

**Report to  
Rapport au:**

**Ottawa Board of Health  
Conseil de santé d'Ottawa  
13 February 2017 / 13 février 2017**

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**Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE      File Number: ACS2017-OPH-IQS-0002**

**SUBJECT: OTTAWA BOARD OF HEALTH PUBLIC HEALTH FUNDING AND  
ACCOUNTABILITY AGREEMENT 2016 YEAR-END RESULTS**

**OBJET: RÉSULTATS DE FIN D'EXERCICE 2016 DE L'ENTENTE DE  
RESPONSABILISATION ET DE FINANCEMENT 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 2016 year-end results, as outlined in Document 1;**

2. Approve that 2016 Performance Reports be sent to the Ministry of Health and Long-Term Care, if requested by the Ministry, for the following indicators:
  - a. % of suspected rabies exposures reported with investigation initiated within one day of public health notification
  - b. % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS
3. Direct Ottawa Public Health staff to submit the 2016 year-end results report and supporting documents, as needed, 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. prenne connaissance des résultats de fin d'exercice 2016, tels qu'ils sont présentés dans le document 1;
2. approuve l'envoi des rapports de rendement 2016 au ministère de la Santé et des Soins de longue durée, si celui-ci en fait la demande, pour les indicateurs suivants :
  - a. Pourcentage d'expositions présumées à la rage pour lesquelles une enquête a été ouverte dans les 24 heures suivant le signalement au bureau de santé publique;
  - b. Pourcentage de cas de salmonellose pour lesquels au moins un facteur de risque autre qu'« inconnu » a été saisi dans le Système intégré d'information sur la santé publique (SIISP).
3. demande au personnel de Santé publique Ottawa de présenter le rapport sur les résultats de fin d'exercice 2016 et les documents à l'appui au ministère de la Santé et des Soins de longue durée, au besoin, si celui-ci en fait la demande.

## **BACKGROUND**

In January 2014, the Ministry of Health and Long-Term Care (MOHLTC) released the [2014-2016 Public Health Funding and Accountability Agreement](#) (PHFAA) (ACS2014-OPH-IQS-0001). The goal of the PHFAA is to drive continual improvement in public

health performance and accountability, including requiring public health units to have mechanisms to ensure compliance with managerial and governance obligations, and in the delivery of programs and services described in the Ontario Public Health Standards (OPHS).

The 2016 PHFAA includes the Board's: fiscal responsibility; performance obligations (e.g. performance indicators and compliance with OPHS); reporting requirements and approved financial funding. Each of the performance indicators is monitored by the MOHLTC but not all performance indicators have specific PHFAA targets. For indicators where the MOHLTC does not establish specific targets, Ottawa Public Health (OPH) endeavours to maintain or improve upon past performance. In situations where MOHLTC targets are not achieved or performance of monitoring indicators declines then the MOHLTC may require submission of a Performance Report to document the cause and quality improvement plan.

In recent years, OPH has been strengthening its operational planning, performance measurement, risk and compliance management and quality improvement efforts, which were recognized by Accreditation Canada when OPH was awarded "Accredited with Exemplary Standing" status in 2016.

OPH monitors and responds to emerging issues, risks and potential threats to the organization, from both internal and external sources, through both the operational planning cycle and regular management meetings at all levels of the organization. These result in timely and effective management of potential risks, opportunities and emerging issues.

With respect to risk, OPH has built upon the solid risk management process and categories used by the City of Ottawa. In addition to these on-going efforts, there is a system that allows the Medical Officer of Health (MOH) and the Executive Team (OPHET) to be confidently aware of whether the organization is meeting its public health requirements and the targets outlined in the provincial accountability agreement which is based on the OPHS and associated protocols, and the OPHOS (Ontario Public Health Organizational Standards).

OPH has actively embraced an integrated approach to risk management, sharing risk information transparently throughout the department and promoting a culture in which risk management permeates all levels of the organization. OPHET has overall responsibility for risk management, and ensures that the OPH risk management system and process are effectively executed and that no significant risk is overlooked. Risk management is an integral and ongoing part of the role of all employees, learners, and

volunteers within OPH. As outlined in the procedure, all have an inherent responsibility to identify, assess, manage and communicate risks associated with their work to assist in developing and implementing risk mitigation plans and actions.

This report presents an update to the mid-year results of indicators and targets presented at the October 2016 meeting.

## **DISCUSSION**

### **RECOMMENDATION 1: Receive for information 2016 year-end results, as outlined in Document 1.**

Out of 14 performance indicators that have been assigned explicit MOHLTC targets, eleven targets have been met, one performance status is too early to be assessed, and two have not been met.

#### *Targets met for 2016*

- % of 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 (SFOA)
- % of tobacco retailers inspected for compliance with section 3 of the SFOA: non-seasonal
- % of tobacco retailers inspected for compliance with section 3 of the SFOA: seasonal
- % of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)
- Oral Health Assessment and Surveillance: % of schools screened
- Oral Health Assessment and Surveillance: % of all JK, SK and Grade 2 students screened in all publicly funded schools
- Implementation Status of NutriSTEP® Preschool Screen
- Baby-Friendly Initiative (BFI) Status

- % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection
- % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection

*Performance status to be determined*

It is too early to assess the performance status for *% of influenza vaccine wasted that is stored/administered by the public health unit*, since August 31st is the end of the reporting period for this indicator.

*MOHLTC target not met*

*i.) % of suspected rabies exposures reported with investigation initiated within one day of public health notification*

OPH initiated investigations for 99.6% of suspected rabies exposures within 1 calendar day as opposed to the 99.7% target set by the MOHLTC. The 0.1% difference represents four cases that had investigations initiated within 2 calendar days. As an adjustment, OPH's business processes have been changed to align with the MOHLTC's definition of this indicator that includes weekends in its calculations. Some of these adjustments include: assigning on-call public health inspectors to monitor the faxes over the weekend and initiate investigations as required; implementing a fax-forwarding system for on-call staff; and changes to internal policies and procedures. Since July 2016, 100% of rabies investigations have been initiated within one calendar day.

*ii.) % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS*

OPH achieved 91.6% for this indicator, whereas the MOHLTC target was 94.9%. This was largely due to the number of cases that were lost to follow-up (i.e. no responses received after attempts to contact the case). OPH makes two attempts to contact the case by telephone, and if unsuccessful, sends a letter to the address of the case. When these attempts do not result in a response from the case, OPH indicates 'unknown' for the risk factor in the integrated Public Health Information System (iPHIS). OPH staff will be looking into potential strategies to improve response rates, such as targeting cases based on demographic characteristics (e.g. age or language), or change the time of day when follow-ups are initiated.

**RECOMMENDATION 2: Approve that the 2016 Performance Reports be sent to the Ministry of Health and Long-Term Care, if requested by the Ministry, for the following indicators:**

- % of suspected rabies exposures reported with investigation initiated within one day of public health notification (Document 2)
- % of salmonellosis cases where one or more risk factor(s) other than "Unknown" was entered into iPHIS (Document 3)

**RECOMMENDATION 3: Direct Ottawa Public Health staff to submit the 2016 year-end results report and supporting documents, as needed, to the Ministry of Health and Long-Term Care**

Upon approval, OPH staff will submit this report and supporting documents to the MOHLTC, as needed.

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

## **RISK MANAGEMENT IMPLICATIONS**

The PHFAA indicates that boards of health must be compliant with the standards and protocols the day that any new requirements are released from the MOHLTC.

To comply with the PHFAA, OPH continues to use the compliance management policy as a framework; to assess the implications of the regulatory changes to current programming and services. These activities compliment the regular review of any missed PHFAA indicators where lessons learned or changes in processes are undertaken to reduce the risk of not meeting future targets

The MOHLTC has indicated that there will be a revision to the OPHS as well as a revision to the accountability framework and associated requirements. However, as of the preparation of this report, the MOHLTC has not provided the details on the revision of the OPHS, the revised accountability framework, nor the 2017 PHFAA. Therefore, it is still unknown how any of these changes may impact OPH.

### **FINANCIAL IMPLICATIONS**

There are no financial implications to receiving this report.

### **ACCESSIBILITY IMPACTS**

There are no accessibility implications to receiving this report.

### **SUPPORTING DOCUMENTATION**

Document 1 – Summary of 2016 Year-End Results

Document 2 – Performance Report – Rabies Indicator

Document 3 – Performance Report – Salmonellosis Indicator

### **DISPOSITION**

Following Board approval, reports will be submitted to the MOHLTC as outlined in this report.