



FY 2015 Performance Accountability Report Department of Health

INTRODUCTION

The Performance Accountability Report (PAR) measures each agency's performance for the fiscal year against the agency's performance plan and includes major accomplishments, updates on initiatives' progress and key performance indicators (KPIs).

MISSION

The Mission of the Department of Health is to promote and protect the health, safety and quality of life of residents, visitors and those doing business in the District of Columbia.

SUMMARY OF SERVICES

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

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

OVERVIEW – AGENCY PERFORMANCE

The following section provides a summary of DOH performance in FY 2015 by listing DOH's top three accomplishments, and a summary of its progress achieving its initiatives and progress on key performance indicators.

TOP THREE ACCOMPLISHMENTS

The top three accomplishments of DOH in FY 2015 are as follows:

DOH has garnered critical support for Health Equity through working with the DC Council, and cross-sector partnerships with government and community stakeholders. The department also achieved it's



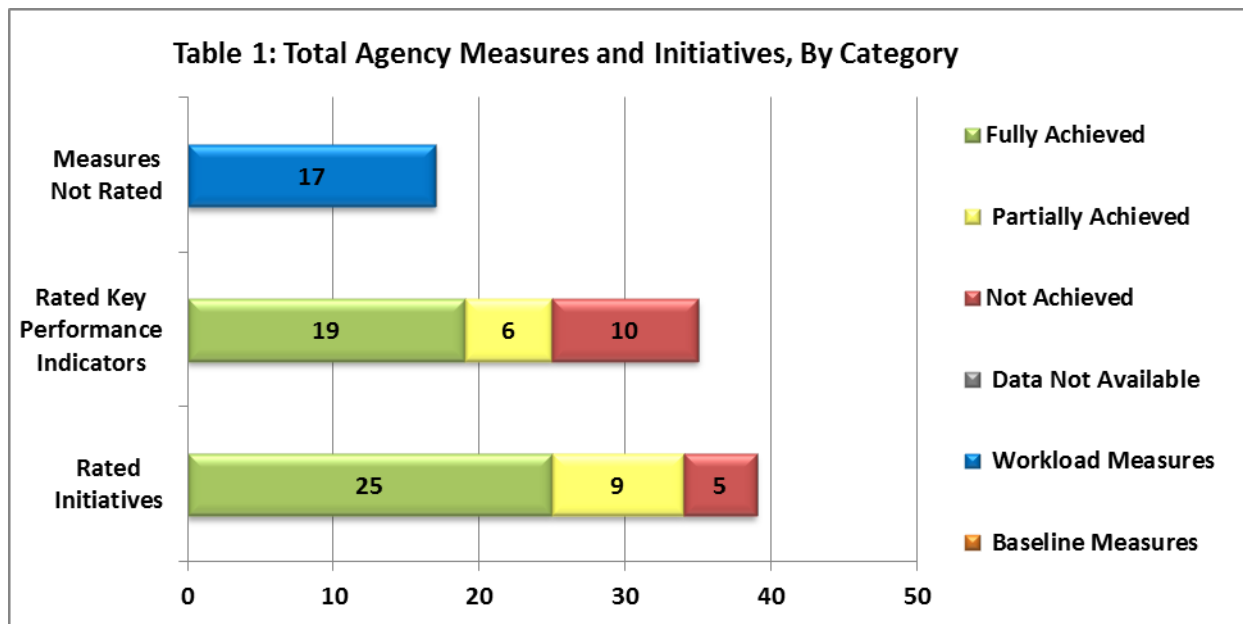
“year one” goal of establishing the Office of Health Equity in to coordinate multisector and public-private partnerships to achieve health equity focusing on the factors that improve population health beyond healthcare.

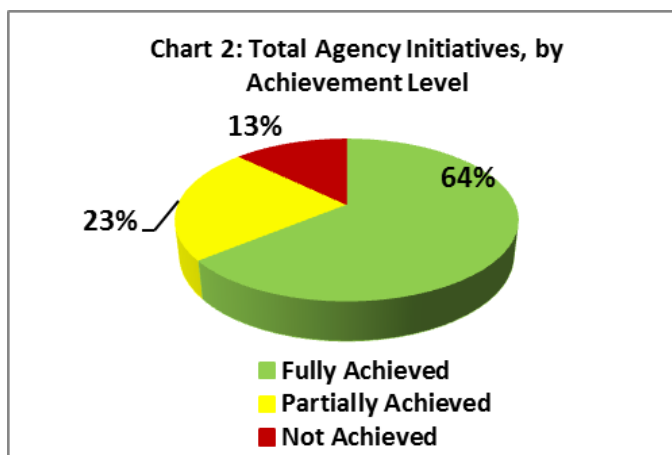
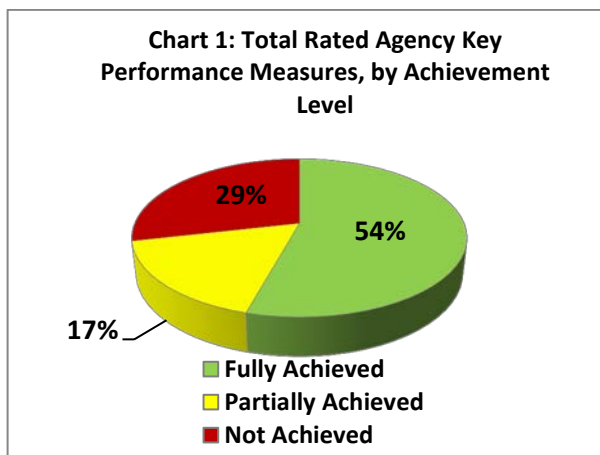
DOH has established key cross-sector partnerships to address critical public health issues. Examples include the Marijuana Task Force, and the Heroin Task Force. DOH worked closely with DBH, MPD, and DCRA, realizing the Mayor’s vision for a comprehensive multi-sector response to combating the problem of synthetic cannabinoids.

DOH continues to make progress in the fight against HIV and AIDS. Data published in FY 15 show new HIV infections continuing to decline through the restructuring of DOH programs and implementation of science-based prevention and treatment strategies.

SUMMARY OF PROGRESS TOWARD COMPLETING FY 2015 INITIATIVES AND PROGRESS ON KEY PERFORMANCE INDICATORS

Table 1 (see below) shows the overall progress the DOH made on completing its initiatives, and how overall progress is being made on achieving the agency’s objectives, as measured by their key performance indicators.





Default KPI Rating:	
>= 100%	Fully Achieved
75 - 99.99%	Partially Achieved
< 75%	Not Achieved

In FY 2015, DOH fully achieved almost two-thirds of its initiatives and nearly 55 percent of its rated key performance measures. **Table 1** provides a breakdown of the total number of performance metrics DOH uses, including key performance indicators and workload measures, initiatives, and whether or not some of those items were achieved, partially achieved or not achieved. **Chart 1** displays the overall progress is being made on achieving DOH’s objectives, as measured by their rated key performance indicators. Please note that chart 2 contains only rated performance measures. Rated performance measures do not include measures where data is not available, workload measures or baseline measures. **Chart 2** displays the overall progress DOH made on completing its initiatives, by level of achievement.

The next sections provide greater detail on the specific metrics and initiatives for DOH in FY 2015.

PERFORMANCE INITIATIVES – ASSESSMENT DETAILS

Center for Policy, Planning and Evaluation

OBJECTIVE 1: Promote the availability of accessible, high quality and affordable health care services, especially in underserved areas.

INITIATIVE 1.1: To increase residents’ access to needed health care services (Age-Friendly DC: Domain 8).

The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of



high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure and construction process, if applicable, to establish services. During FY14, SHPDA has seen a dramatic decrease in the number of CON applications, which was due to, in part, fewer applications from home health care providers. Based on this decrease, the SHPDA anticipates a change in the CON applications reviewed to 25 in FY15. **Completion Date: September, 2015.**

- **Performance Assessment Key: Fully Achieved.** The State Health Planning and Development Agency (SHPDA) reviews Certificate of Need (CON) applications to ensure that the services and facilities established in the District are of high quality and meet the needs of residents. Once a CON is approved, the health care provider will then begin the licensure process, if applicable, to establish services. During FY15, SHPDA saw an increase in the number of CON applications, which was due to more applications from home health care services. Based on the historical number of CON applications, the SHPDA projects to review 25-30 applications in FY 2016.

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

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

In FY 15, CPPE will maintain that at least 95 percent of vital records are processed within 30 minutes by continuing to increase the number of historic records entered into the electronic registration system. Vital Records Division has made significant headway as birth records dating back to the 1950s are currently undergoing a Quality Assurance process in order to move these records to the electronic system. Death records are now in the process of being scanned and prepared to move them to the electronic system. As these records are entered in the electronic system, processing time to issue a vital record will be significantly reduced. **Completion Date: September, 2015.**

- **Performance Assessment Key: Fully Achieved.** The Vital Records Division (VRD) has successfully met this target goal of processing 95% of walk-in customers within 30 minutes. This success was achieved primarily as a result of legacy paper records being scanned into the VRD electronic birth registration system to enable issuance of a certified record.

INITIATIVE 2.2: Analyze customer data to improve service delivery.

In FY15, the Vital Records Division will continue to analyze data from the QMatic customer flow system to identify those customer requests most often requiring more than 30 minutes to process. The analysis will support recommendations for improved processing of the identified 'time consuming' requests. Some recommendations are now being implemented. **Completion Date: September, 2015.**



- **Performance Assessment Key: Partially Achieved.** The VRD recently began analyzing detailed service delivery metrics using QMatic customer flow system and Tableau, which both provide better and more accurate reporting of customer work flow and staff performance.

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

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

The 2011 BRFSS marked the first time that the CDC added a cell phone survey component to the annual survey process. CPPE has since published a 2011 report that included cell phone responses. The 2012 report is forthcoming. By September 30, 2015, CPPE will complete the data collection and analysis for the 2014 survey, providing the District with four years of health behavior data based upon a more representative sample of the city’s population. **Completion Date: September, 2015.**

- **Performance Assessment Key: Partially Achieved.** Each year the DC BRFSS conducts a health survey to District adult residents aged 18 years and older in all eight wards of the city. The DC BRFSS sample size for survey years 2013 and 2014, were reduced from 4,800 to 4,000 completed interviews per year due to lack of funding. Despite the financial limitations the program was able to sustain its analytical activities based on data findings for corresponding years which includes the following reports:
 Marijuana in the District of Columbia, Pneumonia Vaccination Report, Cancer Risk and Prevention Report based on the four leading causes of cancer in the District of Columbia, 2014 Annual Health Report. All reports are pending administration and agency approval. Estimated time of release is January 31, 2016.

KEY PERFORMANCE INDICATORS– Center for Policy, Planning and Evaluation

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
●	1.1	Number of Certificates of Need (CONs) reviewed	6	25	Not Applicable	33	132%	CPPE
●	2.1	Percent of vital records processed within 30 minutes	90%	95%	Not Applicable	96.79%	101.88%	CPPE
●	3.1	Number of BRFSS surveys completed	3,690	5,000	Not Applicable	2842	56.84%	CPPE



Community Health Administration

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

INITIATIVE 1.1: Project WISH will provide clinical breast, pelvic and cervical exams, as well as mammogram screenings and PAP-test screenings, to eligible women (Age-Friendly DC: Domain 8).

Project WISH provides a set of comprehensive services to District of Columbia women including free clinical breast exams and mammograms, pelvic exams, Pap tests, HPV tests and other diagnostic services. To qualify for services, eligible women must be low-income, uninsured or underinsured, between 40-64 years of age, and residents of the District of Columbia. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully Achieved.** During FY2015, Project WISH provided 1,734 breast and cervical cancer diagnostic and screening services. Although the program exceeded its goal of 1,157 services, this is a 32% reduction in services provided the previous year. Decreases in service delivery for Project WISH and other federally-funded breast and cervical cancer programs across the country, are due to increased enrollment in the health marketplace and access to comprehensive primary care. As the focus shifts from providing breast and cervical cancer screening, Project WISH is expanding services to include implementation of evidenced-based strategies and patient navigation to ensure that newly insured women receive necessary and lifesaving early detection. In addition, Project WISH has launched the Supplemental Diagnostic Assistance Program (SDAP) to provide support for under-insured women. SDAP will reimburse for out-of-pocket expenses (co-payments, deductibles and co-insurance) for diagnostic procedures for women who are otherwise qualified for Project WISH and covered through the health marketplace.

OBJECTIVE 2: Expand nutrition education and increase access to healthy foods as part of efforts to lower the District's obesity rate.

INITIATIVE 2.1: Increase number of DC residents participating in SNAP-ED sessions (Age-Friendly DC: Domain 8, Sustainable DC Plan Health & Wellness Action 1.2).

In FY 15, CHA seeks to increase the overall number of residents participating in SNAP-Ed sessions with a special emphasis on the early childhood and senior populations. Both of these groups present with similar vulnerability and there is an opportunity to positively impact their knowledge and behaviors. SNAP-ED sessions focus on encouraging low-income participants



(the majority of whom are potentially SNAP-eligible) to purchase foods that promote a healthier diet by emphasizing five nutrition messages: eating nutritious fruits and vegetables, consuming low-fat dairy, eating more whole grains foods, drinking more water, and engaging in daily physical activity. The program develops educational handouts and classes and outreach sessions that are age, language, and culturally appropriate to target audiences. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** During FY15, the District of Columbia SNAP-Ed program provided nutrition and physical activity education to a total of 30,218 residents. This was accomplished through the work of DOH staff as well as the University Of The District of Columbia. Additionally, over 20 community partners assisted with ensuring that hard to reach target audiences were included.

INITIATIVE 2.2: Expand the D.C. Fresh! pilot program Sustainable DC Plan Food Action 2.2 and Age-Friendly DC: Domain 8).

This District-wide wellness program aims to improve individual health behaviors by increasing access to healthy foods. This program uses mobile healthy food carts to provide fresh produce and minimally-processed foods in high traffic low-income neighborhoods, particularly in Wards 5, 7 and 8. In FY15, DOH will increase partnerships through participation in the produce voucher program, such as Produce Plus and Freggie Bucks. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully Achieved.** The D.C. Fresh program has expanded access to healthy foods by increasing the number of nutrition education sessions with District residents. Through a partnership with DC Central Kitchen, approximately 821 D.C. residents benefited from cooking demos and classes as well as nutrition information and food samples made with fresh produce available in their communities. During this performance year, efforts have been leveraged with the Nutrition and Physical Fitness Bureau to increase access to and utilization of produce vouchers.

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

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

In FY 15, the CHA will enhance the DC Hears database in sync with the State Vital Records data system managed by CPPE. The ultimate objective of the program is to increase the percentage of infants with abnormal hearing screening results that receive follow-up care. Approximately three babies per 1,000 births are born with a hearing loss, making it the most



common birth defect in the District. If not identified early, it can lead to a delay in language, cognitive, and social development. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** In FY15, 95% of parents with an infant with abnormal hearing screening results received educational counseling and were referred for follow up care. Each month staff analyzes hearing screening data to target the families of infants that have referred on the initial hearing screening. In addition to receiving a telephone call and (bilingual) literature, staff assists with linkages to services and follows up care to ensure optimal outcomes. The percentage is based on 11 months of fiscal year data. The final month (September) was not included in this calculation since there is a one month delay in newborn hearing screening reporting.

OBJECTIVE 4: Improve immunization rates among children enrolled in District of Columbia Public Schools (DCPS), District of Columbia Public Charter Schools, as well as Private and Parochial Schools.

INITIATIVE 4.1: Maintain at least 92% of children with up-to-date immunizations in DCPS and District of Columbia Public Charter Schools.

CHA will work collaboratively with the Office of the State Superintendent of Education (OSSE) and the DCPS system to monitor and regulate rates of immunization compliance. In addition, during FY15, CHA will work to enhance the accuracy and interoperability of the Immunization Registry. The Immunization Program will support primary care providers in efforts to encourage parents and caregivers to immunize children and schedule annual well child visits. DOH has launched a public awareness campaign on the HPV vaccination which will continue in 2015. These activities, along with training and education, will continue to reinforce residents and providers about the importance of immunizations for children. In addition, encouraging compliance to immunization schedules remain a fundamental priority for the WIC Program. Efforts to promote age appropriate immunizations for children, aged birth to five years, will continue at WIC sites throughout the District.

Completion Date: September 30, 2015.

- **Performance Assessment Key: Partially achieved.** The average immunization compliance rate for DC Public Schools and DC Public Charter Schools at the end of the 2014/2015 school year was 87.42%. In August 2015, the Immunization Program collaborated with internal and external stakeholders on the development of the “No Shots, No School” campaign which ran in the fall of 2015. The PSA was heard on multiple Radio One stations and via the Pandora music service, while the print ads were seen on multiple buses and trains throughout the District. Additionally, the Immunization Program hosted its 10th Annual Immunization Conference, the School Appreciation Event for school nurses and administrators, and an educational and awards program for health providers in the Vaccines for Children (VFC) program.



OBJECTIVE 5: Increase the number of young children in the District who are ready for school.

INITIATIVE 5.1: Increase the number of participants in the Maternal, Infant, and Early Childhood Home Visiting Program.

The home visiting program is designed to promote maternal, infant and early childhood health as well as the development of strong parent-child relationships. The program seeks to improve maternal and child health; prevent child injuries, child abuse and neglect; reduce emergency room visits; improve school readiness and achievement; reduce crime and domestic violence; improve family economic self-sufficiency; improve care coordination and referrals for community resources and support; and finally, improve parenting skills to increase child development. In FY 15, the program will increase and/or maintain the number of families participating in the program. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** During FY15, there were 287 participants who received services (at least one completed visit) in the Maternal, Infant, and Early Childhood Home Visiting Program. The program was only able to maintain a 74% capacity rate. In FY16, DOH will be working with its partners to meet the federal grant requirement of an 85% capacity rate.”

OBJECTIVE 6: Access to Care

INITIATIVE 6.1: Assess the availability of and access to care to determine the need for constructing new primary health care clinics and for recruiting and retaining primary care, mental health and dental providers in underserved areas (Age-Friendly DC: Domain 8).

In FY 15, the Primary Care Bureau (PCB), within the Community Health Administration (CHA), seeks to maintain the participation of “primary care” medical professionals in the District’s Health Professions Loan Repayment Program (HPLRP) so that they represent 60% of all HPLRP participants. After an assessment was completed, regulations were passed in FY 2010 that set “target” participation goals for each eligible discipline: 60% primary care providers, 20% dental providers, and 20% mental health providers. As of August 15, 2014, primary care practitioners represented 60% of the total participant pool.

Completion Date: September, 2015.

- **Performance Assessment Key: Fully achieved.** At the end of FY15, 63% of HPLRP participants (21 out of a total of 33) were practicing primary care.

INITIATIVE 6.2: Ensure that 90% of Tobacco Settlement Fund funded health center and hospital projects are operational and serving the public (Age-Friendly DC: Domain 8).










The District Government has invested over \$70 million in Tobacco Settlement Funds (TSF) to construct new and expand existing primary care and hospital facilities. The PCB within the



CHA has provided oversight for these capital grants to ensure that facilities are completed and open for services as expeditiously as possible. In FY14, 90% (nine out of 10) of the TSF-funded projects had been completed and were operational. By September 30, 2015, the PCB will ensure that the final funded project, a multi-use facility with multiple partners, will be completed and 100% of the grants will be closed out. **Completion Date: September, 2015.**

 **Performance Assessment Key: Fully achieved.** At the end of FY15, 100% of the TSF-funded projects were open and operational.

KEY PERFORMANCE INDICATORS- Community Health Administration

   	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Number of cervical screening and diagnostic procedures performed	425	325	Not Applicable	259	79.69%	CHA
	1.2	Number of breast screening and diagnostic procedures performed	937	832	Not Applicable	1475	177.28%	CHA
	2.1	Number of SNAP-Ed participants receiving nutrition education [Sustainable DC Plan Action FD2.3]	8,435	16,000	Not Applicable	30,218	188.86%	CHA
	3.1	Percent of parents receiving educational counseling for newborn hearing loss	93.96%	94%	Not Applicable	95.05%	101.11%	CHA
	3.2	Percent of infants that receive documented follow up care after the first referral	71.31%	75%	Not Applicable	59.27%	79.02%	CHA



●	4.1	Percent of children with up-to-date immunizations	n/a	92%	Not Applicable	87.42%	95.02%	CHA
●	5.1	Number of families in the DC Home Visiting program, early childhood visits	236	240	Not Applicable	287	119.58%	CHA
●	6.1	Percent of HPLRP participants that are practicing primary care	60%	60%	Not Applicable	62.41%	104.01%	CHA
●	6.2	Percent of TSF-funded health center and hospital projects operational and serving the public	90%	100%	Not Applicable	100%	100%	CHA

Health Emergency Preparedness and Response Administration

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

INITIATIVE 1.1: HEPRA will continue to solicit input of stakeholders on the services that were provided to them.

Each Division has a number of services and products that are provided to stakeholders. HEPRA began collecting customer feedback through on-line surveys in FY 12. The results have been used to improve service delivery to the public. In FY 15, HEPRA will issue 3,000 surveys in efforts to continue to solicit customer feedback. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Not achieved.** In FY 2015, HEPRA surveyed 250 stakeholders to assess the quality of customer service provided. Although, this number did not meet the established FY 2015 target, it is on trend with historical completion rates. The only exception being the previous fiscal year. In FY 2014, HEPRA had performed a special survey of the Mayor’s EMS Advisory Council. This survey was disseminated to approximately 3,500 EMS providers, resulting in a higher completion. This higher completion rate may have resulted in the increased target for FY 2015.

OBJECTIVE 2: Improve and sustain public health emergency preparedness and response activities within the District.



INITIATIVE 2.1: Ensure that all DOH staff required to report to work during emergencies are prepared to respond by utilizing the concepts of the National Incident Management System (NIMS) as directed by Homeland Security Presidential Directive #5 (Age-Friendly DC: Domain 9).

The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The goal of DOH will be to meet the following NIMS training levels for all DOH emergency designated staff, with 100% of applicable staff being trained in NIMS IS-100, NIMS IS-200, NIMS IS-700, and NIMS IS-800. **Completion Date: September, 2015.**

- **Performance Assessment Key: Partially achieved.** In FY 2015, 76% of the applicable staff required to complete the introductory NIMS courses did so. The target was not met due to an increase in the number of applicable staff. In FY 2015, HEPRA expanded applicable staff to include persons from throughout the DOH and not just those internal to the Administration. This expansion will ensure that DOH supervisors possess basic training in ICS principles and are capable of filling Incident Management Team positions.

INITIATIVE 2.2: Ensure staff participating in the Health Emergency Coordination Center (HECC) activities are prepared to respond to emergencies using the concepts of the NIMS as directed by Homeland Security Presidential Directive #5 (Age-Friendly DC: Domain 9).

The use of a standardized approach to incident response and recovery is paramount for inter-agency collaboration and life safety. The goal of HEPRA will be to meet the following NIMS training levels for HECC participating staff, with 100% of applicable staff being trained in NIMS ICS-300 and ICS-400. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Not achieved.** In FY 2015, 56.52% of applicable DOH staff received advanced training in NIMS coursework. Due to limited course availability and offerings, the fiscal year target was not met.

INITIATIVE 2.3: Inspect emergency medical vehicles (ambulances) in accordance with District regulations.

HEPRA will add the inspection of medical equipment assigned to non-transporting response vehicles and air ambulances. The EMS Act of 2009 along with current regulations outlined in the DCMR, Title 29, Chapter 5, mandates that all EMS response vehicles must be inspected prior to being placed into service. Further, any EMS response vehicle certified by the DC Department of Health is subject to an unannounced inspection at any time. **Completion Date: September, 2015**

- **Performance Assessment Key: Fully achieved.** In FY 2015, HEPRA conducted 404 ambulance and emergency medical services related inspections.



INITIATIVE 2.4: HEPRA is responsible for conducting the review and approval of the Health, Medical and Safety Plan applications for all events held on District of Columbia public space. The Special Event Health, Medical and Safety Plan requires a review of applications that are inclusive of information on the full event and the health, medical and safety procedures that will be utilized during the event. HEPRA reviews the Special Events Health, Medical and Safety Plan applications to ensure that the plans meet the minimum standards for the size and type of event as defined by the policy. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully Achieved.** For FY2015, HEPRA reviewed and approved 177 Special Event Health, Medical and Safety Plan applications.

INITIATIVE 2.5: HEPRA will continue to train District staff, residents, community-based partners and businesses in emergency preparedness and community resilience to strengthen our ability to respond and recover more quickly when disaster strikes (Age-Friendly DC: Domain 9).

Community resilience is the ability of a community to prepare for, respond to, and recover from a disaster and focuses on relationships and resources within the community. Training in emergency preparedness and community resilience connects community members and neighbors to government agencies, organizations and resources before and during an emergency or disaster. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** HEPRA conducted training for District staff, providers, Medical Reserve Corps, State Animal Response team, community members in Emergency Preparedness and Community Resilience. Modules include: Personal preparedness, community resilience, Community Emergency Response (CERT), Mass care and sheltering, disaster behavioral health, pet preparedness, senior awareness, working with those with access and functional needs, Points of Dispensing (prophylaxis medication) CPR, first aid. Volunteers registered in volunteer database available for deployment.

OBJECTIVE 3: Assure the provision of pharmaceutical services in a cost effective, clinically proficient manner to maximize District residents' access to life saving medications.

INITIATIVE 3.1: the DC DOH Pharmaceutical Warehouse personnel will process and replenish medication orders within five (5) business days of request (Age-Friendly DC: Domain 8).

HEPRA provides a mechanism for the direct delivery of selected prescription medications to eligible District residents who are enrolled in District programs. Counseling services are also available for those who needed assistance. In FY 15, HEPRA will ensure that all medical orders are processed within five business days. **Completion Date: September 30, 2015.**



● **Performance Assessment Key: Fully achieved.** In FY 2015, the Pharmacy Warehouse successfully processed 96% of its prescription claims within five business days.

KEY PERFORMANCE INDICATORS– Health Emergency Preparedness and Response Administration

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual (KPI Tracker)	FY 2015 YE Rating (KPI Tracker)	Budget Program (KPI Tracker)
●	1.1	Number of survey reports that are sent out to stakeholders and customers	2,748	3,000	Not Applicable	250	8.33%	HEPRA
●	2.1	Percent of applicable staff trained on NIMS ICS 100, 200, 700 and 800	Not Available	100%	Not Applicable	75.81%	75.81%	HEPRA
●	2.2	Percent of applicable staff trained on NIMS ICS 300 and 400	100%	100%	Not Applicable	56.52%	56.52%	HEPRA
●	2.3	Total number of ambulance inspections	360	400	Not Applicable	404	101%	HEPRA
●	3.1	Percent of prescription claims processed and replenished annually within five (5) business days	Not Available	100%	Not Applicable	95.62%	95.62%	HEPRA

HIV/AIDS, Hepatitis, STD, and TB Administration

OBJECTIVE 1: Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis through early diagnosis and treatment, harm reduction, and behavior change interventions.

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

Routine, opt-out HIV testing is the key component of HAHSTA’s strategy to prevent new infections. HAHSTA has worked to incorporate this policy as a standard of care in all facilities in the District and HIV testing has been expanded to motor vehicles offices and an addiction



recovery center. In FY15, HAHSTA will continue its partnership with hospitals by supporting emergency room testing while increase billing for in-patients and ambulatory care patients. HAHSTA will enhance its outreach testing by using new rapid confirmatory testing per the CDC guidance, including an additional public benefits office and a revised social networking program. HAHSTA will also retool its HIV testing and introduce a new STD social marketing program. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** HAHSTA continued to work on its multiple strategies to promote HIV testing: routine screening among medical providers, hospital emergency department testing and community-based testing with an emphasis on focus populations. Overall, HAHSTA supported 128,421 tests through funding and provision of test kits. In addition, for the first two quarters of the period, DC Medicaid supported 17,992. The total for publicly supported HIV testing is 146,413 (The larger number here relative to the data in KPI Tracker reflects an upward revision due to testing reports which have come in after the end of the fiscal year). HAHSTA supported HIV testing in five hospital emergency departments. HAHSTA redirected its community-based testing with the social network approach among populations with high background prevalence of HIV. The modality identifies individuals who commit to testing and then recruit others in their social network. HAHSTA funded six community providers. HAHSTA scaled back testing in select venues namely the motor vehicles and public benefit office because of low positivity results. The motor vehicles office yield more than 10,000 tests with no new positives. HAHSTA launched two new STD social marketing campaigns aimed to reach target populations: (1) DoltRightDC.com for men who have sex with men and ShowOff for adolescents and young adults.

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

It is critical that the District support young people to develop awareness, skills, and behaviors that lead to a reduction of risk for STDs and HIV throughout their lifetime. Activities to achieve this goal include: mainstreaming of STD/HIV information into youth activities; expanding HIV testing in schools; expanding peer educators, including distribution of condoms in public schools; expanding the HAHSTA youth social marketing program to address peer norms that influence sexual activity; and expanding youth outreach and STD/HIV testing and treatment services to venues other than the school. In FY15, HAHSTA will increase the number of youth screened for STDs. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Not achieved.** HAHSTA maintained and, in consultation, with community partners reconfigured its school-based screening program to include more time for testing. HAHSTA also developed the Pop Up clinic model to return to schools for additional STD and HIV testing. These actions were taken to remedy the lower screening numbers. HAHSTA developed a new peer education partnership project to increase the number of peer educators receiving training and stipends. HAHSTA integrated its youth social marketing program ShowOff with its school and community-based programs. HAHSTA launched a new



web site DCShowoff.com with a focus on adolescents and young adults. HAHSTA expects an increase in screening for FY16.

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

INITIATIVE 2.1: Increase the Number of People in quality HIV/AIDS medical care.

HAHSTA will continue to increase the utilization of HIV/AIDS care services by DC residents and ensure the availability of critical and effective support services to maximize retention in care and health outcomes. HAHSTA will expand the peer community health worker model program to support newly diagnosed and persons returning to care to connect and retain in HIV treatment. HAHSTA will collaborate with the Department of Health Care Finance on optimizing Medicaid coverage for care and appropriate support services for persons living with HIV and HAHSTA funds for ensuring improved health outcomes. HAHSTA will expand its HIV treatment social marketing program to emphasize that HIV is a manageable disease. In FY 15, HAHSTA will increase the percentage of clients linked to care within 3 months of diagnosis. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** HAHSTA continued to maintain a high rate of persons linked into HIV medical care and treatment within three months at 86.34% in FY15. HAHSTA, through the Ryan White CARE Program, supported more than 5,600 persons in HIV care and treatment. Of those persons, 89% had two or more medical visits and 64% achieved viral load suppression. The DC Cohort study, which is tracking more than 7,200 persons in HIV medical care, reported that 85% of participants were prescribed anti-retroviral treatment and 80% achieved viral load suppression. HAHSTA did have an increase in peer community health workers through the Ryan White funded early intervention service program. HAHSTA continued its collaboration with the Department of Health Care Finance and conducted a first match of surveillance and Ryan White program records with Medicaid enrollment. HAHSTA and DHCF will proceed with more analysis on cross-utilization of programs to optimize care and services. HAHSTA continued its HIV treatment social marketing program. HAHSTA also obtained foundation funding through a public-private partnership with the Washington AIDS Partnership for a new demonstration mobile outreach and retention project. The project will have a clinical team to provide care to patients either out of care or having viral load in community and/or home settings during non-traditional clinic hours.

Objective 3: Increase, monitor and evaluate the number of persons recommended for screening of hepatitis C and linkage to care for persons diagnosed (Age-Friendly DC: Domain 8).

INITIATIVE 3.1: With new screening recommendations and treatment option for hepatitis C, HAHSTA has an overall goal to eradicate hepatitis C in the District of Columbia. HAHSTA will



promote and increase screening among recommended populations (“baby boomers” born between 1945 and 1965 and persons with a history of injection drug use). HAHSTA will expand screening at its STD Clinic, provide funding to community partners for outreach testing and employ its academic detailing program to educate primary care and other clinicians in their health settings. HAHSTA will increase the percentage of persons screened based on the screening recommendations. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Not achieved.** HAHSTA continued its hepatitis C screening at its STD clinic and achieved a screening rate of 31% among eligible persons. The results were a positivity rate exceeding 20% with 70% previously unaware of their diagnosis. HAHSTA facilitated linkage to care. HAHSTA’s academic detailing provider education program conducted hepatitis C education to 300 medical providers and 206 practice staff at private primary care medical practices. Of providers 50% were previously unaware of the new screening recommendation. Following the education sessions, all anticipated increasing their screening.

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

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Number of new HIV/AIDS cases reported within the fiscal year	664	650	Not Applicable	227	286.34%	HAHSTA
	1.2	Number of youth (15-19 years) screened for STDs through youth outreach programs	3,296	7,500	Not Applicable	1,770	23.6%	HAHSTA
	1.3	Number of publicly supported HIV tests reported	61,385	125,000	Not Applicable	101,566	81.25%	HAHSTA
	1.4	Number of needles off the streets through DC NEX Program	480,946	550,000	Not Applicable	757,134	137.66%	HAHSTA
	1.5	Number of condoms (female and male) distributed by DC DOH Condom	3,941,850	6,000,000	Not Applicable	6,133,400	105.52%	HAHSTA



		Program						
●	2.1	Percent of clients linked to care within 3 months of diagnosis	74.5%	85%	Not Applicable	86.34%	101.58%	HAHSTA
●	3.1	Percent of recommended persons who were screened once in their lifetime for hepatitis C.	Not Available	75%	Not Applicable	30.62%	40.82%	HAHSTA

Health Regulation and Licensing Administration

OBJECTIVE 1: Build quality and safety in health-systems and facilities by conducting annual licensure and federal certification inspections of health care facilities.

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

The facility types inspected by the Health Care Facilities Division (HCFD) include: ambulatory surgical centers, end stage renal dialysis facilities, home health agencies, hospice facilities, hospitals, hospital transplant programs, maternity centers, nursing homes, communicable disease labs, tissue banks, CLIA Laboratories, and Certificate of Waiver (COW) Laboratories. In FY2015, HCFD will complete 112 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

Completion Date: September 30, 2015.

- **Performance Assessment Key: Fully achieved.** In FY2015, HCFD completed 153 inspections to identify deficiencies that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs.

OBJECTIVE 2: Build quality and safety in intermediate care facilities by conducting annual licensure and federal certification inspections of intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), along with monitoring inspections of residential facilities, home care agencies child placing agencies, and licensure oversight to nurse staffing agencies.

INITIATIVE 2.1: Conduct on-site surveys to ensure health, safety, sanitation, and quality of care requirements of healthcare facilities (Age-Friendly DC: Domain 8).

Facilities that are under the purview of the Intermediate Care Facility Division (ICFD) include intermediate care facilities for individuals with intellectual disabilities (ICF/IID) as well as community residential facilities, assisted living residences, child placing agencies, home care



agencies, and nurse staffing agencies. By September 30, 2015, ICFD will complete 242 inspections and as appropriate, identify deficiencies within these facilities that may affect state licensure and/or eligibility for federal compliance under the Medicare and Medicaid programs. Additionally, ICFD will refer quality of care issues to the appropriate professional boards and commissions. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** In FY15 ICFD completed 273 inspections; 13 (5%) more than projected. This increase was primarily due to ICFD assuming, for the first time, licensure for Nurse Staffing Agencies (NSA). There are over 130 NSAs in the District and ICFD facilitated timely licensure renewal for all eligible agencies during the transition. ICFD anticipates an increase in new NSA applications in FY16. In addition to conducting facility surveys, ICFD staff were frequently called upon by the U.S. Attorney's office to testify on federal fraudulent billing cases.

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

INITIATIVE: 3.1: Inspect Food Establishments.

As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, HRLA/Food Safety Hygiene Inspection Service Division will work with establishments to improve their observance of the specific food code regulations which promote clean and healthy eating environments. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** In FY15, the Food Safety and Hygiene Inspection Services Division (FSHISD) inspected 771 District food establishments that were generated by consumer complaints. As a consequence of routine inspections and complaints due to food code violations and/or food borne illnesses that culminated in summary suspension/closures, the Division hosted a conference for restaurant management and the general public on specific food code regulations and actions they can take to promote clean and healthy eating environments.

INITIATIVE: 3.2: Number of Food Establishment Closures

During FY2015 the Food Safety Division will look at the closures resulting from food establishments' failure to minimize the presence of insects, rodents and other pests on the premises and the reduction of Demonstration of Knowledge (DoK)/Certified Food Protection Manager (CFPM) violations. Establishment's knowledgeable of and executing Active Managerial Controls (AMC) in place will help promote this achievement. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** For FY 2015, there were a total of 242 closures, with 90 or 37% due to failure to minimize insects, rodents or other pests, and 40 or 17% due



to not having a person on-site identified as the Certified Food Protection Manager (CFPM). Establishments repeatedly closed for “failure to minimize” were enrolled in a Risk Control Program (RCP). This action triggered an increase number of inspections and required the establishment to submit documentation of corrective action taken such as increased frequency of extermination services.

OBJECTIVE 4: Build quality and safety in pharmaceutical and controlled substance facilities by conducting annual licensure inspections.

INITIATIVE 4.1: Conduct inspections in at least 90% of all registered community and hospital pharmacies located in the District to ensure compliance with District and Federal Pharmacy Law.

Elements of the inspection include physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, recordkeeping and distribution requirements, proper patient counseling and drug utilization review. Where egregious errors are found that directly impact patient health and safety, the pharmacist is referred to the Board of Pharmacy. An example of this would be where a medication dispensing error is discovered. **Completion Date: September 30, 2015**

● **Performance Assessment Key: Fully achieved.** In FY15, the Pharmaceutical Control Division (PCD) conducted routine and unannounced inspections in 100% of all registered community and hospital pharmacies located in the District of Columbia; ensuring compliance with District and Federal Pharmacy Law. Elements of the inspection included physical standards, equipment and security requirements, sanitation requirements, packaging, handling and drug labeling requirements, recordkeeping requirements, misbranding and adulterated drug violations, controlled substance management, recordkeeping and distribution requirements, proper patient counseling and drug utilization review. If errors were found that directly impacted patient health and safety and potentially occurred due to negligence, the pharmacist was referred to the Board of Pharmacy. An example of this would be where a medication dispensing error is discovered.

INITIATIVE 4.2: Conduct inspections in at least 90% of all registered controlled substance facilities located in the District to ensure compliance with District and Federal Controlled Substance Law.

These facilities include substance abuse treatment centers, researchers, animal and veterinary clinics, and ambulatory surgery centers. Elements of the inspection include recordkeeping requirements for drug order, receipt, usage, and inventory; storage and security requirements; and destruction of controlled substances. These inspections are designed to monitor for and prevent drug diversion. Where drug diversion is found, referrals are made to appropriate health licensing boards and Metropolitan Police Department.

Completion Date: September 30, 2015



- **Performance Assessment Key: Fully achieved.** In FY15, the Pharmaceutical Control Division (PCD) inspected 99% of all controlled substance facilities in the District of Columbia; ensuring compliance with District and Federal Controlled Substance Law. These facilities include substance abuse treatment centers, researchers, animal and veterinary clinics, and ambulatory surgery centers. Elements of the inspection include recordkeeping requirements for drug order, receipt, usage, and inventory; storage and security requirements; and destruction of controlled substances. These inspections are designed to monitor for and prevent drug diversion. Where drug diversion is found, referrals are made to appropriate health licensing boards and Metropolitan Police Department.

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

INITIATIVE 5.1: Ensure that 100% of samples taken from rabies-suspect animals are submitted for testing upon notification of exposure. In FY2014 a total of 100% or 218 samples were taken from animals with suspected rabies and sent for testing within 48 hours of notification of exposure. In FY2015 the program will continue to provide District residents with test results and information for prevention and prophylaxis of this fatal zoonotic disease. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within required timeframe. **Completion Date: September 30, 2015.**

- **Fully achieved.** In FY2015, 100% of all 313 samples taken from animals with suspected rabies were sent for testing within 48 hours of notification of exposure. In FY2016 the program will continue to provide District residents with test results and information for prevention and prophylaxis of this fatal zoonotic disease. Accurate data reporting is expected to improve the percentage of rabies-suspect animals that are tested within the required timeframe.

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

INITIATIVE 6.1: Inspect 75,000 premises for rodent activity









The Rodent Control Division will inspect 75,000 premises for rodent activity and will work to reduce rodent activity, enforce sanitation laws and distribute educational material. This increase in inspections represents an increase from previous inspection years and should provide an evidenced-base decrease in rodent activity. The increase is also attributed to the modification in inspection techniques allowing the inspectors effectively to capture the actual number of properties inspected. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Not achieved.** From October 1, 2014 through September 30, 2015, the Rodent Control Division inspected 39,336 premises. This included enforcement of sanitation laws and distribution of educational material. These inspections should result in a



decrease in rodent activity. The inspections are modified and techniques changed, thus allowing the inspectors to effectively capture the actual number of properties inspected.

KEY PERFORMANCE INDICATORS– Health Regulation and Licensing Administration

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual (KPI Tracker)	FY 2015 YE Rating (KPI Tracker)	Budget Program (KPI Tracker)
	1.1	Number of inspections completed by the HCFD	106	112	Not Applicable	153	136.61%	HRLA
	2.1	Number of inspections completed by the ICFD	233	260	Not Applicable	273	105%	HRLA
	3.1	Number of food establishment inspections generated by complaints	532	500	Not Applicable	771	38.91%	HRLA
	3.2	Number of food establishment closures as a result of failing to minimizing the presences of insects, rodents and other pests	164	200	Not Applicable	90	111.11%	HRLA
	4.1	Percentage of pharmaceutical facility inspections conducted.	90%	90%	Not Applicable	103.78%	115.31%	HRLA
	5.1	Number of rabies-suspect animals submitted for testing within the required timeframe for notification	218	300	Not Applicable	313	104.33%	HRLA
	6.1	Number of premises inspected for rodent activity	55,494	75,000	Not Applicable	39,336	52.45%	HRLA



Office of the Director

OBJECTIVE 1: Ensure the development and retention of a competent workforce.

INITIATIVE 1.1: Improve DOH's on-time completion of annual performance plans and evaluations for all employees.

Employee performance management consists of employee performance plans and employee evaluations. Performance plans allow the supervisor to convey their performance expectations for the employee and serve as a baseline for assessing job performance and growth. Employees have input into developing the performance objectives for the rating year. Timely performance plans and on-time evaluations increase employee satisfaction and morale. By the final published due date set by DCHR, the Department will demonstrate an increase in the percentage of completed performance plans and evaluations for eligible employees. **Completion Date: December 31, 2015.**



Performance Assessment Key: Partially achieved. FY 15 performance evaluations are ongoing. The deadline for submission of FY 15 performance evaluations has been extended through December 10, 2015.

INITIATIVE 1.2: Implement the Department's Workforce Development Plan to ensure adoption of nationally accepted public health competencies.

In FY 15, DOH will adopt the Council on Linkages Core Competencies for Public Health Professionals as the framework for all training and professional development. The Core Competencies for Public Health Professionals are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff of public health organizations (collectively) should possess as they work to protect and promote the health of a community. The Public Health Competencies are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet education, training, and workforce needs. With adoption of the competencies, DOH will provide appropriate public health skill development trainings and educate managers on how to apply the Core Competencies into performance and individual development plans. **(No Specific completion date given.)**



Performance Assessment Key: Fully achieved. During FY 15, DOH initiated the Health Equity Institute. This program began with a full-day workshop in April, 2015 for all senior staff and managers to orient all administrations and bureaus to the core concepts of health equity. Subsequently, all DOH employees received a half-day training in health equity. This training emphasized the application of health equity concepts across programs, and administrations. Additionally, it emphasized the need for new coalitions of government and community partners to address health inequities in the District.



INITIATIVE 1.3: Train 90% of senior leaders and managers, and 50% of non-managerial staff, on quality improvement (QI) basic tools and principles.

In FY 14, DOH committed to training its workforce on QI tools and principles in order to develop a versatile workforce focused on continuous improvement of programs and services. Although progress was made in the development of a core set of QI classes based upon the PDCA method, training time was more focused on national public health accreditation. In FY 15, training will be offered on accreditation, PDCA and Lean Six Sigma.

Completion Date: September 30, 2015.

- **Performance Assessment Key: Partially achieved.** DOH held three sessions of a QI fundamentals course in August, 2015. This course was offered to all DOH employees. The training was not mandatory which accounts for the results in the KPI. Nonetheless, all sessions received positive feedback in post-session evaluations. DOH is planning to repeat the courses in FY 16 as well as expand beyond the basic training, conducting intermediate trainings designed to train staff in the use of specific QI tools to improve efficiency and effectiveness in their respective program areas.

OBJECTIVE 2: Use information systems that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication.

INITIATIVE 2.1: Improve accessibility of documents to staff in order to better serve the public.

DOH has implemented an Electronic File Management System in which paper documents can be scanned and stored in an electronic format. DOH plans to increase the number of documents stored in the system to 81,600 in FY 15. Electronic storage of documents will increase both internal and external responsiveness, as well as, reduce on-site physical footprint. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Fully achieved.** DOH continues to exceed projections in converting paper documents to electronic format. In FY 15, DOH converted over 240,000 documents to from paper to electronic format. This initiative is continued into FY 16.

INITIATIVE 2.2: Develop and implement an agency-wide Enterprise Grants Management System (EGMS).

EGMS will increase the capacity of organizations to submit competitive applications for DOH grant funding via a paperless, centralized and account-based system. By the end of FY 15, 100% of all applications for new and continuation funding will be accepted by DOH through this secure web-based EGMS portal. This will decrease the applicants' burden of creating and managing multiple submissions and business documents for various DOH program units. In



addition, this will create a vehicle for tracking and routing an application from submission to review and notification processes in a more time efficient manner.

Completion Date: September 30, 2015.

- **Performance Assessment Key: Partially achieved.** There has been substantial progress on the development of EGMS in FY 15. The application portal described above is in the testing phase as of September 30, 2015. Development of this system continues in FY 2016. KPI measurement of EGMS has been expanded in FY 16 to reflect progress in development and implementation of the system. It is anticipated that all of the above-mentioned functions will be fully implemented during FY 16.

INITIATIVE 2.3: Develop and Implement of a consolidated enterprise wide asset protection management system.

In FY 14, DOH started to develop and implement a comprehensive inventory management system that will convert the V street warehouse into a state of the art asset protection management system. This system will provide the Department with real time shipping and receiving of all inventory items anywhere in the DOH footprint. And will also track all inventory by location and end user throughout all administrations with various locations providing an audit ready tracking log for each inventory transaction. The process will take approximately 9-12 months from development to fully functioning state of the art inventory and asset management solution. **Completion Date: September 30, 2015.**

- **Performance Assessment Key: Partially completed.** As of the end of FY 15, DOH has initiated an evaluation of the V St. facility. So far in FY 16, the facility has come under direct DOH control, and the contract with the prior contract vendor has not been renewed. In FY 16, the V St. facility's inventory management system will be re-examined and the requirements for a new system will be specifically laid out, and an IT solution will be procured.

OBJECTIVE 3: Oversee the implementation of agency-wide priorities.

INITIATIVE 3.1: Conduct agency sustainability assessment using OCA approved criteria developed by DDOE and OP in accordance with Mayor's Order 2013-209 (Sustainable DC Governance Goal 1, Action 1.2; Built Environment Goal 3)

Within one hundred twenty (120) days after the City Administrator approves sustainability assessment criteria developed jointly by the District Department of the Environment and the Office of Planning, each agency head subject to the authority of the mayor shall use the criteria to evaluate the sustainability of their respective operations in accordance with the requirements of Mayor's Order 2013-209, the Sustainable DC Transformation Order, and submit to his or her responsible Deputy Mayor and the Office of the City Administrator the results of the agency's internal assessment. **Completion Date: April 2015**



- **Performance Assessment Key: Partially achieved.** DOH played a key role in organizing multiple health-sector partners to become signatories to the Sustainable DC pledge. DOH is also a signatory to the pledge.

KEY PERFORMANCE INDICATORS- Office of the Director

	KPI	Measure	FY 2014 YE Actual	FY 2015 YE Target	FY 2015 YE Revised Target	FY 2015 YE Actual	FY 2015 YE Rating	Budget Program
	1.1	Percent of eligible employee reviews completed on time	Not Applicable	90%	Not Applicable	37.91%	42.12%	OFFICE OF THE DIRECTOR
	1.2	Percent of Managers Trained on QI	11.34%	90%	Not Applicable	18%	20%	OFFICE OF THE DIRECTOR
	1.3	Percent of Non-managers trained on QI	3%	50%	Not Applicable	10.37%	20.74%	OFFICE OF THE DIRECTOR
	2.1	Number of documents converted to the electronic file management system	n/a	81,600	Not Applicable	240,070	294.2%	OFFICE OF THE DIRECTOR

WORKLOAD MEASURES – APPENDIX

WORKLOAD MEASURES

Measure Name	FY 2013 YE Actual	FY 2014 YE Actual	FY 2015 YE Actual	Budget Program
Number of federal grants managed by the Department	92	57	79	OFFICE OF THE DIRECTOR
Number of subgrant awards issued by the Department	224	230	207	OFFICE OF THE DIRECTOR



Number of Supplemental Nutrition Program for Women, Infants, Children (WIC) participants	12,356	14,804	14,412	CHA
Number of Farmers Markets vendors accepting WIC and Produce Plus benefits (Sustainable DC FD2.3)	47	52	75	CHA
Number of stores participating in the Healthy Corner Store Initiative (Sustainable DC FD2.1)	30	30	15	CHA
Number of Ryan White service visits	370,095	391,181	77,998	HAHSTA
Number of DC Medicaid 1115 Waiver Reform Demonstration project clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	4,057	4,600	40,266	HEPRA
Number of DC Alliance clients receiving pharmaceutical services through the pharmaceutical procurement and distribution program	15,500	15,400	39,535	HEPRA
Number of special event health, medical and safety events requiring DOH participation.	N/A	145	177	HEPRA
Number of registered volunteers trained in emergency preparedness/community resilience.	N/A	200	278	HEPRA



Number of new EMT certifications by DC DOH	1,312	1,150	1346	HEPRA
Number of calls responded to by Animal Control Officers	14,656	9,766	13,974	HRLA
Number of health care related incidents investigated	10,694	9,373	11,137	HRLA
Number of new health professional licenses issued by the Health Regulation and Licensing Administration (HRLA)	13,053	10,143	4,246	HRLA
Number of Certificate of Need application decisions	37	6	33	CPPE
Number of walk-in customers to the Vital Records Office	32,500	32,500	13,380	CPPE
Number of Behavioral Risk Factor Surveillance System (BRFSS) surveys administered	4,837	3,690	2,222	CPPE