## Report to Rapport au:

Ottawa Board of Health Conseil de santé d'Ottawa 19 October 2015 / 19 octobre 2015

Submitted on October 9, 2015 Soumis le 9 octobre 2015

Submitted by Soumis par: Dr./ D<sup>r</sup> Isra Levy Medical Officer of Health/Médecin chef en santé publique

**Contact Person** 

Personne ressource:

Esther Moghadam, Deputy Director and Chief Nursing Officer / Directrice adjointe et infirmière-chef

Health Promotion and System Support Branch / Direction de la Promotion de la santé et soutien au système

Ottawa Public Health / Santé publique Ottawa

613-580-2424, ext./poste 23789 Esther.Moghadam@ottawa.ca

Ward: CITY WIDE / À L'ÉCHELLE DE LA File Number: ACS2015-OPH-IQS-0009 VILLE

SUBJECT: UPDATE: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND ACCOUNTABILITY AGREEMENT

OBJET: MISE À JOUR : ENTENTE DE RESPONSABILISATION ET DE FINANCEMENT EN SANTÉ PUBLIQUE DU CONSEIL DE SANTÉ D'OTTAWA

**REPORT RECOMMENDATIONS** 

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

## **RECOMMANDATIONS DU RAPPORT**

Que le Conseil de santé de la circonscription sanitaire de la ville d'Ottawa prenne connaissance du présent rapport à titre d'information.

# BACKGROUND

In January 2014, the Ministry of Health and Long-Term Care (MOHLTC) released the 2014-2016 Public Health Funding and Accountability Agreement (PHFAA), formerly the Public Health Accountability Agreement (PHAA) (<u>ACS2014-OPH-IQS-0001</u>). The PHFAA was expanded to include the Board's: fiscal responsibility, performance obligations (e.g. performance indicators and compliance with Ontario Public Health Standards), reporting requirements and approved financial funding. The performance indicators outlined in the PHFAA include 27 indicators - 17 Health Protection and 10 Health Promotion indicators.

In April 2015, the Board of Health (BOH) received for information 2014 year-end results, approved 2014 Performance Reports for three indicators and directed Ottawa Public Health (OPH) staff to submit the report including corrective actions and supporting documents to the MOHLTC (<u>ACS2015-OPH-IQS-0006</u>). In June 2015, the BOH approved the 2015 PHFAA Performance Indicator Targets (<u>ACS2015-OPH-IQS-0008</u>).

# DISCUSSION

## **Board of Health Performance Obligations**

## **Performance Indicators**

In 2015, OPH is required to measure and report on 15 performance indicators. OPH is currently on track to meet or exceed 2015 target expectations for 14 performance indicators:

Health Promotion Indicators:

- % of tobacco vendors in compliance with youth access legislation at the time of last inspection
- % of secondary schools inspected once per year for compliance with section 10 of the *Smoke-Free Ontario Act*
- % of tobacco retailers inspected for compliance with section 3 of the *Smoke-Free Ontario Act*
- % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the *Smoke-Free Ontario Act*

- Oral health assessment and surveillance: % of schools screened and % of JK, SK and Grade 2 students screened in all publicly funded schools (2014/15 school year)
- Implementation Status of NutriSTEP® Preschool Screen
- Baby-Friendly Initiative (BFI) Status

Health Protection Indicators:

- % of Class A pools inspected while in operation
- % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection
- % of suspected rabies exposures reported with investigation initiated within 1 day of PHU notification
- % of Salmonellosis cases where one or more risk factor(s) other than 'Unknown' was entered into iPHIS
- % of HPV vaccine wasted that is stored/ administered by the PHU ("school year" 2014/15)
- % of influenza vaccine wasted that is stored/ administered by the PHU ("flu season" 2014/15)
- % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection

One indicator will underachieve performance expectations:

• % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case.

The underachieved indicator for the protocol for Invasive Group A Streptococcal Disease, reflects one case where next day follow-up was done versus the requirement for same day follow-up. OPH will continue to monitor performance and examine results to reduce any system induced issues.

# Compliance

The PHFAA indicates that any non-compliance with the PHFAA, the Ontario Public Health Standards, or the Organizational Standards must be reported to the Board and to the MOHLTC.

As reported to the Board (<u>memo</u> of March 4, 2015), OPH's Vaccine Preventable Diseases Compliance Report was submitted to the MOHLTC on the Board's behalf in Q1 2015. Since then, OPH staff have implemented resolutions to address variances from the Standard, including assessing immunization records of:

- 150,000 students; and
- Children in the City's 260 licensed daycares.

Further assessment with respect to overall compliance is ongoing.

#### Board of Health Fiscal Responsibility

Ongoing financial and program reporting requirements in accordance with direction provided by the Province have been met to date (up to July 31, 2015).

#### **RURAL IMPLICATIONS**

There are no rural implications to this information report.

### CONSULTATION

The purpose of this report is administrative in nature and therefore no public consultation is required.

### **LEGAL IMPLICATIONS**

There are no legal impediments to receiving the information in this report.

#### **RISK MANAGEMENT IMPLICATIONS**

There are no risk management implications to receiving this report.

#### FINANCIAL IMPLICATIONS

There are no financial implications to receiving this report.

## ACCESSIBILITY IMPACTS

There are no accessibility implications to receiving this report.

## TECHNOLOGY IMPLICATIONS

There are no technology implications associated with receiving this report.

## DISPOSITION

This report is provided for information.