

**State Board of Health – Annual Report
Pursuant to §32.1-14 of the Code of Virginia
February 2012**

The State Board of Health has addressed many significant public health policy and regulatory issues. The Board, supported by the Virginia Department of Health (VDH), is responsible for 55 separate regulatory titles contained in the Virginia Administrative Code. From July 2010 – December 2011, the Board approved the following nine regulatory actions:

- Regulations Governing Durable Do Not Resuscitate Orders (12VAC5-66) – (Final Amendments)
- Regulations Governing the Newborn Screening and Treatment Program (12VAC5-71) – Notice of Intended Regulatory Action (NOIRA)
- Regulations for Administration of the Virginia Hearing Impairment Identification and Monitoring System (12VAC5-80) – Final Amendments
- Disease Reporting Regulations (12 VAC5-90) - Re-proposed Amendments concerning health care associated infections
- Virginia Immunization Information System (12 VAC5-115) – Proposed Regulation
- Regulations for the Repacking of Crabmeat for Human Consumption (12 VAC5-165) - Proposed Amendments
- Regulations for Licensure of Abortion Facilities (12 VAC5-412) - Emergency Regulations
- Regulations for Nursing Scholarships (12 VAC5-510) – Proposed Amendments
- Waterworks Regulations (12VAC5-590) – (Final Amendments – Chronically Non-Compliant Waterworks)
- Regulations for Alternative On-Site Sewage Systems (12VAC5-613) – Final Regulations

The Board also approved the following plans and policies during that time period:

- Trauma Triage Plan
- Policy and Protocols for Vaccine Administration by EMS Providers in Virginia

The Board meets four times each year, in March, June, September and December. The State Health Commissioner is authorized, pursuant to §32.1-20 of the Code of Virginia, to act on

behalf of the Board while the Board is not in Session. From July 2010 – December 2011, the Commissioner approved the following regulatory actions on behalf of the Board, while the Board was not in session:

- Emergency Medical Services Regulations (12 VAC5-31) – Final Amendments
- Advance Health Care Directive Registry (12 VAC5-67) – Final Regulation [Fast Track action]
- Hearing Impairment Identification and Monitoring System (12 VAC5-80) – Final Amendments
- Rabies Regulations (12 VAC5-105) – NOIRA
- State Plan for Children with Special Health Care Needs (12 VAC5-191) – Proposed Amendments [Fast Track Action]
- Regulations for Summer Camps (12 VAC5-440) – NOIRA
- Regulations Governing Tourist Establishment & Other Swimming Pools (12 VAC5-460) – NOIRA
- Swimming Pool Regulations Governing the Posting of Water Quality Results (12 VAC5-462) – NOIRA
- Radiation Protection Regulations (12 VAC5-481) – Proposed Amendments
- Radiation Protection Regulations Fee Schedule (12 VAC5-490) – Proposed Amendments [Fast Track action]
- Nursing Scholarship and Loan Repayment Program Requiring Service in a Long Term Care Facility (12 VAC5-507) – Proposed Amendments
- Nursing Scholarships (12 VAC5-510) – NOIRA
- Regulation Governing Program for Medically Underserved Areas in Virginia (12 VAC5-540) – Proposed Amendments
- Regulation Governing the Virginia Nurse Educator Scholarship Program (12 VAC5-545)– Final Regulation [Fast track action]
- Sanitary Regulations for Marinas and Boat Moorings (12 VAC5-570) – NOIRA
- Waterworks Regulations (12 VAC5-590) - NOIRA

- Regulations Governing Application Fees for Construction Permits for Onsite Sewage Disposal Systems & Private Wells (12 VAC5-620) – Proposed Amendments
- Alternative Discharging Sewage Treatment Regulations for Individual Single-Family Dwellings (12 VAC5-640) – Proposed Amendments
- Onsite Sewage Systems Schedule of Civil Penalties (12 VAC5-650) – Final Regulation (Revised)

The Commissioner also approved the State Emergency Medical Services Plan on behalf of the Board.

Additional Public Health Issues Reviewed by the Board

The Board of Health reviewed and discussed a wide range of public health issues during the time period July 2010 – December 2011, including the following:

- Maternal and child health, with a particular focus on teen pregnancy, family planning, infant mortality, and intentional termination of pregnancy.
- Cardiac health, including recent reductions in heart attack-related mortality in Virginia.
- VDH’s response to the H1N1 Influenza Pandemic
- Assurance of Clean, Safe Drinking Water, with a particular focus on VDH’s efforts to assist drinking water systems serving small communities in rural areas.
- Obesity Prevention and Healthy Nutrition, including the Interagency Task Force on Obesity and Nutrition established by the Secretary of Health and Human Resources, as well as the First Lady’s “Capital Feats” initiative to promote physical activity.
- Safe Routes to School Program, including a partnership between VDH, the Virginia Department of Transportation and the Virginia Department of Education to expand participation in this program which supports increased opportunities for children to become more physically active by walking to school.
- Lyme Disease, including work done by VDH staff to examine issues pertaining to surveillance and prevention issues in support of the Governor’s Task Force on Lyme Disease.
- Public health issues pertaining to the Chesapeake Bay Watershed, including the impact of nitrogen on the Chesapeake Bay, implications for land development and the shellfish industry; and the role that the U.S. Environmental Protection Agency is playing at the national level.

- VDH Beach Monitoring Program, which includes testing of water samples to help people avoid swimming in water that could be harmful to their health.
- VDH Shellfish Sanitation Program, which includes inspection of processing plants and the sampling of water and shellfish in harvesting areas.
- Emergency Medical Services, including an update from the State EMS Advisory Board.
- The Virginia Health Reform Initiative, including an update from the Office of the Secretary of Health and Human Resources.
- State Health Workforce Implementation Grant, which is being used to establish the infrastructure for the Virginia Health Workforce Development Authority.
- AIDS Drug Assistance Program, including strategies being used by VDH to manage increased demand for services given limited resources.
- Virginia Transplant Council, including status of Virginia's organ and tissue donor registry.
- Lessons Learned from the public health emergency response to Hurricane Irene.
- Screening criteria and guidelines for breast and prostate cancer.

VDH Performance Improvement System

Utilizing the National Public Health Infrastructure Improvement (NPHII) grant from the U.S. Centers for Disease Control and Prevention, VDH has established a strong foundation for agency wide performance improvement. This includes:

- hiring a full time performance improvement manager and performance improvement analyst,
- development of a Performance Improvement Dashboard for monitoring agency-wide operations,
- establishment of a Performance Improvement Council (PIC) to provide strategic direction for the agency's performance improvement efforts, and
- initiation of three Performance Improvement Projects (PIPs), which have identified significant potential fiscal savings, improved administrative capacity and positively impacted public health.

Dashboard System. Metrics are the cornerstone of a good Performance Improvement (PI) Program. VDH has over 119 different databases that house the metrics needed to understand and improve performance. Abstracting and consolidating the critical metrics into an organized, centralized and intuitive structure was critical to developing the foundation of a good PI system at VDH. To ensure a quick, efficient and workable solution, VDH developed an excel based dashboard system and worked with each office to develop templates and data reports that would

automatically feed into the dashboard system. This approach has allowed for rapid development of the dashboard, identification of the most critical metrics and a functional system that will serve as an outline for the long term goal of developing a centralized data management system using commercial software and integrated databases.

VDH Agency Dashboard – February 2012

	Health	Prior Result	Current Result	Trend	YTD Avg	All Districts	Goal
Immunization	District Cohort: Immunization Rates for Children 2 Years Old Served At LHD	51%	53%	2%	55%	53%	80%
	Entire Cohort in VIIS: Immunization Rates for Children 2 Years Old	23%	23%	0%	19%	23%	80%
	Percent of Children (Age 11-17 Years) Adequately Immunized with Tdap Vaccine	85%	77%	-8%	79%	77%	80%
	Number of Organizations Enrolled in VIIS	2208	2210	2	2210	2210	3000
Children & Families	Percent Increase in the Number of Women of Childbearing Age Receiving Multivitamin with Folic Acid Counseling	29%	14%	-15%	21%	14%	30%
	Percent Increase in the Number of Women of Childbearing Age Receiving a 100-Day Supply of Multivitamins with Folic Acid	31%	16%	-15%	23%	16%	30%
	Percent of Eligibles Served in Plan First	7%	11%	4%	9%	11%	20%
	Percent of Eligibles Served in WIC	76%	76%	0%	75%	76%	79%
	Percentage of Eligible Children Participating in the Summer Food Service Program	-	40%	New	40%	40%	50%
Food/ Sewage	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected at the Time of Inspection	44%	49%	6%	49%	49%	70%
	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected Within 10 Days After Inspection	44%	49%	5%	49%	49%	Under Development
	Percent of Restaurant Inspections that are Conducted Within Required Timeframes	55%	44%	-11%	44%	44%	70%
	Percent of Failing Onsite Sewage Disposal Systems that are Corrected Within 30 Days After LHD is Notified	16%	22%	5%	22%	-	80%
	Administration	Prior Result	Current Result	Trend	YTD Avg	All Districts	Goal
Central Office Metrics ONLY	Median Time to Fill a Vacant Position (in days)	82	90	8	86	90	50
	Percent of Systemic Issues Identified Through Complaints and Grievances Addressed Through Corrective Action*	-	N/A	-	N/A	N/A	80%
	Number of Processes/ Forms Automated	1	2	1	1.5	2	20
	Number of Initiatives Completed by the Interagency Obesity and Nutrition Task Force	0	1	1	1	1	6
	Emergency Preparedness and Response	Prior Result	Current Result	Trend	YTD Avg	All Districts	Goal
	Agency Preparedness Assessment Score	-	95%	-	95%	95%	96%
Time from Identification of an Urgent Issue to Issuance of an Approved Written Message (In Hours)	-	5.35	New	5.35	5.35	Under Development	
*No systemic issues have currently been identified.							

Performance Improvement Project (PIP) #1 – Reducing Information Technology (IT) Costs. Over the last year VDH’s IT costs have increased over 28 percent. VDH’s Annual IT expenses exceed \$18 million per year. IT expenses and the process by which VDH manages IT expenses, from inventory purchasing to long term management, were examined in detail by a process improvement team which made numerous recommendations for ways to increase savings. The PI

team identified over \$1.2 million in annual potential savings. VDH also completed an additional comprehensive audit in partnership with the Virginia Information Technologies Agency (VITA) to finalize its cost saving recommendations and implement plans to achieve to the potential identified savings. In addition, the PI team is working to streamline the inventory control process, by simplifying the billing, dispute and surplus processes.

PIP # 2 - Improving Administrative Efficiency of the Request for Approval of Procurement (RAP) Process. Before anyone in VDH can procure a good or service it must be approved in advance through an internal process called RAP process. In conducting one on one interviews with all of the office directors and some local health district directors, the RAP process was identified as something administratively burdensome, overly redundant and too time consuming. The RAP Process is paper based and requires as many as 6 manual handoffs and signatures before procurement can begin.

A PI team was formed to examine the RAP process and make recommendations for improving the process. The PI team examined 671 RAP forms, totaling \$87 million dollars in requested procurements. The process was found to be laborious, time consuming, overly redundant and in some cases not sufficiently tracked to ensure the process was valuable. Based on its review, the PI team recommended automating and consolidating the process in addition to raising approval authority levels. These recommendations were submitted to the PIC for review and consideration. As a result of their deliberations, the PI initiated work with a cross agency team to develop an online RAP form. This form is now completed and fully automated. Automation has reduced the number of days a typical RAP form takes to get through the cycle from 20 days down to six. Equally, the online system has enhanced data tracking and reporting capabilities, providing greater accountability and understanding of the current benefit of the process so management can continue to streamline the process where possible.

PIP # 3 - Increasing Enrollment in the Plan First Program. Plan First is a Medicaid family planning program that has had historically low enrollment (about 6,209 enrollees statewide as of January 1, 2011). A PI team was formed from representatives from the local health districts as well as representatives from Department of Medical Assistance Services and Department of Social Services. This team examined the process, the barriers and recommended potential initiatives to increasing enrollment. Although the work of this group is still under development, the simple focus on the issue has in itself already dramatically increased enrollment by 277% driven mostly by increased enrollment in the local health districts. Current enrollment as of February 2012 is 17,200

VDH has dramatically increased its capacity for performance improvement as a result the NPHII grant. New areas of performance improvement focus include 1) accelerating the agency's readiness to apply for accreditation from the Public Health Accreditation Board, and 2) prioritizing the automation of as many paper based forms and processes as possible.

Additional Issues Addressed by VDH on Behalf of the Board of Health

Over the course of the past year, VDH has completed a wide range of studies and reports in response to legislative mandates and statutory requirements. These reports have addressed vital

statistics, the Certificate of Public Need Program, funding for trauma centers, handling and disposal of onsite sewage, oral health, childhood immunizations, and the AIDS Drug Assistance Program. Links to these and other studies are found below.

<http://www.vdh.virginia.gov/healthstats/documents/2010/pdfs/VDHS10.pdf> (Vital Statistics Annual Report)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD712012/\\$file/RD71.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD712012/$file/RD71.pdf) (Certificate of Public Need Annual Report)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1642011/\\$file/RD164.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1642011/$file/RD164.pdf) (Trauma Fund Annual Report)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3182011/\\$file/RD318.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3182011/$file/RD318.pdf) (Five Year Plan for Handling and Disposal of Onsite Sewage)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3282011/\\$file/RD328.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3282011/$file/RD328.pdf) (Expanding Water Reclamation and Reuse)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2992011/\\$file/RD299.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2992011/$file/RD299.pdf) (Dental Hygienist Pilot Program Status Report)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2982011/\\$file/RD298.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2982011/$file/RD298.pdf) (Pregnant Women Support Fund Annual Report)

<http://leg2.state.va.us/dls/h&sdocs.nsf/4d54200d7e28716385256ec1004f3130/4860e2da05531ea5852577670056ea60?OpenDocument> (Funding to Community Based Programs for Sickle Cell Disease)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1582011/\\$file/RD158.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1582011/$file/RD158.pdf) (Annual Review of Childhood Immunization Requirements)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1592011/\\$file/RD159.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1592011/$file/RD159.pdf) (Annual Report on Human Research Projects Reviewed and Approved by VDH Institutional Review Board)

[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3152011/\\$file/RD315.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3152011/$file/RD315.pdf) (AIDS Drug Assistance Program Status Report)