



## Annual Report FY 2012-2013



## Quality Improvement Division

July 1, 2012 – June 30, 2013



# **LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH QUALITY IMPROVEMENT DIVISION**

## **VISION STATEMENT**

All components of Public Health are continuously and collaboratively improving performance to maximize the health of Los Angeles County residents

## **MISSION STATEMENT**

To protect and improve the health of Los Angeles County residents through facilitating and coordinating performance measurement and improvement by all components of Public Health

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Last revised January 21st, 2014

## MESSAGE FROM THE DIRECTOR

It is my pleasure to provide you the first edition of the Annual Report for the Quality Improvement Division (QID). The primary purpose of this report is to inform you about the work that we do, why we do it, and how it is organized. This is not a report about the Quality of the Department's work. Rather, it is a report that evaluates the work that is performed by the seven programs within QID. These seven programs include:

- Performance Improvement
- Health Education Administration
- Medical Affairs
- Nursing Administration
- Oral Health
- Organizational Development and Training
- Public Health Investigation Administration

The vision of QID is to support the most effective and efficient public health department in the nation. Our mission is to enhance public health practice by implementing quality improvement efforts throughout the entire organization. To improve the quality of work within DPH, we focus our efforts on performance management, worker competence, and the use of the best available evidence. All of our work is aligned to achieve three visionary goals:

- All programs within Public Health evaluate and continuously improve the quality of the public health services that they provide.
- LA County Public Health employees have the knowledge, skills, and competence necessary to support the priorities and goals of the Department's strategic plan.
- Leaders and practitioners in organizations that are key partners in improving the public's health in Los Angeles County are empowered to support the priorities and goals of the Department's strategic plan.

The idea of "Quality" in public health practice is relatively new. I believe that the steps we have made in recent years in Los Angeles County and the plans that we have in place to improve quality within the next few years position our Department to remain a national leader in this area. As the entire public health community moves toward national accreditation and adopts standardized practices that have promoted excellence in other organizations, approaches to measure and improve quality will become increasingly important. Quality will not only become a key tool of all public health departments, it will also become the defining feature of successful efforts to improve the public's health.

I hope that you will take time to look through this report. I am sure you will find that we are providing services that support the work of everyone. I also hope that what you read will inspire you to learn more about quality and how to support this at your work site. Please feel free to contact me or anyone within QID if we can be of help to you.

Sincerely,



Jeffrey D. Gunzenhauser, MD, MPH  
Medical Director and Director, Quality Improvement



# **QUALITY IMPROVEMENT TEAM**

## **FY 2012-2013**

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Special thanks to Joda Weathersby who served as the coordinator and editor of this first ever Quality Improvement Division Annual Report and to Guili Zheng who was instrumental in beginning the process.

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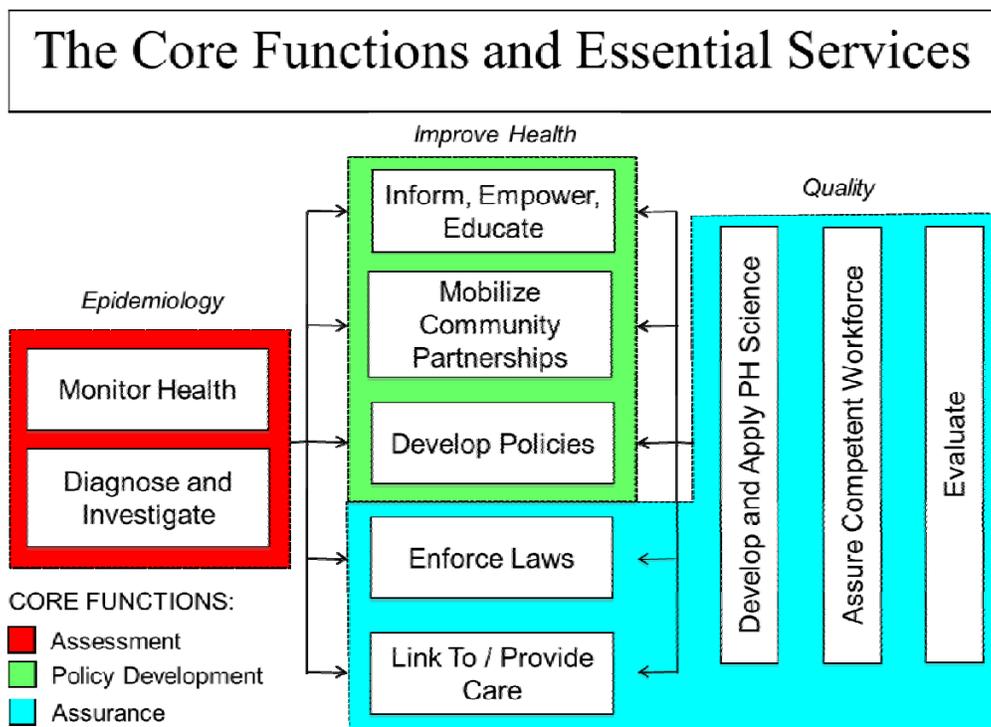
## Quality Improvement Division Overview

The Quality Improvement Division was established in 2006, when the Department of Public Health became a separate Department, and is led by the Department's Medical Director. The Quality Improvement Division is comprised of approximately 75 employees organized into seven (7) program areas. The seven programs within the Division include the following:

- Performance Improvement
- Health Education Administration
- Medical Affairs
- Nursing Administration
- Oral Health
- Organizational Development and Training
- Public Health Investigation Administration

The primary goal of the Division is to improve the quality of the ten essential services which the Department delivers to the ten million residents and many communities in Los Angeles County. Elements of quality include assuring that we focus on the highest priority health issues, that we support interventions that are known to be effective based on scientific evidence, and that we execute those interventions well ("Worthy Work Well-Done"). As shown in the figure below, three of the ten essential services are related to key aspects of infrastructure and quality within the Department and focus on the areas of worker competence, evaluation, and the use of science. All programs within QID support work activities that address all three of these areas.

Several of the programs focus on specific worker groups within the Department including Health Education Administration, Nursing Administration, Medical Affairs, and Public Health Investigation Administration. Organizational Development and Training (ODT) focuses on the entire workforce. All support annual practice/recognition conferences that provide training, recognize accomplishments, and facilitate cross-Department collaboration. All programs also seek to develop and sustain relationships with key external partners to promote knowledge and practices that support improvements in the public's health. Some programs (Oral Health, PHI Administration, and Medical Affairs) also host specific programs that protect health in specific settings (e.g., publicly funded dental clinics, commercial sex venues) or within specific groups of individuals (e.g., health care consumer protection).



## Division Highlights & Achievements

The Quality Improvement Division seeks to maximize the quality of services provided by the Department in a variety of ways. Key approaches include measuring performance and supporting quality improvement efforts; developing policies and procedures; and providing training to specific worker groups. To achieve this goal, QID programs conduct periodic performance assessments and audits; assure that manuals, policies and procedures are current; and strive to provide the highest quality of trainings and educational materials available. In addition, in all of these efforts, approaches that are evidence-based are either utilized or promoted.

During the 2012-2013 fiscal year, the DPH Quality Improvement Division provided 301 trainings in groups or individually, carried out 45 performance and/or facility assessments or audits, developed and updated 4 manuals, policies, and procedures, and compiled and translated 30 educational materials. These efforts resulted in more than 17,000 opportunities in which individuals participated in training hosted by QID.

Trainings provided by QID staff covered a wide range

of topics and were implemented in various venues and formats, ranging from new employee orientations, specialty area skills training, annual summits or practice conferences, employee recognitions, and special invited presentations.

During the 2012-2013 fiscal year, the Quality Improvement Division responded to 12,021 help desk requests, 105 speaker requests, and 5,500 Public Records Act requests. Collectively as a division, QID directly resolved 91% of the issues raised by all internal and external customers, addressing a variety of topics, including matters affecting the professional staff and clinical practice, instruction and technical assistance on the use of CMAP, subject-specific matters, training/educational materials and information. More detailed information on each of these areas are included in each of the program-specific sections that follow.

As a quality improvement strategy, each QID program provided a customer survey to individuals following their contact with QID staff members. The responses were analyzed for trends, areas of strength, and opportunities to improve the experiences of customers.

### Customer Service Evaluation FY 2012-2013 Summary

The Quality Improvement Division is committed to providing high quality customer service. A customer service survey was developed and implemented by the majority of programs in QID at the beginning of the fiscal year. The goal of this survey is to improve the level of customer service, communication and collaboration among professionals within and outside the Department. During the 2012-2013 fiscal year, the overall customer service satisfaction rate for programs within QID that implemented the customer service survey was 91%. Program-specific information on customer satisfaction survey results are included in each of the sections that follow.



## PROGRAM-SPECIFIC HIGHLIGHTS

FY 2012-2013 was an exciting year for the Quality Improvement Division. All staff have worked diligently to improve the quality of services they provide.

The Performance Improvement Unit organized the first annual DPH Quality Improvement (QI) Summit designed to review current performance data, discuss how current performance measures relate to our broad goals, and also to discuss how we will use quality improvement plans and tools to improve the effectiveness of the work of DPH programs.

Health Education Administration convened the DPH Health Education Quality Committee for the first time in December 2012 to address key health education areas throughout the department, including print material, outreach, and translation.

In March 2013, the Medical Affairs Unit was established to improve the health of Los Angeles County residents by promoting high value evidence-based clinical services in partnership with medical leaders throughout Los Angeles County.

During FY 2012-2013, all physicians in Community Health Services were appointed as members of the Medical Staff by the Medical Affairs Unit.

In Nursing Administration, Noel Bazini-Barakat was officially appointed as the Nursing Director and Deputy Director of QID. Nursing Administration launched a Nurse Satisfaction Survey in May 2012 to better understand the experience of nurses working in the Department of Public Health. As a result of the survey, Nursing Director Town Hall meetings were instituted. A total of 16 Nursing Director Town Hall meetings were conducted during FY 2012-2013.

In the Oral Health program, Maritza Cabezas was appointed as the vice-chair of the Board of the Center for Oral Health, which provides expertise in policy development, demonstration projects, and technical assistance to help public health leaders improve oral health systems. The Oral Health Committee, Valley Care Community Consortium (VCCC), of which Dr. Cabezas is a member, was presented with a commendation scroll by Los Angeles County Supervisor Michael D. Antonovich for leadership and service on behalf of children and families in Service Planning Area 2.

Organizational Development and Training hosted a total of seven Expert Speaker Series sessions in which almost 600 staff in the Department participated via webinar.



# PERFORMANCE IMPROVEMENT

## Vision

An effective and efficient public health department

## Mission

Enhance public health practice and performance through the implementation of quality improvement efforts at all levels of public health to protect the health and well-being of Los Angeles County residents



From left to right: Donna Sze, Karen Swanson and Quan (Joseph) Truong. Not included in picture: Emily Peach

## Introduction

The Department of Public Health has provided resources to support Quality Assurance and Performance Improvement since 2002. The current Performance Improvement Unit consists of four staff members who work in the Office of the Medical Director. This unit is responsible for establishing standards, practices and procedures to monitor the performance of the Department as a whole as well as the performance of thirty (30) individual programs. In addition, the office supports quality improvement activities throughout the Department and is responsible to lead the Department’s efforts to obtain national accreditation through the Public Health Accreditation Board (PHAB) by the end of 2015.

The key tools used by the Performance Improvement Unit include the following:

- Results Accountability framework (Mark Friedman, *Trying Hard is Not Good Enough*, 2005)
- Performance Management framework (initially developed by Turning Point)
- Plan-Do-Study-Act cycle

### DPH Strategic Priorities & Goals, PI Goals & Performance Measures

#### Strategic Priority 5: Public Health Protection

*Prevent, detect, and respond to health threats*

- Goal 5.1 Increase the percent of surveillance reports published by DPH programs that are in compliance with the DPH Surveillance Reporting Guidelines
- Goal 5.2 Increase the percent of programs conducting surveillance activities that produce surveillance reports

#### Strategic Priority 6: Improved DPH Infrastructure

*Strengthen DPH to remain a high-performing and innovative organization*

- Goal 6.1 Decrease the total number of steps required to complete the biannual data collection process
- Goal 6.2 Decrease the average time in hours required to complete the fall data collection process

## PERFORMANCE IMPROVEMENT

- Goal 6.3 Increase the knowledge of DPH staff at all levels about PI processes
- Goal 6.4 Encourage all programs to implement PI projects
- Goal 6.5 Provide technical assistance and support to assist programs in the use of recommended PI processes and tools
- Goal 6.6 Increase the percent of users who report that they are satisfied with the current Performance Measurement Data Collection System from 36% to 75%.

### Key Initiatives (2012-2013)

#### Key Initiative 1 – Performance Improvement Team

To assist the Performance Improvement Unit in its efforts, a department-wide Performance Improvement Team (PI Team) was established in 2007. The PI Team consists of representatives from all programs within the Department who assist in all elements of Performance Improvement in their programs. The PI Team meets monthly to discuss departmental and program-level quality improvement (QI) initiatives, projects, and to receive specialized training. The PI Team includes three specific workgroups (see insert below).

#### **Data Workgroup**

The data workgroup is responsible for assisting with Performance Measurement data-related tasks. During FY 2012- 2013, the Data Workgroup assisted with the following projects:

- ◆ Created standardized codebooks for all programs, including the revision of the Report Card and instruction manuals for programs to complete the Report Card.
- ◆ Reviewed possible application software, created the proposal for the Performance Improvement Application, and were involved in the testing of the new system.

#### **PDSA (Plan-Do-Study-Act) Workgroup**

The PDSA workgroup is responsible for assisting in activities related to the development of PI tools and resources related to performance improvement projects. Following are some of the key activities of the PDSA workgroup during FY 2012-2013:

- ◆ Developed a standardized template for PI plans for programs to use for the future. The QI Division now has a PI plan template to share as programs design and conduct PI projects.
- ◆ Researched a variety of tools that can help DPH programs apply and integrate quality improvement activities into their day-to-day operations.

#### **Training Workgroup**

The training workgroup is responsible for providing input and assisting with all Performance Improvement sponsored training initiatives. During FY 2012-2013, this workgroup was charged with the development of an *Introduction to Quality Improvement* online training module. The training module has been developed and is currently going through a final set of edits and will be rolled out via the Learning Net in the next fiscal year.

#### Key Initiative 2 – Alignment of Program Goals and Activities with the Department Strategic Plan

Currently an effort is underway to align the goals and work of all of our DPH Programs with the priority areas and objectives in the 2013-2017 DPH Strategic Plan. The results of this effort will ensure that the work performed by programs supports the goals of the Department, thereby leading to improvements in the public's health.

# PERFORMANCE IMPROVEMENT

## Key Initiatives (2012-2013)

### Key Initiative 3 – Performance Improvement Application to Support Better Reporting of Progress

Every year in both the spring and fall, programs report the results of their population indicators, performance measures and report card measures. In the past, this has been accomplished using Excel spreadsheets that have been shared through email or on a Sharepoint site. This process was viewed as slow and burdensome, so a new, on-line Performance Improvement Application has been developed to make the collection and reporting of data a much easier and streamlined process. Data collected through the application is automatically stored in a database which allows real-time monitoring of progress as well as quicker analysis and publication of results.

### Key Initiative 4 – Performance Improvement Projects

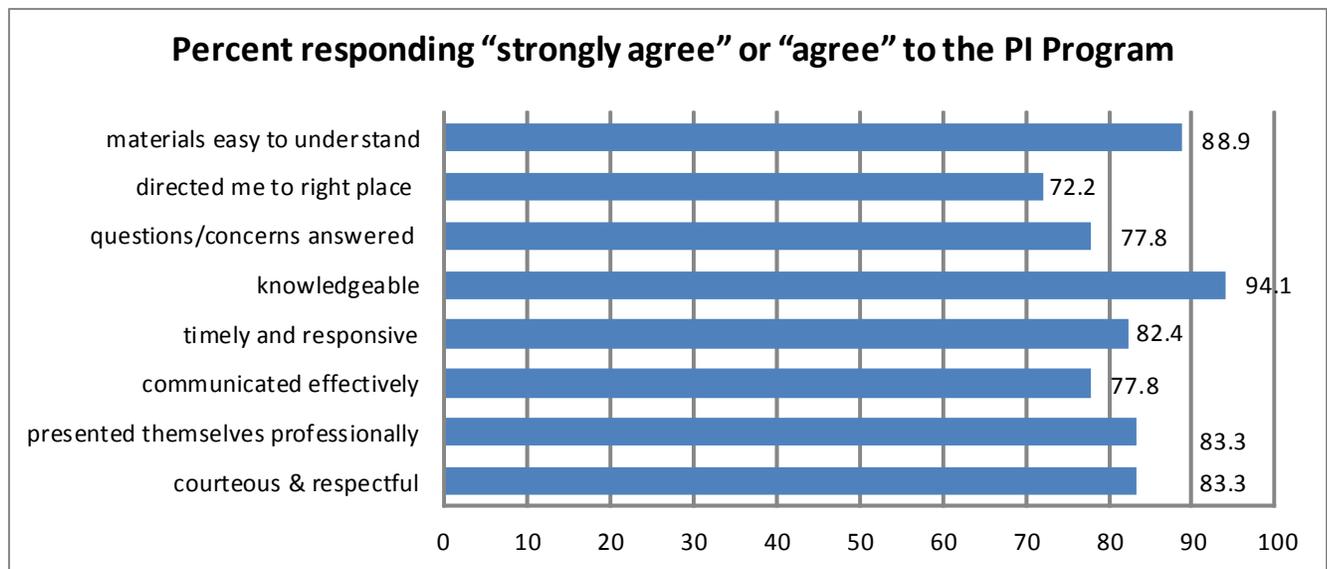
Based on a review and analysis of performance results, each program identifies an area of performance that requires improvement. The PI Team has developed a tool to define and plan the improvement process that each program uses. Currently, numerous performance improvement projects are on-going throughout the Department. In addition to the projects that are sponsored and supported by individual programs, the Performance Improvement Unit supports one or two high-level organizational projects that are likely to have a high impact on organizational performance. The two projects supported in the past year were:

- 1) Development of a Performance Improvement Database, and
- 2) Standardization of Surveillance Reporting.

In addition to these department-wide projects, each program has also been asked to conduct at least one performance improvement project per year.

## PI Unit Customer Service Evaluation FY 2012-2013 Summary

Members of the Performance Improvement Unit added the customer satisfaction survey link to all outgoing emails in January 2013. The following figure summarizes the results of those who responded to the survey.



## PERFORMANCE IMPROVEMENT

### Performance Improvement Projects (2012-2013)

#### Project 1. Performance Improvement Application – Development and Implementation

The purpose of the Performance Improvement Application (PIA) project was to develop a user-friendly application that efficiently collects, queries, and reports performance measurement data. Having an automated information system in place that can perform all of these functions eliminates the lengthy spreadsheet data consolidation process, decreases the risk of data loss, increases accessibility of performance-related data to virtually all members of the Department, and increases the likelihood that all programs will adopt practices to improve their performance.

##### Specific Goals of the Project

- ◆ Decrease the total number of steps required to complete the biannual data collection process
- ◆ Decrease the average time (in hours) required to complete the fall data collection process
- ◆ Increase the percent of users who report that they are satisfied with the current Performance Measurement Data Collection System from 36% to 75%.

##### Current Status

The first phase of the PIA was completed in February, 2013. Testing was completed during March, 2013. The system was launched for the spring 2013 data collection of public health measures, which provided an opportunity to test the system and identify any changes that needed to be made for the second phase of the project. Data collection was successfully completed online, and 95% of users reported satisfaction with the system. Additional developments of the application that will be completed in 2013 are the generation of automated reports and exportation of data into spreadsheets.

#### Project 2. Standardization of Surveillance Reporting

The Purpose of the Standardization of Surveillance Reporting Project was to ensure that all programs in the Department involved in surveillance activities produce high-quality surveillance reports and comply with the DPH Surveillance Reporting Guidelines. Initiation and on-going leadership for this project was provided by the Office of Health Assessment and Epidemiology. Early assistance in the development of this project was provided by the Performance Improvement Unit. PI Team members were oriented to the project and will provide assistance in improving the quality of surveillance reporting performed by their respective programs.

##### Specific Goals of the Project

- Increase the percent of programs conducting surveillance activities that produce surveillance reports.
- Increase the percent of surveillance reports published by DPH programs that are in compliance with the DPH Surveillance Reporting Guidelines.

##### Results of the Project

Guidelines for DPH divisions and programs have been developed, as follows. Each Division and Program should compile a list of the health-related conditions that should be under surveillance based on their importance. The surveillance system for each listed health-related condition should include the following elements:

- ◆ A description of the health-related condition being monitored and its significance
- ◆ Specification of the frequency with which the health-related condition should be assessed
- ◆ A description of the available data to assess the health-related condition
- ◆ An analysis of the data (regardless of source), including an analysis by person, place, and time
- ◆ An interpretation of the data
- ◆ A description of how the problem can and should be ameliorated
- ◆ A readily accessible report (e.g., on the web) that describes the current status of the health-related conditions,

## PERFORMANCE IMPROVEMENT

presents and interprets the findings of the analysis, makes recommendations when appropriate, and is disseminated in a timely fashion to those who need to act on the information.

For each program, performance measures related to surveillance activities are as follows:

- ◆ The number of health-related conditions that **should** be under surveillance
- ◆ The number of health-related conditions that **are** under surveillance
- ◆ Of the health-related conditions that are under surveillance, the number that are assessed as frequently as they should be
- ◆ Of the health-related conditions that are under surveillance, the number that are summarized in a current, readily accessible report
- ◆ For health-related conditions that are not under surveillance, provide a plan for how the data will be obtained

### Highlight of the Year

#### First Annual Quality Improvement Summit

The Quality Improvement Division held the First Annual DPH Quality Improvement (QI) Summit on February 28th, 2013. Executive Staff, Division Directors, Program Directors, Supervisors and Managers who oversee performance improvement efforts and Performance Improvement Team Members were invited to attend.

The QI Summit was a half-day event and featured presentations, small group discussions, and skill-building exercises designed to review current performance data, discuss how current performance measures relate to the broad goals of the Department and programs, and to explore how we will use Quality Improvement plans and tools to improve the effectiveness of our most important work. The event was also used as an opportunity to introduce and launch an annual schedule for DPH Quality Improvement Initiatives, and to get all programs throughout the Department thinking about how to improve performance at the program level.

#### Objectives of the Summit

- ◆ Review 2011-2012 performance results and discuss how we can use these to manage performance going forward;
- ◆ Describe how the set of program performance measures align with and support the DPH Strategic Plan, and how both relate to Accreditation and Quality Improvement;
- ◆ Highlight success stories in performance improvement and share tools that can be used in developing program-level quality improvement plans.

### Outcomes

In total, eighty individuals from throughout the Department attended the QI Summit. Dr. Fielding welcomed all attendees to the summit and provided an overview of the goals of the Summit. He discussed the related areas of the:

- ◆ DPH Strategic Plan,
- ◆ Accreditation,
- ◆ Performance Management, and
- ◆ Quality Improvement;

and how all of these efforts need to be aligned and synchronized. He also emphasized the importance of establishing a Division of Quality Improvement. Dr. Gunzenhauser reviewed the Department's approach to Performance Management and Quality Improvement, and provided summary information on performance results for the Department in FY 2011-2012. He also provided an overview of quality improvement tools that are summarized in the new Public Health Quality Improvement Handbook developed by the Public Health Foundation and led an exercise for all participants to develop Performance Improvement plans related to their program.

An evaluation survey was sent out to all participants following the event. Fifty of the participants (62.5%) responded to the survey. Of these: 90% considered the speakers to have been effective; 84% were satisfied with the Summit, felt the information, skills/knowledge provided were useful and that the Summit met their expectations; 80% responded that they would be able to utilize tools/resources to implement PI projects and better apply QI principles at work; and 90% responded that they plan to use the content at work. Considering the positive results, the PI Unit plans to hold this event on a yearly basis.

## Summary of Department Performance Results

The two charts below summarize some of the key results for performance for the Department in FY 2012-2013.

### Chart 1.

- Twenty-nine programs developed performance measures as part of the “Public Health Measures” program
- Of these, twenty identified specific population indicators which they are trying to improve.
- In total, 189 population indicators were identified (range: 2—26 indicators)
- For these, results were only available for approximately 30% of the indicators.
- Among the indicators with results, 39% showed improvement or met the program target.

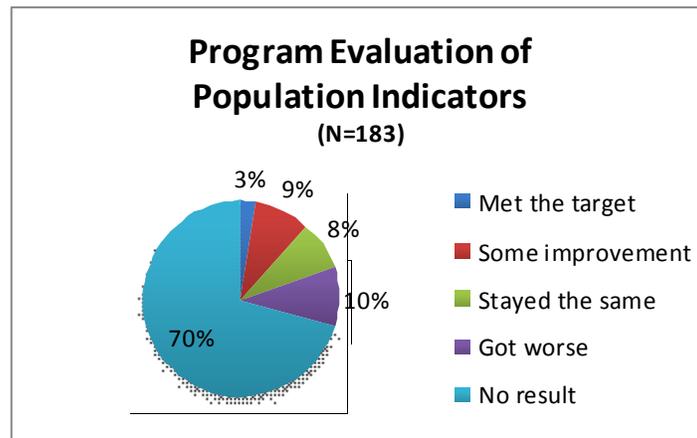
### Chart 2.

- All twenty-nine programs developed performance measures and reported results.
- In total, 587 performance measures were identified (range: 5—44 measures)
- For these, results were available for approximately 58% of the measures.
- Among the measures with results, 63% showed improvement or met the program target.

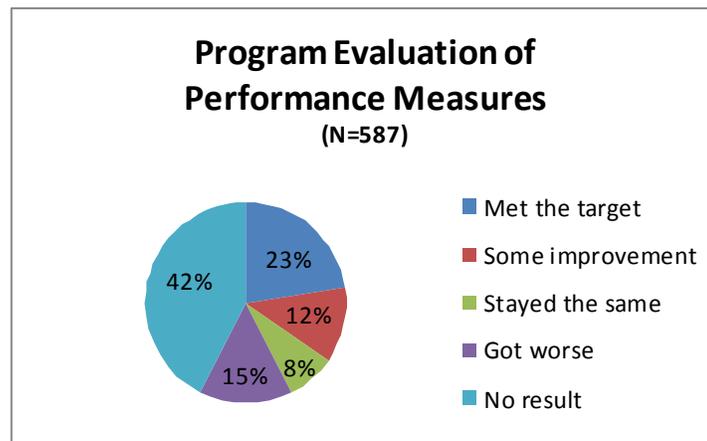
### Summary

- A large number of population indicators and performance measures are being tracked within the DPH.
- Results are not available for most of the population indicators.
- Most performance measures demonstrate that performance is improving or already meeting targets.
- Numerous opportunities exist to develop performance improvement projects.

**Chart 1. Summary of Results of Population Indicators by DPH Program**



**Chart 2. Summary of Results of Performance Measures by DPH Program**

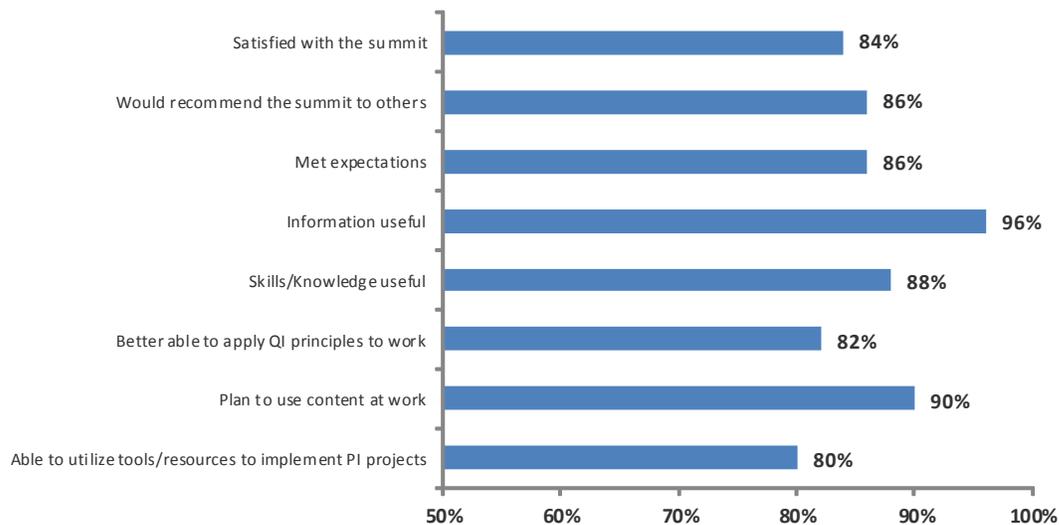


**Training Events FY 2012-13 Summary**

	Event Information				Event Evaluation					
	Target Audience	# of offerings	# of participants	No show %	Objectives Fully Met	Knowledge of Content		Satisfied With Event	Would Recommend	Apply Content at Work
						Pre-Course	Post-Course			
QI Summit	Program Directors, Managers and PI team members	1	78	9%	Yes	NC	NC	84%	86%	90%

NC-Not Collected, N/A- Not Applicable

**Percentage of respondents that responded positively about the QI Summit**



**Performance Improvement Unit – Next Steps**

For the next fiscal year, the PI Unit has planned many projects, which include:

- By 12/31/13, the Performance Improvement Director will review and approve a PI Plan from every QI Program Director.
- By 6/30/14, the Performance Improvement Program will publish a minimum of four articles about Accreditation in “The Voice”.
- By 12/31/14, a brief introduction to Performance Improvement will be included in the curriculum of the 2nd day of DPH New Employee Orientation as well as in the Core Functions of Public Health training.
- By 6/30/14, an “Introduction to Performance Improvement” module will be posted on the Learning Net.
- By 6/30/14, at a minimum one poster or presentation will be given at a national performance improvement conference.

## HEALTH EDUCATION ADMINISTRATION

### **Vision**

Healthy Los Angeles County communities through effective health education practice

### **Mission**

To promote health through effective health education communications, an empowered health education workforce, and successful partnerships



From Left to Right: Erika Gist-Siever, Thelma Castro, Linda M. Quilizapa, Tania Villalobos and Jacqueline Valenzuela. Not included in photo: Allanna Warren, Erika Martinez, and Erika Valdez

### **Introduction**

California Administrative Code, Title 17, Sections 1303 & 1304 specify employment criteria for Health Educators and a Director of Health Education within a California Public Health Department. These personnel standards establish an expectation that a health education program is key infrastructure within a Public Health Department.

Serving as the central health education office in the LA County Department of Public Health, Health Education Administration has three major roles at present: quality health communications, an empowered health education workforce, and strong partnerships with health education stakeholders.

### **DPH Strategic Priorities & Goals, HEA Goals & Performance Measures**

The work performed in Health Education Administration (HEA) has primarily been focused within two priority areas of the DPH Strategic Plan. Three program-specific goals were further developed, with twenty-five relevant performance measures selected accordingly to assess the products and services provided by HEA.

#### **Strategic Priority 3: Empowered Health Consumers**

*Support individuals in making informed choices about their health*

Goal 3.1 Improve DPH and partner capacity to help consumers understand basic health information and make appropriate health decisions

#### **Strategic Priority 6: Improved DPH infrastructure**

*Strengthen DPH to remain a high-performing and innovative organization*

Goal 6.1 Maintain a skilled, competent and empowered workforce

Goal 6.5 Ensure effective communications

#### **Health Education Administration Goals**

- Evaluate and continuously improve the quality of DPH health communications
- Assure the health education workforce has the knowledge, skills and the confidence necessary to support the DPH strategic plan
- Establish strong partnerships with key stakeholders to support the DPH strategic plan

HEA– Specific Performance Measures	FY Performance			Standard
	'10-11	'11-12	'12-13	
Percent of health education staff who participated in at least one DPH-sponsored emergency preparedness activity	41%	52%	62%	100%
Percent of educational materials submitted to Quality Committee that adhere to DPH standards	N/A	N/A	N/A	100%
Percent of DPH programs represented in HEA's educational materials inventory	31%	N/C	N/C	100%
Percent of DPH worksites with access to stairs reporting implementation of Point-of-Decision prompts to encourage stairwell use	1%	48%	48%	100%
Percent (cumulative) of DPH health education staff who complete the Health Education 101 curriculum	N/A	N/A	N/A	100%
Percent of programs that sent any staff member to at least 2 quarterly sessions of the Public Health Education Collaborative	N/C	41%	41%	100%
Percent of health education staff who leave health education that completed an exit interview	N/A	N/A	N/A	100%
Percent of health education staff exit interviews analyzed for reasons for leaving	N/A	N/A	N/A	100%
Number of interns who completed an HEA-sponsored internship	2	1	1	3
Percent of participants at Public Health Education Collaborative who report that objectives were fully met	N/C	86%	97%	100%
Percent of participants at Public Health Education Collaborative who demonstrate an increase in knowledge based on pre and post test data	N/C	100%	96%	100%
Percent of participants at Public Health Education Collaborative who demonstrate an increase in self-efficacy based on pre and post test data	N/C	100%	98%	100%
Percent of participants of Public Health Education Collaborative (PHEC) activities who report applying at least one of the skills presented during PHEC activities	N/C	100%	93%	100%
Percent of programs who send any staff member to an HEA sponsored plain language training	51%	52%	80%	100%
Percent of participants at the HEA sponsored plain language trainings who report that objectives were fully met	95%	95%	97%	100%
Percent of participants at the HEA sponsored plain language trainings who demonstrate an increase in knowledge based on pre and post test data	95%	100%	90%	100%
Percent of health educator classifications that have completed work plans	N/A	100%	100%	100%
Proportion of new hires in the past year who were previously an intern with HEA	0%	0%	0%	80%
Percent of people who request HEA consultation who rate their satisfaction at "Very Satisfied" or "Satisfied."	N/A	N/A	100%	80%
Percent of Speaker's Bureau presenters who submitted participant evaluations to HEA	26%	30%	37%	60%
Percent of DPH programs submitting all "Monthly Wellness Activity Logs"	N/A	N/A	N/A	N/A
Percent of DPH Wellness Coordinators reporting managerial support for wellness activities	N/A	N/A	69%	100%
Percent of programs represented at all Wellness Committee meetings	N/A	52%	30%	100%
Percent of DPH staff that participate in a County-wide wellness campaign	5%	12%	N/C	100%
Percent of DPH employees who report that DPH meetings lasting more than 1.5 hours always or usually include a wellness break	N/A	N/A	N/A	N/A

N/C: Not Collected, N/A: Not Applicable

### Snapshot of DPH Health Education Workforce FY 2012-2013

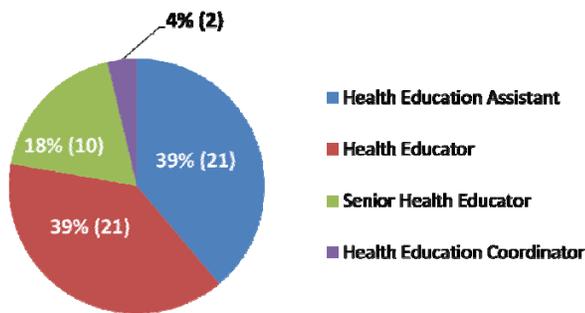
The health education workforce is a small subset of the Department’s nearly 4,000 employees. This fiscal year, health education staff accounted for less than 1.5% of the total DPH workforce (n=54). This signals a nearly 10% decrease in the number of health education staff from FY 2011-2012. The table below lists the department’s health education job classifications and requirements needed to qualify for each health education position.

#### Health Education Job Classifications and Requirements

Position	Education & Professional Experience
Health Education Assistant	2 years experience or college graduate with a major in Health Education
Health Educator	MPH with Health Education focus
Senior Health Educator	MPH with Health Education focus and 2 years experience
Health Education Coordinator	MPH with Health Education focus and 3 years experience

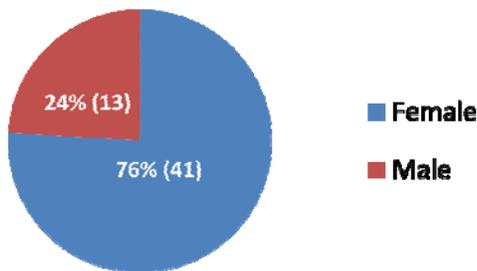
**Chart 1:**

**Health Education Workforce by Job Category**



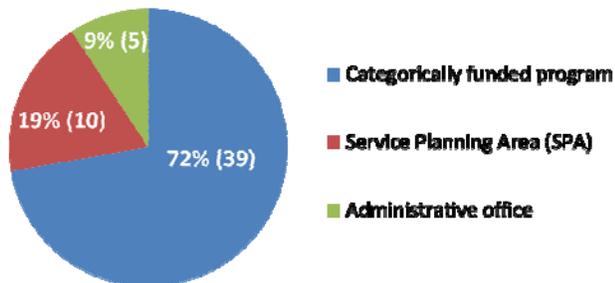
**Chart 2:**

**Health Education Workforce by Gender**



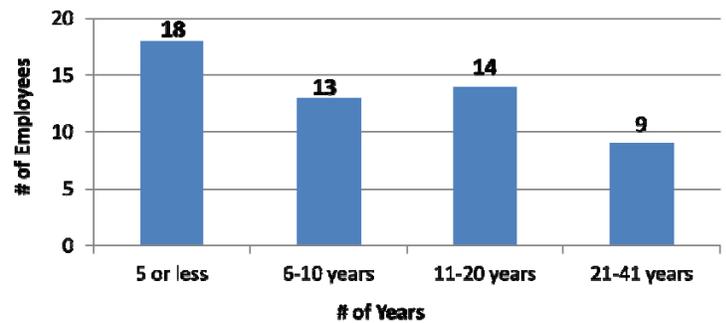
**Chart 3:**

**Health Education Workforce by Workplace Setting**



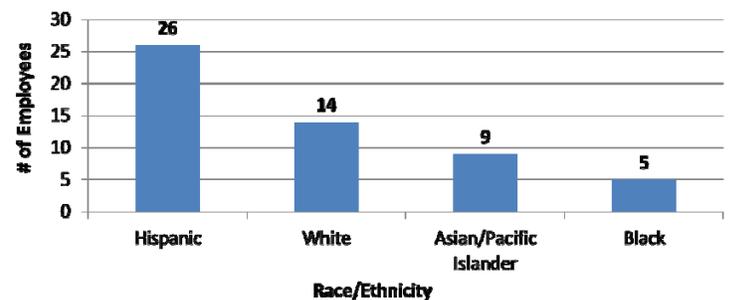
**Chart 4:**

**Health Education Workforce by Years of Service**



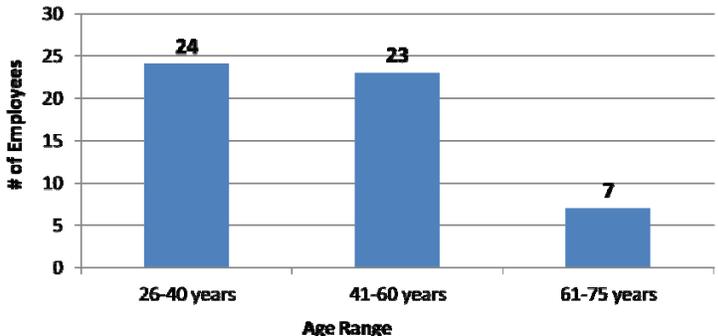
**Chart 5:**

**Health Education Workforce by Race/Ethnicity**



**Chart 6:**

**Health Education Workforce by Age Group**



## HEA Customer Service Evaluation Data FY 2012-2013

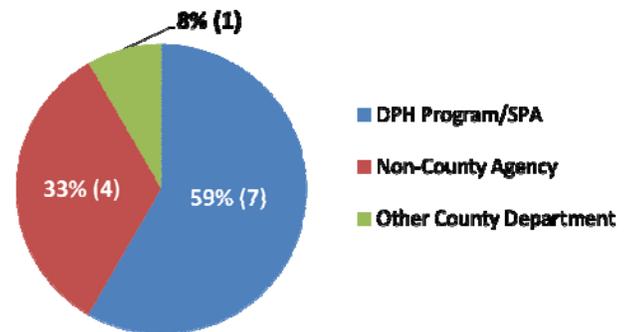
During this fiscal year, HEA received 13 customer service survey responses. Nearly half of the customers were from outside the Department of Public Health (41%). The services requested during these encounters were mainly about professional development opportunities including HEA’s Plain Language training and Public Health Education Collaborative sessions (62%), the [HEALTH ED] Listserv (46%), and worksite wellness (31%). The majority of the respondents rated their overall satisfaction with HEA services as “Very Satisfied” (92.3%). Further, all respondents were “Very or Somewhat Likely” to contact HEA for help in the future.

### Quality Health Communications

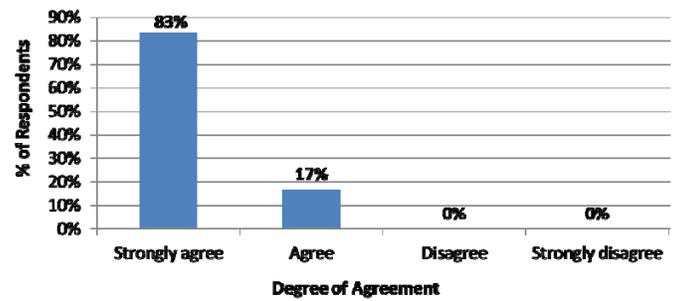
Since 2007, HEA has led two department-wide entities responsible for ensuring the quality of the department’s health education materials—the Print Materials and Speakers’ Bureau committees. In 2012, committee members expressed the need for (1) more cohesion among the groups and (2) organizational infrastructure to address emerging needs related to translation and community outreach. In addition, external partners expressed a need for more easily accessible and linguistically responsive materials. Further, DPH’s emergency response activities highlighted the need for health education-related systems and procedures to quickly address the needs of diverse communities during public health emergencies.

In response, HEA convened the Health Education Quality Committee for the first time in December 2012. The Committee is a multidisciplinary group that addresses three focus areas—print materials, outreach, and translation. HEA staff convenes and provides administrative and technical support for the Committee. Committee members are DPH staff that play health communication roles within their programs and Service Planning Areas (SPAs). [Box 1](#) on the next page provides more information about the Committee’s purpose.

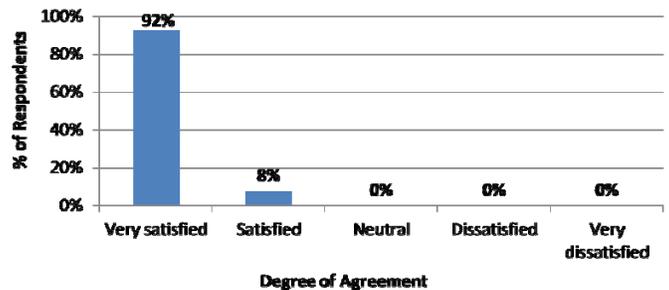
**Chart 7:**  
**Customer Breakdown**



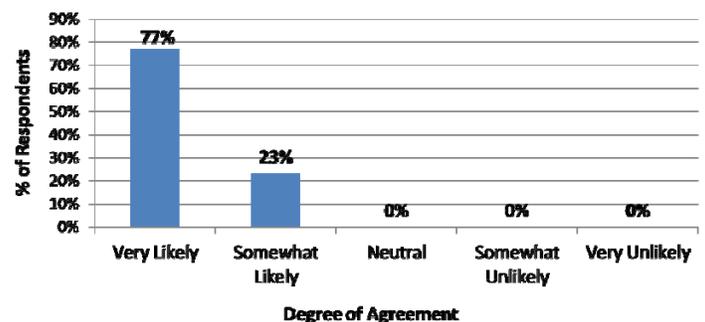
**Chart 8:**  
**Was information provided accurately?**



**Chart 9:**  
**How would you rate your overall satisfaction?**



**Chart 10:**  
**How likely are you to contact HEA for future assistance?**



The following sections highlight the work done collaboratively with Health Education Quality Committee members to improve the quality of key health education activities throughout the department.

**Print Materials**

This fiscal year, HEA focused on improving health education infrastructure and increasing print materials development capacity. HEA completed and began implementing the health education materials review form. This Excel form helps assess whether DPH print materials meet quality standards related to health literacy, plain language, cultural competency, and language access. Further, this user-friendly data collection tool allows HEA to track quality data over time, helps identify areas of improvement, and monitors whether training and other technical assistance provided by HEA improve DPH health communications. This fiscal year HEA began the first ever systematic review of DPH health education materials. This department-wide review of materials currently posted on the DPH website is significant because it helps the organization comply with California quality standards for health education materials distributed to Medi-Cal clients. Compliance with these standards also assures that our materials prove useful to partner agencies that must also

In April 2013, HEA piloted a print materials training that taught DPH representatives how to use this quality assurance tool and provided additional tips for developing effective print materials for diverse audiences. 84% of DPH programs that develop or have an interest in developing print materials attended this inaugural training session. This assures at least one person in each program has the basic knowledge to create effective communications, significantly increasing the department’s capacity to develop communications, particularly during emergency response situations. The table to the right lists the educational materials HEA developed during departmental emergency response activities including: meningitis concerns among men who have sex with men, tuberculosis among the homeless in Skid Row, hepatitis A outbreak among consumers of specific Costco-brand berries, and H7N9 flu preparation.

The Educational Materials Inventory is a collection of print materials created and/or utilized by programs within DPH, and compiled by HEA since 2010. Print materials is to reinforce health messages shared during Speakers’ Bureau presentations, outreach, and home or clinic visits. A web-based library was built during this reporting period and is currently being populated with DPH materials that comply with DPH quality standards. The web-based library is expected to launch in January 2014.

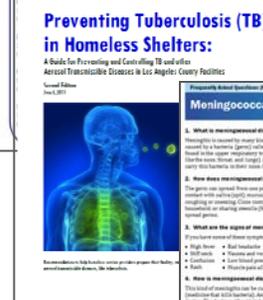
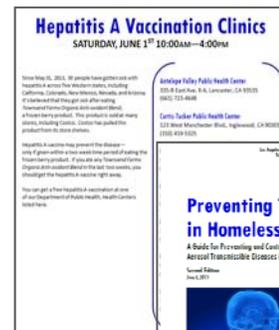
**BOX 1: Purpose of the Health Education Quality Committee**

To assure DPH health education print materials, outreach, and translation services are...

- Clinically accurate
- Easily deployed during public health emergencies
- Responsive to the cultural, linguistic, literacy, and functional needs of diverse audiences
- Compliant with local, state, and federal mandates
- Implemented systematically throughout the County
- Reviewed and updated regularly
- Available in English, Spanish and other languages and formats, as needed
- Easily accessible

**Materials Developed for Emergency Response**

Type of Material	# Made
Fact sheets	8
Community-level Presentations	8
Management-level Presentations	2
Guidelines & Standards	2
List of clinics and other DPH resources	3



### Outreach - Speakers' Bureau (SB)

The Speaker's Bureau is a mechanism for (1) disseminating standardized and engaging health education messages, and (2) responding to requests received through the online form. It facilitates the requests for speakers from DPH staff and community members on several topic areas, including public health 101, flu, and whooping cough. 105 presentations, a 10% increase from FY 2011-2012, were requested through the Speakers' Bureau from:

<https://admin.publichealth.lacounty.gov/phcommon/public/hea/spbureau/index.cfm>.

Speakers' Bureau is an effective mechanism for external partners to request a presentation. Internal procedures and newly available tools (e.g. Outlook's calendar, delegation, and other key functions) improved real-time data collection, tracking, and reporting of requests received/fulfilled and evaluations to respond to community needs. 36% of presentations were confirmed as completed, also signaling a 10% increase from FY 2011-2012. Top requesting agencies include agencies that serve seniors and disabled adults, health professionals, parents, and business representatives.

However, health education staffing capacity must increase to further expand strategic Speakers' Bureau outreach.

Speakers' Bureau seeks feedback from requestors, speakers, and audience members. An approximate 50% increase in return rates for speaker and requestor evaluations were seen from FY 2011-2012. Audience

evaluation forms saw a modest 2% increase in return rates from 35% to 37%. On average, audience members rated a 3.7 out of a 4-point scale when asked whether the presentation was overall effective.

**Quick Fact:** During FY 2012-2013, the top 3 most requested topics during the fiscal year were Emergency Preparedness (n=28), Falls Prevention (n=16) and Bed Bugs (n=15). All requests provided an opportunity to reach up to 7,978 participants.

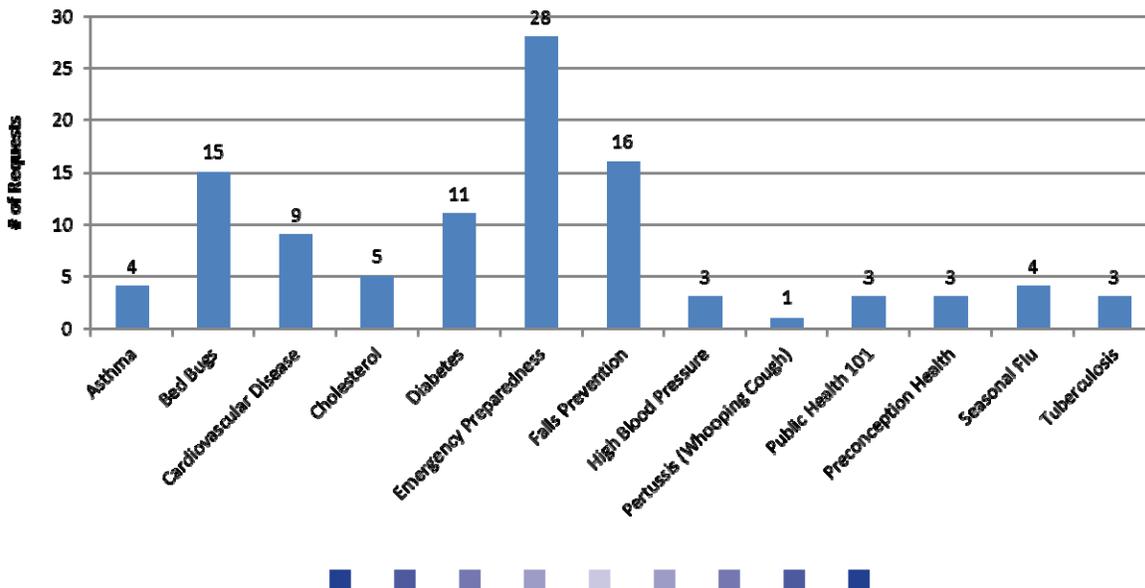
SB Requests by Service Planning Area

REQUESTS BY SPA	#	%
SPA 1	2	2%
SPA 2	20	19%
SPA 3	8	8%
SPA 4	11	10%
SPA 5	13	12%
SPA 6	27	26%
SPA 7	10	11%
SPA 8	13	12%
Out of jurisdiction	1	1%
<b>TOTAL</b>	<b>105</b>	<b>100%</b>

SB Requests by Supervisorial District

REQUESTS BY SUP DISTRICT	#	%
District 1	19	18%
District 2	38	36%
District 3	23	22%
District 4	10	10%
District 5	14	13%
Out of jurisdiction	1	1%
<b>TOTAL</b>	<b>105</b>	<b>100%</b>

**Chart 11:**  
**Speakers' Bureau Requests by Topic**



## Translation

HEA translates documents and coordinates translation or interpretation services during everyday operations and emergency response situations. More importantly, HEA assures compliance with local, state, and federal mandates related to language and functional communication needs. For the second year, HEA conducted an internal time study to track staff time spent on translation and review services. Resulting data suggest a DPH-wide budget to centralize translation and interpretation services would promote department-wide efficiency, result in cost savings, and improve DPH responsiveness to community needs.

**Quick Fact:** During FY 2012-2013, 30 translation requests were fulfilled. The workload totaled 194 staff hours, with an average turnaround time of 3 business days.

## Training Events FY 2012-2013 Summary

	Event Information				Event Evaluation					
	Target Audience	# of offerings	# of participants	No show %	Objectives Fully Met	Knowledge of Content		Satisfied With Event	Would Recommend	Apply Content at Work
						Pre-Course	Post-Course			
Plain Language Training	Health Educators, DPH Staff	11	217	15% (DPH) 25% (External)	97%	60%	90%	97%	95%	94%
Public Health Education Collaborative	Health Educators	4	133	31%	97%	58%	83%	99%	99%	93%
Health Education Practice Conference	Health Educators	1	116	18%	NC	NC	NC	97%	93%	91%

NC-Not Collected

## Empowered Workforce

HEA works to empower the health education workforce by improving countywide capacity to deliver high quality health education services. To do this we provide professional development opportunities that enhance knowledge and build confidence in applying new skills.

### Plain Language Training

Plain language is information audiences understand the first time they read or hear it. It helps audiences understand, remember, and use information when it's relevant to them. Plain language relates to health literacy, a person's ability to access, remember, and use health information to make informed health choices. HEA's training makes plain language an organizational responsibility; a powerful tool to address health literacy and the social determinants of health. HEA conducted 11 plain language trainings for DPH employees and partner agencies; trained 224 participants, 45% of which were from external agencies such as the Department of Health Services, school districts, community health centers, private businesses, and managed care organizations.

Participants' self-reported knowledge of plain language principles increased by an average of 52%. Participants completed pre/posttests that produced an average 22% increase in scores. 94% of participants also reported they would apply the training content immediately after the training. Further, 91% reported using the content 3-6 months after the training. HEA's "Say it Right the First Time" manual and training calendar are available through the HEA website: <http://ph.lacounty.gov/hea/HealthLiteracy.htm>.



### Public Health Education Collaborative

The Public Health Education Collaborative is a quarterly gathering of professionals, students, and other stakeholders that have an interest in health education. These sessions include skills-building activities, promote networking among health education stakeholders from within and outside the Department of Public Health, and provide a forum to coordinate and learn from health education activities occurring throughout LA County. During the recent economic downturn, more unemployed health professionals and recent graduates attended these sessions looking to network with possible employers and/or gain or maintain skills.

Topics for all Collaborative sessions are identified by the participants at the end of each calendar year. Not only do participants identify topics, but they also help to secure free speakers to come share their expertise with the health education workforce. For example, the February 2013 Collaborative session addressed Healthcare Reform. A Collaborative participant that served on the Collaborative Planning Committee, mobilized their professional network and contacted the California Pan-Ethnic Health Network (CPEHN) based in Oakland. This multicultural health advocacy organization that promotes health equity fully supported our efforts and sent CPEHN Executive Director Ellen Wu, MPH and CPEHN Director of Policy Analysis Cary Sanders, MPH to lead the workshops specifically designed to help health educators better understand the Affordable Care Act and envision their role in the changing healthcare environment. The table below lists topics of the Collaborative sessions. The Collaborative calendar and related materials are available on the HEA website: <http://ph.lacounty.gov/hea/collaborative.htm>

#### Collaborative Meeting Topics and Participants

Topics	#
Affordable Care Act: Strategies for Advancing the Prevention Agenda	51
Plain Language Refresher	22
Evidence Based Practice in Public Health	32
End-of-the-Year Collaborative	28
<b>Total # of Participants</b>	<b>133</b>



### Health Education Practice Conference

The Health Education Practice Conference is an annual event that commemorates National Health Education Week by (1) showcasing effective health education practices throughout LA County, (2) recognizing the excellent service provided by the DPH health education workforce, and (3) establishing a countywide network of health education practitioners. Conference materials can be downloaded from the HEA website: <http://ph.lacounty.gov/hea/HEPracticeConference.htm>

Thanks to a collaboration with SEIU Local 721, the LA County Board of Supervisors issued a proclamation to honor the countywide Health Education workforce and call attention to this year's theme *Adolescent Health: Planting Seeds for a Healthier Generation*. The proclamation described how improving adolescent health requires collaboration between government, community organizations, families, schools, neighborhoods, and businesses to develop environments that make healthy choices, easy choices. Further, the proclamation noted that the health education workforce is uniquely positioned to work across sectors to promote adolescent health.



## Strong Partnerships

HEA leads several department-wide initiatives that require building and sustaining effective relationships with internal and external partners. The following sections demonstrate HEA's ability to foster collaboration with multidisciplinary partners to support the DPH strategic plan.

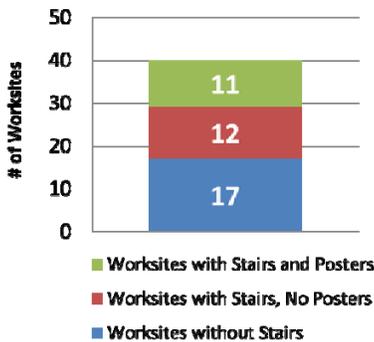
## Worksite Wellness

HEA runs the Worksite Wellness Committee. This entity is comprised of representatives from all DPH programs and Service Planning Areas (SPAs). It works to implement evidence-based worksite wellness policies and activities that improve the health of DPH's 4,000 employees across 40+ worksites. Through this department-wide committee, HEA has been able to implement various evidence-based strategies including:

- Posting point-of-decision prompts to encourage stair use
- Organizing a walking program with 1- and 2-mile routes for each worksite
- Integrating physical activity into the work day (Instant Recess and other tools)

Data is being collected to monitor some of these practices over time, including use of stairwell prompts.

**Chart 12:**  
Stairwell Posters Encouraging Stair Use at DPH Worksites



This fiscal year, Committee members responded to the Centers for Disease Control and Prevention's *Worksite Health Scorecard* for the first time. The scorecard is a tool for employers to assess how evidence-based health promotion strategies in twelve areas (e.g. tobacco, depression, weight management) are implemented at a worksite. DPH earned an overall score of 39% compared to the 71% standard as established by the CDC's benchmark study for comparably sized organizations. Results will be used to develop a

wellness action plan to improve upon baseline measures.

Even without a full-time Worksite Wellness Coordinator, HEA continues to develop tools that help DPH employees identify evidence-based worksite wellness strategies, implement physical activity into the work day, and learn about county-wide wellness activities. Tools, such as the Tabata Fitness Break script, are accessible through the HEA wellness website: <http://ph.lacounty.gov/hea/wellness/>



## Internships & Volunteers

HEA serves as an internship site for graduate students in Public Health. HEA has three internships (i.e. worksite wellness, evaluation, and health communications) that are continuously open and available on the county-wide internship listing at:

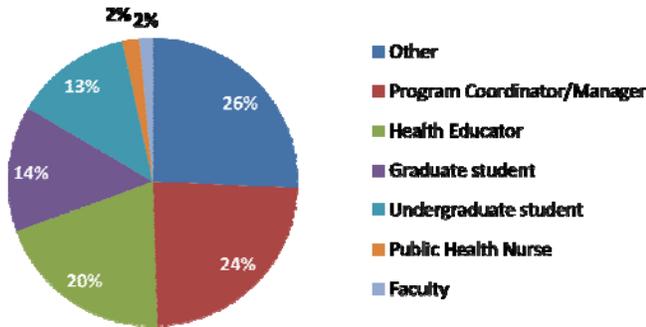
<http://dhrdcap.co.la.ca.us/cbeep/intjobs.htm>

HEA also serves as a training ground for recent graduates or seasoned professionals looking for public health-related volunteer opportunities. This reporting period, the LA County Board of Supervisors awarded Shoshana Granat, HEA volunteer, the *DPH Adult Volunteer of the Year Award*. Ms. Granat worked on projects for the DPH Worksite Wellness Program. She developed physical activity training to help employees increase physical activity and reduce chances of repetitive strain injury from desk work. Ms. Granat also served on the planning committee for the annual Health Education Practice Conference, helping to plan conference logistics and secure donations.

### HEALTHED Listserv

The [HEALTHED] Listserv connects the health education community with information including job listings, funding opportunities, training and event announcements. This reporting period, HEA increased membership by 36%, totaling 588 subscribers from DPH and external agencies such as non-profit organizations, community-based organizations, academic institutions,

**Chart 13:**  
**[HEALTHED] Subscribers By Job Title**



hospitals, and faith-based organizations.

Only 21% of subscribers are from the LA County Department of Public Health, highlighting the [HEALTHED] Listserv’s capacity to broadly disseminate health information to relevant partners, particularly during emergency response situations. Learn how to join the listserv through the HEA website: <http://ph.lacounty.gov/hea/ListServ.htm>.

Most common reasons for subscribing to the listserv are to receive: employment announcements (85%), public health conference/event announcements (68%), health education practice resources (60%), policy updates (49%), and to network with other subscribers (49%).

### 2-1-1 LA County

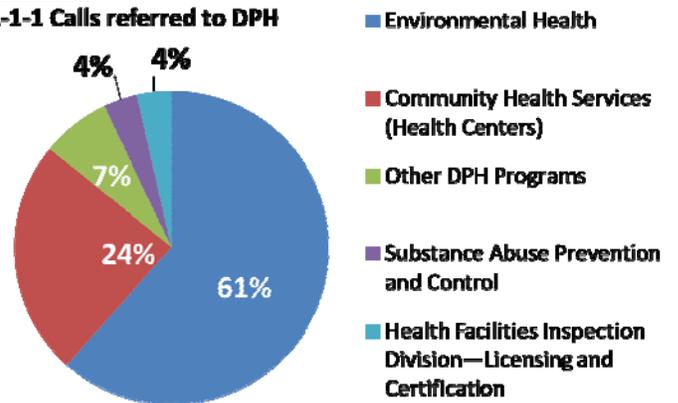
2-1-1, formerly known as INFO LINE, is a phone number that allows a caller to access over 28,000 health and human service programs throughout LA County 24 hours a day, 7 days a week. LA County has a master contract with 2-1-1. The master contract centralizes the work 2-1-1 does for several County departments, including DPH. The County’s Chief Executive Office (CEO) oversees the master contract. Since 2009, HEA has served as the CEO’s contact for all of DPH’s 2-1-1 matters, including budget allocations, reviewing and approving monthly invoices, reviewing and amending the contract and scope of work at the end of each contract term, updating entries on the 2-1-1 database,

and providing information and training during events that may significantly increase call volume, such as emergency response situations (e.g. disease outbreaks) or large scale events (e.g. mass media campaigns).

HEA also analyzes call volume data received as part of 2-1-1’s monthly invoices. These data revealed the following:

- 61% of calls were for Environmental Health. 33% were received from August-October 2012.
- 24% of calls were for a DPH Health Center. Curtis Tucker, Hollywood-Wilshire, and Central Health Centers received the most calls. Health Centers received most calls in January 2013 (18%).
- Divisions that received the most calls were Environmental Health, Community Health Services, Substance Abuse Prevention and Control and Health Facilities Inspection Division—Licensing and Certification.

**Chart 14:**  
**2-1-1 Calls referred to DPH**



**Quick Fact:** During FY 2012-2013, 2-1-1 referred a total of 11,381 calls to DPH. This was a 7% decrease from FY 2011-2012.

## Highlights of the Year

- Convened the DPH Health Education Quality Committee for the first time in December 2012 to address key health education areas throughout the department, including print materials, outreach, and translation.
- Provided strategic direction that was incorporated into the DPH strategic plan's Strategic Priority 3: Empowered Health Consumers.
- Led the Health Education Branch during departmental emergency response including: meningitis concerns among men who have sex with men, tuberculosis among the homeless in Skid Row, hepatitis A among consumers of Townsend-brand berries sold at Costco, and H7N9 flu preparation.
- Served as health literacy subject matter experts for department-wide programs including the DPH Science Summit and Expert Speaker Series webinars.
- LA County Board of Supervisors awarded Shoshana Granat, HEA volunteer, the DPH Adult Volunteer of the Year Award. Ms. Granat worked on projects for the DPH Worksite Wellness Program.
- Under a motion introduced by Second District Supervisor, Mark Ridley-Thomas, the Los Angeles County Board of Supervisors issued a proclamation in recognition of Health Education Week and the countywide health education workforce.
- HEA's "Say it Right the First Time: Using Plain Language to Address Health Literacy" earned the 2013 Promising Practice designation by the National Association of County and City Health Officials (NACCHO). An application was submitted in October 2012. All applications undergo a peer review. Selected submissions are listed on the NACCHO Model Practice Database available here: <http://www.naccho.org/topics/modelpractices/>. This searchable website lists best practices from around the country with the aim of modeling and disseminating evidence-based practice for local government agencies. This is an example of how HEA is working to add to the current evidence base.
- Entered HEA's plain language training participant data into the Learning Management System, successfully adding the training to DPH employees' training transcript.
- HEA's application earned LA County Department of Public Health the Fit-Friendly Worksite Gold Award Recognition—the American Heart Association's way of recognizing implementation of evidence-based practices that prevent heart disease and stroke. Gold recognition is for worksites that fulfill criteria such as offering employees physical activity support, increasing healthy eating options at work and promoting a wellness culture. Minimum requirements for Gold level achievement are a minimum of 25 employees at the worksite and implementing at least six of the physical activities (e.g. walking program and maps; stairwell prompts, exercise classes), two of the nutrition activities (e.g. eatery maps), and one of the culture activities listed in the application form (e.g. active Wellness Committee, wellness newsletter, and annual Health Risk Assessments).

## Next Steps

- Post 30 print materials (English/Spanish) onto the central online library.
- Analyze and disseminate data related to quality standards review of print materials.
- Implement a department-wide blanket purchase order process for translation and interpretation services.
- Conduct and evaluate eight Plain Language training sessions for the DPH workforce.
- Conduct and evaluate one Plain Language train-the-trainer session for external partners.
- Conduct a worksite wellness needs assessment and develop an improvement plan based on findings.



## Performance Improvement Plan

### Project Selection

In March 2012, Health Education Administration (HEA) assessed how evidence-based health promotion strategies to prevent heart disease, stroke, and related conditions are implemented throughout DPH worksites. HEA used a validated tool to conduct this assessment, the Centers for Disease Control and Prevention’s (CDC) *Worksite Health Scorecard*. HEA only asked Worksite Wellness Committee members to complete the electronic survey.

The CDC scorecard contains 100 questions across twelve health topics, including topics like organizational supports, tobacco control, nutrition, physical activity, stress management, and depression. Aside from providing a total average score, the CDC Scorecard also provides average scores for all individual topic areas meant to help identify program gaps and priorities.

According to the CDC’s benchmark study, large organizations (defined as worksites with 750 or more employees) such as DPH, should attain a total average score of 71%. This benchmark and those related to the individual topic areas identified the need to improve the department’s average scores.

### DPH Strategic Priority Areas

Strategic Priority 6: Improved DPH infrastructure

6.1.f: Implement a coordinated workplace health promotion program within DPH and provide subject matter expertise to County partners.

### Aim Statement

- ◆ By September 30, 2014, increase *Worksite Health Scorecard* response rates.
- ◆ By November 30, 2014, measure difference in *Total Average Score* from baseline.
- ◆ By November 30, 2014, measure difference in *Organizational Supports Average Score* from baseline.
- ◆ By December 30, 2014, select *two other topic areas* to address in a worksite wellness improvement plan.

### Measures of Change

Improve the following based on baseline measures:

◆ Worksite Wellness Committee member response rate	Baseline: 23%	Target: 25%
◆ Overall DPH employee response rate	Baseline: 0%	Target: 5%
◆ Total average score	Baseline: 39%	Target: 45%
◆ Organizational supports average score	Baseline: 17%	Target: 20%

### Activities Planned

HEA will oversee the management of the project and seek support from the department-wide Worksite Wellness Committee and their respective worksites. Related improvement plan activities include the following:

- ◆ Hire a DPH Worksite Wellness Coordinator.
- ◆ Administer the electronic *Worksite Health Scorecard* to all DPH employees.
- ◆ Compare March and September *Worksite Health Scorecard* results.
- ◆ Draft a worksite wellness improvement plan based on findings.



## MEDICAL AFFAIRS

### Vision

DPH and clinical professionals throughout LA County collaborating to protect health, prevent disease, and promote overall well-being

### Purpose

Provide medical leadership within the Department as it concerns medical community engagement, physician infrastructure and departmental priorities

### Motto

Building the bridge between the medical community and public health practice



Medical Affairs Program, Office of the Medical Director and Performance Improvement Program Staff. Back Row: Maria Ojeda, Ojig Yeretsian, Jeffrey Gunzenhauser, Sarah Guerry and Ali Stirland. Front Row: Yeira Rodriguez, Donna Sze and Quan (Joseph) Truong. Not included in photo: Catherine Mak, Emily Peach, Jenny Rodriguez, Karen Swanson

### Introduction

The Quality Improvement Division received a National Public Health Improvement Initiative award in 2010, which enabled the development of the Medical Affairs Unit with 3 new staff in 2011. The Deputy Medical Director was recruited in 2012 and joined the team in October 2012. Recognizing their similar functions and goals, the Physician Administration Program and Medical Affairs Unit were merged into the Medical Affairs Program (MA) in March 2013.

The overarching goal of the Medical Affairs Program is to improve the health of Los Angeles County residents by promoting high value evidence-based clinical services in partnership with medical leaders throughout Los Angeles County. With this goal in mind, the Medical Affairs Program currently has two roles - Physician Administration and Medical Community Engagement, with six total staff. In the future, the Medical Affairs Program also plans to start a Health Care Consumer Protection program.

### DPH Strategic Priorities & Goals, MA Goals & Performance Measures

The work performed in Medical Affairs is primarily focused within four priority areas of the DPH 2013-2017 Strategic Plan. Medical Affairs further identified 8 goals to assure the program is working towards these strategic priorities.

#### Strategic Priority 2: Preventive Health Care

*Improve the availability, use, and integration of prevention-focused, evidence-based health care services.*

Goal 2.2 Promote quality assurance and use of evidence-based clinical preventive services among clinical providers.

# MEDICAL AFFAIRS

## Strategic Priority 3: Empowered Health Consumers

*Support individuals in making informed choices about their health.*

Goal 3.1 Improve DPH and partner capacity to help consumers understand basic health information and make appropriate health decisions.

Goal 3.2 Identify and counter misleading promotion of health-related products and services.

## Strategic Priority 5: Public Health Protection

*Prevent, detect, and respond to health threats*

Goal 5.4 Improve DPH capacity to prepare for, respond to, and recover from emergencies.

## Strategic Priority 6: Improved DPH Infrastructure

*Strengthen DPH to remain a high-performing and innovative organization.*

Goal 6.1 Maintain a skilled, competent and empowered workforce.

Goal 6.2 Maximize administrative efficiencies through effective use of technology.

Goal 6.3 Improve DPH use of and contributions to the evidence base.

Goal 6.5 Ensure effective communications.

## Snapshot of DPH Physician Workforce

As of August 2013, there were a total of 79 physicians in DPH. DPH physicians have a diverse range of specialty training with Internal Medicine (31%) representing the largest group followed by Preventive Medicine (23%), Pediatrics (20%), and Family Practice (16%) [Table 1: DPH Physician Workforce by Specialty]. Together, Community Health Services (CHS) and Communicable Disease Control and Prevention (CDCP) house the majority of the physician workforce (CHS: 35; CDCP: 11) while other DPH programs have a range of 1 to 6 physicians on staff (Table 2: DPH Physicians per Program). Physician specialists make up the largest payroll title (49%) followed by as-needed physicians (13%) (Table 3: DPH Physician Workforce by Payroll Title).

**Table 1. DPH Physician Workforce by Specialty**

Specialty Type	# of Physicians
Family Practice	13
General Surgery	1
Internal Medicine	25
Nephrology	1
OB/GYN	2
Pediatrics	16
Preventive Medicine	18
Psychiatry	2
Radiology	1
<b>TOTAL</b>	<b>79</b>

Source: DPH eHR System, August 2013, Self-report data

## MEDICAL AFFAIRS

Table 2. DPH Physicians Per Program

Program Name	# of Physicians
Executive Physicians*	4
Children's Medical Services	6
Chronic Disease & Injury Prevention	5
Communicable Disease Control & Prevention	11
Community Health Services	35
Environmental Health	2
Health Facilities Inspection	2
Maternal, Child & Adolescent Health	3
Division of HIV & STD Programs	3
Public Health Information Systems	1
Substance Abuse & Prevention Control	1
Office of Health Assessment & Epidemiology	2
Office of Women's Health	1
Emergency Preparedness & Response Program	2

\* Includes PH Executive Office, OMD, Science Officer

Source: DPH eHR System, August 2013

Table 3. DPH Physician Workforce by Payroll Title

Payroll Title	# of Physicians
As-needed Physician (J-item)	10 (13%)
Chief Physician I	8 (10%)
Chief Physician II	7 (9%)
Chief Physician III	2 (3%)
Clinic Physician, MD	1 (1%)
Consulting Specialist, MD	2 (3%)
Director and Health Officer	1 (1%)
Physician, MD	2 (3%)
Physician Specialist	39 (49%)
Physician Volunteer	1 (1%)
Radiologist	1 (1%)
Senior Physician	5 (6%)

Source: DPH eHR System, August 2013

# MEDICAL AFFAIRS

## Customer Service Evaluation FY 2012-13 Summary

Medical Affairs added the customer satisfaction link to all new outgoing emails January on 21, 2013. As of August 28, 2013 there were seven customer responses, five DPH customers, one external public health, and one pediatric cardiologist. Overall, 85% of respondents were very satisfied with the overall service and would contact MA again. Comments received included one DPH customer who gave this open ended feedback on CME, “exceptional customer service, thank you!”.

## Educational Events FY 2012-13 Summary

	Event Information				Event Evaluation					
	Target Audience	# of offerings	# of participants	No show %	Objectives Fully Met	Knowledge of Content		Satisfied With Event	Would Recommend	Apply Content at Work
						Pre-Course	Post-Course			
Health Care Provider Conference	DPH Health Care Providers	1	47	NC	89%	NC	NC	97%	90%	90%
Journal Clubs	DPH Health Care Providers	12	159	NC	96%	NC	NC	NC	NC	88%
Rx for Prevention	LA County Health Care Providers	10	10,082	NC	NC	NC	NC	NC	NC	NC
Prevention Symposium	LA Health Care Consumer Protection Summit	1	109	NC	80%	NC	NC	95%	NC	90%

NC-Not Collected

### Physician Administration

Physician Administration’s primary focus is on Los Angeles County Physician workforce development, including 1) recruitment and retention; 2) assessment and development; and 3) professional practice assurance.

### Credentialing and Privileging MDs

LA County DPH expects its physician workforce to be held to the highest standards. As such, MA is in the process of credentialing and privileging all physicians in DPH. All together there are 79 physicians in DPH, 35 (44%) are working for Community Health Services. All physicians in Community Health Services have been appointed as members of the Medical Staff. The goal is to have all of the Department’s physician staff appointed by the end of 2013.

### Health Care Provider Conference

As part of the commitment to assuring professional practice and development of physician workforce, MA hosts an annual practice conference. Traditionally this has been a physician conference, but recognizing that DPH health care providers include dentists, veterinarians, and

pharmacists, the 2013 conference was for all health care providers. Held on April 19, 2013, the event’s theme was “Leadership through change.” The conference focused on developing important professional skills around organizational and community resilience, building trust with patients, colleagues and stakeholders, and leading during turbulent times. In his opening remarks, Jeffrey Gunzenhauser MD, MPH, framed the day’s event around the importance of developing leaders in public health, particularly during this time of great change in health care. Jeffrey Guterman, MD, Chief Research Innovation Officer, DHS, was the keynote speaker and presented on the Affordable Care Act and its impact on the safety net in LA County. He discussed some of the challenges to implementing transformational organizational change as well as some keys to success. The other featured speakers and topics were Anita Chandra, DrPH, MPH (Behavioral and Policy Studies Department, RAND) on opportunities for health care providers to strengthen public health through community resilience, and Clyde Birch, MPA (Franklin Covey) on leading in a trusting environment. In addition, a Best Practices panel of the Department’s health care providers shared leadership challenges and opportunities. Finally, in an effort to celebrate professional

successes, an award ceremony recognized DPH healthcare providers for exceptional achievements. Overall, the 2013 Health Care Provider Practice Conference was rated a success by the participants: 97% said they were satisfied by the conference, 98% said the information provided was useful, and 90% said they plan to use content at work.

### DPH Physician Needs Assessment

Medical Affairs developed a needs assessment tool and administered it as an online survey to internal DPH physicians in August 2012. With a 61% response rate, the survey results showed that DPH physicians have extensive relationships both internal and external to the Department. However, a liaison between DPH and the external medical community is viewed as a high priority need. Similarly, along the lines of communication, DPH physician respondents wanted MA to improve how DPH communicates with external providers which includes developing a web portal for internal and external physicians.

### DPH Physicians and External Partners

The needs assessment revealed that 96% of physicians work collaboratively on projects, research, consultations, etc. in twenty-one (21) programs throughout the Department of Public Health. 86% of respondents report working with the *outside* medical community of Los Angeles County primarily via information sharing and receiving; providing technical assistance; and providing and receiving clinical consultation.

### Continuing Medical Education

The CME program assures that educational activities focus on gaps in knowledge, practice, and performance.

During the FY 2012-13, MA has:

- Coordinated approval for 15 CME activities for programs;
- Hosted 12 Journal Clubs; and
- Published 10 issues of Rx for Prevention.

### Medical Community Engagement

The primary purpose of medical community engagement is to improve and facilitate communication both within DPH and between DPH and the larger Los Angeles County medical community to improve the health of patients and populations. Its major activities are the following:

- Build partnerships within the department;
- Build partnerships with the external medical

community;

- Understand and facilitate change as related to health care reform; and
- Build infrastructure for communication.

### Community Engagement Activities

#### Promote Clinical Preventive Services Utilization in Los Angeles County

MA worked with the Office of Women’s Health, Office of Senior Health, and Division of Chronic Disease & Injury Prevention (CDIP) to ensure DPH messaging was aligned around Healthy Aging. As conveners of the Healthy Aging Workgroup, MA connected with and built on already existing networks and resources within DPH to organize a **Prevention Symposium** in June 2013.

In addition, Medical Affairs developed a **Logic Model** as the basis for DPH to engage with the external medical community. After scanning systems and literatures nation-wide, a logic model was created to provide framework and rationale for building networks and systems of possible collaboration. This model was presented at the December 2012 Southern California Health Educators Conference and will be shared as a resource with neighboring Health Departments in 2013.

### Health Care Consumer Protection

#### LA Health Care Consumer Protection Summit

Addressing Strategic Plan Priority 3, Empowered Health Consumers, MA partnered with the DPH Office of Women’s Health (OWH), LA County Department of Consumer Affairs (DCA), and the Food and Drug Administration (FDA) to host the first-ever Consumer Health Protection Summit on April 23, 2013 at the California Endowment. This summit brought together leaders from diverse backgrounds to identify, prioritize, and combat health care fraud and other issues.

This half-day event had opening remarks from high level officials from the Department of Justice, the FDA, LA County Department of Consumer Affairs (DCA), WISE & Healthy Aging, and Dr. Fielding. There were two panels, one on Health Care Fraud Detection and Prevention and the other on Health Care Fraud Investigation and Prosecution. The summit concluded with an all-group discussion and question/answer session which included next steps. Based on the feedback from the conference attendees, the summit organizers (DCA, DPH MA and OWH, and FDA) formed the LA County Health Care Consumer Protection Partnership (HCCPP) to continue to combat health care fraud and empower consumers of health

## Highlights of the Year

- Creation of Medical Affairs Program in March 2013
- Health Care Consumer Protection Summit
- Credentialing all Community Health Services Physicians

## Next Steps

For the next fiscal year, MA has planned many projects, which include:

- Improve communication internally and externally amongst physicians and DPH by
  - ◇ Revising MA intranet sites including new CME and physician administration pages;
  - ◇ Developing a healthcare provider website;
  - ◇ Partnering with Emergency Preparedness and Response Program (EPRP) to improve the LA California Health Alert Network (CAHAN) to reach a broader group of physicians and other health care professionals with easier to read and accessible emergency and non-emergency public health communications;
  - ◇ Developing an LA Health Alert Network website;
  - ◇ Creating an email database of Los Angeles health care providers to receive Health Alert Network messages, Rx for Prevention, and other important public health communications;
  - ◇ Partnering with DPH programs to create a single portal for the reporting of reportable diseases; and
  - ◇ Partnering with CHS, DPH programs, and DHS to adapt E-consult for prompt public health clinical communications.
- Streamline the CME application process to make it more user-friendly for DPH colleagues requesting CME credits.
- Appoint all DPH MDs to Medical Staff.
- Share resources with Long Beach and Pasadena Health Departments regarding medical community outreach.
- Form the DPH Healthcare Consumer Protection Program.



## NURSING ADMINISTRATION

### Vision

A competent and knowledgeable nursing workforce that is engaged and enthusiastic about improving the health of all Los Angeles County residents

### Mission

Recruit, retain, educate and empower the nursing workforce to maximize nursing's contribution to DPH's strategic priorities, goals and objectives



First row: Noel Bazini-Barakat, Clarizza Recinto, Mila Marshall, Guili Zheng. 2nd row: Carol Floyd, Sharon Oriel, Vinita Karatsu, Susan Smith, Regina Carter. 3rd row: Lorraine Sisneros, Lucille Rayford, Lisa Crowder, Joda Weathersby. Back row: Brigitte Frazier-King, Kendra Bell. Not included in photo: Erika Goff, Jennifer Rivera, Diana Sosa, Duong Tran, and Elvie Tuttle

### Introduction

Nursing Administration (NADM) develops and promotes high quality nursing practice among the 700+ nurses throughout the many divisions in the Department of Public Health (DPH). To do this, NADM is structured into the following four primary units:

**Recruitment and Retention Unit:** promotes the recruitment and retention of qualified, diverse nurses in DPH; first established in the 1970s, this unit has evolved to provide high level strategic direction in recruitment and retention efforts for nurses in the Department.

**Education and Professional Development Unit:** assures a nursing workforce that has the skills and competence to practice safely, effectively and efficiently; first established in 1997, this unit has expanded its focus and serves as the hub for establishment and promotion of nursing practice standards and excellence in DPH.

**Nursing Informatics Unit:** improves the quality of nursing practice through optimizing information management; established in 2004, this unit now provides the primary nursing informatics leadership of DPH IT application in disease case management.

**Quality Improvement Unit:** evaluates and continuously improves the quality of services provided in NADM; established in 2011, this unit serves as the newest addition to promote continuous quality improvement in NADM.

# NURSING ADMINISTRATION

## **DPH Strategic Priority & Goals, NADM Goals & Performance Measures**

The work performed in Nursing Administration is primarily focused within two priority areas of the DPH 2013-2017 Strategic Plan. Nursing Administration further identified four program specific goals. Pertinent performance measures have been selected to assure the program is working towards these goals.

### **Strategic Priority 5: Public Health Protection**

*Prevent, detect, and respond to health threats*

- Goal 5.3 Promote increased use of electronic health care data to benefit public health
- Goal 5.4 Improve DPH capacity to prepare for, respond to, and recover from emergencies
- Goal 5.5 Maintain sufficient clinical and non-clinical workforce to enable emergency response capability

### **Strategic Priority 6: Improved DPH Infrastructure**

*Strengthen DPH to remain a high-performing and innovative organization*

- Goal 6.1 Maintain a skilled, competent and empowered workforce
- Goal 6.2 Maximize administrative efficiencies through effective use of technology
- Goal 6.3 Improve DPH use of and contributions to the evidence base
- Goal 6.4 Increase capacity to pursue policy and legislative approaches
- Goal 6.5 Ensure effective communications
- Goal 6.6 Increase the leadership capacity of the public health workforce

### **Nursing Administration Goals**

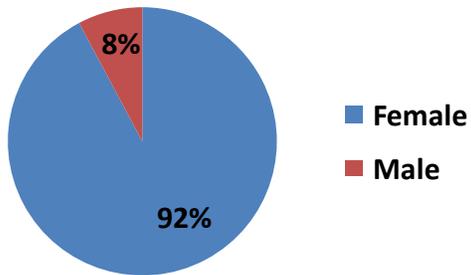
- Assure DPH nursing workforce has the skills and competence to practice safely and efficiently
- Improve the quality of nursing practice through optimizing information management in DPH
- Promote the recruitment and retention of qualified, diverse nurses in DPH
- Evaluate and continuously improve the quality of services provided

NADM - Specific Performance Measures	FY Performance			Standard
	'10-11	'11-12	'12-13	
Percent of newly hired nurses who receive an orientation in the first year of employment	NC	NC	NC	NE*
(DEVELOPMENTAL) Percent of nurses who agree or strongly agree that they intend to spend the rest of their career working for the Department of Public Health	96%	72%	NC	NE*
(DEVELOPMENTAL) Percent of nurse exit interviews analyzed for reasons for leaving	88%	DNC	DNC	NE*
(DEVELOPMENTAL) Percent of Licensed Clinical Professionals certified in all emergency competencies	NC	NC	NC	NE*
Percent of users within and outside the Department who are overall satisfied with the level of customer service in NADM	NC	83.5%	88%	90%
Percent of Affiliated Schools of Nursing who are compliant with contracts	NC	NC	100%	100%
Number of NADM-sponsored journal club meetings held	5	3	6	3
Percent of students and faculty from University Affiliates that agree that the information provided in their public health nursing orientation met their expectations	NC	89%	87%	92%

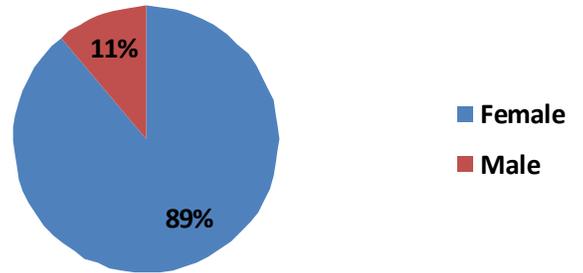
NC: data not collected, \*NE: not established

**Snapshot of DPH Nursing Workforce 2012-2013**

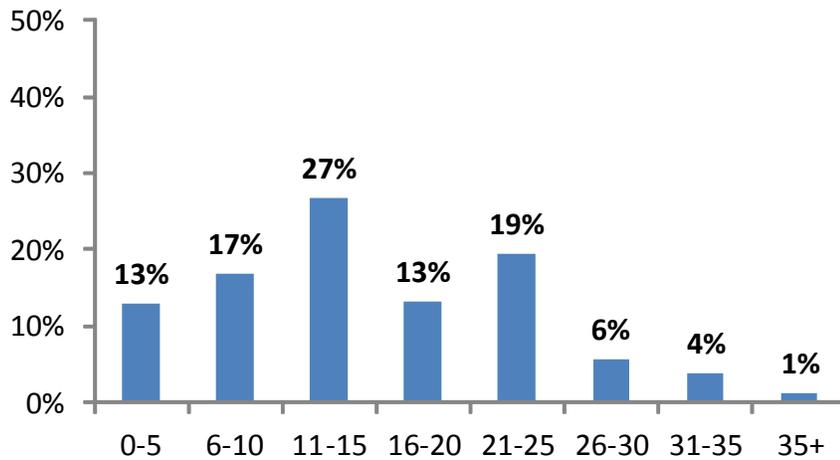
**Nursing Workforce by Gender 2012**



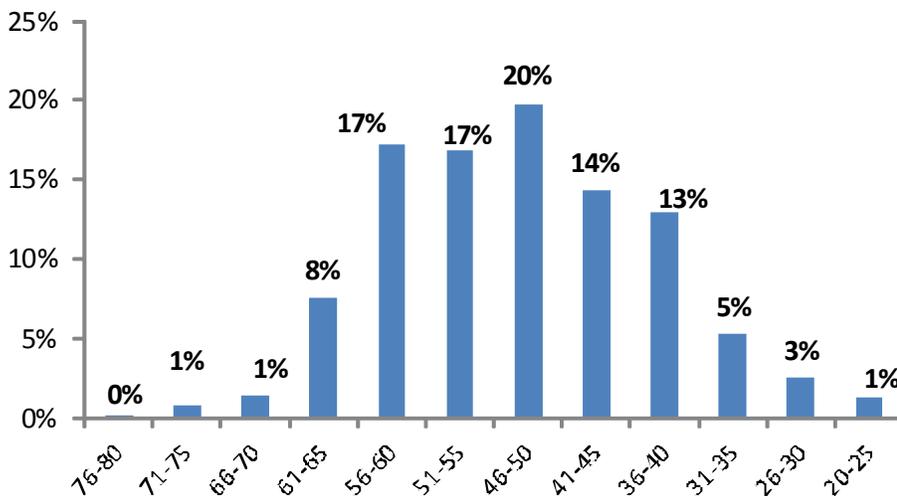
**California BRN State Nursing Workforce by Gender 2012**



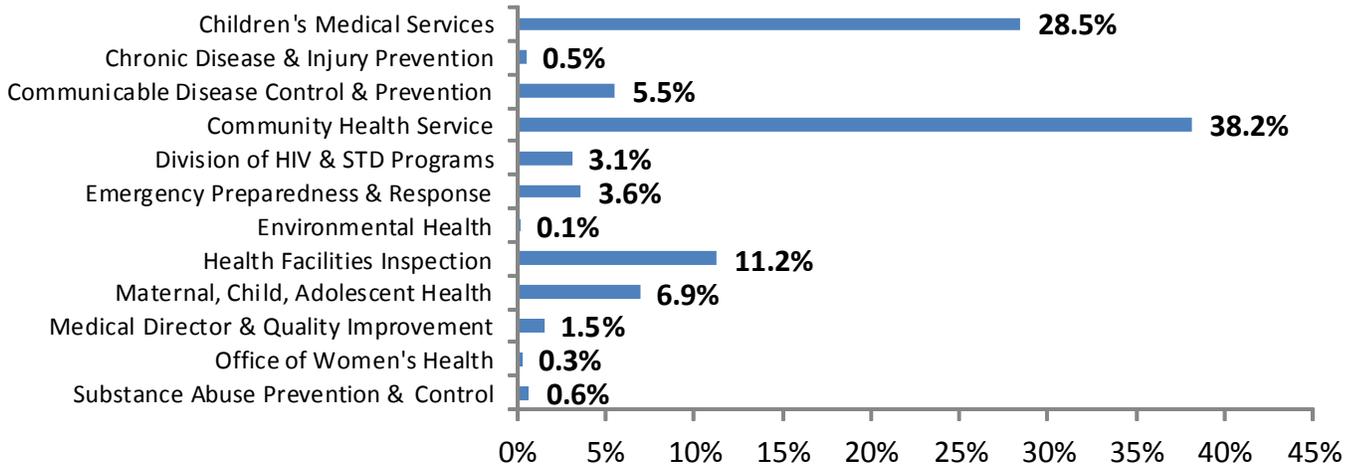
**Nursing Workforce by Year of Service 2012**



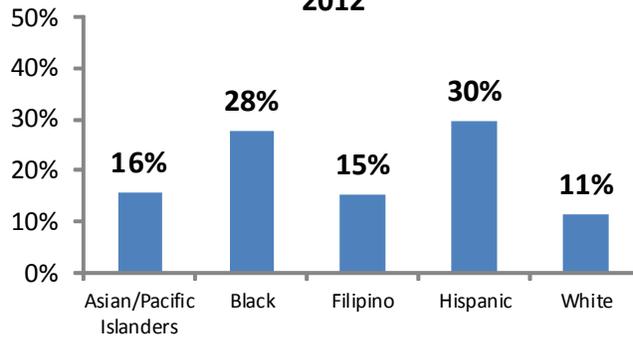
**Nursing Workforce by Age Group 2012**



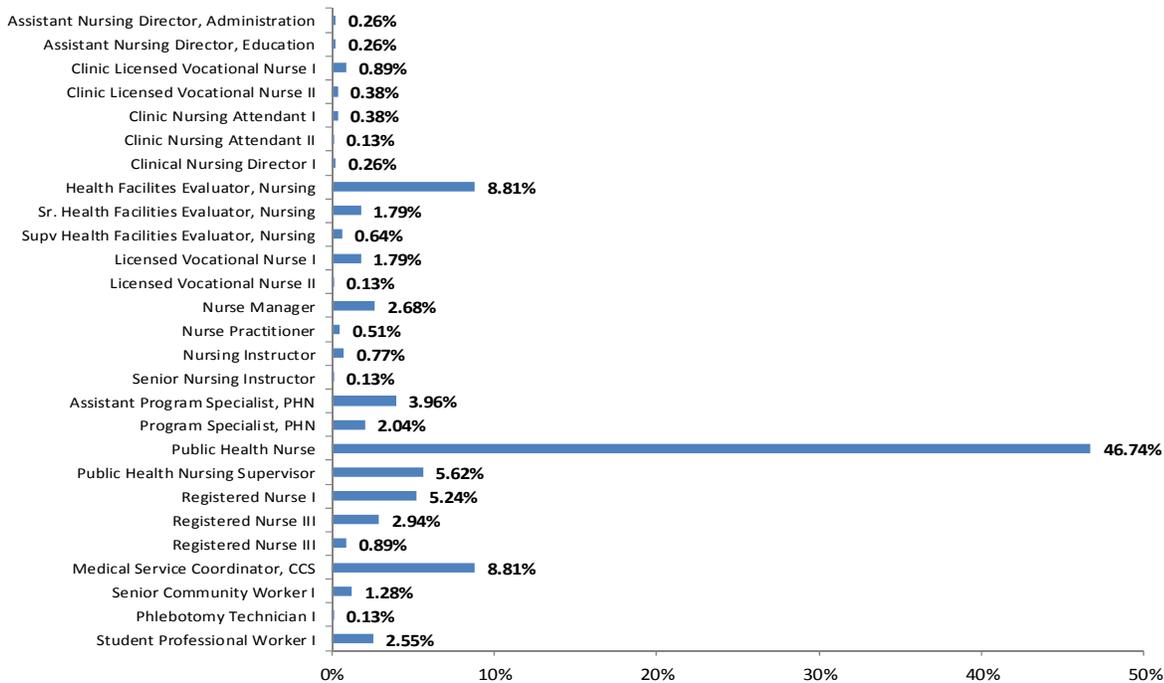
### Nursing Workforce by Program 2012



### Nursing Workforce by Race/Ethnicity 2012



### Nursing by Job Classification 2012



## Training Events FY 2012-2013 Summary

	Event Information		Event Evaluation					
	# of Offerings	# of Participants	No Show %	Objectives Fully Met	Knowledge of Content Pre/Post Course	Satisfied With Event	Would Recommend	Apply Content at Work
Public Health Nursing New Employee Orientation	2	47	12%	87%	NC	98%	99%	100%
BCLS/HeartSaver	33	235	4%	99%	NC	100%	99%	NC
First Aid	10	74	0	95%	NC	100%	100%	NC
Public Health Ethics Webinar	3	158	35%	86%	NC	97%	93%	82%
Leadership Summit	1	60	50%	NC	NC	92%	98%	100%
Practice Conference	1	394	1%	76%	NC	89%	89%	84%
Online Journal	5	39	N/A	93%	NC	100%	100%	100%
CMaP Training	10	48	12%	94%	14%/86%	100%	100%	NC
Nursing Student Orientation	14	363	1%	87%	NC	93%	83%	84%

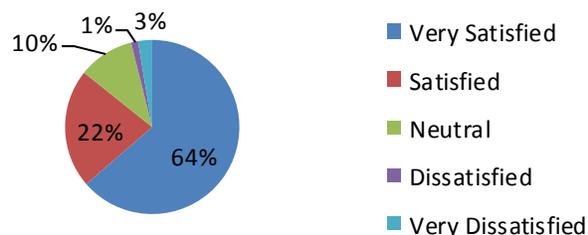
NC-Not Collected, N/A- Not Applicable

## Customer Service Evaluation FY 2012-2013

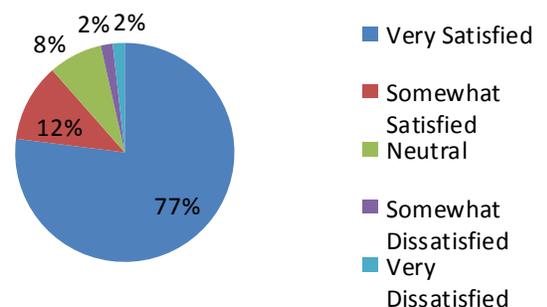
Providing high quality customer service is critical to achieving DPH’s mission, as it builds trust and acts as a relationship management tool between Nursing Administration and our internal and external customers. A Customer Service Survey was developed and implemented in January 2012, and the data is analyzed twice a year. The goal of this survey is to improve the level of customer service, communication, and collaboration among nursing professionals within and outside the Department.

During the 2012-2013 fiscal year, Nursing Administration received 113 customer service survey responses. The results showed that most of the customers are from the DPH programs (86%), and that the topics covered during these encounters are mainly about nursing education and development (20%), nursing practice (19%), and nursing informatics (12%). The majority of the respondents indicated they are satisfied with the way that their questions or problems were resolved and viewed their overall encounter experience with Nursing Administration as satisfied or very satisfied.

**How satisfied were you with the way your question(s) or problems was resolved?**



**How would you rate your overall satisfaction with us?**



**Education & Professional Development Unit (EPDU)**

The goal of EPDU is to enhance the knowledge and skills of the nursing workforce in DPH. EPDU has been actively involved in the development of policies, standardized procedures and curricular to ensure that DPH licensed clinical professionals' practice is standardized and up to date. One primary area of focus is the enhancing of the DPH Nurse New Employee Orientation by adding Stage V. Stage V is open to all Licensed Clinical Professionals (LCPs) assigned to Community Health Services and the courses emphasize skill development, as well as ensure that LCPs are prepared to competently practice in the ever-evolving world of Public Health.

**Training Programs & Events**

**New Nurse Employee Orientation**

New Nurse Employee Orientation (Nurse NEO) was initiated in April 2012, and is now a nineteen-day program spread over a four-month period. This orientation is open to all nurses in Public Health and is conducted twice per year dependent on hiring trends. The overall goal of this orientation is to ensure all nurses new to DPH receive a comprehensive orientation which includes the basic skills, knowledge, and abilities to successfully function in their current position within DPH. In addition, the new nurses receive a review of the various programs within DPH and how their missions contribute to decreasing morbidity and mortality within Los Angeles County. This orientation has historically been divided into four progressive stages: stage I for all DPH workforce, stage II for all DPH nursing workforce, stage III for all DPH licensed nursing workforce, and stage IV for all DPH Public Health Nurses. In Fall 2012, stage V was added specifically for LCPs in CHS. Stage V is a nine-day series aimed to provide an extensive overview of standards and the documentation process needed to perform disease investigations efficiently for TB, STD/HIV, and ACDC cases.

**Basic Cardiac Life Support (BCLS)/Heartsaver & First Aid**

Basic Cardiac Life Support (BCLS), Heartsaver and First Aid are a series of certification classes offered to Public Health employees. First implemented in 2008, the goal of these classes is to maintain a prepared and competent workforce of first responders and ensure Licensed Clinical Professionals (LCPs) possess the skills necessary to identify and immediately respond to life-threatening emergencies with the use of Cardiopulmonary Resuscitation (CPR), Automated External Defibrillation (AED), and First Aid. A total of 1540 DPH employees

have completed BCLS trainings since the program was initiated.

**Quick Fact:** To substantiate instructors' competence, a total of 5 instructor audits for BCLS/Heartsaver & First Aid were conducted during the 2012-2013 Fiscal Year. Additionally, 3 instructor renewal classes, 1 new instructor class, and 2 instructor meetings were completed to ensure instructors are updated on any changes in BCLS, Heartsaver and First Aid guidelines.



**Public Health Ethics Webinars**

The quarterly Public Health Ethics Webinar series was first implemented in March 2012 by Nursing Administration in collaboration with the Medical Director to target all of DPH. The content was adapted from the Ethics in Public Health: Model Curriculum developed by the Associations of Schools of Public Health. The Ethics Webinars aim to assure that the DPH workforce demonstrates awareness of ethical standards, understand their application to Public Health practice, and utilize ethical principles in decision making. Dr. Jeffrey Gunzenhauser, DPH Medical Director and Director of Quality Improvement serves as the instructor for all webinars.

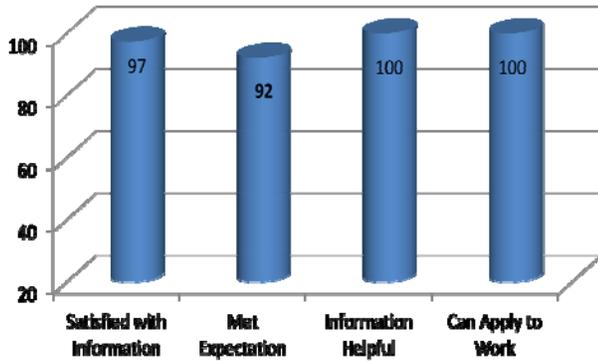
**Nursing Administration Network (NAN) & PHNS/APS Collaborative Team (PACT)**

EPDU assumes the responsibility to ensure DPH nursing leaders are kept up to date regarding changes within Public Health policies, procedures and standards of practice. These updates are provided during quarterly meetings conducted with the Nursing Administration Network (NAN) and meetings held three times a year with the PHNS/APS Collaborative Team (PACT).

**Leadership Summit**

First introduced in 2012, the Nurse Leadership Summit promotes excellence within DPH by providing nurse supervisors, managers, and specialists with the tools

**Overall Rating of Nursing Leadership Summit**

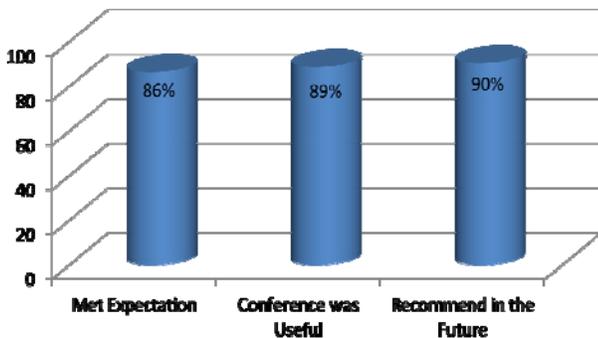


necessary to enhance staff performance and demonstrate effective leadership skills.

### Nursing Practice Conference

The annual Nursing Practice Conference provides DPH nursing staff with a venue to showcase innovative evidenced-based practices that were developed or implemented within their program or communities throughout the year. Participants are offered continuing education units (CEs) for attending the conference, and enjoy the opportunity to network and discuss their program highlights with nursing colleagues. Additionally, our affiliated University School of Nursing students are invited to attend to gain an understanding of the multi-faceted role of nurses in public health and their

**Overall Rating of 2013 Nursing Practice Conference**



importance in the community. In 2013, the annual practice conference celebrated its 30<sup>th</sup> anniversary.

### Policy & Procedures Development

EPDU in conjunction with OMD continues to be active in the development of policies and standardized procedures that will enhance the practice of DPH employees. The policies target licensed clinical professionals (e.g. MD, RN, and LVN) and non-licensed personnel (e.g.

community worker, certified nursing attendant, etc.) involved in patient care. These policies and procedures ensure optimal patient care and adherence to best practices and are approved by the DPH Medical Director and Nursing Director.

**Quick Fact:** During FY 2012-2013, Standardized Procedures for QFT-GIT and Ordering Chest X-rays were developed and the policy QID 313, Medication Administration, including Vaccinations was updated.

### CEU Events & CEUs for Programs

EPDU provides CE events for RN license renewal. An example is the Monthly Journal Club which offers nursing staff opportunities for continued education by reviewing scholarly articles on important and innovative advances in public health. CEs are also provided for Programs within DPH that offer educational sessions for RN staff. In 2012-2013, a total of 18 non-Nursing Administration CE events were offered to over 250 participants.

### Nursing Informatics Unit (NIU)

Nursing Informatics Unit (NIU) was established in 2004 in order to continue the development and support of nursing information technology in Public Health. The NIU's goal is to improve the quality of nursing practice through optimized information management in DPH. The main emphasis of NIU at this time is the nurses and district staff that work for Community Health Services (CHS) and the programs that are involved in disease investigation, to support DPH in the development and implementation of Case Management and Processing Application (CMaP), provide nursing informatics leadership for DPH IT applications (i.e., vCMR, PILS, TRIMS, and others), and promote information sharing through effective development and utilization of the intranet and internet.

### IT Support Services & Activities

#### CMaP

To support the County's strategic goal of improving organizational effectiveness, DPH initiated the development of an electronic case management application (CMaP) in 2010 for Community Health Services' (CHS) District Public Health Nurses and Public Health Investigators in order to consolidate the various manual and electronic workload tracking solutions located throughout the Department. CMaP provides case management staff with a mechanism for tracking workload and processes, capturing program-specific epidemiologic disease information, conducting

surveillance and outbreak management activities, and assisting with the analysis of workforce capacity. CMaP development receives guidance from a joint steering committee and is a collaborative effort between Community Health Services (CHS) Administration, NADM, and Public Health Information Systems (PHIS), with input from various programs and subject matter experts within the Department. CMaP development is an on-going process and the development cycles, or Sprints, occur every 8-10 weeks. NIU also serves as the System Administrator of CMaP, and is responsible for data analysis, data integrity, user training, and responding to end-user questions and concerns.

During FY 2012-2013, CMaP development moved into Phase II, through a total of six Sprints cycles, CMaP modules were developed, tested and deployed to CHS and Programs. In order to assist CHS and Tuberculosis Control Program with contact investigation, the new contact investigation guidelines were developed and incorporated in CMaP and are scheduled for pilot testing in December 2013. A pilot to test the interface of data exchange from vCMR to CMaP was initiated in SPA 4, Central and Northeast Districts in August 2012, but was stopped approximately 2 weeks later due to 2000 versus 2010 census tract alignment with the two applications. In April, CMaP successfully mapped and converted to 2010 census tracts for all assignments. A new pilot to test the interface of data exchange from vCMR is scheduled for 2014.

**Quick Fact:** During FY 2012-2013, NIU offered 10 group training sessions, 15 onsite support sessions, and 14 individual training sessions, and responded to over 640 help desk requests for application support regarding CMaP.

**IT Application Support**

NIU provides nursing informatics leadership for DPH IT application as indicated, through ongoing technical assistance to DPH programs and applications that require nursing subject matter expertise. NIU receives frequent requests to assist various programs with integrating/incorporating CHS workflow, policies and procedures, data attributes, and reports. NIU also assists in training and provides help desk support as needed for various systems. In addition, NIU serves as liaison for CHS and information technology applications.

During FY 2012-2013, NIU assisted ACDC program with the CMR 12 Testing Session-Alpha 1 (A1) Testing Cycle in anticipating development of a new

version of Visual Confidentiality Morbidity Report (vCMR). NIU also assisted DPH Pharmacy in conducting a training session of the Pharmacy Information and Labeling System (PILS) to the targeted district public health nursing staff in January 2013.

**Information Sharing**

NIU supports the Department’s goal of promoting information sharing by maintaining and updating the Department’s nursing internet and intranet sites. The internet site provides valuable information to the public regarding the role of Nursing Administration in Los Angeles County. Nursing students often use the site to gain knowledge regarding the Los Angeles County Public Health Nursing Practice Model. The site also serves as a resource for potential employees interested in applying for a nursing position in DPH. The Nursing Administration intranet site provides links to the various nursing manuals and multidisciplinary policies and procedures within DPH that are maintained by NIU.

**DPHNURSES Listserv**

DPHNURSES Listserv (<http://listserv.ph.lacounty.gov>) is an electronic mailing list that was developed during FY 2011-12 for Nursing Administration for the purpose of direct communication with all nurses within DPH. DPHNURSES provides essential information to practicing nurses in the Department. The emphasis is on providing relevant information to maintain a competent and knowledgeable nursing workforce.

DPHNURSE Listserv		
Target Audience	DPH Nurses	
Current Subscribers	11-12	12-13
	449	729*
New members		370
Average number of Communications per month	11-12	12-13
	3	4

\*The total number of list subscribers is not static due to employees that transfer into and out of the department.

Effective February 2013, the DPHNURSE Listserv was further utilized to facilitate the dissemination of current nursing job vacancies and promotional opportunities.

**Recruitment & Retention Unit (RRU)**

Today’s nurses engage in lifelong learning. This is necessary in order to maintain clinical competency and

perspectives can provide a more diverse view of the community and identify unmet needs as well as new opportunities. As such, the Recruitment and Retention Unit (RRU) monitors and evaluates the ongoing needs of the nursing workforce within the Department of Public Health and the community. Working with universities, professional associations and dedicated educators, RRU is committed to promoting the recruitment and retention of well-trained, qualified and diverse nurses in DPH.

## Recruitment & Retention Activities

### DPH Human Resource Coordination

Nursing Administration supports DPH-Human Resources (DPH-HR) during the exam process, by providing expertise in appropriate nursing duties, and assuring that responsibilities are within guidelines set by the state governing boards. Furthermore, Nursing Administration works with DPH-HR to open exams for various nursing classifications, and to identify ways to improve the civil service exam process to assure the most qualified candidates are identified. Additionally, Nursing Administration provides technical expertise and consultation to assure that nursing practice standards are being upheld throughout the department.

### University Affiliation Student Nurse Rotation

Nursing Administration works with affiliated universities in meeting the Board of Registered Nursing requirements for certification as a public health nurse. This is accomplished through the affiliation of nursing students in their public health field and clinical rotations. By providing public health field and clinical nursing experiences under appropriate supervision, students gain valuable knowledge, insight, and skills in evidence and population-based practice. In turn, the students through their contact with nursing staff foster a spirit of inquiry and provide opportunities for staff to share their expertise and role-model quality public health nursing services to the future nursing workforce.

In conjunction with the Nursing Informatics Unit, a readily accessible on-line webpage was developed in 2012 to improve communications with affiliated universities. The webpage includes: a link to the online HIPAA modules, the University Affiliation Manual, the yearly nursing student orientation schedule, required policies for DPH, live scan forms, requirements to practice in clinical facilities, and a newly designed University Affiliation timeline. The webpage has served as a centralized location for instructions, forms and assistance for universities and students since its development.

Number of Public Health Nursing Students Completing their Clinical Rotations at Los Angeles County of Department of Public Health by Year			
	2011	2012	2013
<b>Total Number of Rotations</b>	<b>23</b>	<b>23</b>	<b>22</b>
Winter/Spring	11	13	11
Summer	7	5	6
Fall	5	5	5
<b>Total Number of Students</b>	<b>275</b>	<b>242</b>	<b>229</b>
Winter/Spring	132	137	118
Summer	84	56	61
Fall	59	49	50

### Nursing Employee Recognition

Each year, DPH recognizes its nurses for their contributions, and provision of public health services to the residents of Los Angeles County. The Department selects “Outstanding Nurses”, who along with other County Department nurses, are given special recognition by the Board of Supervisors. Furthermore, the Recruitment and Retention Unit organizes efforts to recognize DPH’s nursing accomplishments at an annual awards luncheon held during National Nurse Recognition Week.

**Quick Fact:** The 30<sup>th</sup> Annual Department of Public Health Nursing Awards Luncheon was conducted on May 2, 2013. The event honored and recognized 4 outstanding nurses, 4 oral presentation winners, and 2 poster presentations for their achievement.

### Quality Improvement Unit (QIU)

The Quality Improvement Unit (QIU) was created in Fall 2011. It is designed to evaluate and continuously improve the quality of the services provided by Nursing Administration. QIU implements and maintains a quality improvement structure that is integrated throughout Nursing Administration and provides ongoing monitoring and recommendations for improvement. Furthermore, QIU provides technical support in data management and analysis for various projects within Nursing Administration as needed.

**Quick Fact:** For FY 2012-2013, the QIU was tasked with the responsibility for the coordination, planning, writing and editing of this first ever Quality Improvement Division Annual Report.

### Performance Improvement

The Quality Improvement Unit develops performance measures for Nursing Administration to align with the overall DPH and QID strategic plan. This unit serves as

the performance measures data manager and is also responsible for devising improvement plans to address performance measures that do not reach benchmarks.

**Consultation**

The QIU provides both internal and external consultation for Nursing Services, Public Health Programs and Community Health Services (CHS) related to technical exper-

tise, clinical practice, management, quality assurance, and regulatory standards in nursing practice.

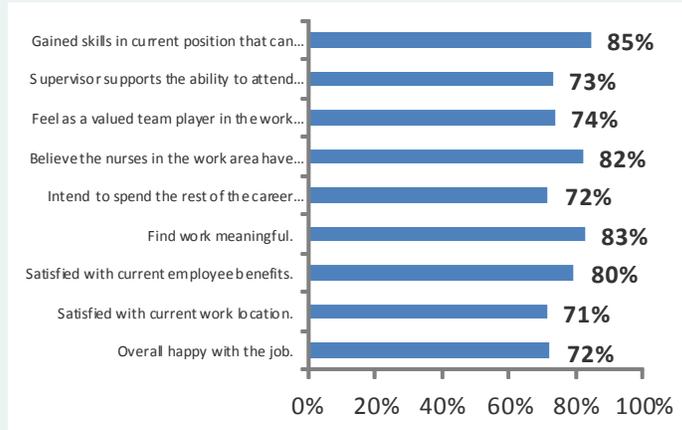
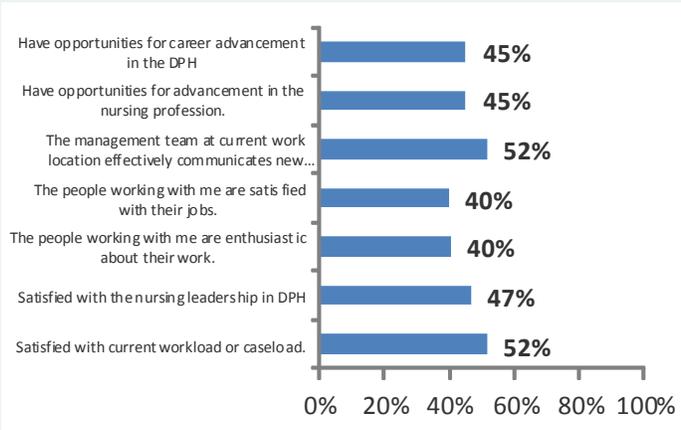
**Research**

QIU develops surveys and analyzes results for performance improvement. In addition, this unit researches practice issues, analyzes nursing techniques and recommends operational modifications, and reviews legislation affecting nursing services.

**Highlight of the Year**

**Nursing Director Town Hall Meetings**

To better understand the experience of nurses working in LA County Department of Public Health, a Nurse Satisfaction Survey was launched in May 2012. Information was collected on job satisfaction, work environment factors, and perceived level of support received. 316 DPH nurses completed the survey (40% response rate).



The survey results indicated that overall, a good portion of the DPH nurse respondents are satisfied with their jobs (67%), are happy with the support they received (66%), but fewer are satisfied with their work environment (59%).

Areas that more nurses feel satisfied with include their work location, employee benefits, and education opportunities. The survey also found that nurses are more likely to feel that their current work allows them to increase their skills, that their colleagues have strong skills, and their work is meaningful. Also according to the survey, a high percentage of nurses intend to spend the rest of their career in DPH. On the other hand, fewer nurses feel satisfied with their workload and caseload, as well as their nursing leadership, the communication between management and line-staff seems inadequate; and the opportunities for advancement in the nursing profession and DPH are limited.

Building on the survey results, a total of 16 Nursing Director Town Hall meetings were conducted between November 2012 and February 2013 with 536 nursing staff from various DPH Programs/Divisions to share the broader results of this survey and seek input for changes. In addition, the survey results were also presented to the Nurse Leadership groups, department directors and deputy directors, as well as the executive team on different occasions. Various recommendations and suggestions on priority areas were received from different perspectives; based on these inputs, 4 top cross-cutting issues were identified and improvement plans were developed.

## Next Steps

To continue its commitment in the four primary areas in the next fiscal year, Nursing Administration has planned and arranged many exciting projects. Selected examples are shown below:

- Revise and update the PHN Nursing Clinical Orientation Guide
- Conduct the 31st Annual Nursing Practice Conference
- Conduct the 2013 Leadership Summit
- Continue the “Public Health Ethics Webinars”
- Continue to develop and update multidisciplinary policies with input from DPH staff
- Revise and launch the University Affiliation Manual and Student Orientation PowerPoint presentations on the new university affiliates webpage, and increase the availability of community-based projects for undergraduate nursing students
- Roll-out and train appropriate staff in the CMaP modules on the new TB contact investigation
- Assist in the research, design, and development of CMaP to incorporate mobile devices for field staff to capture data
- Redesign the Department of Public Health Nursing job opportunities and benefits webpage
- Launch the DPH Nurse Leadership Development Program
- Implement the Nursing Workload and Acuity Committee

## Performance Improvement Plan

### Project Selection

A need for improvement in four primary areas was identified based on the nursing satisfaction survey launched in May 2012. The following four primary areas were chosen as priorities for maintaining a competent nursing workforce in DPH: increase DPH nurses’ satisfaction with **career advancement** opportunities, increase effective **communication** between management and line staff, increase nurses’ satisfaction with **leadership** in DPH, and establish a process for **workload & caseload** to increase efficiency.

### Aim Statements

- ◆ By December 2014, increase Likert rating for nurses’ satisfaction with having opportunities for **advancement** in DPH and nursing profession to 3.4;
- ◆ By December 2014, increase Likert rating for **communication** from 3.23 to 3.39 (5% increase);
- ◆ By December 2014, increase Likert rating for nurses’ satisfaction with program director, manager and supervisor by 5%, respectively (**leadership**);
- ◆ **Workload & caseload**
  - ⇒ By January 2015 complete the Implementation Action Plan (IAP) for a minimum of 5 RN roles in DPH
  - ⇒ By June 2015 increase satisfaction in 5 RN roles in the implemented IAP

### DPH Strategic Priority Areas

Strategic Priority 6: Improved DPH infrastructure - 6.1: Maintain a competent workforce.

### Measures of Change

Likert rating for nurses’ satisfaction with

- |                                    |                 |                |
|------------------------------------|-----------------|----------------|
| ◆ career advancement opportunities | Baseline: 3.25% | Target: 3.4%;  |
| ◆ communication                    | Baseline: 3.23% | Target: 3.39%; |
| ◆ nurses’ leadership               | Baseline: 3.21% | Target: 3.37%; |
| ◆ workload & caseload              | Baseline: 3.3%  | Target: 3.5%.  |

### Activities Planned

Nursing Administration will oversee the implementation of the Improvement Action Plan for each of the four areas. Organizational Development & Training Program Leadership Unit will collaborate with Nursing Administration Program in the development & implementation of projects; Nursing Managers & Supervisors will identify

representatives for projects and participate in the implementation of plans. Plans for improvement are shown below:

### **Communication**

**Strategic Plan:** Ensure effective communication (Objective 6.5)

**Objective:** Improvement in effective communication

**Plan:**

1. Communication Model
2. DPH Nurse Listserv (~96%)
3. Standard Approach for communicating new policies
4. Process for local level input when possible
5. Seminars on communication

### **Leadership**

**Strategic Plan:** Increase the leadership capacity of the public health workforce (Objective 6.1.b)

**Objective:** Improvement in nursing leadership

**Plan:**

1. Leadership training program
2. 360 degree assessment
3. Emerging leaders' program
4. Mentorship
5. Improve communication

### **Acuity & Workload**

**Strategic Plan:** Ensure that DPH programs systematically evaluate their work to assure that interventions are maximally effective (Objective 6.6.d)

**Objective:** Systematic process for establishing workload/caseload

**Plan:** (Division Level)

1. Identify tasks
2. Tool for degree of complexity (acuity)
3. Measure time for each task
4. Calculate mean time
5. Define standards for equitable workload
6. ID benchmarking tools
7. Share knowledge and lessons learned
8. Implement systems to avoid redundancy

### **Career Advancement**

**Strategic Plan:** Ensure that examination bulletins are broadly disseminated and are designed to optimally recruit candidates with the specific skills necessary to perform the duties that the position requires (Objective 6.1.c)

**Objectives:** Increased career advancement opportunities

**Plan:**

1. Promote advanced degrees and dissemination of loan repayment information
2. Consider career ladder options
3. Open exams to improve selection criteria
4. Establish electronic PE system
5. Create a culture shift that values lateral transfers (a "career jungle gym")



## ORAL HEALTH

### **Vision**

Los Angeles County residents have sound oral health and recognize it as an important component of general health

### **Mission**

To plan, implement, and coordinate public health interventions that will prevent and treat oral diseases of Los Angeles County residents

### **Population Goals**

- ◆ Reduce dental decay among Los Angeles County residents through community water fluoridation
- ◆ Reduce dental decay among Los Angeles County children through increasing oral health literacy
- ◆ Increase access to quality dental care for low-income Los Angeles County residents by performing dental audits



From left to right: Maritza Cabezas and Gloria J. Lowe.

### **Introduction**

As one of the twelve topic areas in Healthy People 2020, Oral Health has received increased interest in the field of Public Health. Yet, the Oral Health Program (OHP) has been tremendously impacted by the loss of 50% of their professional staff since 2009. Despite the shortage of staff, the OHP is committed to continuing its mission of increasing the number of LAC residents receiving optimally fluoridated water. OHP continues in the role of ensuring that every community clinic that receives County funds provides care at or above the community standard.

### **DPH Strategic Priorities & Goals, OHP Goals & Performance Measures**

#### **DPH Strategic Priority 2 – Preventive Health Services**

*Improve the availability, use, and integration of prevention-focused, evidence-based health care services*

OHP Goal      Reduce dental decay among LA County residents through community water fluoridation

#### **Strategic Priority 3 – Empowered Health Consumers**

*Support individuals in making informed choices about their health*

OHP Goal      Continue providing guidance, training, and technical assistance to the community regarding disease prevention and oral health promotion.

#### **DPH Strategic Priority 4 – Health Equity**

*Support each person in Los Angeles County in attaining his or her full health potential regardless of socially determined circumstances*

OHP Goal      Ensure that all LA County residents receive quality oral health care by auditing all dental clinics that receive County funds to assure they provide care which meets or exceeds community standards

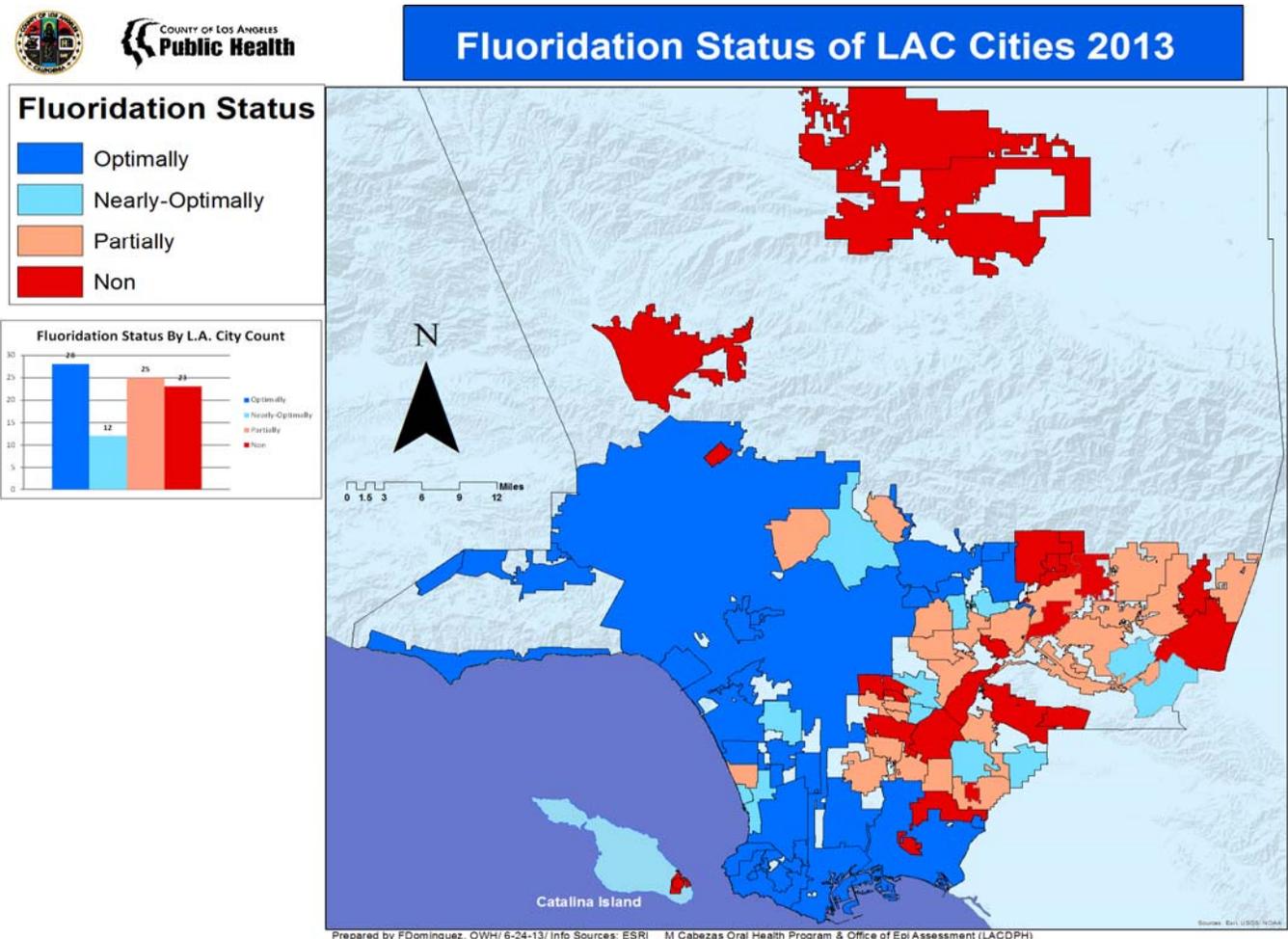
**Oral Health Activities**

**LA County Fluoridation**

The Centers for Disease Control and Prevention cited water fluoridation as one of the top ten Public Health achievements in the 20<sup>th</sup> Century. The primary focus of the Oral Health Program at present is to increase Los Angeles County residents’ access to fluoridated water by achieving optimal fluoride level in public water supplies. These efforts are supported by the Community Guide to Preventive Services.

Historical Timeline of LA County Fluoridation:

- **1990** - Only 0.5 % of LAC is fluoridated. City of Long Beach and Beverly Hills
- **1995** - AB 733, the Fluoridation Act, passed into law – No provision for funding but requires the California Department of Public Health to seek funding.
- **1997** - CA Endowment grants \$15 million to fluoridate - \$2 million goes to Department of Water and Power (DWP)
- **1999** - The City of LA is optimally fluoridated
- **2001** - \$5.5 million to Metropolitan Water District (MWD) for fluoridation – The fluoridation of MWD was the largest fluoridation project in the U.S. and had the potential to reach 18 million
- **2007** - \$ 0.5 million goes to the City of Santa Monica to fluoridate
- **2010** - First 5 LA grants \$6.1 million to fluoridate water provided by the Golden State Water Company, the Torrance Water Company, and the Park Water Company
- **2013** - the fluoridation rate of Los Angeles County has increased dramatically, from 0.5% in 1990 to ~60% at present



By the time this map went to print, some LAC cities had become optimally fluoridated. For the most updated map, please contact the OHP

Los Angeles County (LAC), with approximately 10 million residents and covering over 4,000 mi<sup>2</sup>, has a very complex water system. It would take an eidetic memory to visualize the fluoridation status of each area. The OHP created maps using Geographic Information Systems (GIS) intended to show how this system evolved over a 23-year period and resulted in an irregular distribution of fluoridated water in LAC cities.

The Fluoridation Status of LAC Cities 2013 map demonstrates that levels of fluoridation are unevenly distributed in LA County. The map also assisted dentists and pediatricians to more effectively prescribe fluoride supplements by understanding the status of their patients' drinking water; showed that water companies' service areas do not follow city boundaries; facilitated creating community support for fluoridation by the visualization of discrepancies; provided accurate information on the location and levels of fluoridation to decision-makers; and displayed disparities when correlating the fluoridation status by geographical areas and the percentage of adults that could not afford dental care.

### Oral Health Literacy

The 2003 National Call to Action to Promote Oral Health, developed under the leadership of the Office of the Surgeon General, delineated five "actions". The first of these is training and education.

The Oral Health Program is engaged in an on-going effort to increase dental health literacy in the community through training and education, emphasizing that oral health is an essential part of overall health. Good oral health empowers a person to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions. Poor oral health not only has serious consequences, including painful, disabling and costly diseases, but can also lead to emotional difficulties.

The Oral Health Program also encourages an on-going education program directed at parents, caregivers and medical staff to prevent tooth decay. For example, this effort encourages and explains appropriate feeding practices, such as the proper use of nursing bottles and pacifiers and restriction of sugary foods and drinks. OHP's work is supported by the 2003 National Call to Action to Promote Oral Health, the Oral Health of California's Children - A Neglected Epidemic, and the Dental Health Foundation.

Over the last 5 years, the Oral Health Program has presented to over 1500 people, including doctors, dentists, teachers, and nurses, covering a variety of topics, such as Early Childhood Caries Prevention, Water Fluoridation and the Pathophysiology of Dental Caries.

### Dental Audits

Every year, Los Angeles County community clinics receive a dental care budget of approximately \$8.5 million. Of this, \$5 million goes to Healthy Way LA insurance and \$3.5 million goes to the community health centers' dental clinics, which together support approximately 100,000 dental visits for Angelenos, with an average cost of \$80 per visit.

The Oral Health Program ensures that every community clinic receiving County funds provides care at or above community standards. This is the result not only of a formal audit process, but also a result of informal discussions and education about key issues affecting dental practice.

**Quick Fact:** During FY 2012-13, the Oral Health Program audited a total of 40 dental clinics throughout Los Angeles County. Clinics were audited as far west as Venice, as far south as Catalina Island, as far east as Covina, and as far north as Sun Valley. These audits originally began in 2000 with a focus on only 12 dental clinics, but the audits have subsequently increased more than 300% over the last 10 years to keep pace with the increased number of dental clinics.

Dental audits make clinics safer and bring them up to community standards. As a certified auditor of dental care, the Dental Director is frequently asked for advice and recommendations on a variety of current issues and practices above and beyond the specific details of the audit. Discussions cover a variety of issues such as regulations regarding radiation, amalgam disposal standards, Proposition 65 and the Dental Practice Act, and OSHA guidelines and requirements, as well as on infection control. In many cases the Oral Health Program has served as the main source of information and monitoring for smaller clinics.



## Early Childhood Dental Caries Prevention

With support from the Oral Health of California's Children - A Neglected Epidemic and Dental Health Foundation, the Oral Health Program has developed and promoted innovative community-based early childhood dental caries prevention programs that include an emphasis on early and periodic screening, diagnosis, and treatment of early childhood caries (ECC).

### Highlights of FY 2012-13

In the beginning of 2013, the Oral Health Program Director, Maritza Cabezas, DDS, MPH, was appointed vice-chair of the Board of the Center for Oral Health, a non-profit organization founded in 1985 in California. The Center for Oral Health provides expertise in policy development, demonstration projects, and technical assistance to help public health leaders improve public oral health systems.

In February 2012, LA County Board Supervisor Michael D. Antonovich presented a commendation scroll to the Oral Health Committee of the Valley Care Community Consortium (VCCC) in recognition of February's "Children's Dental Health Month". The Board of Supervisors congratulated the committee for its leadership and service on behalf of children and families in Service Planning Area (SPA) 2-San Fernando Valley. Dr. Cabezas is a committee member and was part of the commendation ceremony.

### Customer Service Evaluation FY 2012-13 Summary

Oral Health will incorporate a customer service component to their program by adding a customer satisfaction link to all new outgoing emails prior to the end of 2013.

### Next Steps

For the next fiscal year, OHP has several goals, which include:

- Continue to disseminate best practices by presenting at conferences and publishing in peer-reviewed publications
- Provide orientation and instruction to dental students of affiliated universities to build relationships and to cultivate life-long interest in a career in dental public health
- Continue to inform, educate and empower counterparts in academia and in other professional organizations that oral health is an essential part of being healthy.



## ORGANIZATIONAL DEVELOPMENT & TRAINING

### **Vision**

A skilled and effective public health workforce

### **Mission**

Enhance public health workforce excellence through efficient and innovative educational trainings and organizational solutions to promote and protect the health of Los Angeles County residents



Top Row: Susan Perez-Amador, Ishah Coleman, Aletha Wild, Betsy Swanson-Hollinger, Ernesto Hinojos, David Betterton and Michelle Bosshard. Middle Row: Milan Henry, Ching Ju Chen and Lucas Eddens. Bottom Row: Maria Mae Rosario, Lisa Montgomery, John Chang and Dawna Treece. Not in Picture: Ellen Belen, Jennifer Cayanan-Huang, Diana Isayan, Susanna Lam and Carolyn Duclayan-Vizmanos.

### **Introduction**

As part of Organizational Development and Training's (ODT) mission and vision, the Program greatly invests in and conducts activities to support the Department of Public Health's mission and vision, through creating and implementing organizational solutions, and the development of the Department's workforce in the areas of leadership, emergency preparedness, customer service, and the use of technological equipment that supports learning. It is with this purpose that ODT operates, executes, and leads projects, committees, and activities in direct alignment with the DPH Strategic Plan. Best practices for evaluating the success of educational events and training programs are incorporated by ODT through the use of the Donald Kirkpatrick's Learning and Training Evaluation Model(\*), which has been the standard used for evaluating training and learning. ODT focuses on enhancing consistency by assuring that, at a minimum, the first two levels of the Kirkpatrick model were used in evaluating every offering during the fiscal year. Subsequently, ODT has used evaluation techniques to capture Level 3 results for some of its educational offerings.

\*Reference: Kirkpatrick, D. (1975). Evaluating Training Programs. American Society for Training and Development.

**DPH Strategic Priority & Goals, Organizational Development & Training Goals & Performance Measures**

**Strategic Priority 5: Public Health Protection**

*Prevent, detect, and respond to health threats*

Goal 5.3.c: Maintain sufficient clinical and non-clinical workforce to enable emergency response capability

Goal 5.3.f: Ensure that all DPH staff are prepared to serve in their roles as first responders

**Strategic Priority 6: Improved DPH Infrastructure**

*Strengthen DPH to remain a high-performing and innovative organization*

Goal 6.1.a: Conduct a workforce needs assessment, and develop and implement an improvement plan based on findings

Goal 6.1.b: Increase the leadership capacity of the public health workforce

Goal 6.1.e: Implement a systematic process for assessing internal and external customer satisfaction with public health services

**Organizational Development & Training Goals**

- LA County DPH Employees will have increased willingness and readiness to respond to public health emergencies
- LA County DPH Employees will have increased awareness of how their work aligns with the DPH Mission
- LA County DPH will strengthen its leadership capability in preparation for emergency response
- ODT will have enhanced infrastructure, technology utilization, and quality improvement measures to assure achievement of ODT’s mission

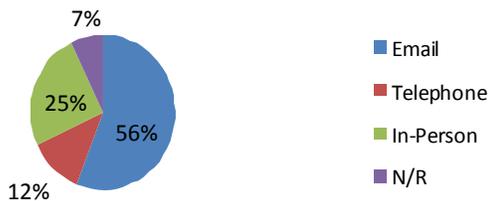
ODT - Specific Performance Measures	FY Performance			Standard
	'10-11	'11-12	'12-13	
Percent of DPH staff who stated they would be willing to report to work during an emergency	NC	NC	NC	100%
Percent of DPH training programs developed based on needs identified by stakeholders and/or executives	100%	100%	100%	100%
Percent of DPH staff who have ever completed all of the mandatory level 1 course in the Public Health Employee Emergency Readiness Framework	NC	82%	82%	100%
Percent of designated DPH staff who have ever completed all of the mandatory level 4 courses in the Public Health Employee Emergency Readiness Framework	36%	17%	18%	100%
Percent of DPH staff who were competent after completing Emergency Preparedness trainings at their highest certification level	NC	NC	NC	100%
Percent of DPH staff who implement at least one leadership skill upon follow-up of selected courses, after completing a leadership course	98%	96%	98%	100%
Percent of Supervisor Development Program graduates who have implemented at least 2 new leadership behaviors	100%	100%	100%	100%
Percent of ODT courses with an average post-test or perceived post-course knowledge score of at least 80%	100%	100%	80%	100%
Percent of participants who are overall satisfied with the ODT courses they completed	94%	96%	95%	100%

NC: Not collected \*\* See page 56 for a Performance Improvement Plan to increase results.

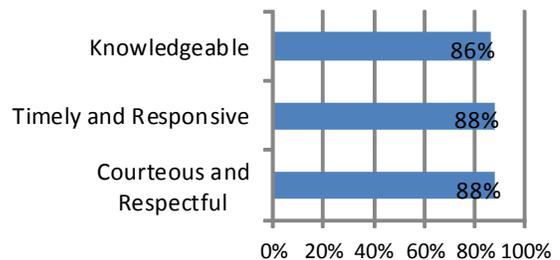
### ODT Customer Service Evaluation FY 2012-2013

Led by ODT staff, the Customer Service and Satisfaction Committee launched the Department-wide DPH Customer Service Satisfaction Survey Template in 2011. This standardized, 10-question survey includes measures used to collect customer service and satisfaction feedback from a variety of levels and groups of customers, stakeholders, and partners. It is a tool which allows the Department to provide high-quality customer service that parallels DPH values. This is the second year in which ODT has used the survey to gather feedback and review results to make improvements to the quality and level of customer service that its staff members deliver to their customers.

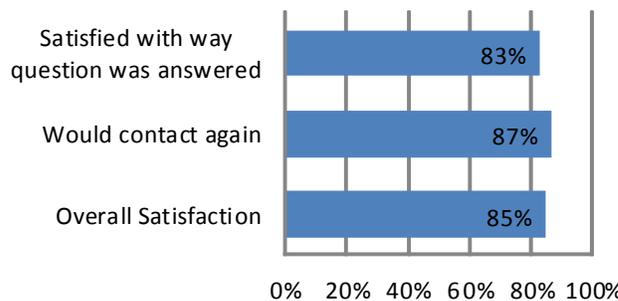
**Modes of interaction customers had with ODT**



**ODT Representative was.....**



**Satisfaction**



### Training Events FY 2012-2013 Summary

	Event Information				Event Evaluation			
	# of Offerings	# of Participants	No Show %	Objectives Fully Met	Knowledge of Content Pre/Post Course	Satisfied With Event	Would Recommend	Apply Content at Work
The 7 Habits of Highly Effective People (7H)	2	55	5%	95%	57% / 95%	98%	100%	100%
Crucial Conversations (CCV)	2	46	4%	86%	67% / 90%	100%	100%	100%
Crucial Confrontations (CCF)	2	57	10%	95%	56% / 80%	100%	100%	100%
Emotional Intelligence (EQ)	3	62	3%	96%	63% / 88%	97%	98%	100%
Public Speaking Level 1 (PS1)	4	45	2%	98%	25% / 89%	96%	95%	98%
Public Speaking Level 2 (PS2)	2	45	12%	95%	37% / 96%	100%	100%	100%

Training Events FY 2012-2013 Summary

	Event Information			Event Evaluation				
	# of Offerings	# of Participants	No Show %	Objectives Fully Met	Knowledge of Content Pre/Post Course	Satisfied With Event	Would Recommend	Apply Content at Work
Project Management (PM)	2	56	8%	91%	57% / 94%	93%	94%	99%
Building a Positive Work Environment (BPE)	1	40	0%	91%	64% / 87%	98%	96%	98%
Supervisor Development Program (SDP): Day 1, Day 2, Graduation	3	110	1%	90%	52% / 86%	100%	100%	100%
DPH Healthcare Provider Conference	1	47	8%	97%	NC	97%	NC	NC
DPH Leadership Symposium	1	107	15%	97%	NC	98%	97%	99%
Department of Human Resources (DHR) Courses	6	158	10%	NC	NC	93%	90%	91%
Just-In-Time Training (JITT)	2	38	0%	99%	66% / 92%	100%	100%	100%
DPH Expert Speakers Series (ESS)	7	596	NC	86%	NC	92%	91%	88%
Disaster Service Worker (DSW) Series	2	430	NC	NC	NC	NC	NC	NC
Standardized Emergency Management System (SEMS)	1	231	NC	NC	NC	NC	NC	NC
Federal Emergency Management Agency (FEMA) Series	6	631	NC	NC	NC	NC	NC	NC
Prep 300 Series	4	474	NC	NC	NC	NC	NC	NC
Public Health Emergency Preparedness Training Collaborative	1	13	NC	74%	NC	92%	92%	54%
DPH Science Summit	1	249	6%	91%	67% / 79%	88%	91%	88%
8-Hour Core Functions of Public Health (8Hr CF)	4	95	5%	95%	38% / 81%	99%	90%	98%
New Employee Orientation (NEO)	6	291	4%	97%	38% / 80%	92%	88%	86%
2-Hour Core Functions of Public Health (2Hr CF)	6	NC	NC	95%	NC	95%	92%	90%
New Employee Orientation (NEO) Public Health Trends (Trends)	6	NC	NC	94%	NC	93%	88%	90%
New Employee Orientation (NEO) Customer Service	6	NC	NC	94%	NC	93%	88%	90%
New Employee Orientation (NEO) Emergency Preparedness	5	NC	NC	92%	NC	NC	NC	NC

\*Course registration managed by DPH Human Resources, NC-Not Collected

ODT Program Information							
Participants			Educational Events			Delivery Method	
Target Audience	Total Number	No Show Rate	Courses	Conferences	Offerings	Online Courses & Webinars	Classroom Based Courses
DPH Staff	3919	10%	40	3	84	12	30

### DPH and Emergency Preparedness Mandatory Training Compliance

ODT is responsible for disseminating messages to the workforce regarding course requirements and timelines for training completion, and for reporting these DPH employee completion rates to the Director of DPH. The compliance tables define the areas of employee responsibility and summarizes workforce compliance for all DPH-mandated courses.

#### DPH Mandatory Emergency Preparedness Trainings

COURSE DETAILS	DSW Part 1	DSW Part 2	SEMS	FEMA IS-100	FEMA IS-200	FEMA IS-700	FEMA IS-800	FEMA ICS-300	FEMA ICS-400	Prep 301	Prep 302 Part 1	Prep 302 Part 2	Prep 303
Target Audience	All DPH	All DPH	All DPH	All DPH	ICS Roles	All DPH	ICS Roles	Level 4	Level 4	ICS Roles	ICS Roles	ICS Roles	ICS Roles
Method of Delivery	online	class	class	online	online	online	online						
Number of Completions during FY '12-'13	198	232	237	316	9	301	5	0	0	130	119	113	112
<b>Total number of completions as of June 30, 2013</b>	<b>3578</b>	<b>3604</b>	<b>3502</b>	<b>3124</b>	<b>127</b>	<b>3198</b>	<b>98</b>	<b>70</b>	<b>34</b>	<b>139</b>	<b>149</b>	<b>117</b>	<b>123</b>

DPH Mandatory Training Courses Completions as of June 30, 2013	DPH Target Audience	Percentage (%)
Core Functions of Public Health 2 or 8 Hour Training	All DPH	82%
County Policy of Equity Training	All DPH	82%
Disaster Service Worker (DSW) Part 1	All DPH	98%
Disaster Service Worker (DSW) Part 2 - Skills Inventory	All DPH	99%
Discrimination Prevention	Supervisors	*
Diversity & Unlearning Prejudice	Supervisors	*
Domestic Violence Awareness	Supervisors	68%
DPH Orientation Program/NEO	All DPH	*
Drug Free Workplace: Reasonable Suspicion	Supervisors	59%
Countywide Discipline Guidelines	Supervisors	*
Family Medical Leave Act (FMLA)	Supervisors	*
FEMA IS-100: Introduction to Incident Command System	All DPH	86%
FEMA is-700: National Incident Management System (NIMS), An Introduction	All DPH	88%
Health Insurance Portability & Accountability Act (HIPAA)	All DPH	82% **
Legal Exposure Reduction Reasonable Accommodations and Performance Management Training	Supervisors	87%
Performance Evaluation	Supervisors	71%
Return to Work (RTW)	Supervisors	23%
Sexual Harassment Prevention Training	All DPH	90%
Standardized Emergency Management System (SEMS)	All DPH	96%
Supervisor Training	Supervisors	81%
Workplace Injury (WI)	Supervisors	25%

\* Data not available on the Learning Net

\*\* Includes employees on leave as well as vacant contractor positions. Without these, compliance is 97%.

**DPH Director Site Visits**

Site visits are used to enhance the communication between the Director of Public Health and the Department. As a result, divisions are better equipped to identify and develop plans to use evidence-based strategies as part of planning efforts. Five division site visits were conducted during FY 12-13.

**Emergency Preparedness Training Unit (EPTU)**

EPTU’s goal is that LA County DPH employees will have increased willingness and readiness to respond to public health emergencies. EPTU coordinates educational opportunities to increase DPH workforce emergency response readiness. These opportunities include classroom and online trainings, national collaboration to expand valuable training resources, sharing information and refining standards of practice, and the establishment of a public health emergency preparedness training framework to improve knowledge and willingness of staff to respond to emergencies.

**Emergency Preparedness Training Activities**

**Community Resilience Project**

EPTU works in conjunction with the Emergency Preparedness Response Program (EPRP) to perform work in support of DPH’s efforts to strengthen Los Angeles County residents’ knowledge and response to natural and man-made disasters and emergencies, and to help communities become more resilient and recover from emergencies that could occur in their neighborhoods, schools, and community organizations.

**EPRP Emergency Preparedness Exercises**

Emergency Preparedness & Response program holds numerous training exercises—Field, Point of Dispensing, and Department Operation Center—throughout the year to ready DPH staff to respond in their roles as Disaster Service Workers. ODT’s EPTU supports the evaluation efforts of these exercises. Together, EPTU and EPRP staff create evaluation tools and ensure that evaluation staff are posted in these areas where they can observe and record how staff respond and perform in the exercises and to capture the exercises’ successes and challenges.

**Public Health Training Unit (PHTU)**

The PHTU’s goal is that LA County DPH employees will have increased awareness of how their work aligns with the DPH mission. PHTU coordinates and conducts trainings and special projects that help to align employees’ work with the Department mission. Aligning one’s work to an organizational mission is essential to building workforce excellence. PHTU courses build the foundation of core public health principles. Additionally, PHTU monitors the emerging topics in public health that impact the Department’s mission in order to educate employees about

such important topics.

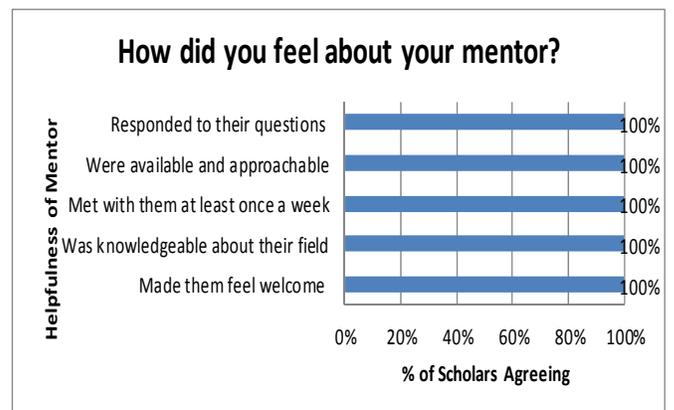
**Public Health Trainings and Events**

**DPH Science Summit**

The 4<sup>th</sup> Annual DPH Science Summit, titled “Translating Science Into Practice”, was held March 2013. This event averages over 250 attendees yearly. DPH professionals are afforded with opportunities to learn from experts within the Department and from a variety of external organizations and agencies to hear about cutting-edge, innovative best practices, and to discuss and report evidence-based practices and studies. Every other year the Summit’s model alternates to include either key presentations and talks from subject matter experts on topics relevant to public health practice, or poster and oral presentation opportunities for DPH staff to showcase and share the work efforts and results coming from their program’s goals to protect and promote the public’s health and well-being.

**DPH Epi Scholars**

The EPI Scholars program is a training program for motivated and highly talented graduate epidemiology students who are recruited from top schools of public health across the County. These future scholars are then connected with senior researchers within DPH who mentor them to create successful health-disparities-orientated research proposals. Administration of the Epi Scholars program was transferred mid-year from the Office of the Medical Director to Organizational Development and Training.



**Quick Fact:** During FY 2012-2013, PHTU evaluated and produced the LA County Epi Scholars Program Annual Report 2012 for 9 students and 9 mentors who took part in the program.

## **Leadership Unit (LU)**

The Leadership Unit aims to enhance the Department's leadership capacity to more effectively respond to emergencies. The Leadership Unit's goal is that Los Angeles County DPH will strengthen its leadership capability in preparation for emergency response. This unit provides public health staff the opportunity to develop their leadership skills regardless of role, level, or area of specialization. Effective leadership abilities among DPH staff will support the Department's capacity, especially in emergencies.

### **Leadership Development Activities**

#### **DPH Supervisor Development Program**

The DPH Supervisor Development Program (SDP) completed its 8th cohort in June 2013. Nearly one-third of DPH supervisors (over 200) have participated in the program since its inception in 2008. The SDP is a comprehensive 6-month program designed to provide supervisors with the skills, knowledge, and abilities to excel as effective leaders in various supervisory positions across the Department. The SDP's 26 courses – a collaborative training effort conceptualized and organized by ODT – are comprised of 16 mandatory and highly recommended courses from the DPH-Human Resources and the Department of Human Resources; and 10 diverse, leadership development courses from Organizational Development and Training; Performance Improvement; Planning, Evaluation, and Development; and Risk Management. Participants build and enhance supervisory and leadership skills, expand professional networks, grow and develop from the cohort experience, and gain leadership knowledge and guidance from executive staff from across DPH.

#### **Leadership Symposium**

Implemented in 2012, DPH Leadership Symposium has focused on the topic of trust in its 2<sup>nd</sup> year. Public Health supervisors and managers took part in the ongoing examination of numerous aspects of trust. Germane to the trust discussions was discovering ways to cultivate high levels of trust in personal, team, and organizational relationships that would allow creativity, productivity, efficiency, and effective communications to flourish among the entire department.

#### **DPH Healthcare Providers Conference**

The Leadership Unit in conjunction with the Office of the Medical Director conducted the 3<sup>rd</sup> Annual Healthcare Providers Conference. The conference offers DPH physicians, dentists, veterinarians, and

other health care professions a yearly opportunity to convene and share best practices, network with colleagues of various professions, recognize individual and programmatic accomplishments, and maintain the knowledge and skills needed by public health providers when performing their daily work and during urgent times of emergency response.

## **Technology Unit**

The Technology Unit's goal is enhanced infrastructure, technology utilization, and to have quality improvement measures to assure achievement of ODT's mission. The Technology Unit provides stakeholders with the latest in educational technology to enhance engagement and retention of knowledge. This technology includes the Learning Net, online course development software, Mediasite, satellite, video production and the Audience Response System, and are used in both classroom-based and web-based offerings for DPH employees.

### **Technology Services**

#### **Learning Net**

The Learning Net is the county-wide, web-based system designed to track all learning-related activities, facilitate online training delivery, and assist employees and supervisors in managing individuals' career development.

The Department has its own Learning Net Team, spearheaded by ODT Technology Unit staff, which is responsible for ensuring that all DPH employees are able to navigate the features and functions of the system.

Additionally, each division has assigned a Primary Training Administrator (PTA) to assist with the management and navigation of the Learning Net.

**Quick Fact:** During FY 2012-2013, there were 35 new courses uploaded on the Learning Net.

#### **Audience Response System (ARS)**

ARS is designed to capture real time responses from participants on presented material or to gather knowledge content, understanding of concepts, and demographic information by polling the audience during an educational event.

**Quick Fact:** During FY 2012-2013, ARS was used by 6 DPH programs for approximately 21 educational events.

**Mediasite**

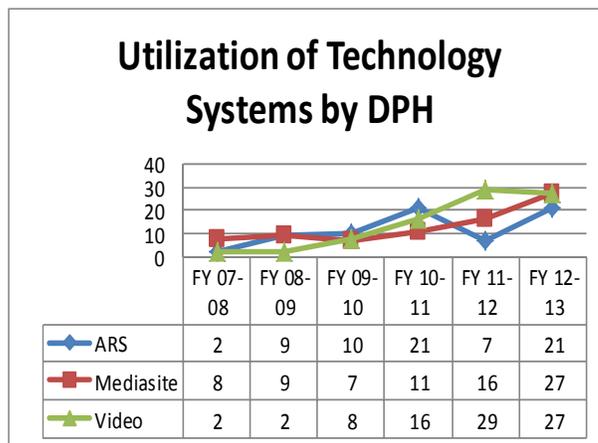
Mediasite is a technology that provides the opportunity to offer a web-cast that is narrated by subject matter experts and is accompanied by a PowerPoint presentation. It can be viewed as either a live or pre-recorded presentation which is easily accessible by both internal and external stakeholders.

**Quick Fact:** During FY 2012-2013, Mediasite was used as one of the educational tools in a total of 27 events.

**Video Productions**

Video productions are used for educational purposes for DPH employees to produce materials related to workplace activities —training videos, instructional media, etc.

**Quick Fact:** During FY 2012-2013, the Technology unit shot and produced 27 video recordings.



**Highlights of the Year**

**DPH Webinars**

The ODT Technology Unit hosts and manages the DPH Expert Speaker Series (ESS) webinars put on by ODT, and the DPH Ethics series webinars put on by Nursing Administration, which are in conjunction with the Office of the Medical Director/Quality Assurance. As of 2013, both webinar series are in their second year of production.

The Technology unit has hosted 1-2 hour webinars on Go To Meeting and WebEx platforms which are interactive, online sites that allow for the display of PowerPoint presentations, interactivity with the audience through polling and typed-in questions, and speaker image projection through the use of video productions. The webinars are recorded and produced by ODT and then posted on the DPH Intranet for later viewing.

Seven Expert Speaker Series webinars were hosted by ODT on various topics including: Innovations in Quality, Health Care Reform, the Built Environment, Health Literacy, DPH Strategic Planning, Healthy People 2020, and the Health Divide. Almost 600 people have participated in the webinars. There are plans to research and identify the potential for offering education credit units to professional staff who participate in the webinars next fiscal year, in support of their license and certification requirements.

**Next Steps**

- ⇒ Develop, administer, and analyze a Workforce Training and Development Needs Assessment in preparation for DPH accreditation
- ⇒ Launch a web-based site of mentoring resources on the Intranet
- ⇒ Coordinate and host special event webinars; and offer limited, continuing education credits for some ESS webinars
- ⇒ Develop intranet site for latest news on emergency preparedness within DPH and LA County, as well as for improved marketing of mandatory trainings of the Public Health Employee Emergency Readiness Framework
- ⇒ Plan and/or launch new trainings, some in collaboration or support of other DPH programs, external partners, or SEIU Local 721: Back to Basics, Psychological First Aid, Evidence-based practices, Nursing Leadership
- ⇒ Continue evaluation of existing and new courses, and tracking compliance of mandatory DPH trainings

## Performance Improvement Plan

### Project Selection

Based on our review of the results of performance measure data for Fiscal Years 2010, 2011, and 2012, ODT considered the low percentage results for DPH staff completion of mandatory level 4 courses from the Public Health Employee Emergency Readiness Framework as failing to meet this objective. As a result, it was determined that a Performance Improvement plan should be developed for this performance measure. As outlined by the Public Health Employee Emergency Readiness Framework (PHEERF), Level 4 staff members are expected to be competent in specific areas related to emergency management within the DPH Department Operation Center (DOC) and Los Angeles County's Emergency Operation Center (EOC). These competency areas were researched, developed, and adopted by DPH as essential standards and skills for various levels of staff in Public Health to competently respond to and manage a public health emergency.

### Aim Statement

The percentage of designated PH staff who have ever completed all of the mandatory level 4 courses in the PHEERF will increase 10% by June 30, 2014.

### DPH Strategic Priority Areas

Strategic Priority 5: Public Health Protection, Objective 5.3.f: Improve DPH capacity to prepare for, respond to, and recover from emergencies

### Measures of Change

The percentage of DPH staff \* who have ever completed all the mandatory level 4 courses in the Public Health Employee Emergency Readiness Framework (PHEERF) (*\*those with designation greater than 12 months.*)

Baseline: 18%      Target: 100%

### Activities Planned

Similar to other DPH non-compliance training notices proven to be highly effective— such as HIPAA non-compliance training notices—a notice will go out every quarter via email to non-compliant Level 4 staff and their supervisors with a list of the training(s) they need to complete. The email will explain why the training(s) is necessary to assure the Department's ability to respond in an emergency and assume leadership positions within the Incident Command System (ICS) at either the DOC or EOC. Level 4 staff will be required to complete their required training(s) within one year of receiving notice. ODT will create a Level 4 certification in the Learning Net, whereby Level 4 staff will be able to keep track of their progress by reviewing their transcript.

### Challenges/Barriers

A primary challenge is periodic changes of staff designated to Level 4, as each year the composition may change and impact the final result for that reporting year. Factors for variations in reporting include: the total number of staff designated to Level 4, the number of staff with designation of more than 12 months, and their course completion rate. A secondary challenge is the frequency of offerings of the instructor-led courses.



## PUBLIC HEALTH INVESTIGATION ADMINISTRATION

### **Vision**

Reduced rates of communicable diseases in Los Angeles County

### **Mission**

To safeguard the public health by developing a workforce competent in mandated communicable disease interventions and enforcement of related public health laws



From Left to Right Top Row: Robert Flora, Yvonne Curtis, Ted Sten and Joseph McCullough. Middle Row: Ian Galvin, Marilyn Smith, Patel Adams and Christine White. Bottom Row: Leola Mercadel, Sebrena Williams, Yvette Caldero and Phuong Phan. Not Included in Photo: Amber Coronado and Lou Reyes.

### **Introduction**

Disease control requires the prompt treatment of infected cases and the follow-up examination and treatment, as necessary, of the contacts. Like other jurisdictions, Los Angeles County has dedicated doctors, nurses and other allied health staff to perform communicable disease mandates. However, because of the magnitude of known infected cases that are not located and the numbers of recalcitrant patients, a professional investigator who understands disease symptoms, treatment regimens and legal procedures is needed as well.

Having originated in the 1930s, the Public Health Investigators (PHI), then named “Communicable Disease Inspectors (CDI)”, were charged with enforcing legal orders for examination or home isolation of persons known to have or suspected of having a communicable disease, which mainly involved tuberculosis at that time.

As years passed, by the mid 1960s, a wide variety of functions have been added to the list of duties and responsibilities of this program, including rabies, sexually transmitted disease and general communicable disease control. To date DPH has 93 PHI positions, namely in PHI Administration, and various programs

such as Division of Community Health Service (CHS), Division of HIV & STD Programs (DHSP), Tuberculosis Control Program (TBC) and Division of Substance Abuse Prevention & Control (SAPC).

Public Health Investigation Administration (PHIA) establishes standards of professional practice to direct the activities of PHIs who enforce public health laws, rules, and regulations governing communicable disease control. PHIA develops and directs quality assurance activities, coordinates recruitment, provides continuing education, and develops and delivers training curricula for new staff. The office provides technical support, investigative resources, and consultation to PHIs assigned to health districts and specialty programs; conducts special investigations requested by management; and coordinates county-wide public health investigation responses to disease outbreaks, natural disasters and bioterrorism events. The State Marine Biotxin Monitoring Program, mandated activities for Commercial Sex Venue Inspections and Adult Film Industry Enforcement, are also coordinated by the PHIA office. In addition, PHI Administration serves as the Custodian of Records for the Department of Public Health.

**DPH Strategic Priority & Goals, PHI Goals & Performance Measures****Strategic Priority 3: Empowered Health Consumers***Support individuals in making informed choices about their health*

Goal 3.1 Improve DPH and partner capacity to help consumers understand basic health information and make appropriate health decisions

**Strategic Priority 5: Public Health Protection***Prevent, detect, and respond to health threats*

Goal 5.1 Improve effectiveness in preventing and controlling infectious disease

Goal 5.2 Enhance the effectiveness, accessibility, and quality of surveillance systems

Goal 5.3 Promote increased use of electronic health care data to benefit public health

**Strategic Priority 6: Improved DPH Infrastructure***Strengthen DPH to remain a high-performing and innovative organization*

Goal 6.1 Maintain a skilled, competent and empowered workforce

The work performed in PHIA is primarily focused within three priority areas of the 2013-17 DPH Strategic Plan. PHIA has further adopted four program-specific goals, with appropriate performance measures selected to examine their products and services to better serve customers.

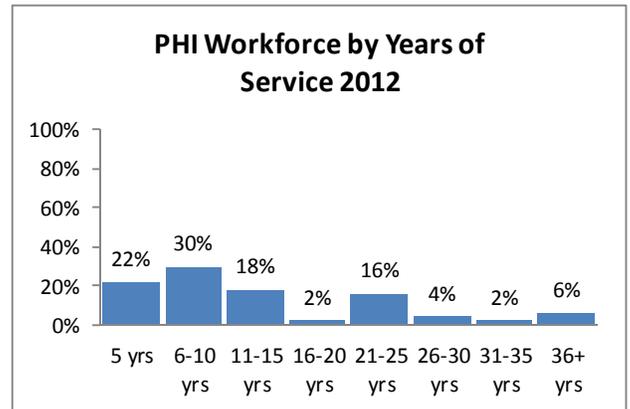
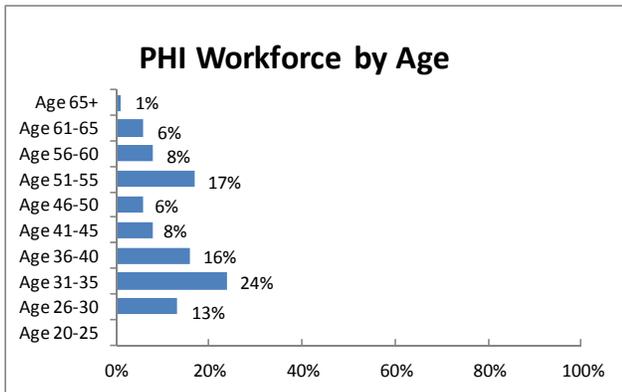
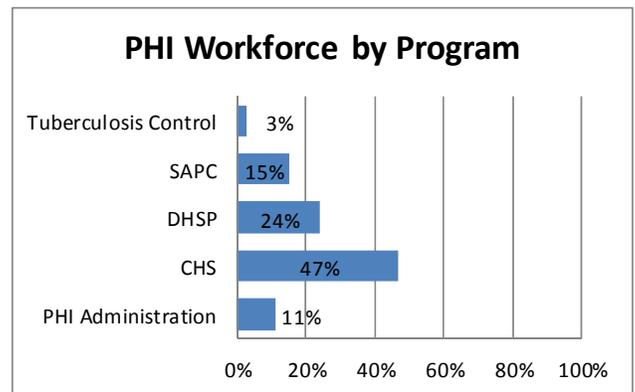
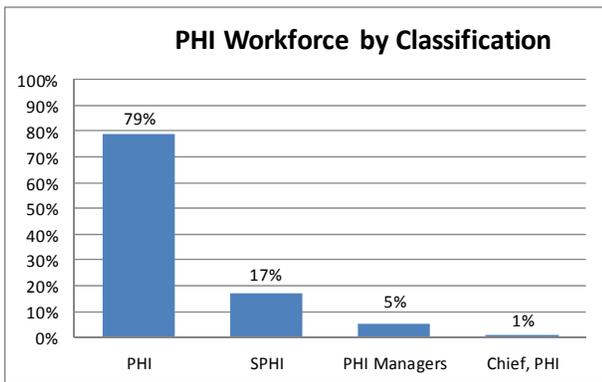
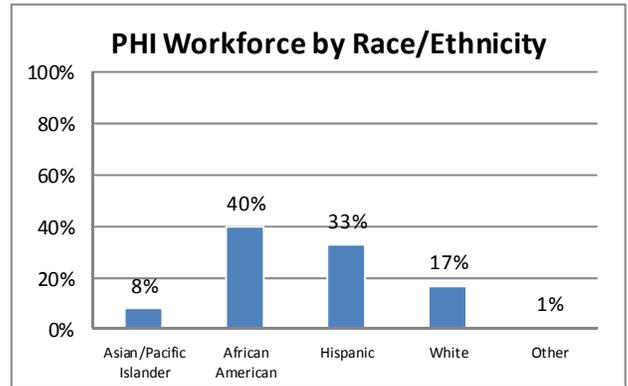
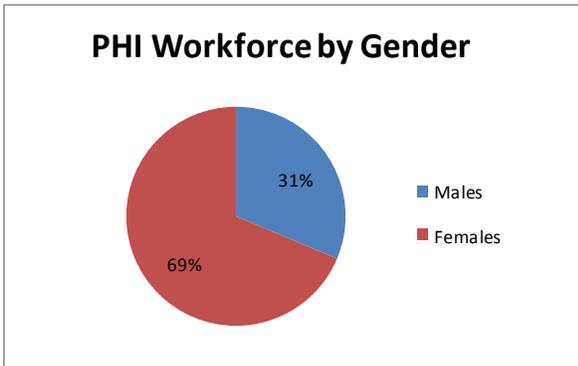
**Public Health Investigation Administration Goals**

- Assure PHI workforce has the skills and competencies to practice in a timely and comprehensive manner.
- Evaluate and improve the quality of the services provided by PHIs working in Community Health Services and the Division of HIV and STD Programs
- Improve the overall customer satisfaction
- Ensure compliance with legal mandates

PHI - Specific Performance Measures	FY Performance			Standard
	'10-11	'11-12	'12-13	
Percent of Public Record requests and Subpoena requests processed within the mandated timeframes	93%	78.8%	NC	100%
Percent of PHI Trainees that complete a mandatory training curriculum and pass their final examination with a minimum score of 80%.	100%	100%	100%	100%
Percent of PHIs accumulating a minimum of 15 hours of continuing education annually in the areas of STD/HIV, TB, ACD, bio-terrorism preparedness and response or other areas specifically sanctioned by PHI Administration as PHI practice-related training	80%	73%	84%	100%
Percent of PHIs completing 8 hours of HIV training annually	64%	66%	73%	100%
(Developmental) Percent of newly promoted Supervising PHIs completing a formal supervisory training curriculum within one year of their appointment	DNC	DNC	DNC	100%
Percent of Community Health Services and DHSP PHI Trainees who receive two skills assessments and field audits during their first year of employment	100%	75%	100%	100%
Percent of PHI classification that have work plans developed for them	100%	100%	100%	100%
Percentage of PHIs who leave PHI and complete an exit interview	80%	56%	67%	100%
Percentage of exit interviews analyzed for reason for leaving	100%	100%	100%	100%
Percent of PHIs in CHS and DHSP who receive a field audit annually	NC	NC	54%	100%
Percent of PHIs in CHS and DHSP who receive an interviewing skill assessment annually	NC	NC	96%	100%
Percent of public health units that completed an annual problem-solving session with the Custodian of Records unit	58%	70%	NC	100%
Percent of Weekly Work Review completed on time	67%	58%	69%	100%

NC-Not Collected

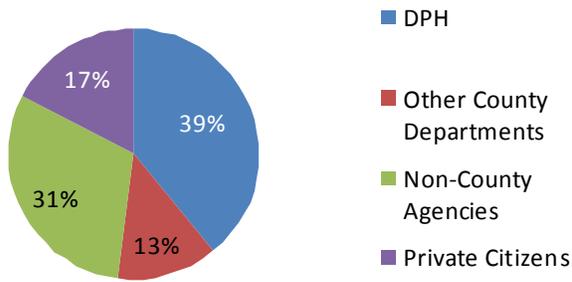
**Snapshot of DPH Public Health Investigator Workforce**



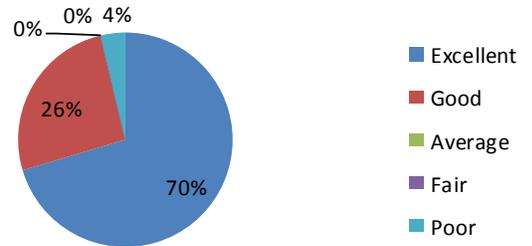
**PHI Customer Service Evaluation FY 2012-2013**

During the 2012-2013 fiscal year, PHI Administration received 31 customer service survey responses. The results showed that most of the customers were from inside the County (54%); the services requested during these encounters were mainly about –public records request (67%), Subpoena requests (11%), and Investigative Resources (26%). The majority of the respondents indicated they were very satisfied with the way that their questions or problems were resolved and viewed their overall encounter experience with PHI Administration as very satisfied or somewhat satisfied.

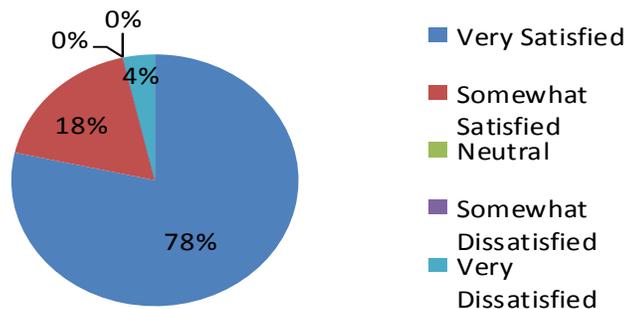
### PHI customer breakdown



### How would you rate the quality of information given?



### How would you rate your overall satisfaction with us?



#### Training Events FY 2012-2013 Summary

	Event Information				Event Evaluation			
	# of Offerings	# of Participants	No Show %	Objectives Fully Met	Knowledge of Content Pre/Post Course	Satisfied With Event	Would Recommend	Apply Content at Work
PHI Recognition Luncheon	1	83	NC	94.1 %	NC	94.1%	93.3%	NC
Legal Order Training	4	11	NC	NC	NC	NC	NC	NC
CMaP PHI Training	13	74	NC	89.7%	NC	89.7%	76.9%	92.3%

#### QA Activities FY 2012-2013 Summary

	Target Population	# Evaluated	Coverage %	% of Standards Met on Average Per Audit/Assessment
Interviewing Skill Assessments	PHIs	44	96%	95%
Investigation Validation Audits	PHIs	25	54%	97%
Weekly Review Audits	PHIs	6	75%	43%

## **Operations Unit**

The Operations Unit establishes standards of professional practice and performance to direct the activities of PHIs who enforce public health laws, rules, and regulations governing communicable disease control, and develops and directs quality improvement activities. The unit also provides investigative expertise and resources, conducts special investigations, coordinates Countywide Public Health Investigative response to disease outbreaks or other Public Health emergencies, and coordinates enforcement and compliance activities for public health laws.

### **QA Activities**

PHI managers serve as technical advisors to Supervising PHIs in the eight SPAs, act as consultants to the Area Medical Directors on technical matters pertaining to PHI functions, and coordinate PHI activities on a County-wide basis. In this capacity, the managers develop and direct the planning, implementation, and evaluation of PHI practice activities and ensure that PHI enforcement activities conform to applicable laws, ordinances, and regulations. The managers also coordinate targeted case finding efforts related to outbreak response.

The PHI managers work in collaboration with DHSP, Center for Disease Control (CDC) managers to provide ongoing monitoring, in order to evaluate and continuously improve the quality of the services provided by PHIs working in Community Health Services and DHSP.

### **Chalk Talk**

Chalk Talks are monthly syphilis case review meetings, designed to assist employees in managing their casework in a timely and efficient manner. CDC managers, PHI managers and supervisors actively participate in examining CHS and DHSP employees' syphilis case investigations, to provide feedback and direction in bringing casework to closure. The collaboration of this experienced group has allowed employees to receive "real time" training with syphilis casework, which consequently has increased the knowledge and skill base of the young and inexperienced workforce.

### **Interviewing Skill Assessments**

The Interviewing Skills Assessments were first implemented in 2001. It is a tool utilized by CDC/PHI managers to assess and evaluate employees' interviewing skills and identify training needs. The assessments are conducted annually either in a clinic

setting or in the field.

### **Investigation Validation Audits**

The Investigation Validation Audits were also first implemented in 2001. This tool is utilized by Supervising Public Health Investigators (SPHIs) to assess and evaluate employees' investigative skills and identify training needs. SPHIs review the employees' documentation of an investigation and conduct an audit of the employee's work by directly investigating the validity of the documented findings.

**Quick Fact:** A new Investigation Validation Audit Protocol for DHSP and CHS PHIs was revised and implemented for fiscal year 2012-13.

### **Weekly Review Audits**

The Weekly Review Audits for CHS PHIs were implemented in 2008. This tool is utilized by CHS SPHIs to assess and evaluate the employee's case management skills and competencies with timely completion of investigations. The PHI Manager Weekly Review Audit was implemented in 2013. This tool allows PHI Managers to assess and evaluate the Supervising Public Health Investigators' competencies in caseload reviews of their employees. Its goal is to provide SPHIs guidance on proper employee caseload management, strengthen their skill-set to identify delinquent casework, and assist them in organizational skills. By doing this, PHIA has noticed an increase in employees meeting performance measures.

### **Workload and Performance Standard Reports**

PHI Administration collects workload and performance standard data for PHIs working in CHS and produces monthly activity reports. These reports are cumbersome and contain an enormous amount of information that can be extremely difficult to understand. PHI Administration, in collaboration with the CHS Area Medical Directors and the DHSP Medical Director, reviewed and evaluated these existing reports. The goal of this group was to make workload and performance standard data readily accessible for review. After a very labor intensive process the group was able to produce a report that aligned with CHS and DHSP performance measures and provided trend and comparative charts and graphs for each SPA.

### **CMaP Application**

The Case Management and Processing (CMaP) application was created mainly as a tracking system for PHIs, CHS and District Nurses. For PHI Administration, it captures and supports the

information from inspections, reports, and queries, tracks work, produces status reports and financial reports, all aimed to help support PHIs' efficiency, effectiveness and accountability, thus allowing PHIs to provide better customer service.

Current data systems used by PHI are cumbersome and inefficient for tracking work and producing timely reports. However, CMaP is an information system which has been able to incorporate all the interagency forms and customer letters necessary for PHI staff use per database system. As a result, it has allowed more efficient data entry, therefore saving time to the PHI.

**Quick Fact:** During FY 2012-2013, PHIA completed one financial report and five live databases. Nine training sessions were provided for 71 of the PHI staff on the six different live databases. Five databases are currently in development and should be completed in 2014.

**Custodian of Records Unit (CRU)**

The primary focus of the Custodian of Records Unit (CRU) is to respond to *subpoena duces tecum* and fulfill requests for departmental records, pursuant to the California Public Records Act. CRU provides consultation to Public Health programs regarding the confidentiality of records, accepting personal subpoenas, and procedures for court appearances.

CRU also assists local funeral directors to comply with the public health laws of foreign countries when shipping human remains to those countries.

**Custodian of Record (COR) Related Activities**

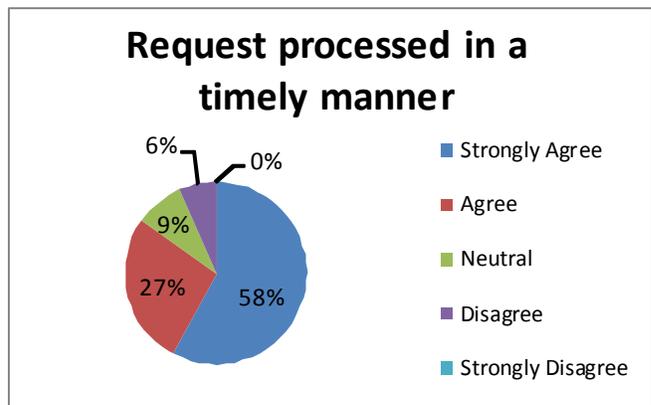
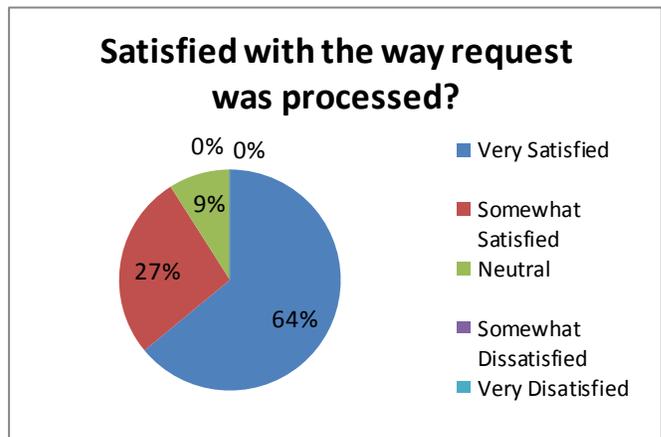
**PHI Website and PHI E-mail Account**

The goal for creating a PHI website and PHI e-mail account is to improve overall customer satisfaction. The website provides information about all Custodian of Records services, answers frequently asked questions, provides online forms for public records requests and certified health letters, and allows users the capability to submit requests via fax or e-mail.

The Custodian of Records (COR) unit responds to approximately 5500 public records requests yearly; requests must be formatted to ensure compliance with mandates and contain sufficient information to research. Support staff spends a large part of the work day answering phone calls related to the submission of requests and subpoenas, completing certified letter request forms from mortuaries, and formatting the information into databases.

To improve efficiency, a customer satisfaction survey was sent to 281 requestors in February 2013 to measure

satisfaction with COR services and current methods of submitting requests. PHI Administration received 45 customer service survey responses. The results showed the services requested during these encounters were Public Record Requests (36%), Public Record Request HazMat Files (20%), and Body Shipment Letters (44%). The majority of the respondents (78%) indicated their request was handled in a timely manner and viewed their overall encounter experience with PHI Administration as very satisfied (64%) or satisfied (27%). Results also indicated a preference to submit requests in an electronic format. To fulfill this demand and uphold a high standard of service, a PHI email account was established in January 2013, and the PHI website was launched in February 2013. A steady increase in the number of requests submitted on this new form via the PHI email account and fax was noticed immediately after the launch of the dedicated PHI email account and the PHI website.



## Training Unit

The Training Unit's goal is to assure that the public health investigation workforce has the skills and competencies to practice safely, effectively, and efficiently. The unit coordinates recruitment, provides continuing education, and develops and delivers training curricula for new and journeyman staff.

## Training Programs & Events

### PHI Trainee Orientation

During FY 2012-2013, Training Coordinators focused on making the experience for newly-hired staff assigned to the various programs and SPAs in DPH, uniform and comprehensive. The training checklist was revised to include program and SPA management in the orientation process, expand areas of coaching, and increase supervisor accountability. The Training Coordinators also worked with several programs to revise and update the PHI final exam.

## Annual PHI Recognition Luncheon

The primary focus of the PHI Employee Recognition Luncheon is to honor employees for their contributions, exemplary performance, and continuous service to the Department of Public Health. The second annual luncheon was held on November 7, 2012. Four PHIs were recognized and honored for their achievements in customer service, professionalism, leadership, and overall performance.

## Communicable Disease Investigator Training

PHI Administration worked with TBCP and the CA DHS, TB Control Branch to provide Communicable Disease Investigator Training to 25 PHIs. The goal of the training course was to improve the contact investigation and interviewing skills for PHIs working on TB cases.

## Highlights of the Year

### Legal Order Training

During this fiscal year, PHI Administration reviewed "Request for Legal Intervention" (H-455) documents submitted from CHS to the Tuberculosis Control Program (TBCP) over a six-month period. This review identified that inappropriate or incomplete requests for legal intervention were initiated, processed and assigned to TBCP PHIs.

Utilizing the least restrictive measure to gain compliance is mandated by the California Health and Safety Code, and DPH policy. Understanding applicable public health laws and procedures enables the Area Medical Directors (AMDs) and Supervising Public Health Investigators (SPHIs) to decide when to request legal intervention to protect the community from infectious disease, while ensuring the patient's *due process* protection is not violated.

To ensure timely, comprehensive investigations along with enhanced communication, which will lead to the reduction of legal order requests while improving the quality of legal orders requested, PHIA initiated a targeted legal order training for each Service Planning Area. The goal of the legal order training is to ensure that all SPA based teams (AMD, SPHI, Clinicians and PHNS) understand the DPH Legal Order Manual, DPH Policy 201, and California Health and Safety Code Sec. 121350 -121460. The training covers applicable statutes and Department policy and procedures with the decision-making team; links and resources related to public health laws, DPH policies, procedures and articles of related court cases were provided through the PHI intranet as well. Specific handouts including legal intervention fact sheets and basic district PHI TB investigation were developed. Area Medical Directors (AMDs) and Supervising Public Health Investigators (SPHIs) who work together received the training in small groups to facilitate understanding of DPH procedures and applicable public health laws. The individual responsibilities of each discipline were also outlined and discussed with an enhanced focus on the SPHIs.

An immediate change in H-455s received after training has been noticed; the forms were more complete and complied with Department policy.

## Next Steps

For the 2013-2014 fiscal year, PHIA has planned many exciting projects:

- Implement CMaP entities for CHS PHIs
- Enhance the functionality of the PHI website to allow the public to complete request forms for information verified as non-confidential online, via secure internet, and the migration of request forms to a CMaP database. The proposal for this enhancement was approved in December 2012 and is currently in development for implementation in the 1<sup>st</sup> Quarter 2013-14
- Implement and analyze customer satisfaction survey to determine effectiveness of online public record request process
- Revamp PHI Trainee orientation to enhance SPHIs' coaching activities directed at application of learned skills
- Plan, implement and evaluate 3<sup>rd</sup> Annual PHI Recognition Luncheon
- Update the PHI Procedure Manual to include expanded duties and reflect changes in PHI practice
- Implement a Supervisor Development module for newly promoted SPHIs
- Develop and implement legal order training specific for TB Clinicians, and consult with PH Nursing Administration to determine appropriate curriculum for training PHNSs
- Further include AMDs in the syphilis review process and continue to conduct Chalk Talks on a monthly basis
- Provide PHIs "field refresher trainings" that go back to the basics, and partner with other county departments, such as Child Health & Disability Prevention [CHDP], and Department of Public Social Services [DPSS] to assist with avenues to locate marginal clients



## **Performance Improvement Plan**

### **Project Selection**

Based on the review of our performance measures and results for FY 2011-2012, a need for improvement was identified. To improve and maintain a competent workforce, employees need to obtain 15 hours of CEUs annually (including 8 hours in HIV education). PHIA chose this goal as a priority for maintaining a competent workforce and it supports performance improvement. Opportunities for professional growth and development are important in maintaining a workforce that is engaged, valued, and prepared.

### **Aim Statement**

By June 2014, increase the percent of employees completing 15 hours of continuing education units (CEUs) annually to 80%.

### **DPH Strategic Priority Areas**

Strategic Priority 6: Improved DPH Infrastructure – 6.1: Maintain a competent workforce.

### **Measures of Change**

Percent of employees completing 15 hours of continuing education units

Baseline: 73%                      Target: 100%

### **Activities Planned**

The plan of PHI Administration is to offer more opportunities in PHI practice and education, and provide updated information on current and future trainings within DPH and CBOs. PHI managers and the Training Coordinators are assigned to work on this project; to provide updates and trainings, to partner with other disciplines that have the expertise in the areas of PHI Practice is needed. PHI Administration also requires support from SPA and Program Administrations to encourage attendance.

### **Challenges/Barriers**

The programs needs of CHS and SAPC staff and lack of motivation often create a barrier for PHIs to attend in-services. To address these challenges, PHI Administration plans to identify more online training opportunities; another solution being considered to increase participation is to begin the practice of recognizing PHIs for their attendance and for good performance at general staff meetings and trainings.



## **LOOKING AHEAD TO FY 2013-2014**

To meet our strategic goals and continuously work towards our missions, the Quality Improvement Division has several initiatives that will roll out in the next fiscal year.

One of the focuses is to roll out the performance improvement application system for timely and efficient performance management and data reports. QID will also be facilitating the successful connection between internal and external health care professionals, create an email database for primary care providers to improve clinical preventive services utilization in LA County, and partner with DPH programs to create a single portal for the reporting of reportable diseases. All DPH physicians are planned to be appointed as members of the medical staff by the end of 2013.

Additionally, at this time, QID Medical Affairs Program is in the process of developing a Consumer Health Protection Unit, once the staff is hired, QID will continue to work collaboratively with other programs within DPH and other agencies to build capacity in this area.

QID will complete and roll out the Public Health Nurse New Employee Orientation Community Assessment and Community Partnership modules in fall 2013, revamp its PHI trainee orientation to enhance SPHIs' coaching activities directed at application of learned skills, implement a Supervisor Development module for newly promoted SPHIs, develop and implement legal order training specific for TB clinicians, further include AMDs in the syphilis review process, and provide PHIs "field refresher trainings" that go back to the basics; PHIA and NADM are also working together to develop an appropriate curriculum for training PHNS.

QID is planning to develop and schedule a 2-3 hour hands on computer training session for end users of the CMaP system, following the pilot of the new TB contact investigation, and roll out the CMaP entities for CHS PHIs.

In the next fiscal year, the PHI website will be revised to enhance its functionality to allow the public to complete request forms for information verified as non-confidential online, via secure internet, and migration of request forms to CMaP database; the Public Health Nursing job opportunities and benefits webpage will be

redesigned; the Nursing University Affiliation Manual and Student Orientation PowerPoint presentations will be revised and launched on the new university affiliates webpage.

Additional projects for the coming fiscal year include updating the PHI Procedure Manual to include expanded duties and reflect changes in PHI Practice, continuing to develop and update multidisciplinary policies with input from DPH staff. Furthermore, QID will continue to conduct its Annual Health Education Practice Conference, the Annual Nursing Practice Conference, the Annual Health Care Provider Conference, the Annual PHI Recognition Luncheon, Leadership Symposium, the Annual Science Summit, and the Annual Quality Improvement Summit.

QID will also continue its customer service survey to determine the effectiveness of and satisfaction with all online and onsite customer service experiences with QID programs; the results will then be analyzed and used to identify improvement opportunities to enhance the experiences of customers.

## Glossary

**Accreditation** Certification by a duly recognized body of the facilities, capability, objectivity, competence, and integrity of an agency, service, or operational group or individual to provide the specific service(s) or operation (s) needed or expected.

**Action Plan** A specific method or process used to achieve the results called for by one or more objectives.

**Aim Statement** A written, measurable, and time-specific description of the accomplishments the team expects to make from its improvement efforts.

**Assessment** An estimate of determination of the significance, importance, or value of something.

**Audit** An evaluation of a person, organization, system, process, enterprise, project or product.

**Credential** An attestation of qualification, competence, or authority issued to an individual by a third party with a relevant or de facto authority or assumed competence to do so.

**Effectiveness** The degree to which objectives are achieved in an efficient and economical manner.

**Efficiency** A measure of how well resources are used to achieve a goal.

**Goal** A broad statement describing a desired future condition or achievement without being specific about how much and when. Goals are often intangible or non-quantitative. Although a goal is usually considered to be more broadly defined than an objective, the terms "goal" and "objective" are sometimes used interchangeably in practice.

**Indicator** A value, characteristic, or metric used to track the performance of a program, service, or organization, or to gauge a condition. Synonymous with the term "measure".

**Mission** An organization's purpose and/or reasons for existing as an organization. Mission statements are broad and expected to remain in effect for an extended period of time. Mission statements should be clear and understandable to all of the organization's personnel. A mission statement is generally the "how to" in support of the vision statement.

**Plan-Do-Study-Act (PDSA)** A structured four-step process for quality and continuous improvement, well accepted because it is how most people approach problem solving.

**Performance Management** The cyclical process of measuring, monitoring, and reporting of progress toward strategic organization, division and program goals and objectives, provides a structured, data-driven approach to identifying and prioritizing necessary QI projects. Performance management in the public

sector is an ongoing, systematic approach to improving results through evidence-based decision making, continuous organizational learning, and a focus on accountability for performance. Performance management is integrated into all aspects of an organization's management and policy-making processes, transforming an organization's practices so it is focused on achieving improved results for the public.

**Performance Measure** The specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance. Performance measurement is the selection and use of quantitative measures of capacities, processes, and outcomes to develop information about critical aspects of activities, including their effect on the public.

**Performance Improvement (PI)** A methodology for improving the quality of institutional and individual performance. PI places emphasis on human performance, while QI focus on process. In Organizational development, performance improvement is the concept of organizational change in which the managers and governing body of an organization put into place and manage a program which measures the current level of performance of the organization and then generates ideas for modifying organizational behavior and infrastructure which are put into place to achieve higher output. The primary goals of organizational improvement are to increase organizational effectiveness and efficiency to improve the ability of the organization to deliver goods and or services.

**PI Plan** A written tool for the purpose of improving the performance of behavior and addressing performance discrepancies to meet acceptable standards expectations, and requirements.

**Quality Improvement (QI)** The actions taken to increase the value to the customer by improving the effectiveness and efficiency of processes and activities throughout the organization. Improvement in quality has been linked to higher levels of customer satisfaction. QI examines the processes in order to improve them.

**QI in Public Health** The use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. QI is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality in services or processes that achieve equity and improve the health of the community.

**QI Plan** A basic guidance document that describes how a health department will manage, deploy, and review quality. It also serves to inform staff and stakeholders of the direction, timeline, activities, and importance of quality and quality improvement

**Quality** The degrees to which a set of inherent characteristics fulfills requirements; the sum of all features and characteristics of a product that affect its ability to satisfy customer needs.

**Quality Assessment** The process of identifying business practices, attitudes, and activities which are enhancing or inhibiting the achievement of quality improvement.

**Quality Assurance** A systematic activity which provides confidence that a product or service will conform to requirement. Quality Assurance includes quality assessment and implementation of corrective actions to address any deficiencies identified, assures management that all the necessary systems are in place. It provides the organization with training, tools, methods, consultation, and metrics for the purpose of eliminating potential nonconformance and improvement of processes, products, and services.

**Strategic Plans** A road map to gain competitive advantage by achieving goals that define long-term

business objectives for critical success factors. Strategic plans are long-term so they take longer than tactical plans. Strategic planning systematically addresses an organization's purpose, internal and external environment, value to stakeholders, and current and future plans for action.

**Strategies** Methods to achieve goals and objectives; a collection of actions, which have a reasonable chance of achieving results.

**Target** A desired number or level related to a performance measure. Targets are the performance objectives an organization is striving to reach.

**Vision** A statement of the way an organization wants to be; an ideal state of being at a future point. An organization's vision identifies what the organization strives to be. It concentrates on the future, describing its ideal state of existence if all goals and objectives are met.

## Acronyms

**ACDC** Acute Communicable Disease Control Program  
**AED** Automated External Defibrillator  
**AMD** Area Medical Director  
**APS-PHN** Assistant Program Specialist, Public Health Nurse  
**BCLS** Basic Cardiac Life Support  
**CAHAN** California Health Alert Network  
**CBOs** Community Based Organizations  
**CDI** Communicable Disease Inspector  
**CDIP** Chronic Disease and Injury Prevention  
**CEU** Continuing Education Unit  
**CHDP** Child Health & Disability Prevention  
**CHS** Community Health Service  
**CMAp** Case Management Application  
**CME** Continuing Medical Education  
**COR** Custodian of Records  
**CPR** Cardiopulmonary Resuscitation  
**CRU** Custodian of Records Unit  
**CTAU** CHS Technical Advisors Unit  
**DHSP** Division of HIV & STD Programs  
**DPHN** District Public Health Nurse  
**DPSS** Department of Public Social Services  
**DWP** Department of Water & Power  
**ECC** Early Childhood Caries  
**EPDU** Education & Professional Development Unit  
**EPTU** Emergency Preparedness Training Unit  
**HEA** Health Education Administration Program  
**HIV** Human Immunodeficiency Virus  
**LCP** Licensed Clinical Professionals  
**LU** Leadership Unit  
**MA** Medical Affairs Program  
**MWD** Metropolitan Water District  
**NA or NADM** Nursing Administration  
**NAN** Nursing Administration Network

**NIU** Nursing Informatics Unit  
**ODT** Organizational Development & Training Program  
**OH** Oral Health Program  
**OSHA** Occupational Health and Safety Administration  
**OMD** Office of the Medical Director  
**PACT** PHNS/APS Collaborative Team  
**PDSA** Plan-Do-Study-Act  
**PHEC** Public Health Education Collaborative  
**PHI** Public Health Investigator  
**PHIA** Public Health Investigation Administration Program  
**PHNEO** Public Health Nursing New Employee Orientation  
**PHN** Public Health Nurse  
**PHNS** Public Health Nurse Supervisor  
**PHTU** Public Health Training Unit  
**PI** Pacific Islanders  
**PI** Performance Improvement  
**PILS** Pharmacy Information & Labeling System  
**PS-PHN** Program Specialist, Public Health Nurse  
**QFT-GIT** The QuantiFERON-TB Gold In-Tube test  
**QI** Quality Improvement  
**QID** Quality Improvement Division  
**QIU** Quality Improvement Unit  
**RRU** Recruitment & Retention Unit  
**SAPC** Substance Abuse Prevention & Control Program  
**SPA** Service Planning Area  
**SPHI** Supervising Public Health Investigator  
**STD** Sexually Transmitted Disease  
**TB** Tuberculosis  
**TBC** Tuberculosis Control Program  
**TRIMS** TB Registry Information Management System  
**VCCC** Valley Care Community Consortium  
**vCMR** Visual Confidentiality Morbidity Report



## **ANNUAL REPORT 2012-2013**

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