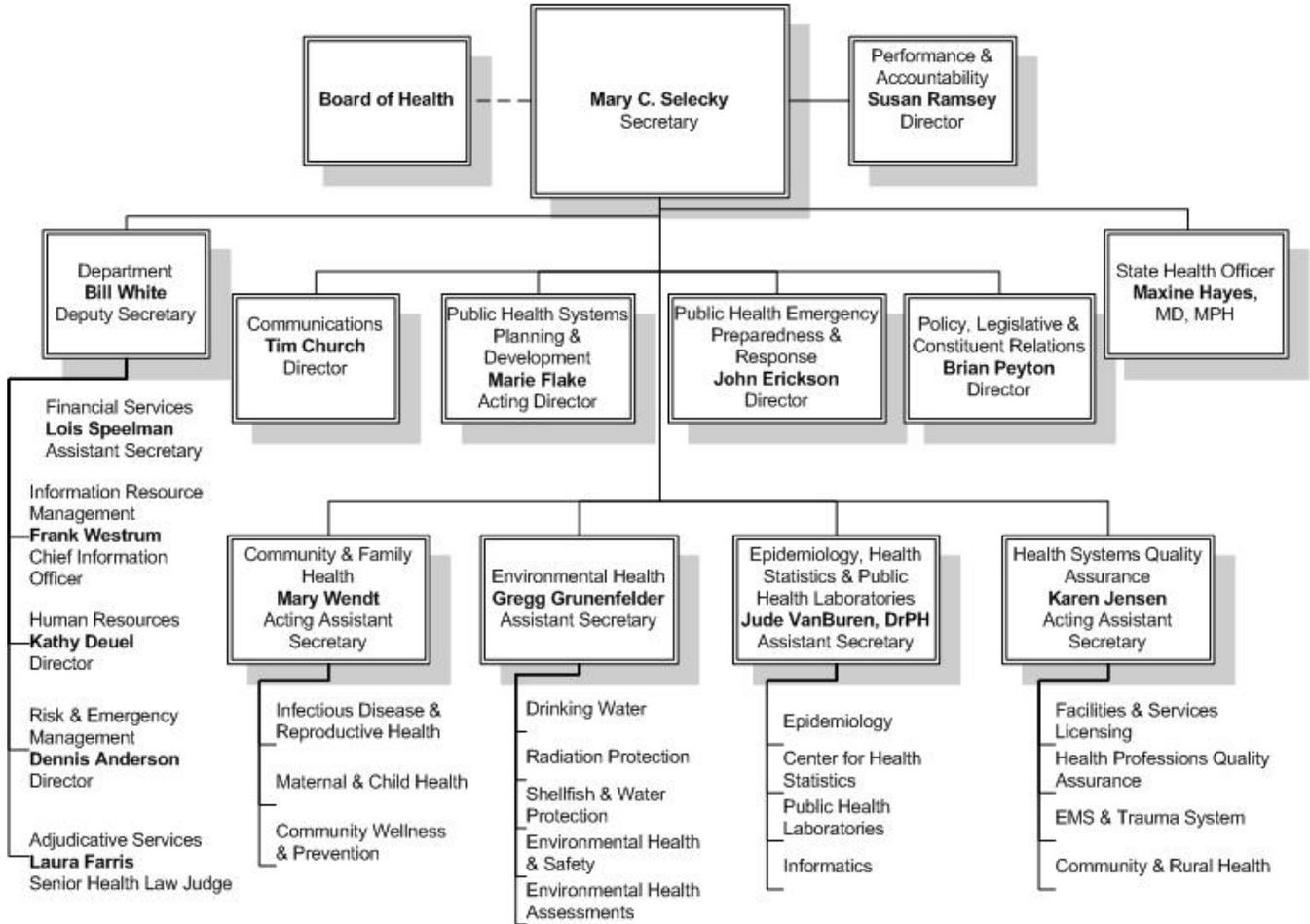
PM 4: Percent of transactions paid by using a credit card online.

PM 5: Percent of grants and contracts monitored on the system.

PM 6: Percent of purchasing transactions completed online.

PM 7: Percent of travel reimbursements completed online.

# Organization Chart



# Statutory Authority

The department has a very broad range of responsibilities, including significant regulatory authority in many areas of government. As a result, the agency's authorizing statutes exist under many titles in state law. A more detailed, comprehensive list of department statutory authority may be found at:

<http://www.doh.wa.gov/Rules/DOHRCW.htm>

<b>Title 43</b>	<p><b>State Government Executive</b> This title sets forth the legislative intent in establishing the Department of Health, shown below. Additional chapters address water supply and radioactive waste. <b>RCW 43.70.005</b> ... It is the intent of the Legislature to form such focus by creating a single department in state government with the primary responsibilities for the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all the state's activities as they relate to the health of its citizenry.</p> <p>Further, it is the intent of the Legislature to improve illness and injury prevention and health promotion, and restore the confidence of the citizenry in the expenditure of public funds on health activities, and to ensure that this new health agency delivers quality health services in an efficient, effective, and economical manner that is faithful and responsive to policies established by the Legislature.</p>
<b>Title 70</b>	<p><b>Public Health and Safety</b> This title lays out much of the specific work of state and local governmental public health agencies, their organization and areas of authority ranging from control of communicable diseases to the licensing and inspection of medical facilities. Many of the Department of Health's most significant programs are authorized in this title.</p>
<b>Title 69</b>	<p><b>Food, Drugs, Cosmetics and Poisons</b> This title covers much of the agency activity with control of pharmaceuticals, food and shellfish safety efforts, and control of precursor drugs used in the manufacture of methamphetamine.</p>
<b>Title 18</b>	<p><b>Businesses and Professions</b> The agency has significant regulatory authority over 62 distinct health professions. Responsibilities include complaint investigation, disciplinary hearings and actions, and licensing activities</p>
<b>Title 26</b>	<p><b>Domestic Relations</b> The Department of Health has a key role in government as the keeper of vital records, including birth, marriage, divorce, and adoption</p>
<b>Title 41</b>	<p><b>Public Employment, Civil Service and Pensions</b> This title provides the framework for the coordination of Department of Health with the State Health Care Authority and addresses such issues as access for under-served populations to health care and prescription drug matters.</p>

# References

## **Health of Washington State Report (HWS)**

The Health of Washington State Report (HWS) provides an overview of disease and related risk and protective factors, health-related environmental issues, and health services issues that are important for health in Washington. The HWS provides:

- current measures of the magnitude of health and related problems in Washington to allow comparisons to the U.S., and to aid LHJs in comparing themselves to the state as a whole;
- measures over time to aid in determining whether we are improving and to identify emerging problems;
- measures by groups within the total population to identify disparities by race and ethnicity, urban or rural residence, age and sex; and
- information on effective programs designed to reduce illness and maximize health.

The HWS is intended to be used for policy decision-making and program planning in topic-specific areas. HWS was first published in 1996. Historically funding for this report has been piecemeal as there have been no dedicated dollars for compiling this report which requires approximately five FTEs across the department. Dedicated resources will be required if this work is to continue.

## **Behavioral Risk Factor Surveillance System (BRFSS)**

The Behavioral Risk Factor Surveillance System (BRFSS), established in 1984 by the Centers for Disease Control and Prevention (CDC), is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Currently, data is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than

350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

### **Healthy Youth Survey (HYS)**

The Healthy Youth Survey (HYS) is a collaborative effort of the Office of the Superintendent of Public Instruction, the Department of Health, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, and Community Trade and Economic Development.

The Healthy Youth Survey provides important information about adolescents in Washington. County prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policy and programs that serve youth.

The information from the Healthy Youth Survey can be used to identify trends in the patterns of behavior over time. The state-level data can be used to compare Washington to other states that do similar surveys and to the nation.

# Acronyms and Definitions

## A

**ASF:** Ambulatory Surgical Facility - A free standing entity that serves the primary purpose of performing surgery for individuals who do not require hospitalization. Also known as day surgery facilities.

## B

**BRFSS:** Behavioral Risk Factor Surveillance System - is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

## C

**CDC:** Centers for Disease Control - Federal agency managing the cooperative agreement for Public Health Preparedness and Response to Terrorism.

**CHILD Profile Application:** Collects immunization records.

**CFH:** Community and Family Health - A division within the department. Their mission is to enhance the health of communities through culturally sensitive programs that promote a healthy start, healthy choices, and access to services.

## D

**DOH:** Department of Health

## E

**EPT:** Expedited Partner Therapy - is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

## G

**GMAP:** Government Management Accountability and Performance - A reporting mechanism for the state agencies to report directly to the governor and staff on agency performance. It gives the public a clear, concise view of how government programs are working and whether citizens are receiving value for their dollars. GMAP gives citizens a way to judge the effectiveness of government programs. It allows agency leaders to shine a spotlight on problems and make decisions with greater clarity and accuracy. At the same time, it gives agency managers new tools to solve problems and improve services.

## H

**HealthMAP:** Health Management Accountability and Performance – an internal GMAP reporting mechanism within the Department of Health. It provides a forum for divisions to report on progress, solve problems and report current department information to the Senior Management Team.

**Healthy People 2010:** Healthy People 2010 is a set of health objectives for the Nation to achieve over the first decade of the new century. It was developed through a broad consultation process, built on the best scientific knowledge, and designed to measure programs over time.

**HPV:** Human Papillomavirus - is the most common sexually transmitted infection in the U.S. Each year about 6.2 million Americans are infected. Most HPV infections are asymptomatic and the virus is naturally eliminated by the body, but if left untreated, the virus can cause genital warts or cervical cancer.

**HPQA:** Health Professions Quality Assurance - an office within the Health Systems Quality Assurance Division. HPQA is charged with protecting public health and safety by regulating the competency and quality of 290,9411 credentialed health care providers.

**HSQA:** Health Systems and Quality Assurance - a division within the department that works to assure access to safe, appropriate and continuously improving health care.

**HR:** Human Resources - The Office of Human Resources provides professional HR consultation to build and maintain a diverse and competent workforce within the department.

**HWS:** The Health of Washington State Report - A statewide assessment of health status, health risks, and health care services.

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**IT:** Information Technology

**ILRS:** Integrated Licensing and Regulatory Systems - a new management information database for a licensing and disciplinary system.

**Influenza:** The flu is a contagious viral respiratory illness that spreads through the air from person to person through coughing, sneezing or talking. Thirty six thousand Americans die each year due to influenza and its complications. It's the sixth leading cause of death among children age four and under.

**IPCP:** Immunization Program CHILD Profile (*CHILD—Children's Health Immunizations Linkages and Development*).

L

**LEP:** Limited English proficiency - Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

**LHJs:** Local Health Jurisdictions - Washington's public health services are delivered through 35 local health agencies.

O

**OFM:** Office of Financial Management - provides vital information, fiscal services and policy support that the governor, legislature and state agencies need to serve the people of Washington state.

## P

**PIC:** Pelvic Inflammatory Disease - a general term that refers to infection of the uterus (womb), fallopian tubes (tubes that carry eggs from the ovaries to the uterus) and other reproductive organs. It is a common and serious complication of some sexually transmitted diseases (STDs), especially chlamydia and gonorrhea.

**PDP:** Performance Development Plan - A form that is used as a tool to support effective employee performance management. It is formatted to facilitate both performance planning and feedback at the end of the performance period.

**PHIMS:** Public Health Issue Management System provides local public health a way to collect, manage and report Notifiable Conditions reports, disease outbreaks and disease investigations. Reporting on PHIMS is done over the internet giving easy access to the system and standardizes the way the information is collected and reported. The collective database becomes a valuable tool for epidemiologists as they conduct disease research and surveillance.

**PMP:** Prescription Monitoring Program - is a virtual information clearinghouse available to physicians and pharmacists to verify what controlled substances a patient is currently taking. This helps prevent writing of scripts that may be contraindicated and it helps identify individuals who may be fraudulently seeking narcotics.

## R

**RCW:** Revised Code of Washington - The laws of Washington state.

**Rotavirus:** Rotavirus is the most common cause of severe diarrhea among children. Infection is characterized by vomiting, watery diarrhea, fever and abdominal pain. About 55,000 children are hospitalized in the US each year due to the virus. Over 95% of children experience rotavirus infection by age five.

## U

**UDA:** Uniform Disciplinary Act—The Uniform Disciplinary Act, chapter 18.130 RCW, governs unlicensed practice, the issuance and denial of licenses, and the discipline of licensees under this chapter.

## V

**Varicella:** Varicella causes chickenpox and is a highly contagious virus spread through coughing, sneezing and direct contact with infectious lesions. It causes a skin rash of a few to hundreds of blister-like lesions, which can occur all over the body. Varicella is usually more severe in adolescents and adults. Complications include bacterial infection of the skin, swelling of the brain, pneumonia and death.

## W

**WACS:** Washington Administrative Codes

**WBCHP:** Washington Breast and Cervical Health Program is funded by the Centers of Disease Control and Prevention and Washington State. It provides free breast and cervical cancer screening for low-income women.



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER WASHINGTON

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