Communicable Disease and Epidemiology: Strategy and Efficiencies Needed to Manage Periods of High Workload

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EXECUTIVE SUMMARY:

The workload of the Communicable Disease and Epidemiology (CD-Epi) program of Public Health's Prevention Division varies as disease events occur and subside. However, the increasing frequency and complexity of disease events and response needs from 2014 to 2017—such as Zika, mumps, and infections acquired at hospitals—has strained CD-Epi staff and reduced time available for services that protect public health. Division leaders have not updated the strategic direction on work priorities for staff to reflect this higher workload, contributing to declining staff morale. CD-Epi has brought on temporary staff help using various staffing strategies, but inefficient hiring and training processes have reduced the impact of these efforts. We make recommendations to improve workload prioritization, staffing, and onboarding processes.

Communicable Disease and Epidemiology: Strategy and Efficiencies Needed to Manage Periods of High Workload

REPORT HIGHLIGHTS

What We Found

The Communicable Disease and Epidemiology (CD-Epi) program of Public Health's Prevention Division experienced an increase in disease response needs from 2014 to 2017, which affected the agency's ability to complete its workload. In particular, staff, managers, and leaders have set aside prevention and supervisory activities to prioritize controlling the spread of diseases. Division leaders have started strategic planning, but their efforts may not include an assessment of priority activities in light of recent disease response increases. The lack of updated direction from management may contribute to unrealistic workload expectations, which negatively affect morale. Additionally, a lack of clear communication about overtime policies and expectations by division management may have led to unreported staff hours and inefficient use of overtime, creating legal risk for the county.

CD-Epi relies on temporary staff and volunteers when disease response needs exceed available resources. However, its staffing options do not consistently provide the readily available and effective temporary workforce needed for rapid disease response work, which can delay tasks and add to existing staff's workload. The program has not analyzed its staff resources and options for bringing on temporary staff to find the most efficient strategy to handle periods of heavy workload.

What We Recommend

To better align the Prevention Division's workload with its resources and address impacts to its staff, we recommend the division review workload priorities and collect better information about staff time and disease response cost. We also recommend updating and clarifying overtime authorization and reporting procedures. Lastly, we recommend improvements to several of the division's current staffing and onboarding processes to enhance the ability of new employees and volunteers to start disease response work more quickly.

Why This Audit Is Important

CD-Epi plays a critical role in protecting public health at the community level. Its staff work to prevent and control the spread of communicable diseases through investigations, analysis, immunizations, and education and outreach for the public and private entities. CD-Epi is funded by the Public Health Fund, which could experience a shortfall in the 2019-2020 budget. With budget challenges and potential consequences of uncontrolled disease outbreaks, it is important that CD-Epi find ways to manage and prioritize its work during outbreak events.
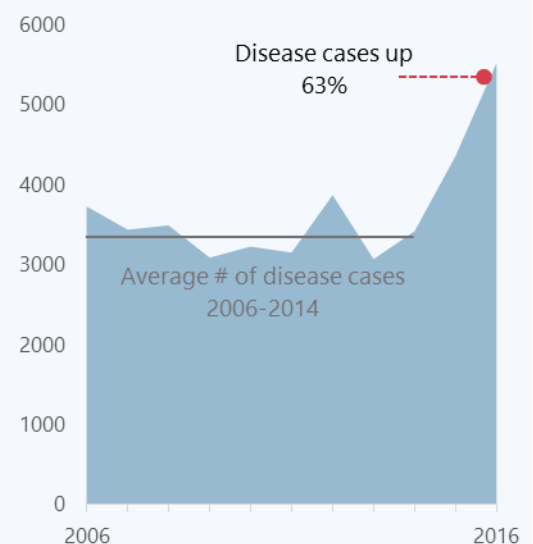
Disease cases up 63%

Average # of disease cases 2006-2014

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Workload Prioritization and Strategy

SECTION
SUMMARY

The workload of the Communicable Disease and Epidemiology (CD-Epi) program of Public Health's Prevention Division has increased, challenging its ability to fulfill all of its disease prevention responsibilities. Increased demands for communication and incidence of disease—especially complex outbreaks—has strained CD-Epi's staff capacity to both control and prevent disease. Reduced prevention activities can result in more disease, which in turn requires more work and expense to control. Constrained resources and a lack of clear priorities in the CD-Epi program have contributed to lower staff morale. In response to these challenges, the division has started strategic and continuous improvement efforts in 2017. In addition to these challenges, the division has had unanticipated spending due to disease outbreaks. It does not use the best practice of a reserve fund to manage these occasions because of overall funding shortfalls that it states makes funding a reserve difficult.
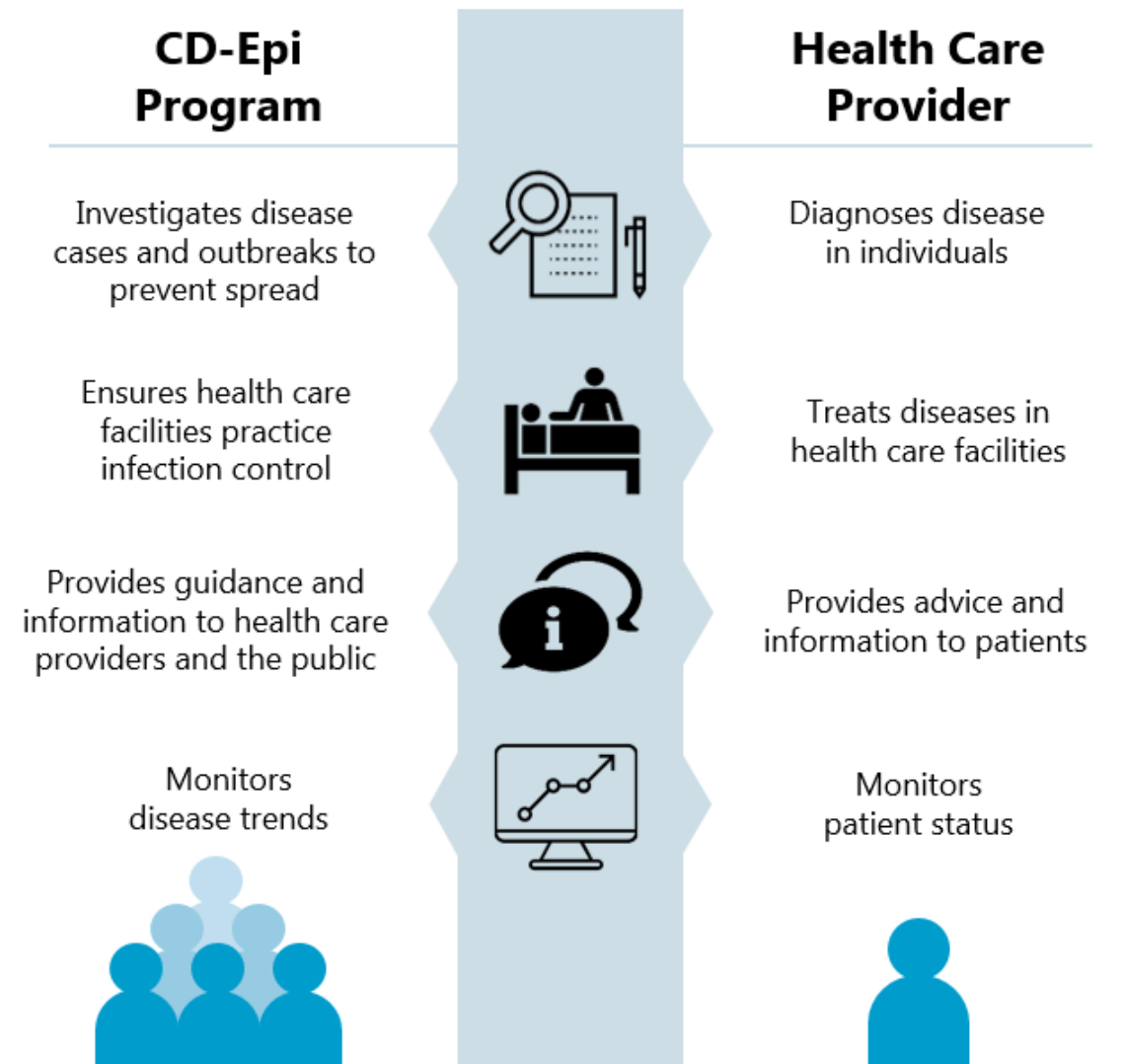
CD-Epi
performs key
public health
functions for
both actual
and potential
disease
occurrences

The Prevention Division and its CD-Epi program provide critical health services to the public by acting to prevent and control the spread and severity of disease outbreaks. According to the National Association of County and City Health Officials, communicable disease control is one of the highest priority services for local public health agencies, because no other actor in the community provides disease response and surveillance among all residents. As can be seen in Exhibit A, while health care providers treat individual illnesses, CD-Epi performs services and provides analysis on diseases for all county residents. The program performs critical disease monitoring and outbreak response functions including:

– monitoring for established and emerging diseases

– investigating and responding to cases and outbreaks in the community (including schools, businesses, long term care facilities, and heath care facilities)

– assessing the nature of disease risks to the community and communicating that risk to the public and governmental officials

– providing critical information and analysis to the regional and national public health surveillance and response system

– providing technical assistance to health care providers and facilities, schools, businesses, and other institutions to ensure that they take appropriate actions to contain disease outbreaks and protect the public.

EXHIBIT A: Communicable Disease and Epidemiology's unique role is to coordinate disease response and prevention among many people while providers treat individual illnesses.

CD-Epi Program		Health Care Provider
Investigates disease cases and outbreaks to prevent spread		Diagnoses disease in individuals
Ensures health care facilities practice infection control		Treats diseases in health care facilities
Provides guidance and information to health care providers and the public		Provides advice and information to patients
Monitors disease trends		Monitors patient status

Source: Auditor's Office presentation of data provided by the Prevention Division of Public Health – Seattle and King County.

In addition, CD-Epi is responsible for taking actions to prevent the spread of disease by:

- educating and counseling patients about necessary testing and treatment, including how to prevent transmission to others
- guiding health care providers on disease prevention, including screening, diagnosis, treatment, and avoidance information (especially on rare diseases that are largely unfamiliar to health care providers and where guidance is often new and frequently changing).

Rise in
number of
disease cases
increased CD-
Epi's
workload
from 2014-
2016

CD-Epi's workload increased from 2014 through 2016 because of greater incidence of disease cases. CD-Epi has responded to a high number of disease cases in recent years.[1] As shown in Exhibit B, the number of probable and confirmed disease cases reported in 2016 exceeded the average from 2006 to 2014 by 63 percent.[2] The increase is due to a large rise in the number of hepatitis cases as well as more moderate increases in foodborne illnesses and other disease cases.

EXHIBIT B: The number of disease cases in King County is trending upwards, with the 2016 level 63 percent above the average level from 2006 to 2014.
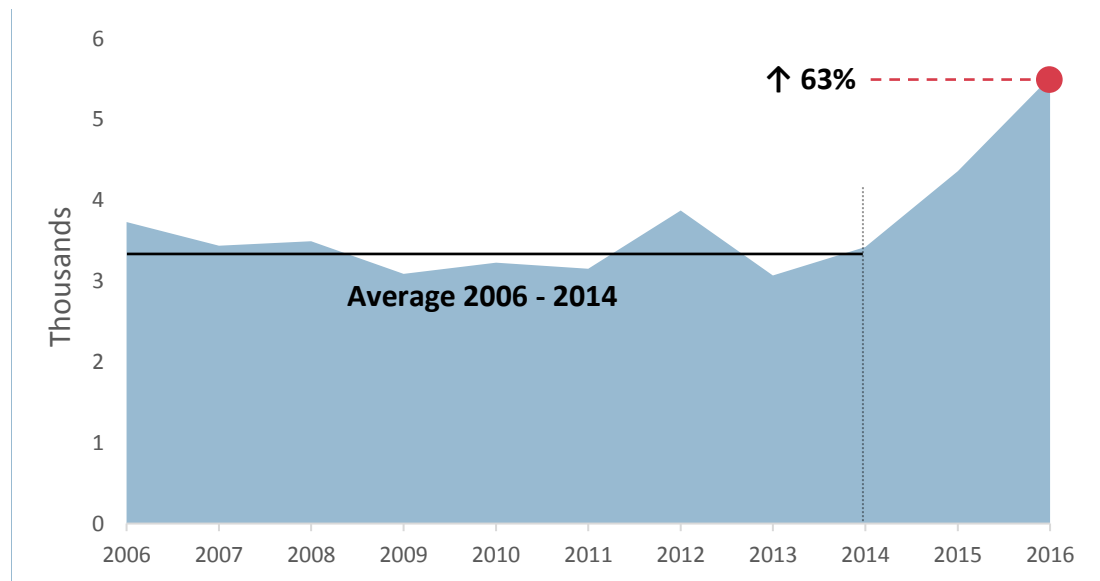
Source: Auditor's Office analysis of data provided by the Prevention Division of Public Health – Seattle and King County.

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[1] The audit will use three terms to refer to CD-Epi's disease response work: 1) A disease event refers to a disease CD-Epi responds to, but may or may not have an active case; 2) A case means there is at least one confirmed or probable diagnosis of a disease; 3) An outbreak is a medical epidemiological term that refers to multiple cases of a disease in a given time period, with the exact number necessary to constitute an outbreak dependent on the disease.

[2] Case numbers include 43 relatively common communicable diseases that CD-Epi monitors. Tuberculosis and sexually transmitted diseases such as HIV/AIDS are not included, because these diseases are managed by other groups within the division. The change in case definitions for Hepatitis C between 2015 and 2016 may have intensified the increase in hepatitis case numbers. Other case definitions also changed over the time period that may have positively or negatively impacted case counts.

Complex outbreaks add to CD-Epi's heavy workload

In addition to increased numbers of disease cases and rare diseases, diseases with complex response needs such as Ebola, Zika, and mumps further increased workload. Prevention Division managers and staff said that more complex disease outbreaks exacerbated the heavy workload over the past several years. CD-Epi staff reported that rare, but serious, diseases raise public alarm and take more time to investigate and communicate with the public and health care providers despite no or a very small number of cases. For example, in 2014, CD-Epi participated in an intensive effort to prepare for a potential Ebola response despite the lack of active cases in King County. According to the Prevention Division, several suspected Ebola cases were hospitalized and investigated and hundreds of persons returning from Ebola-affected countries were identified, screened for illness, and monitored daily. Health care facilities, businesses, and schools also sought extensive consultation with CD-Epi regarding Ebola-related issues during the outbreak.

High levels of public concern and coordination with a large number of stakeholders including the Centers for Disease Control (CDC) complicated the Ebola response. Events like these can require extensive coordination with federal, state, and local partners, communication with the public, and preparation for a potential response if cases do occur.

Factors that increase the complexity of disease response work include:

- affected residents with complex and/or specific communication needs (such as a need for translation)
- exposure of vulnerable populations to infectious agents
- rare diseases where little guidance exists for treatment or prevention
- diseases that are highly infectious or present severe threats to health
- a large number of cases or exposed persons
- multiple jurisdictions are affected
- high level of public awareness and concern.

For example, the mumps outbreak that started in late 2016 had several of these factors:

- **Affected residents with complex and/or specific communication needs**: Mumps affected schoolchildren, university students, and specific ethnic minority communities, among others. With many groups impacted by the outbreak, CD-Epi had to communicate and coordinate more extensively and adopt varying approaches for outreach.
- **A large number of cases or exposed persons**: CD-Epi was responding to 22 confirmed and probable cases of mumps in King County in December 2016. By the end of May 2017, CD-Epi had responded to 306 confirmed and probable cases.
- **Multiple jurisdictions were affected**: Forty-two states were affected by the mumps outbreak in 2017, including Washington where 15 counties had confirmed or probable cases. CD-Epi worked with Pierce County, Washington State Department of Health (DOH), and the CDC.

– **High level of public awareness and concern**: This mumps outbreak received local and national media exposure. CD-Epi staff reported handling a high volume of calls in response to this outbreak.

Public Health Communications and CD-Epi leadership also decided to enhance communication with the public and health care providers, which resulted in more work for CD-Epi staff. To increase openness and transparency, Public Health rolled out a new website in January 2016 posting information about ongoing foodborne illness outbreaks. CD-Epi staff reported an increase in phone calls about foodborne illnesses in response to the publicly available information. In 2016, CD-Epi also conducted outreach to health care facilities to clarify roles, responsibilities, and best practices on how to handle health care associated outbreak investigations and patient notifications. CD-Epi staff reported that provider requests for information and information they share with CD-Epi increased because of this outreach, which it said added to its workload.

Disease response workload exceeded CD-Epi's capacity from 2014 through early 2017

CD-Epi staff reported that workload exceeded regular staff capacity during 12 disease events between January 2014 and May 2017. During March and April 2017, a series of disease events were happening at the same time, as shown in Exhibit C. Many CD-Epi staff members reported that they had never experienced a more consistently intense workload as that of recent years. According to CD-Epi employees and managers, increases in workload led to more times when staff was unable to keep up with its responsibilities.

Experienced CD-Epi staff related that in the past, busy times where staff worked to contain outbreaks were balanced with less busy times. Between outbreaks, staff members could concentrate on preventive efforts such as public education. They could also conduct internal work like planning, staff development, data analysis, and reporting. This is no longer the case.

EXHIBIT C: Disease events where workload exceeded regular staff capacity have become more frequent.[3]
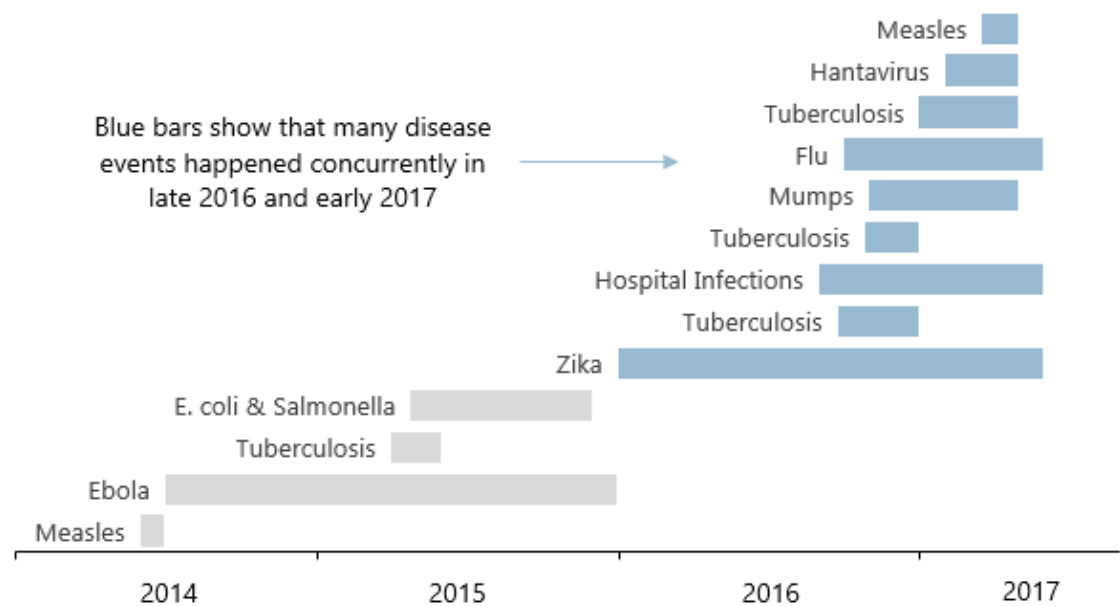
Source: Auditor's Office analysis of information provided by King County Public Health's Prevention Division.

Intense disease control work can result in fewer disease prevention activities

CD-Epi staff members emphasized that the division is not able to make time for more preventative work, which they stated could contribute to negative health outcomes for the community. CD-Epi staff members make decisions on how to prioritize work on a daily basis. Sometimes this means they delay or eliminate preventative work to respond to diseases that may be more urgent. However, a lack of outreach and education activities to the public and health care providers can result in outbreaks spreading farther and faster, with potentially more serious consequences. For example, when long-term care facilities do not know how to contain a flu outbreak, incorrect actions can cause serious harm to those affected.

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[3] Not all of these disease events were outbreaks (e.g., Ebola had zero and Zika had four actual cases) but nonetheless required a large amount of staff time.

Division leadership has not updated strategic guidance on workload priorities

The Prevention Division has not updated agency strategy and direction on priorities for staff to reflect the recent period of high and complex workloads, leading to difficulty getting essential work done and decreasing morale. Staff members report that they prioritize their daily workload based on their professional judgment, direction from program leadership, and requirements and direction from the state Department of Health (DOH). However, division leadership and the DOH have not updated direction to reflect the workload increases and complex diseases identified earlier in this report. In 2012, the DOH provided guidance and recommendations to help local health departments prioritize workload so that when response needs exceed resources, health agency activities can focus on the most effective and important activities of communicable disease control.[4] For example, the guidance outlines specific surveillance and response activities for periods of high workload as either priority 1 or priority 2. Priority 1 activities are activities that agencies should pursue to the greatest extent possible even when resources are severely limited due to the potential negative health impacts and the effectiveness of public health interventions in preventing the disease. Priority 2 activities are those that agencies could curtail or temporarily suspend when resources are limited.

However, CD-Epi staff members report they are not only curtailing priority 2 activities, but have also had to prioritize among high-priority activities in the past two years. Program and division leaders report that the agency has not always been able to meet timeframes for priority 1 activities or meet all of the DOH recommendations. The DOH recommendations were published prior to the increase in cases from 2014-2017 and the new, complex disease events that required significant response resources, including Zika and Ebola, and therefore do not provide additional guidance about what local agencies like King County should do when faced with situations where staff must make choices among high-priority activities.

Division leadership provides some of this additional guidance to staff through ongoing management of staff resources and disease event responses, but has not done a strategic review of all agency activities to determine what workload can be completed under the resource level and conditions CD-Epi has experienced from 2014-2017.

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[4] The DOH recommendations were developed and provided by its Agenda for Change Prioritization Workgroup. King County Department of Public Health officials participated in this workgroup.

The lack of strategy and guidance on priorities specific to CD-Epi's current workload is likely causing several bad effects, including:

- **Staff members reported decreasing morale, because they feel like they are consistently underperforming at their job**. Employee survey results showed that the percentage of staff members who felt that their workload allowed them to do their best work declined from 60 percent in 2015 to 40 percent in 2016. Multiple staff members reported negative morale or seeing their coworkers cry or become short-tempered, particularly since 2015 when the pace of work accelerated further. In interviews, several employees expressed concern that these conditions may contribute to employee turnover, which would likely further strain remaining employees.

- **Supervisors reported not being able to complete basic management tasks, feeding into the cycle of decreasing morale.** Staff reported that disease response work delayed supervisory responsibilities such as giving performance feedback and facilitating professional development. This may have resulted in morale and personnel issues going unresolved.

Division and program leaders are working on a strategic planning process with the Office of Performance, Strategy, and Budget (PSB), but this may not include an assessment of workload prioritization, which might not resolve employee morale or effectiveness issues. Division leaders are in the planning phases with PSB for what planned strategic and continuous improvement efforts in 2017 and 2018 will accomplish. However, the division director stated that division leadership intends to keep strategic planning efforts at a high level to avoid giving more tasks to its staff, which may leave out planning and prioritizing at the activity level. PSB notes in its strategic planning guidance that agencies should assess the priority level of its actions as part of the planning process to help ensure an agency can accomplish planned actions with available resources.[5] Reviewing and prioritizing communicable disease workload activities as part of this strategic planning effort may increase transparency to county decision-makers and improve staff morale by identifying what work CD-Epi can do during periods of high workload such as those experienced from 2014-2017 with available resources.

Recommendation 1

The Prevention Division of the Department of Public Health – Seattle & King County should conduct, document, and implement a workload priorities review for the Communicable Disease and Epidemiology program.

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[5] King County Office of Performance, Strategy and Budget. *King County Strategic Planning Guidebook: Guidance, Techniques, and Tips for Creating a Strategic Plan.* (Seattle, WA, February 2016)

Overall budget challenges highlight importance of setting strategic priorities

While CD-Epi and the Prevention Division are struggling with increasing workload and decreasing morale and ability to complete high-priority work to protect public health, the Seattle & King County Department of Public Health faces broad budget challenges. For instance, the Public Health Fund, which funds CD-Epi as well as other public health functions, could experience a shortfall in the 2019-2020 budget.[6] Department and division leadership are part of an effort to promote funding for a statewide set of core foundational public health services. In addition, the Prevention Division director stated that leaders within the Department of Public Health are considering assessing the services Public Health provides and have discussed setting strategic service priorities across the department. These efforts are important because without clear direction from the department, division leaders face challenges in determining whether and how to reduce CD-Epi's scope of work to align its responsibilities with available resources.

Recommendation 2

The Department of Public Health – Seattle & King County should document an assessment of resource distribution to ensure that communicable disease control funding reflects department strategic priorities.

CD-Epi does not follow best practices for managing unanticipated costs

CD-Epi regularly experiences unanticipated costs, but does not have a reserve fund as recommended by financial management best practices, which could negatively impact the Public Health Fund or other Public Health agencies. These unanticipated costs are usually the result of large-scale disease events that cause the division to exceed its established budget. For example, CD-Epi needed to hire short-term staff to handle the increased workload associated with a group of disease outbreaks in 2016, which cost the division $75,000 more than anticipated. This cost did not affect Public Health's ability to fund other programs due to available savings within the Public Health Fund. However, it did negatively impact the department's overall fund balance.

Future unanticipated expenses risk limiting Public Health's ability to fund other programs. King County financial policies suggest that agencies that consistently experience unanticipated costs, like the Prevention Division, set up a reserve to cover these costs. The Public Health Department considered this as it prepared its 2017-18 budget, but decided not to include it as part of its budget proposal because of larger departmental funding challenges. Division and department leadership stated that they plan to revisit the creation of a reserve fund for large-scale disease events in the future.

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[6] As of the first quarter of 2017, the Public Health Fund includes an anticipated $12 million from Washington State for Foundational Public Health Revenue. If the state does not provide this revenue, it may lead to a $6 million shortfall in the Public Health Operating Fund.

Recommendation 3

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Department of Public Health to document a plan for future unanticipated costs incurred by communicable disease response.

Staff Time and Data

<table>
<tr><td>SECTION SUMMARY</td><td>CD-Epi does not have comprehensive processes in place to track and retain data about staff effort and response costs, which reduces the Prevention Division's ability to distribute high workloads effectively and communicate resource needs. For example, available data cannot accurately quantify how many hours salaried staff work or how much individual disease response efforts have cost. In addition, the division has not effectively communicated or enforced its policies on overtime, potentially resulting in missed opportunities to balance workload between hourly and salaried staff and creating potential legal risk for the division.</td></tr>
<tr><td>CD-Epi does not have complete data on hours worked, impeding its ability to assess workload</td><td>CD-Epi does not collect detailed time data for salaried staff, so Prevention Division leaders are not able to determine whether the division is using its staff resources efficiently or effectively to handle the increased workload. While the Prevention Division tracks staff time for grant reimbursement purposes, it does not have a quantified understanding of how employees spend time on different tasks. Specifically, CD-Epi managers were not able to quantify the program's staff capacity for responding to disease outbreaks or analyze how staff members spend their time. Better information could allow them to objectively characterize the trends in workload and potentially identify opportunities to improve efficiency. For example, although staff members indicated that they are working at an "emergency-like pace" and some salaried staff members reported regularly working more than their standard hours, the available PeopleSoft data does not capture this information. This makes it difficult for CD-Epi to communicate its workload to division and department leaders. A lack of data about staff hours and effort will also complicate the division's strategic planning efforts as division managers need workload data to inform staff allocations and make decisions about how to prioritize and efficiently use personnel.

Prevention Division leadership is concerned about the burden of regularly collecting staff time information for salaried staff, but has not yet considered methods that could provide some data without creating ongoing tasks for employees. Prevention Division leadership hired a consultant in 2017 to evaluate the program's staffing structure, which presents an opportunity to collect and analyze data on how staff members use their time.[7] Conducting a study of how long employees spend on various tasks would help improve CD-Epi's strategic planning and staffing efforts. Specifically, this information could provide a more accurate understanding of available resources and the potential for increased efficiency through changes in workload allocation or process improvements. Without knowing how staff members are spending</td></tr>
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[7] The division director anticipates receiving the contractor's first report in July 2017 and a second report later in 2017.

their work hours, CD-Epi managers will not have an accurate baseline from which to make potential changes to its staffing structure or workload priorities.

Recommendation 4

The Prevention Division of the Department of Public Health – Seattle & King County should collect and analyze data about how staff members use their work hours and use the results to inform staffing decisions.

CD-Epi hourly staff members sometimes do not request overtime even when they feel it is needed, which may have led to underuse of overtime as a strategy to manage higher workloads. Although division leadership states that it is in support of hourly staff using overtime during periods of high workload, interviews with staff suggest that leaders may not have made this position clear to all employees.[8] While the division director indicated that he supports managers' decisions to approve overtime work when necessary, managers expressed reluctance to ask staff to work more hours when they perceived them to be already overburdened. Some hourly staff members were also under the impression that they could not use overtime on a regular basis. While some hourly staff members may have the capacity to work more hours, as this could help them manage higher workloads, not all staff members have this capacity. This emphasizes the importance of communication between management and staff about overtime expectations. We found that CD-Epi staff worked fewer overtime hours in 2016 than 2015, indicating that program managers potentially could have used overtime more to manage the increased burden of disease response in 2016.

In addition, using more overtime could balance workload between salaried and hourly staff. Interviews with employees suggest that the burden of the recent increased disease surveillance and response workload is particularly heavy on salaried staff. One salaried employee reported regularly working 12-14 hour days during periods of heavy workload.

Recommendation 5

The Prevention Division of the Department of Public Health – Seattle & King County should set overtime usage expectations and document the steps it takes to communicate those expectations with staff.

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[8] The County has limits on hours for short-term temporary staff. People in those positions may not be encouraged to work overtime in order to stay within the limits.

Hourly
employees
may have
worked, but
not reported
some
overtime
hours

Hourly employees may have worked, but not reported some overtime hours, creating a legal risk for the county. In some cases, hourly employees indicated they worked extra hours to keep up with their workload, but did not record the time, because they did not have explicit permission to work overtime.

County policies on overtime require hourly employees to obtain authorization in advance of work to be performed. There are circumstances in which staff mentioned not anticipating the need to work extra hours ahead of time however, and as such, could not preemptively request permission. The division has a process for approving overtime if daily preapproval is not possible, but employees still said that they have worked additional hours without claiming overtime. This suggests the division may not be consistently communicating or enforcing this policy with staff. County policy also states it is management's responsibility to ensure overtime policies are being followed. A failure to do this can create a legal risk for the county for uncompensated hours. Since we identified this issue, the department has actively sought to address this by taking steps to identify and compensate employees who may have worked unpaid hours.

Recommendation 6

The Prevention Division of the Department of Public Health – Seattle & King County management should revisit existing overtime authorization processes to ensure that policies meet business needs and are clear, communicated, and enforced.

Lack of detailed time tracking hinders the Prevention Division's understanding of the cost of large-scale disease events on staff and budget. In 2017, the Prevention Division took steps to improve its tracking of staff hours and costs of disease response. As of 2016, the division tracked staff hours for the duration of a disease response, but did not retain historical data after a disease response effort was completed. This happened because managers tracked hours for financial purposes, but the information linking the hours to a specific disease response are distributed to various cost centers once the response is complete, thus losing the aggregated data about costs and hours. Division and department leaders stated that this lack of historical data is problematic, because it hinders their ability to communicate resource needs to decision-makers and prioritize workloads. Departmental leaders said that new cost-tracking processes initiated during the audit period would allow the department to monitor this information in the future and retain data for analysis.

Recommendation 7

The Prevention Division of the Department of Public Health – Seattle & King County should ensure that systems are in place to retain and use future cost and staff time data associated with disease events.

Bringing on Temporary Staff

SECTION SUMMARY

CD-Epi staff indicated that processes for bringing on and training people to help with disease response can be labor-intensive, exacerbating workload challenges. CD-Epi has multiple options for reassigning or bringing on temporary staff to help when disease response needs exceed available staff resources. Staff indicated that the time spent recruiting, bringing on, and training temporary staff sometimes exceeds the effectiveness of having additional staff to complete higher workloads. CD-Epi has not analyzed its existing staff resources and options for bringing on temporary staff to determine the most efficient strategy for managing periods of high workload.

CD-Epi has used multiple temporary staffing options from 2014-2017

When disease event response needs exceed available resources, CD-Epi can bring on more staff from a variety of sources. CD-Epi has used multiple staffing options to bring on temporary staff to help with disease response from 2014-2017. Options for bringing on staff or volunteers to help with disease response include using:

– staff within the Prevention Division
– county employees from other programs or divisions
– volunteers from the Public Health's Reserve Corps
– federal or state agency volunteers such as staff from CDC or the Washington State DOH
– short-term temporary hires.[9]

CD-Epi often uses multiple staffing options at once to manage disease response needs, particularly for large or complex disease events like mumps, Ebola, and Zika. For example, to manage the mumps outbreak, CD-Epi used:

– **Staff within the Prevention Division:** Immunizations staff to help with taking calls about vaccinations from parents and citizens
– **County employees from other programs or divisions:** Staff from other Public Health programs to support CD-Epi with case investigations, workplace follow-ups, and responding to calls and inquiries
– **Federal or state agency staff**: DOH staff provided epidemiological support
– **Short-term temporary hires:** The Prevention Division hired a short-term temporary disease research intervention specialist.

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[9] See Appendix 1 for a more detailed list of these options.

Staffing options are not consistently effective

Staff indicated that these options do not consistently provide the readily available and effective temporary workforce needed for rapid disease response work, which can delay tasks and add to existing staff's workload. Staff indicated that in some cases the time spent bringing on short-term staff outweighed the value of the additional labor the extra staff provided. For example, options that bring in staff from outside King County such as through the University of Washington or volunteers from the Public Health Reserve Corps generally require more time to recruit and onboard than internal reassignments. This is because CD-Epi must recruit these staff and volunteers and ensure they are set up with access to county systems in addition to any disease-specific or agency-specific training needed before they can even start response work. Staff indicated that individuals recruited through these options would also sometimes not be available consistently or for adequate periods. When CD-Epi uses reassignments within the Prevention Division or other Public Health agencies, there may be less onboarding needed, but the employees may be limited in the types of disease work tasks they can complete or may have to delay other Public Health tasks in order to complete work for CD-Epi.

CD-Epi may not be assigning current staff effectively

CD-Epi may not be assigning current staff effectively, which could negatively impact the effectiveness of bringing on additional staff. CD-Epi has several different types of staff, including administrators, epidemiologists, public health nurses, and analysts, among others. Managers have not inventoried the program's staff and determined the most efficient combination of staff deployment and temporary staffing options, particularly in light of the workload increases since 2015.

For example, managers indicated that epidemiologists are difficult to find as temporary staff but are working on tasks that other staff, such as nurses, may have the skills to handle. In turn, other staff can manage some of the tasks nurses do, freeing nurses to take on some of the epidemiologists' responsibilities. Lastly, cross-trained administrative staff can help fill in with disease investigations, and the program could hire temporary staff to backfill administrative duties.

Division and program managers agreed that there may be opportunities to achieve increased efficiency and staff capacity through staffing analysis and strategic use of temporary staffing options.

Recommendation 8

The Prevention Division of the Department of Public Health – Seattle & King County should analyze staff capacity throughout the program, and develop and document a plan to efficiently use existing staff and temporary administrative staffing options to manage periods of high workload.

Staff members do not find the Reserve Corps to be an efficient staffing option

Current staff members do not find use of the Public Health Reserve Corps to be efficient or effective for disease response work, which may result in missed opportunities to use a potentially valuable staffing option. The Public Health Reserve Corps is a group of about 900 local medical and non-medical workers who can augment Public Health as volunteers during a public health emergency or periods of high need. These volunteers can provide valuable disease response services as there are volunteers with technical and medical training who do not add costs to the program. Despite these potential advantages, staff indicated that it could be difficult to find a good match quickly for the time needed and expressed hesitancy to continue using this option in the future. Public Health Reserve Corps requests can take time, requiring multiple stages of communications among CD-Epi, the Preparedness Section, and Public Health Human Resources to identify what the volunteer will be doing and ensure the requests do not violate labor rules. Staff members also stated that the volunteers' lack of regular training for disease response work means they have to spend more time training when response work needs to be done, reducing the effectiveness of this staffing option.

The Preparedness Section, which manages the Reserve Corps, is not able to group volunteers by skill set, and thus cannot easily match volunteers to specific types of work. However, a specialized group that receives regular training for disease investigation could provide a more efficient way to bring on short-term help quickly for events and address concerns expressed by Prevention Division staff. As of June 2017, the Preparedness Section began work with CD-Epi to review and streamline the requesting process for all types of staffing resources, including the Public Health Reserve Corps. This presents an opportunity to improve the efficiency and effectiveness of the Reserve Corps and other staffing options.

Recommendation 9

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Preparedness Section to establish a specialized disease response group with a more efficient way to request volunteers.

Hiring criteria for short-term temporary positions is not documented

Public Health Human Resources has not documented its criteria for expediting the short-term temporary hiring process, which means staff may not get consistent information on how to justify an expedited process and could lead to a slower hiring process during times of high need. The Public Health Human Resources section makes determinations about whether it is appropriate for agencies like CD-Epi to use short-term temporary positions and allows for expedited hiring of some short-term staff, which can be critical when disease response needs are high and immediate. However, Public Health Human Resources does not provide written guidance to agencies on how expedited hiring determinations are made. This means agencies like CD-Epi do not have a clear set of criteria to develop proposals for expedited hiring of short-term temporary positions, which could lead to a rejection by Public Health Human Resources and a slower hiring process.

Recommendation 10

The Human Resources section of the Department of Public Health – Seattle & King County should document and communicate its criteria for meeting its requirements for justifying short-term temporary position requests.

Training temporary staff affects ability of staff to complete workload

CD-Epi staff members report that training temporary staff and volunteers takes up a significant amount of time, which can delay their ability to complete disease response tasks. CD-Epi does not have a designated trainer, so the responsibility for providing temporary staff members the technical information they need to help effectively often falls to staff whose workload has increased due to the factors discussed in the section on Workload Prioritization and Strategy. Necessary training for temporary staff includes all of the disease-specific and investigation knowledge needed to help conduct disease response, as well as office and administrative procedures specific to CD-Epi. The time needed for this training varies significantly depending on the skills and experience of the temporary staff person. Training can be quick for people who are already familiar with the work and CD-Epi's processes and requirements, or it can be lengthier for people with little prior disease knowledge or investigative experience, or who have never worked in CD-Epi before.

A designated trainer could more efficiently provide needed training for temporary staff, freeing disease response staff to focus on priority tasks. CD-Epi's current review of its staffing structure presents an opportunity to assess whether having a position dedicated to training would be a more efficient use of staff resources, particularly if current workload conditions persist.

Recommendation 11

The Prevention Division of the Department of Public Health – Seattle & King County should assess and document the cost and benefit of a training-specific position.

Prevention Division does not have a consolidated onboarding plan

The Prevention Division does not have an onboarding manual for new employees or volunteers, creating the potential for miscommunication with new employees or volunteers and inconsistency in onboarding. The Prevention Division provides several documents to new employees and volunteers for orientation purposes, but does not have an onboarding manual to ensure the division is providing all of this information consistently. The Society for Human Resource Management notes that formal onboarding practices with documented and coordinated policies and procedures for new employees are more effective at supporting employees and increasing performance than informal or uncoordinated practices. The Prevention Division started to create a consolidated onboarding document, but staff members have not completed it because of other workload priorities. Completing and using this onboarding document could allow new and temporary employees and volunteers to start disease response work more quickly during critical response times.

Recommendation 12

The Prevention Division of the Department of Public Health – Seattle & King County should complete and use a consolidated onboarding document for new employees.

Public Health does not have a standard process for expediting King County Information Technology (KCIT) setup for new employees, which may be delaying new staff's ability to start work. Public Health and KCIT have a standard process for technology setup and network access when there is not an urgent need. However, CD-Epi administrative staff has relied on informal methods to ensure timely technology setup and access when needs are urgent such as during a disease response and has not documented procedures for this approach. CD-Epi employees noted that delays in technology and account setup has reduced the ability of new short-term employees or volunteers to contribute more rapidly to disease response. Standardizing this process could help create efficiencies allowing new employees and volunteers to start disease response work more quickly during critical response times.

Recommendation 13

The Prevention Division of the Department of Public Health – Seattle & King County should work with King County Information Technology to document and implement a process for expediting technology setup and network access for temporary employees and volunteers.

Appendix 1

Temporary Staffing Options

When staff within the Prevention Division's Communicable Disease and Epidemiology (CD-Epi) program decide that an event will require additional staff resources to meet response or communication demands, there are a number of options for adding staff to the response team. The purpose of this appendix is to explain the range of options available.

METHODOLOGY

The Auditor's Office conducted a number of interviews with Public Health leadership and staff to learn about available staffing options. Additionally, the Auditor's Office reviewed the department's Workforce Mobilization Plan.

Source of Staff	Option	Description	Considerations
Communicable Disease and Epidemiology	CD-Epi Grant or Administrative Staff	Existing CD-Epi staff may offer or be pulled from grant or other tasks to work on event response.	Little training and onboarding needed as staff members are already familiar with work and some have already been trained to do investigations. As county employees, they already have a workspace and access to county systems.
	Immunization Staff	Existing staff members from the other programs in CD-Epi can offer or be directed to work on event response.	
Prevention Division	Sexually Transmitted Disease-HIV or Tuberculosis Staff	Existing STD-HIV or Tuberculosis staff may offer or be directed to work on event response.	Other programmatic or administrative work may not get done for a time period and those staff members get further behind in their work. Alternatively, when staff members prioritizes this work to ensure it is completed, the disease response tasks they were intended to help with may not get done.
Department of Public Health – Seattle & King County	Preparedness Staff	Existing Preparedness staff may offer or be pulled from other grant work to fill limited roles on event response.	Some training and onboarding needed as staff members are already somewhat familiar with CD-Epi work and may have training in incident command systems, an

Source of Staff	Option	Description	Considerations
Department of Public Health – Seattle & King County	Communications Staff	Existing Communications staff may offer or be pulled to fill specific roles for event response, particularly during events with a high-public profile.	organizing structure used by CD-Epi. As county employees, they already have a workspace and access to county systems.

Types of tasks are limited as staff members are not epidemiologists or disease investigators. Some are more familiar with communicable diseases than others are. Staff members also have their own workloads they still have to handle while helping with disease event response. |
| | Community Health Services (CHS) Float Pool Nurses | Nurses can be asked to help with event response for roles such as providing immunizations or conducting testing. | |
| | Other department staff not assigned to level 1 priority services | Staff members throughout Public Health work on services designated at different priority levels for purposes of Continuity of Operations planning.

In a large enough incident, it is possible that divisional leadership could allow for the voluntary temporary reassignment of staff who are not working on priority 1 services. | |
| External | Public Health Reserve Corps | This is a group of medical and non-medical professionals from outside King County government who volunteer to help with Public Health work, including disease outbreaks. | Some of these options do not add costs as the staff members are voluntary or are paid by state or federal agencies.

These options offer a wide variety of clinical and non-clinical skills and expertise to draw from, and some have completed training in the incident command system. |
| | Hire Short-Term Temporary Worker(s) | New temporary staff can be hired to work on event response. | |
| | WA Department of Health (DOH) Staff | The state health department can provide its staff members to participate in disease response in exceptional circumstances. | These options require the most training and onboarding as external staff and volunteers need to gain access to county systems and learn how CD-Epi does its work in addition to any disease-specific or |

Source of Staff	Option	Description	Considerations
External	Centers for Disease Control (CDC) Epidemic Intelligence Service (EIS) Officer	The EIS officer stationed at Public Health can deprioritize other projects to help with outbreaks when needed. EIS officers are employees of and paid by the CDC.	investigative training needed. Aside from the CDC EIS officer, few of these options have regular schedules or last long enough to make some CD-Epi staff members feel like the time needed to bring on this staff is worth the benefit.

The ability to bring on staff through some of these options is not entirely within King County's control, such as external staff from the State DOH or the CDC. While King County can reach out for help, decision-makers from other agencies must also be involved and some agencies are only likely to provide assistance during exceptional circumstances. |
| | CDC Public Health Associates | CDC Public Health associates and other field assignees may also be able to provide assistance after consultation with their CDC supervisor. | |
| | University of Washington | Some Prevention Division staff is based out of the University of Washington.

University of Washington Public Health Masters students can also participate in disease or event response as part of the Student Epidemic Action Leaders (SEAL) Team. | |
| | Interjurisdictional Public Health Mutual Aid Agreement | There is a non-binding legal agreement signed by all health departments in Washington, which enables health departments to send staff to support one another in the event of an emergency, subject to approving authority at each agency. | |

Executive Response

King County

Dow Constantine
King County Executive
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Seattle, WA 98104-1818
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TTY Relay: 711
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King County Auditor
JUL 13 2017
RECEIVED

July 12, 2017

Kymber Waltmunson
King County Auditor
Room 1033
C O U R T H O U S E

Dear Ms. Waltmunson:

Thank you for the opportunity to review and comment on the proposed final report *"Communicable Disease and Epidemiology: Strategy and Efficiencies Needed to Manage Periods of High Workload."* We appreciate the work of your staff and their recognition of the increasing frequency and complexity of disease events that have put exceptional demands on our Communicable Disease program in protecting the public at a time when resources are not sufficient to meet the needs.

As the local health department, we are required by law to respond to reports of over 40 notifiable conditions in King County. From 2014 to 2016, we have seen a 63 percent increase in the number of annual cases to over 5,500. New threats have emerged, such as Zika and Ebola, that have driven time-intensive activities, and workload has increased for outreach and communication as we increase public transparency, such as with foodborne illness outbreaks and healthcare associated infections.

The Public Health Fund's structural gap and lack of dedicated funding for essential public health services is our fundamental challenge in continuing to protect the public. Implementing the audit recommendations, which we concur with, will achieve some administrative efficiencies, but without additional funding, the program does not have enough capacity to meet demand at current levels. The audit findings are symptomatic not the root causes.

During the 2017 legislative session, a statewide coalition advocating for adequate funding for core public health services, like communicable disease control and prevention, was successful in securing a one-time, statewide $12 million investment. Unfortunately, this is far short of the need. The state Department of Health with leaders from across the state had identified a down payment of $60 million toward an overall need of more than $300 million. Without additional resources, Public Health may not be able to adequately respond when the next emergency strikes.

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Kymber Waltmunson
July 12, 2017
Page 2

The Prevention Division of Public Health has already begun work to implement many of the recommendations in the report. They are collaborating with Human Resources and Preparedness programs within the department to explore better ways to onboard staff and volunteers for outbreak response and communicating overtime policies to staff.

Thank you again for your important work on behalf of King County. If you have any questions regarding our audit response, please contact Dennis Worsham, Prevention Division Director, Department of Public Health, at 206-263-8158.

Sincerely,

Dow Constantine
King County Executive

Enclosure

cc: Fred Jarrett, Deputy County Executive, King County Executive Office (KCEO)
        Rhonda Berry, Deputy Executive for Operations, KCEO
        Patty Hayes, Director, Public Health-Seattle & King County (PHSKC)
        Dennis Worsham, Division Director, Prevention Division, PHSKC

Recommendation 1

The Prevention Division of the Department of Public Health – Seattle & King County should conduct, document, and implement a workload priorities review for the Communicable Disease and Epidemiology program.

Agency Response	
Concurrence	**Concur**
Implementation date	By July 31, 2018
Responsible agency	Prevention Division/Public Health
Comment	We agree that we need to focus our limited resources on the highest priority program areas. We will conduct a review of our workload and an assessment of workload priorities.

Recommendation 2

The Department of Public Health – Seattle & King County should document an assessment of resource distribution to ensure that communicable disease control funding reflects department strategic priorities.

Agency Response

Concurrence	**Concur**
Implementation date	By July 31, 2018
Responsible agency	**Public Health Department**
Comment	Public Health will assess resource distribution as part of the 2018-2019 biennial budget development within the context of existing resource constraints.

Recommendation 3

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Department of Public Health to document a plan for future unanticipated costs incurred by communicable disease response.

Agency Response

Concurrence	**Concur**
Implementation date	By July 31, 2018
Responsible agency	**Prevention Division/Public Health**
Comment	Public Health has developed a plan to implement an outbreak response contingency reserve, but can only implement it when the Public Health fund is stable. The feasibility of the plan will be evaluated as part of the 2018-2019 biennial budget development process.

Recommendation 4

The Prevention Division of the Department of Public Health – Seattle & King County should collect and analyze data about how staff members use their work hours and use the results to inform staffing decisions.

Agency Response	
Concurrence	**Concur**
Implementation date	By September 30, 2018
Responsible agency	**Prevention Division/Public Health**
Comment	We will review how staff are spending their time, identify efficiencies and areas where we are most underresourced to best inform staffing decisions that can be made when additional resources are identified.

Recommendation 5

The Prevention Division of the Department of Public Health – Seattle & King County should set overtime usage expectations and document the steps it takes to communicate those expectations with staff.

Agency Response	
Concurrence	**Concur**
Implementation date	By August 31, 2017
Responsible agency	**Prevention Division/Public Health**
Comment	The Prevention Division has documented overtime usage expectations and is in the process of ensuring all staff understand expectations.

Recommendation 6

The Prevention Division of the Department of Public Health – Seattle & King County management should revisit existing overtime authorization processes to ensure that policies meet business needs and are clear, communicated, and enforced.

Agency Response	
Concurrence	**Concur**
Implementation date	By August 31, 2017
Responsible agency	**Prevention Division/Public Health**
Comment	The program and Prevention Division leadership recently reviewed program documentation to provide guidance to staff on policies and practices related to overtime.

Recommendation 7

The Prevention Division of the Department of Public Health – Seattle & King County should ensure that systems are in place to retain and use future cost and staff time data associated with disease events.

Agency Response	
Concurrence	**Concur**
Implementation date	By September 30, 2017
Responsible agency	**Prevention Division/Public Health**
Comment	The Prevention Division has updated its system using Peoplesoft and EBS for tracking and retaining staff time and cost data associated with disease outbreaks.

Recommendation 8

The Prevention Division of the Department of Public Health – Seattle & King County should analyze staff capacity throughout the program, and develop and document a plan to efficiently use existing staff and temporary administrative staffing options to manage periods of high workload.

Agency Response	
Concurrence	**Concur**
Implementation date	By September 30, 2018
Responsible agency	**Prevention Division/Public Health**
Comment	The CD/Epi team is reviewing job descriptions and staff capacity/expertise in order to develop a plan for utilizing all staff at their highest capacity and backfilling administrative duties during outbreaks and other times of high demand.

Recommendation 9

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Preparedness Section to establish a specialized disease response group with a more efficient way to request volunteers.

Agency Response

Concurrence	**Concur**
Implementation date	By September 30, 2018
Responsible agency	**Prevention Division/Preparedness Section/Public Health**
Comment	The Preparedness Section will support CD-Epi with exploring more efficient staffing options that include Public Health staff and volunteers.

Recommendation 10

The Human Resources section of the Department of Public Health – Seattle & King County should document and communicate its criteria for meeting its requirements for justifying short-term temporary position requests.

Agency Response

Concurrence	**Concur**
Implementation date	By September 30, 2017
Responsible agency	**Human Resources Section/Public Health**
Comment	Work on this recommendation is underway.

Recommendation 11

The Prevention Division of the Department of Public Health – Seattle & King County should assess and document the cost and benefit of a training-specific position.

Agency Response

Concurrence	**Concur**
Implementation date	By June 30, 2018
Responsible agency	**Prevention Division/Public Health**
Comment	Will be considered in the context of current resource constraints as part of 2019-2020 budget development process.

Recommendation 12

The Prevention Division of the Department of Public Health – Seattle & King County should complete and use a consolidated onboarding document for new employees.

Agency Response	
Concurrence	**Concur**
Implementation date	By March 31, 2018
Responsible agency	Prevention Division/Public Health
Comment	The Prevention Division is currently meeting with STT employees who were hired during the recent mumps outbreak to gather their experiences and recommendations relative to the onboarding process. A consolidated onboarding document will be developed.

Recommendation 13

The Prevention Division of the Department of Public Health – Seattle & King County should work with King County Information Technology to document and implement a process for expediting technology setup and network access for temporary employees and volunteers.

Agency Response	
Concurrence	**Concur**
Implementation date	By December 31, 2017
Responsible agency	Prevention Division/Public Health/KCIT
Comment	DPH will develop a plan in coordination with KCIT.

Statement of Compliance, Scope, Objectives & Methodology

Statement of Compliance with Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Scope of work on Internal Controls

We assessed internal controls relevant to the audit objectives. This included review of selected state, county, department, and division policies, guidance, plans, and processes. We also conducted interviews with knowledgeable staff within the Prevention Division, Preparedness Division, and Department of Public Health – Seattle & King County. In performing our audit work, we identified concerns relating to strategic planning, hour and financial tracking and management for specific disease outbreak events and for overtime, and staffing and onboarding processes.

Scope

This performance audit evaluated the Prevention Division Communicable Disease and Epidemiology (CD-Epi) program's management of staff and workload when disease response needs exceed available resources. We examined the program's work from 2014 to 2017.

Objectives

The objectives of this audit were to examine the frequency and cause for disease response workload exceeding resources and how the program handled these circumstances. We also sought to identify opportunities to improve the efficiency of disease response when workload exceeds resources as well as the impact of CD-Epi's approach on its ability to achieve its overall workload.

Methodology

To address the audit objectives, we worked with the Prevention Division to understand the agency's workload, particularly disease events where response needs exceeded resources. The audit team interviewed staff to learn more about the circumstances of these events. The team conducted interviews with division leadership and managers as well as structured interviews with more than a dozen front-line staff in CD-Epi to understand workload prioritization processes and the impact of a higher workload on staff. The team also interviewed staff in other county departments including Executive Services, Natural Resources and Parks, and Elections to identify ways county actors bring on temporary staff.

The audit team sought to understand practices relating to financial management of disease events by interviewing staff within the Office of Performance, Strategy, and Budget (PSB), Public Health's Finance and Administrative Services Division, and the Prevention Division. We also reviewed financial management best practices from PSB and the Government Finance Officers Association.

To understand changes in workload and resources from 2014 to 2017, the team reviewed and analyzed data on disease incidence, CD-Epi performance data submitted to the Washington State Department of Health, and staff levels and hours from PeopleSoft and Oracle EBS. To understand the nature of disease response work, the audit team conducted site visits to CD-Epi program meetings, disease response locations, and several Incident Command System meetings.

List of Recommendations & Implementation Schedule

Recommendation 1

The Prevention Division of the Department of Public Health – Seattle & King County should conduct, document, and implement a workload priorities review for the Communicable Disease and Epidemiology program.

IMPLEMENTATION DATE: By July 31, 2018

ESTIMATE OF IMPACT: Ensuring that strategic planning efforts include a review of workload priorities will improve staff's ability to manage tasks during periods of high disease response needs. Additionally, it will allow the CD-Epi program to provide greater transparency about services it is able to provide.

Recommendation 2

The Department of Public Health – Seattle & King County should document an assessment of resource distribution to ensure that communicable disease control funding reflects department strategic priorities.

IMPLEMENTATION DATE: By July 31, 2018

ESTIMATE OF IMPACT: Providing this assessment will improve the CD-Epi program's strategic planning efforts and ability to align its responsibilities with available resources by ensuring CD-Epi has clear direction from the department as to its priorities.

Recommendation 3

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Department of Public Health to document a plan for future unanticipated costs incurred by communicable disease response.

IMPLEMENTATION DATE: By July 31, 2018

ESTIMATE OF IMPACT: Planning for future unanticipated costs will help the Department of Public Health and the Prevention Division reduce the risk that disease responses will have negative financial or programmatic consequences.

Recommendation 4

The Prevention Division of the Department of Public Health – Seattle & King County should collect and analyze data about how staff members use their work hours and use the results to inform staffing decisions.

IMPLEMENTATION DATE: By September 30, 2018

ESTIMATE OF IMPACT: Collecting and analyzing this data will provide CD-Epi managers with a more accurate baseline from which to make potential changes to staffing structure or workload.

Recommendation 5

The Prevention Division of the Department of Public Health – Seattle & King County should set overtime usage expectations and document the steps it takes to communicate those expectations with staff.

IMPLEMENTATION DATE: By August 31, 2017

ESTIMATE OF IMPACT: Setting overtime usage expectations will lead to more effective use of this strategy to manage periods of high workload, and communicating those expectations will help managers and staff make informed decisions about when overtime is an appropriate strategy to use.

Recommendation 6

The Prevention Division of the Department of Public Health – Seattle & King County management should revisit existing overtime authorization processes to ensure that policies meet business needs and are clear, communicated, and enforced.

IMPLEMENTATION DATE: August 31, 2017

ESTIMATE OF IMPACT: Revisiting, communicating, and enforcing overtime policies and processes will reduce legal risks to the county and ensure King County accurately compensates employees for hours worked.

Recommendation 7

The Prevention Division of the Department of Public Health – Seattle & King County should ensure that systems are in place to retain and use future cost and staff time data associated with disease events.

IMPLEMENTATION DATE: By September 30, 2017

ESTIMATE OF IMPACT: Retaining and using data associated with disease events will improve the Prevention Division's understanding of the impact of large-scale disease events on its staff and budget.

Recommendation 8

The Prevention Division of the Department of Public Health – Seattle & King County should analyze staff capacity throughout the program, and develop and document a plan to efficiently use existing staff and temporary administrative staffing options to manage periods of high workload.

IMPLEMENTATION DATE: By September 30, 2018

ESTIMATE OF IMPACT: Implementing this recommendation will help the Prevention Division identify opportunities to achieve increased efficiency and staff capacity through staffing analysis and strategic use of temporary staffing options.

Recommendation 9

The Prevention Division of the Department of Public Health – Seattle & King County should work with the Preparedness Section to establish a specialized disease response group with a more efficient way to request volunteers.

IMPLEMENTATION DATE: By September 30, 2018

ESTIMATE OF IMPACT: Establishing a specialized group will help CD-Epi increase the efficiency and effectiveness of its temporary staffing options, particularly through improvements to identification and requesting processes.

Recommendation 10

The Human Resources section of the Department of Public Health – Seattle & King County should document and communicate its criteria for meeting its requirements for justifying short-term temporary position requests.

IMPLEMENTATION DATE: By September 30, 2017

ESTIMATE OF IMPACT: Documenting and communicating a clear set of criteria for expedited hiring of short-term temporary positions will improve the effectiveness of CD-Epi's requests and prevent potentially slower hiring processes from affecting disease response work.

Recommendation 11

The Prevention Division of the Department of Public Health – Seattle & King County should assess and document the cost and benefit of a training-specific position.

IMPLEMENTATION DATE: By June 30, 2018

ESTIMATE OF IMPACT: Assessing and documenting the potential for a position dedicated to training will help CD-Epi determine the most efficient use of staff resources, particularly if high workload conditions persist.

Recommendation 12

The Prevention Division of the Department of Public Health – Seattle & King County should complete and use a consolidated onboarding document for new employees.

IMPLEMENTATION DATE: By March 31, 2018

ESTIMATE OF IMPACT: Completing and using an onboarding document could allow new and temporary CD-Epi employees and volunteers to start disease response work more quickly during critical response times.

Recommendation 13

The Prevention Division of the Department of Public Health – Seattle & King County should work with King County Information Technology to document and implement a process for expediting technology setup and network access for temporary employees and volunteers.

IMPLEMENTATION DATE: By December 31, 2017

ESTIMATE OF IMPACT: Standardizing this process could help create efficiencies allowing new employees and volunteers to start disease response work more quickly during critical response times.

KING COUNTY AUDITOR'S OFFICE

Advancing Performance & Accountability

KYMBER WALTMUNSON, KING COUNTY AUDITOR

MISSION   Promote improved performance, accountability, and transparency in King County government through objective and independent audits and studies.

VALUES   INDEPENDENCE - CREDIBILITY - IMPACT

ABOUT US   The King County Auditor's Office was created by charter in 1969 as an independent agency within the legislative branch of county government. The office conducts oversight of county government through independent audits, capital projects oversight, and other studies. The results of this work are presented to the Metropolitan King County Council and are communicated to the King County Executive and the public. The King County Auditor's Office performs its work in accordance with Government Auditing Standards.

AUDIT   This audit product conforms to the GAGAS standards for independence, objectivity, and quality.