

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

Board of Health: Ottawa Public Health  
Report Date (dd/mm/yyyy): 02/02/2017  
Indicator: % of salmonellosis cases where one or more risk factor(s) other than 'unknown' was entered into iPHIS

**Instructions**

- Please enter information in all the boxes below. Please submit one report per Performance Variance.
- 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?*

The performance target for Ottawa Public Health for this indicator was 94.9% for 2016, however, only 91.6% was achieved, largely due to the number of cases (15/178) that were lost to follow-up. Ottawa Public Health makes 2 attempts to contact the case by telephone, and if unsuccessful, sends a letter to the address of the case, as indicated on the laboratory report. When these attempts do not result in a response from the case, Ottawa Public Health indicates 'unknown' for the risk factor field.

**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?*

Service delivery is not significantly impacted by not achieving this performance target. However, Ottawa Public Health would like to reduce the number of cases where risk factors are unknown to have a more complete epidemiology of salmonellosis in our jurisdiction.

**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.*

Ottawa Public Health is reviewing each case file that was lost to follow-up in 2016 (15) to determine if there are any commonalities in terms of the demographics of these cases (e.g. age or language barriers) in order to identify potential alternate strategies to reach these cases (e.g. different time of day to attempt follow-up, different methods of communication, such as texting), or alternate sources to obtain information (e.g. hospital electronic databases or contacting primary care physicians, etc). The targeted end date for this work is end of February.

#### **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.*

No significant impact on service delivery.

#### **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.*

None 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 & Outbreak Management

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

Approved by (Name):

Signature:

Medical Officer of Health

Date (dd/mm/yyyy):