

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

Board of Health:	Ottawa Public Health
Report Date:	08 April 2016
Indicator:	3.1 % of personal services settings inspected annually

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>Performance Report</p> <p>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?*

Each year, growth in special event inspections, health hazard investigations, outbreak management, and emergency responses contribute to increasing demand on public health inspections. OPH strives to manage inspection resources to deliver regular inspections, including those addressed by the PHFAA, re-inspections to verify mitigation of significant deficiencies, demand calls (i.e. complaints, IPAC lapse investigations), seasonal pressures, and emergency responses. While OPH increased PSS inspection efficiency by 5% between 2014 and 2015, the number of new PSS locations increased by 15% in the same time period. Combined with unexpected and extended short term sick leave, and complaints related to non-routine IPAC investigations, resulted in reduced inspection capacity.

In addition, OPH undertook two important quality improvement initiatives in 2015 including: the development of PSS online learning modules and a consultation strategy related to enhanced PSS regulation. While these initiatives aimed to increase PSS operator compliance and reduce risk to clients, they did require public health inspectors (PHI) with PSS expertise to participate in the development phase. Although mitigation strategies were implemented to ensure PHFAA targets were achieved, limited PSS experience amongst the non-PSS PHIs resulted in a net loss of PSS inspection capacity.

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?*

Despite inspecting 838 PSS locations (86%), the remaining locations, generally the lower risk locations, were not inspected to verify compliance with IPAC requirements and to provide additional guidance and education to those operators. Those locations have since been inspected in Q1 2016.

<p>Performance Report Public Health Funding & Accountability Agreement</p>
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<p>C. Plans for Resolution to Address the Performance Variance</p>

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.*

OPH continues to manage inspection resources to achieve the multiple requirements in the OPHS and related protocols, including those contained within the PHFAA. In addition OPH is building increased capacity for conducting inspections, data collection, monitoring, and reporting.

<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.*

The majority of outstanding inspections (86%) have been conducted to verify compliance and ensure deviations (10 corrected during inspection) have been adequately addressed to ensure compliance and mitigate risk to patrons. The remaining inspections are scheduled for April. The 2015 trend of increasing numbers of new PSS establishments is continuing into 2016 creating on-going pressure to inspect soon after they open to assess risk and compliance.

On-line learning modules and detailed information sheets are distributed to every site during inspections to increase the level of knowledge of more workers in the PSS workforce. Focusing on the knowledge of the PSS workforce is intended to reduce the risk of infection and illness in the population as well as decrease the frequency of non-compliance and hence the time required to undertake future inspections.

<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.

**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: Siobhan Kearns

Title: Manager, Environmental Health Protection 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