Board of Health:	Ottawa Public Health
Report Date:	02 February 2016
Indicator:	% of confirmed iGas cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case (Indicator 3.4)

#### Instructions

This report template should be used when the Ministry of Health and Long-Term Care (the "ministry") has identified a Performance Variance\* and requests a Performance Report (see section 5.5 of the Public Health Funding & Accountability Agreement (PHFAA)).

Please enter information in the all boxes below. Please submit one report per Performance Variance. Please send the completed report to <u>PHUIndicators@ontario.ca</u>. If you have any questions about completing this report, please send an email to <u>PHUIndicators@ontario.ca</u>.

\*Performance Variance as defined in section 1.2 (Definitions) of the PHFAA means the inability to achieve a Performance Target as set out in Schedule "D", as identified by the Province.

In the following boxes, please provide the details requested about the issue(s) contributing to the Performance Variance:

# A. Cause

Provide a brief explanation of the cause of the issue:

• What factors or events prevented achievement of the Performance Target?

In 2015, Ottawa Public Health (OPH) initiated follow-up of thirty-eight of thirtynine (97.4%) confirmed iGAS cases on the same day as they were reported and/or laboratory confirmation was received. In a single case, the after-hours protocol for the reporting of iGAS cases to the Communicable Disease Control PHN on-call was not followed. On Sunday, March 29, 2015 the OPH on-call Public Health Inspector(PHI) received a laboratory report of a case of iGAS disease via the City of Ottawa Call Centre. At the time of the report, the OPH oncall PHI completed the Communicable Disease Control (CDC) Reporting Form with the understanding that this action constituted same day initiation of followup. The CDC PHN on-call was not notified of the case at the time of report. As a result, the case investigation was not initiated until Monday, March 30, 2015 when the Communicable Disease Control staff returned to the office, became aware of the report, and immediately initiated follow-up.

# B. Impact

Provide a brief explanation of the impact or anticipated impact of not achieving the performance target:

• How has the issue(s) affected program or service delivery?

There was no untoward effect from the delayed initiation of follow-up for this case of iGAS or any contacts of the case. The Communicable Disease Control program initiated appropriate and immediate follow-up upon receipt of the report.

#### C. Plans for Resolution to Address the Performance Variance

Provide a brief explanation of the board of health's plans to improve performance:

- What steps has the board of health **taken** or **is taking** to address the issue(s) that have led to the performance variance?
- Please describe any process changes, organizational changes, planning changes, and/or monitoring changes that the board of health is **planning** to implement to resolve the issue(s).
- Please outline the expected completion dates of the steps the board of health is taking to improve performance.
- What is the expected date that all steps will be completed?
- Please describe the monitoring schedule to ensure that planned changes are having the intended results.

The Communicable Disease Control Program Manager followed-up with the oncall PHI who failed to report the case of iGAS to the PHN on-call on the same day as the information was received, to ensure that he understood what should have occurred, as outlined in the program policy and procedure for the management of iGAS cases. The PHI assured the Program Manager that he would review the after-hours reporting procedures and would ensure same day notification and follow-up of iGAS cases in the future.

#### D. Plans for Resolution to Address Impacts of the Performance Variance

Provide a brief explanation of the board of health's plans to address the impacts of the performance variance:

- What steps has the board of health **taken** or **is taking** to address the impacts of the performance variance?
- Please describe any process changes, organizational changes, planning changes, and/or monitoring changes that the board of health is **planning** to implement to resolve the issue(s).
- Please outline the expected completion dates of the steps the board of health is taking to resolve the issue(s).
- What is the expected date that all steps will be completed?
- Please describe the monitoring schedule to ensure that planned changes are having the intended results.

The Communicable Disease Control & Outbreak Management Program Manager and Supervisors will continue to reinforce internal reporting processes and will provide regular training opportunities at PHI on-call meetings to reinforce afterhours reporting procedures and ensure timely and appropriate follow-up of communicable diseases requiring immediate public health follow-up.

### **Ministry Support**

Please identify any provincial level supports which you feel would help the board of health to resolve the issue(s) or improve performance.

Please note that the purpose of this section is not to identify the need for additional funding. Funding approval is based on the annual Program-Based Grants approval process.

OPH will continue to strive for effective and timely reporting of communicable diseases during both regular business hours and after-hours. In this specific situation, no additional support is required from the province to resolve the issue identified.

## **Contact Information for Ministry Follow-Up**

Please provide contact information for someone that the ministry can follow-up with for any questions about the Performance Report.

### Contact:

Name: Brenda MacLean

Title: Program Manager, Communicable Disease Control and Outbreak Management

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The Medical Officer of Health is required to review and approve the completed Performance Report.

Approved by (Name): Dr. Isra Levy

Signature:

Medical Officer of Health

Date (dd/mm/yyyy): 8 April 2016