

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
18 September 2017 / 18 septembre 2017**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2017-OPH-PQK-0001**

**SUBJECT: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND  
ACCOUNTABILITY AGREEMENT - 2017 MID-YEAR UPDATE**

**OBJET: ENTENTE DE RESPONSABILISATION ET DE FINANCEMENT EN  
SANTÉ PUBLIQUE DU CONSEIL DE SANTÉ D'OTTAWA – COMPTE  
RENDU DE MI-ANNEE (2017)**

#### **REPORT RECOMMENDATION**

**That the Board of Health for the City of Ottawa Health Unit receive for information  
the 2017 year-to-date results and related information, as outlined in this report.**

#### **RECOMMANDATION DU RAPPORT**

**Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa reçoive, à titre d'information, les résultats de 2017 et information reliée, comme l'indique le présent rapport.**

## **BACKGROUND**

The Public Health Funding and Accountability Agreement (PHFAA) between the MOHLTC and the Board of Health has been in place since 2014 and sets out the Board's fiscal responsibilities and approved funding as well as reporting requirements and performance obligations. As noted in previous PHFAA updates to the Board, performance indicators are regularly monitored by the MOHLTC, and in the past, PHFAA targets had been assigned to specific indicators. Where no MOHLTC targets had been established for particular indicators, OPH has endeavoured to maintain or improve on past performance.

In June 2017, the MOHLTC released its yearly suite of PHFAA monitoring indicators. These 15 indicators for 2017 represent a reduced number of indicators, and the Ministry has advised that this reflects a recognition of the current state of transformation within the public health sector as well as the MOHLTC's ongoing work to review and modernize both the Ontario Public Health Standards and the overall accountability framework and organizational requirements for public health units. This suite of 2017 monitoring indicators is further described below.

It is expected that a new accountability agreement to establish key operational and funding requirements between the MOHLTC and the Board will be developed for 2017 and beyond as part of the overall accountability framework and organizational requirements for public health units that are currently in development by the MOHLTC. The time frame and contents of such an agreement is not known at this time.

Ottawa Public Health continues to participate in the MOHLTC's work regarding the modernization of the Ontario Public Health Standards and the review of an accountability framework for public health units, with OPH staff members participating in and contributing to key provincial working groups, including the Standards Implementation Task Force, and the Accountability Implementation Task Force, among others.

Recognizing that the PHFAA and its related process will evolve over time and that a new accountability agreement is in development as part of the above-noted overall MOHLTC review and modernization work, OPH staff will continue to report to the Board during the year to provide updates.

## DISCUSSION

**Update on 2016 Indicators:** In February 2017, the Board received information for the 2016 year-end results and approved that the required year-end reports for 2016 be sent to the MOHLTC. In July, the MOHLTC advised that no further performance or compliance reports were required by OPH in respect of any 2016 indicators.

### **2017 PHFAA Indicators:**

As noted above, the MOHLTC has released its suite of 2017 PHFAA indicators. These are comprised of 15 indicators without any explicit targets set by the Ministry, which means that they are for monitoring only by the Ministry (see Table 1). A new indicator has been introduced - *% of influenza vaccine wasted* - which will monitor the percentage of wastage of publicly funded influenza vaccine that is stored, transported, or administered by OPH as well as health care providers. A similar past indicator, which is no longer included in the set of PHFAA indicators, monitored the wastage of the public health unit only.

While there are no explicit targets set by the MOHLTC for 2017, OPH continues to monitor and assess levels of performance using internal benchmarks (based on previous targets and past performance) as appropriate.

A summary of performance for the 2017 indicators is found below in *Table 1: PHFAA Indicators for 2017 and their status*. As of August 31, 2017, it is noted that out of the 15 indicators, 6 with specific internal benchmarks are deemed to be on track, 5 continue to be internally monitored, and 1 is a new indicator with data pending. Three indicators have or had challenges to meet internal benchmarks, and these can be summarized as follows:

### **Environmental Health Inspection (2 indicators)**

While inspection completion rates for Class A pools and personal services settings have met all in-year targets to date in 2017, routine public health inspection operations have been challenged by a variety of factors. This includes a diversion of resources to support the Ottawa River Flood Enhanced Response (an equivalent of more than 150 days of PHI workload was re-directed), special events related to Ottawa 2017 celebrations, and implementation of new provincial requirements for the *Healthy Menu Choices Act*. Efforts to mitigate these challenges have included: operational reassignments and the temporary hiring of Public Health Inspectors including recent

graduates and retirees to assist with the inspection backlog in a year of extraordinary demands.

### **HPV Vaccine Wastage (1 indicator)**

HPV vaccine wastage has exceeded the internal benchmark. In this case, the vaccine was delivered by the contracted courier to the wrong school, which resulted in a failure to ensure that the cold chain was maintained (i.e. maintaining an optimum temperature range), thereby rendering the vaccines unusable. Corrective actions and ongoing improvements have been considered and implemented. These include: hiring of a new courier company; purchasing of enhanced thermometers to monitor the temperature of the vaccines in transit; and exploring more effective means to track the location of vaccines during transportation.

**Table 1: PHFAA Indicators for 2017 and their status**

<b>Indicator</b>	<b>Time Frame</b>	<b>Status</b>
% of tobacco vendors in compliance with youth access legislation at the time of last inspection	2017	On track
% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	2017	On track
% of high-risk food premises inspected once every 4 months while in operation	2017	On track
% of Class A pools inspected while in operation <ul style="list-style-type: none"> <li>• year-round Class A pools</li> <li>• seasonal Class A pools</li> </ul>	2017	Mitigating challenges to keep on track
% of personal services settings inspected annually	2017	Mitigating challenges to keep on track
% of laboratory confirmed gonorrhea cases treated according to guidelines	2017	On track
% of HPV vaccine wasted that is stored/administered by the public health unit	2016/17 school year	Mitigation measures in

Indicator	Time Frame	Status
		place (*Result: 0.69%)
% of refrigerators storing publicly funded vaccines that have received a completed routine cold chain inspection	2017	On track
% of school-aged children who have completed immunizations for hepatitis B	2016/17 school year	Monitoring only (*Result: 73.3%)
% of school-aged children who have completed immunizations for HPV	2016/17 school year	Monitoring only (*Result: 59.9%)
% of school-aged children who have completed immunizations for meningococcus	2016/17 school year	Monitoring only (*Result: 86.7%)
% of MMR vaccine wasted (OPH + other health care providers)	2017	On track
% of 7 or 8 year old students in compliance with the ISPA	2016/17 school year	Monitoring only
% of 16 or 17 year old students in compliance with the ISPA	2016/17 school year	Monitoring only
% of influenza vaccine wasted (OPH + other health care providers)	TBD	New indicator: data pending

\*Results are shown for indicators for which the reporting period has ended.

## RURAL IMPLICATIONS

There are no rural implications in relation to this 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 this report for information.

**RISK MANAGEMENT IMPLICATIONS**

For 2017, no targets have been set by the Ministry in relation to its suite of 15 PHFAA indicators. OPH continues to monitor and assess levels of performance using internal benchmarks (based on previous targets and past performance), as appropriate. In relation to the three performance indicators that are off-target based on internal benchmarks, appropriate mitigation measures have been put into place to remedy the situation and ensure compliance where possible, as described above.

**FINANCIAL IMPLICATIONS**

There are no financial implications associated with this report.

**ACCESSIBILITY IMPACTS**

There are no accessibility implications in this report.

**DISPOSITION**

This report is for information. On a go-forward basis, OPH will respond to any MOHLTC reporting requirements as they arise.