

<p align="center">Performance Report Public Health Funding & Accountability Agreement</p>

Board of Health:	Ottawa Public Health
Report Date:	07/04/2016
Indicator:	Indicator 4.1: % of HPV vaccine wasted that is stored/administered by the public health unit

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 PHUIndicators@ontario.ca. If you have any questions about completing this report, please send an email to PHUIndicators@ontario.ca.

*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:

<p align="center">Performance Report Public Health Funding & Accountability Agreement</p>

A. Cause

Provide a brief explanation of the cause of the issue:

- *What factors or events prevented achievement of the Performance Target?*

There is a performance variance on the PHFAA HPV vaccine wastage target for the 2014-15 school year which is set by the MOHLTC at 0.2%. As of August 31, 2015, 26 doses of HPV vaccine were recorded as wasted (26/11326), which represents a wastage of 0.2%. An additional 272 doses of HPV vaccine were unaccounted for in the transition to the new Panorama inventory management module. If considered wastage this would result in an overall wastage result of 2.6%.

Prior to the transition to Panorama's Inventory Module, manual tallies were used to determine the number of doses transported to mobile clinics, doses used at the clinic and doses returned to OPH's Vaccine Room. In 2014-2015, manual tallies were taken at 393 mobile school clinics and in OPH's vaccine room (pre and post clinic). However, reconciliation of manual vaccine counts performed at mobile school immunization clinics and in the vaccine room were not performed. Each tally included vaccine doses given and the number of doses wasted, as reported by the clinic's lead nurse. Each clinic tally and wastage was documented on paper in an individual HPV clinic summary report. Each HPV clinic summary report was recorded on monthly Ministry Reimbursement Reports.

Manual tallying of monthly vaccine wastage and doses given numbers were calculated and reported monthly and appeared to align with the performance targets. Manual vaccine inventory tallies did not coincide with the Ministry's requested inventory reporting dates. The Ministry of Health and Long Term Care indicator reporting template for HPV wastage requires manual tallies at the beginning of the reporting period, on September 1, 2014 and at the end of the reporting period on August 31, 2015. Manual tallies were done on August 1, 2014 and on June 30 2015. Therefore the inventory variables for the reporting template cannot be verified and the lack of complete reconciliation at each clinic, lack of monthly counting, combined with the counting completed on the incorrect dates has led to the "unaccounted" vaccine.

Panorama use at mobile clinics was gradually phased in during the 2014-2015 school year. During this period systematic comparison of manual counts with concrete data from Panorama was not possible. The HPV Wastage Report for the 2014-2015 school year was first provided to Ministry in September 2015. It was completed to align the doses wasted with manually documented numbers. A February Year End Validation Report from the Ministry highlighted a discrepancy between doses recorded in the September 2015 Wastage Report and the number of doses used in the Year End Report, when the large variance was discovered and reported.

<p>Performance Report Public Health Funding & Accountability Agreement</p>
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<p>A. Cause</p>

<p>B. Impact</p>
<p><i>Provide a brief explanation of the impact or anticipated impact of not achieving the performance target:</i></p>
<ul style="list-style-type: none"><i>How has the issue(s) affected program or service delivery?</i>
<p>This variance did not affect the service delivery at OPH as it was discovered after the end of the reporting period. For that reporting period, OPH reported that 56.3% of eligible girls had fully completed the HPV series (i.e. all three doses were complete) The PHFAA target of 0.2% for HPV wastage for 2014-2015 reporting period was not met.</p>

**Performance Report
Public Health Funding & Accountability Agreement**

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.*

Starting in February 2016 – a vaccine tally and reconciliation process was implemented based on a comparison of vaccines given according to the MIE report on Panorama and manual count of vaccines and consent forms for all Catch-up Clinics and all School Immunization Clinics. All variances must be resolved immediately following each clinic or within 24 hours.

Lead nurses will complete online Vaccine Wastage Reports after every clinic for any vaccines wasted at the school clinics.

Starting March 31, 2016 a quantity on hand report, product usage reports, manual vaccine counts, and doses given will be compared and reconciled on a monthly basis. A monthly report will be submitted to the program manager and any variance will be investigated and resolved.

<p align="center">Performance Report Public Health Funding & Accountability Agreement</p>

<p>D. Plans for Resolution to Address Impacts of the Performance Variance</p>
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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.*

As the variance was discovered after the reporting period, no further actions can be done to address the impact of missing this annual target. By implementing OPH's planned actions to address the performance variance, OPH shall be able to avoid missing the annual target in the future.

<p>Ministry Support</p>

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.

No additional provincial-level support is needed to resolve this issue

**Performance Report
Public Health Funding & Accountability Agreement**

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: G. Connelly

Title: Manager, Health Promotion and Disease Prevention Branch

Telephone: 613-266-6491

E-mail: gillian.connelly@gmail.com

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