

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
18 April 2016 / 18 avril 2016**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2016-OPH-IQS-0001**

**SUBJECT: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND  
ACCOUNTABILITY AGREEMENT 2015 YEAR-END RESULTS**

**OBJET: RÉSULTATS DE 2015 DE LA FIN DE L'ANNÉE: ENTENTE DE  
FINANCEMENT ET DE RESPONSABILISATION EN SANTÉ PUBLIQUE  
DU CONSEIL DE SANTÉ D'OTTAWA**

#### **REPORT RECOMMENDATIONS**

**That the Board of Health for the City of Ottawa Health Unit:**

- 1. Receive for information 2015 year-end results, as outlined in Document 1;**
- 2. Approve 2015 Performance Reports for the following Indicators:**

- a. % of Class A pools inspected while in operation, as outlined in Document 2;
  - b. % of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case, as outlined in Document 3;
  - c. % of influenza vaccine wasted that is stored/ administered by the public health unit, as outlined in Document 4;
  - d. % of HPV vaccine wasted that is stored/ administered by the PHU, as outlined in Document 5; and
  - e. % of personal services settings inspected annually, as outlined in Document 6.
- 3. Receive for information 2016 indicators, as outlined in Document 1: and
  - 4. Direct Ottawa Public Health staff to submit this report and supporting documents to the Ministry of Health and Long-Term Care.

## **RECOMMANDATIONS DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :**

- 1. Reçoive à titre d'information les résultats de fin d'exercice de 2015 (voir le document 1);
- 2. Approuve les rapports sur le rendement 2015 pour les indicateurs suivants:
  - a. % de piscines de catégorie A inspectées durant les heures d'ouverture (voir le document 2);
  - b. % de cas d'infection invasive à streptocoques du groupe A (SGA) confirmés où le suivi a commencé le jour même de la réception de la confirmation d'un cas par le laboratoire (voir le document 3);
  - c. % de vaccins contre la grippe gaspillés alors qu'ils étaient conservés/gérés par le bureau de santé publique (voir le document 4);

- d. % de vaccins perdus contre le VPH conservés ou administrés par le bureau de santé publique, comme décrit dans le document 5; et
  - e. % d'établissements de services personnels inspectés annuellement, comme décrit dans le document 6.
- 3. Reçoive à titre d'information les indicateurs 2016 (voir le document 1); et
  - 4. Demande au personnel de Santé publique Ottawa de présenter ce rapport et les documents à l'appui au ministère de la Santé et des Soins de longue durée.

## **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) ([ACS2014-OPH-IQS-0001](#)). 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 2015 performance indicators outlined in the PHFAA included 27 indicators, 32 including sub-indicators (Document 1 includes 37 indicators as several new indicators were added for 2016). Each of these indicators is monitored by the MOHLTC but not all indicators have specific PHFAA targets.

In 2015, the Board of Health (BOH) approved the PHFAA Performance Indicator Targets ([ACS2015-OPH-IQS-0008](#)) and received an update on performance indicators, compliance and the BOH's fiscal responsibility.

## **DISCUSSION**

### **RECOMMENDATION 1: Receive for information 2015 year-end results, as outlined in Document 1.**

Ottawa Public Health's performance continues to be steady and continues to reflect a commitment to quality improvement, accountability and transparency. As outlined in Document 1, of the thirty-two indicators monitored in 2015, twenty-four met their performance expectations and three population level indicators did not have 2015 data:

- 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 [non-seasonal];
- % of tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act [seasonal];
- % 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;
- % of junior kindergarten (JK), senior kindergarten (SK) and Grade 2 students screened in all publicly funded schools;
- % of JK, SK and Grade 2 students who were absent and excluded/refused;
- Implementation status of NutriSTEP® preschool screen;
- Baby-Friendly Initiative (BFI) status;
- % of high-risk food premises inspected once every 4 months while in operation;
- % of moderate-risk food premises inspected once every 6 months while in operation;
- % of Class A pools inspected while in operation [year-round facilities];
- % of high-risk Small Drinking Water Systems inspections completed for those that are due for inspection;
- % of public spas inspected while in operation [year-round facilities];
- % of public spas inspected while in operation [seasonal facilities];
- % of suspected rabies exposures reported with investigation initiated within 1 day of Public Health Unit notification;
- % of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days;

- % of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines;
- % of Salmonellosis cases where one or more risk factor(s) other than 'unknown' was entered into iPHIS;
- % of refrigerators storing publicly funded vaccines that have received a complete routine annual cold chain inspection;
- % of school-aged children who have completed immunizations for hepatitis B;
- % of school-aged children who have completed immunizations for HPV, and
- % of school-aged children who have completed immunizations for meningococcus.

**RECOMMENDATION 2: Approve 2015 Performance Reports for the following Indicators.**

As outlined in Document 2, 3, 4, 5, and 6 Performance Reports for the following indicators have been submitted to the MOHLTC pending BOH approval:

- % of Class A pools (seasonal) inspected while in operation;
- % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case;
- % of influenza vaccine wasted that is stored/ administered by the public health unit;
- % of HPV vaccine wasted that is stored/ administered by the PHU; and
- % of personal services settings inspected annually.

As summarized in the Performance Reports, accountable managers have identified contributing factors and corrective actions will be implemented as necessary.

**RECOMMENDATION 3: Receive for information 2016 indicators, as outlined in Document 1.**

A summary of 2016 indicators is outlined in Document 1.

**RECOMMENDATION 4: Direct Ottawa Public Health staff to submit this report and supporting documents to the Ministry of Health and Long-Term Care.**

Upon approval, Ottawa Public Health (OPH) staff will submit this report and supporting documents to the MOHLTC.

### ***Compliance***

OPH is fully integrated with the corporate enterprise risk management framework. This framework involves strategic leadership from the Senior Management Team. One aspect is compliance with health system obligations. The PHFAA stipulates that a public health unit will have strategies, policies, and/or procedures to ensure compliance with public health system obligations including the program standards, protocols, Organizational Standards, and accountability indicators. OPH staff continually work to ensure maximum compliance.

### **NEXT STEPS**

#### ***2016 Performance Indicator Targets***

Remaining 2016 Health Promotion and Health Protection targets will be tabled for approval once they have been released by the MOHLTC.

### **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 implementing recommendations 2 and 4 of this report and there are no legal impediments to receiving the information described in recommendations 1 and 3 of this report.

### **RISK MANAGEMENT IMPLICATIONS**

This report reduces risk as we are complying with the requirements of the PHFAA and reporting to the MOHLTC.

### **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.

**SUPPORTING DOCUMENTATION**

**Document 1:** 2015 Year-End Results & 2016 Indicators

**Document 2:** Performance Report for Indicator: % of Class A pools inspected while in operation

**Document 3:** Performance Report for Indicator: % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case

**Document 4:** Performance Report for Indicator: % of influenza vaccine wasted that is stored/ administered by the public health unit

**Document 5:** Performance Report for Indicator: % of HPV vaccine wasted that is stored/ administered by the PHU

**Document 6:** % of personal services settings inspected annually

**DISPOSITION**

OPH Staff will submit this report and the supporting documents to the MOHLTC.