

CITY OF HAMILTON

**CITY MANAGER'S OFFICE
Audit Services Division**

TO: Chair and Members Audit, Finance and Administration Committee	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: November 23, 2011	
SUBJECT/REPORT NO: Audit Report 2011-06 - Infectious Diseases Programs (AUD11027) (City Wide)	
SUBMITTED BY: Ann Pekaruk Director, Audit Services City Manager's Office	PREPARED BY: Ann Pekaruk 905-546-2424 x4469
SIGNATURE:	

RECOMMENDATION

- (a) That Report AUD11027 respecting Audit Report 2011-06, Infectious Diseases Programs, be received;
- (b) That the Management Action Plans as detailed in Appendix "A" of Report AUD11027 be approved; and
- (c) That the Medical Officer of Health be directed to instruct the appropriate staff to have the Management Action Plans (attached as Appendix "A" to Report AUD11027) implemented.

EXECUTIVE SUMMARY

The 2011 Internal Audit work plan approved by Council included an audit of Infectious Diseases Programs in Public Health Services (PHS) with a concentration on the selected areas of Personal Service Settings (PSS), Licensed Day Nurseries (LDN), West Nile Virus (WNV) and Community Outreach Management. The audit focused on compliance with legislative requirements and departmental policies and procedures in terms of the reporting, inspections and management of infectious diseases within the scope noted above. The effectiveness and efficiency of the current service delivery models including the administrative procedures were assessed.

The results of the audit are presented in a formal audit report (2011-06) containing observations, recommendations and management responses. In addition, an Addendum is prepared which identifies issues, risks or inefficiencies (not necessarily control deficiencies which appear in the main report) to which management has been asked to respond. The Report and Addendum 2011-06 is attached as Appendix "A" of Report AUD11027.

Alternatives for Consideration – Not Applicable

FINANCIAL / STAFFING / LEGAL IMPLICATIONS (for Recommendation(s) only)

Financial: None.

Staffing: The Quality Assurance Advisor position, dedicated to the inspection programs in the Health Protection Division, will be in place by the end of Quarter 4, 2011 to help ensure a robust quality assurance process with inspections, re-inspections and enforcement procedures.

Legal: None.

HISTORICAL BACKGROUND (Chronology of events)

In the Province of Ontario, there is an Infectious Diseases Protocol, which outlines the areas that Health Units across the province are required to include in their program offerings. The Infectious Diseases Protocol covers a wide range of topics (Infectious Diseases Prevention & Control, Rabies Prevention & Control, Sexual Health, Sexually Transmitted Infections, Blood-Borne Infections, Tuberculosis Prevention & Control and Vaccine Preventable Diseases) and relates to many of the programs that are offered by the City of Hamilton's Public Health Services Department. The focus areas included in the audit are:

- Personal Service Settings - typically include tattoo parlours, aesthetic salons, nail salons, barber shops and hair salons;
- Licensed Day Nurseries - premises that receive more than five children who are not of common parentage, primarily for the purpose of providing temporary care, or guidance, or both temporary care and guidance, for a continuous period not exceeding twenty-four hours;
- West Nile Virus Program - the incidence of West Nile Virus (WNV) illness in the community; and
- Community Outbreak Management - all outbreaks that do not occur in an institutional setting (i.e. hospitals, long-term care homes, retirement homes, day nurseries).

The audit was scheduled as part of the 2011 Internal Audit work plan approved by Council. The audit fieldwork was completed in August, 2011. The results of this audit are attached as Appendix "A" of Report AUD11027.

The Audit and Administrative Committee receives and approves final audit and review reports as part of its responsibilities for the oversight of governance and control.

POLICY IMPLICATIONS

Province of Ontario – Infectious Diseases Protocol, 2009
Health Protection and Promotion Act (HPPA)
Ontario Public Health Standards (MOHLTC), 2008

RELEVANT CONSULTATION

Appendix "A" to Report AUD11027 includes action plans which reflect the responses of management responsible for the administration of Infectious Diseases Programs, part of Public Health Services.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

The audit assessed compliance with legislative requirements and departmental policies and procedures in terms of the reporting, inspections and surveillance of infectious diseases. The effectiveness and efficiency of the current service delivery models including administrative procedures were reviewed.

The audit identified that 100% of the required Personal Services Settings (PSS) and Licensed Day Nurseries (LDN) inspections were completed by staff in 2010. This accounted for 839 inspections for 671 PSS premises (24 considered of high risk) and 193 LDN locations (95 considered of high risk) as at December 31, 2010.

Overall, several opportunities for increased controls and accountability, greater management oversight and potential effectiveness and efficiency improvements were identified.

A formal Audit Report (2011-06) containing observations, recommendations and resulting management action plans was issued. Fourteen (14) recommendations were included in Audit Report 2011-06 (attached as Appendix "A" of Report AUD11027). Highlights of some of the recommendations made are as follows:

- Ensure completeness of premises inventory.
- Develop / update written procedures for the Infectious Diseases Prevention and Control Programs and review on a regular basis for required revisions.
- Rotate the Public Health inspectors' premise assignments.
- Report inspection results to the general public, including use of green signs.
- Evaluate the effectiveness of the West Nile Virus program to ensure it minimizes public health risk and maximizes value for money spent.
- Establish enforcement parameters along with management oversight of inspection results.

Management and staff have already implemented or have agreed to implement all of the recommendations. Specific actions plans can be found in the attached Audit Report.

ALTERNATIVES FOR CONSIDERATION

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

Not applicable.

CORPORATE STRATEGIC PLAN (Linkage to Desired End Results)

Focus Areas: 1. Skilled, Innovative and Respectful Organization, 2. Financial Sustainability, 3. Intergovernmental Relationships, 4. Growing Our Economy, 5. Social Development, 6. Environmental Stewardship, 7. Healthy Community

Financial Sustainability

- ◆ Delivery of municipal services and management of capital assets/liabilities in a sustainable, innovative and cost effective manner.

Healthy Community

- ◆ Adequate access to food, water, shelter and income, safety, work, recreation and support for all (Human Services).

APPENDICES / SCHEDULES

Appendix "A" to Report AUD11027: Audit Report 2011-06

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**CITY OF HAMILTON
INTERNAL AUDIT REPORT 2011-06
PUBLIC HEALTH SERVICES (PHS) – INFECTIOUS DISEASES PROGRAMS**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
1.	<p><u>Policy and Procedure Documents - General</u></p> <p>There is no complete policy and procedure manual for the Infectious Disease Program as administrative procedures are currently not included in the existing manual.</p> <p>Without appropriate administrative guidelines and expectations, it may be difficult for management to hold staff accountable. In addition, new staff to the Program would not have consistent, written guidelines to which they could refer.</p>	<p>That management develop, approve and implement a comprehensive policy and procedure manual for administrative procedures in the Infectious Diseases Programs. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. Currently, administrative policies are available but titled with a different division/program name (Environmental Health). All staff follow these policies. However, all administrative policies need to be updated to apply across the Health Protection Division which will be inclusive of Infectious Disease Programs. Implementation Date - March 2012.</p>
2.	<p><u>Policy and Procedure Documents - Personal Services Settings and Licensed Day Nurseries</u></p> <p>It was noted by Internal Audit that the most recent approved versions of policy and procedure documents for Personal Services Settings (PSS) and Licensed Day Nursery (LDN) inspections are dated 2007. Even though there are more current documents reflective of legislative and protocol changes in 2009 available, they are only in draft format.</p>	<p>That management finalize, approve and implement policy and procedure documents for PSS and LDN inspections. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. Policies and procedures related to both PSS and LDN inspections have been finalized and implemented in use by the Infectious Disease Prevention and Control Program as of August 2011. Finalized policies are being used to conduct all inspections in these programs. Both policies will be reviewed on an annual basis moving forward.</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
2.	<p><u>Policy and Procedure Documents - Personal Services Settings and Licensed Day Nurseries (Cont'd.)</u></p> <p>Additionally, there currently are no policy and procedure documents that adequately outline enforcement activities that are available during PSS and LDN inspections.</p> <p>Without up-to-date guidelines and written expectations, it may be difficult for management to hold staff accountable.</p>	<p>That management develop, approve and implement a policy and procedure document that provides guidance for enforcement actions that are to be taken during the inspection process (as required). This document should be reviewed on a regular basis (annually) and be revised as needed.</p>	<p>Agreed. There are no regulations available for use to guide PSS inspections. All infection control inspections in PSS are based upon guidelines and best practice documents in addition to inspection requirements contained within the Ontario Public Health Standards. This limits the ability to enforce some of the inspection findings during this inspection. This being said, an enforcement policy that speaks to all inspection work within the Infectious Disease Prevention and Control (IDP&C) program has been developed, finalized and implemented for use. This policy describes the expected enforcement strategies to be used by public health inspectors conducting infection control inspections in personal services settings and licensed day nurseries. The enforcement policy includes details on the use of the green sign in PSS as an enforcement strategy. The policy describes when a green sign is to be removed from inspected premises. The policy will be reviewed on an annual basis.</p>

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3.	<p><u>Policy and Procedure Document - Green Signs (PSS)</u></p> <p>Currently, Green Signs (similar to those used in the Food Safety Program) are issued to PSS operators whose premises meet inspection requirements. The green sign program is voluntary and was requested by PSS operators. There is no policy and procedure that outlines the issuance and purpose of Green Signs for PSS premises.</p> <p>The Green Signs are a highly visible indicator that premises have passed City of Hamilton Public Health inspections. Since the Green Sign program is not formalized and no specific guidelines regarding the issuance of these Signs have been documented, the risk exists that the public may interpret the reason for the signage incorrectly. Adequate documentation may not be retained to support the process.</p>	<p>That management develop, approve and implement a policy and procedure document that provides guidance and direction regarding the issuance of Green Signs to PSS premise operators during the inspection process. This document should be reviewed on a regular basis (annually) and be updated, as required.</p>	<p>Agreed. The enforcement policy approved for use in August 2011 addresses the removal and use of the green sign in PSS (see Management Action Plan in #2 above).</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
4.	<p><u>Policy and Procedure Documents - Community Outbreak Management</u></p> <p>The Outbreak Management Protocol document (“Protocol for the Investigation of Infectious Disease Outbreaks”) currently exists in draft format only and there is no formally approved document in use in PHS.</p> <p>Without approved guidelines and expectations, it may be difficult for management to hold staff accountable due to the lack of policies and procedures for the management of community outbreaks. In order to be fully prepared for an outbreak, an approved Outbreak Management Protocol should be in effect.</p>	<p>That management finalize, approve and implement the “Protocol for the Investigation of Infectious Disease Outbreaks” policy and procedure document. This document should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. The Outbreak Management Protocol is a document that guides the management of community outbreaks across the Health Protection Division. Although the current policy is in draft format, it is formally in use in PHS and is used during the management of all community outbreaks. The document will be reviewed, updated and finalized for use by February 2012. The document will be reviewed and updated on an annual basis.</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
5.	<p><u>Policy and Procedure Documents - West Nile Virus (WNV) Program</u></p> <p>There is no comprehensive internal policy and procedure manual for the West Nile Virus (WNV) Program. There is a lack of detailed and approved policies and procedures for major portions of the WNV Program.</p> <p>Of the few policy and procedure-type documents (informal workflow documents) that were available for review by Internal Audit, four (4) of the five (5) documents have not been reviewed or revised within the past year.</p> <p>Without appropriate guidelines and expectations, it is difficult for management to hold staff accountable due to the lack of policies and procedures for the Program.</p>	<p>That management develop, approve and implement a comprehensive internal policy and procedure manual for the West Nile Virus Program. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. The manual will only be created in electronic format. Management will: poll other health units (i.e. WNV policy and procedures initiated Sept. 9, 2011); organize existing Policies and Procedures (P&Ps) into one electronic folder and name it WNV P&P Manual; transfer or reference workflow document information into the P&P template for approval; and review what P&Ps are needed and draft same for approval. Completion of the manual is expected by April, 2012.</p> <p>Annual review to be initiated January 2013. Following that, the review will occur between November and March annually.</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
6.	<p><u>Rate of Re-Inspection (PSS and LDN)</u></p> <p>Re-inspection can be used as an enforcement tool when premises do not meet compliance with certain set procedures during a routine inspection. However, without specific criteria to determine when re-inspection is appropriate (see Observation #2) and with the decision left to the discretion of each particular PHI, varied enforcement in this regard would be expected.</p> <p>Internal Audit analyzed the rate of re-inspection across Public Health Inspectors (PHIs) that perform Infection Control (PSS and LDN) inspections. It was found that the rate of re-inspection varied from 0.8% to 14.3% across inspectors.</p> <p>Such a large deviation in the rate may be an indication that enforcement is not being consistently applied and thus re-inspection is not occurring at an appropriate level. In a sample of reports where the re-inspections had been scheduled, the actual re-inspection in 2 of 9 cases (over 20%) had not taken place.</p>	<p>That management monitor the rate of re-inspections by performing regular reviews of inspection reports (on a sample basis) with such review adequately documented.</p>	<p>Agreed. In order to address the issue of a wide range in re-inspection rates, the following actions are being or have been implemented:</p> <ol style="list-style-type: none"> 1. A finalized enforcement policy addressing inspections in both PSS and LDN has been implemented (August 2011). This policy establishes clear direction for PHIs working in the program to determine when enforcement actions are warranted. 2. A general inspection policy in addition to specific policies establishing inspection expectations in PSS and LDN have been approved for use in the programs. The policies are no longer draft and have been implemented into use. 3. Management will review a sample of all inspection reports on monthly basis to ensure compliance with policies. Implementation Date - October 2011. <p>The divisional Quality Assurance Advisor will work with management to develop and implement a robust quality assurance process with full policy and procedures to provide more consistent inspection, re-inspection and enforcement actions. This will be implemented in Q1 of 2012.</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
7.	<p><u>Personal Services Settings - Completeness of Premises Inventory</u></p> <p>There are no formal procedures or practices in place that would aid in the determination of the completeness of the premises inventory. Staff have indicated that searches for unlicensed premises are performed using the internet but this procedure is not formally documented.</p> <p>Without such steps to determine the completeness, there is a risk that PSS premises which should be inspected under the Infectious Disease Program may be missed. Uninspected PSS premises in the City pose a potential public health risk to patrons of these establishments.</p>	<p>That management investigate various means to verify the completeness of the inventory of premises subject to inspection. This could include setting aside a period of time on a regular basis (i.e. quarterly) to allow Public Health Inspectors to perform walkabouts/driveabouts in assigned areas in order to identify new establishments, and/or to perform internet searches for unlicensed and uninspected premises. These procedures and the results of such investigations should be documented in writing.</p>	<p>Agreed. The following strategies are in place at this time to ensure completeness of PSS inventory:</p> <ol style="list-style-type: none"> 1. Any premises noted by PHIs while they are in areas conducting inspections that are not currently captured in our inventory are inspected and reported as unlicensed to the Planning and Economic Development Department (Licensing and By-law Division) for follow-up. The premise is created within our inventory and ongoing inspections occur whether or not the premise is licensed (in accordance with Ontario Public Health Standards and Protocols). 2. Complaints of unlicensed “underground” PSS are received by our program. All complaints are investigated within 24 hours. Any premise found to be operating as a PSS is included in our inventory and licensing staff are notified of existence of the premise (as above). 3. Staff working in the IDP&C program conduct random searches on databases in order to find “underground” PSS. Any premises located via this process are treated as above. 4. The program manager attends Licensing working group meetings with representatives of other departments and licensing staff. This meeting is a venue where discussion of such premises occurs. <p>In addition to these strategies already in place, management commits to a more formal and scheduled process with respect to internet searches for unlicensed premises. A routine check will be conducted on a quarterly basis with results documented. Implementation Date: January 2012.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS
AUGUST 2011**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
8.	<p><u>Rotation of PHIs (PSS and LDN Inspections)</u></p> <p>PHIs are assigned to specific premises and are rotated only as staffing changes create the need for some premises to be reassigned. This type of distribution and the infrequency of change can facilitate a sense of undue familiarity with the premise operators or an informality to the process that may result in an ineffective inspection.</p>	<p>That management review the current assignment of premises with a view of providing "fresh eyes" inspection capabilities through regularly scheduled rotation of PHIs.</p>	<p>Agreed. As of January 1, 2012, all PHI assignments for PSS and LDN will be rotated. Assignments from that point on will be rotated on an annual basis. Implementation Date: January 2012.</p>
9.	<p><u>Public Disclosure of Inspection Findings</u></p> <p>Currently, there is no public disclosure of inspection results for PSS and LDN inspections other than the Green Signs posted for PSS inspections. Inspection results are published for food safety inspections that are also conducted by the Health Protection Division.</p> <p>The public does not have access to the results of Public Health inspections that are carried out across the City. The public is unable to make a fully informed decision about attending these establishments due to the lack of adequate information.</p>	<p>That management consider increasing the level of public disclosure of inspection results for the Infectious Diseases Programs.</p>	<p>Agreed. Currently, results of PSS and LDN inspections are available to the public via the FOI process. In order to address the observation that there is a lack of public disclosure of results, management will commit to reviewing practices in other health units to assess the level of public disclosure in such settings. Based on the findings of such a preliminary review, a decision will be made whether a further assessment and consideration of the issue will be pursued.</p>

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN
10.	<p><u>Quality Assurance Process</u> The Quality Assurance (QA) process that is in place in the Infectious Diseases Programs and included in the scope of this audit does not address all QA concerns. Areas currently not included in the QA process are: CD (Communicable Diseases) Intake database monitoring (to ensure complaints are investigated and complaints are closed in a reasonable timeframe); management review of completed inspection reports; the creation of a checklist for community outbreak files to facilitate management review; and hazard ratings in Hedgehog to detect problem premises (and to monitor enforcement actions taken). A strong quality assurance process with management oversight results in procedures being followed uniformly and documentation available to adequately support actions taken.</p>	<p>That management expand the current Quality Assurance (QA) process to include: complaint follow up; management review of inspection reports; a checklist to facilitate management review of community outbreak files; and the use of hazard ratings in Hedgehog to detect problem premises and to help management monitor enforcement actions taken at these premises.</p>	<p>Agreed. The current QA processes within the Infectious Diseases programs will be expanded. This expansion will include:</p> <ol style="list-style-type: none"> 1. The Quality Assurance Advisor position, dedicated to inspection programs in Health Protection Division, will be in place by the end of Q4 2011. The Advisor will work with management to develop and implement a robust quality assurance process with full policy and procedures to provide more consistent inspection, re-inspection and enforcement actions. This will be implemented in Q1 2012. 2. A checklist to allow for more thorough and documented management review of community outbreak files. Implementation Date: January 2012. 3. Documented management review of all community outbreak files to ensure completion as per protocol. Implementation Date: January 2012. 4. Implementation of the Hedgehog rating system. Implementation Date: April 2012. 5. Documented quarterly review of a sample set of all LDN and PSS inspection reports. Implementation Date: October 2012. 6. Continue working to establish a more effective database that communicates with Hedgehog for the purpose of complaint documentation. This will allow for more thorough management review of complaint investigations. Implementation Date: April 2012. 7. Quarterly review by the program manager of a sample set of calls captured within ID intake database to ensure appropriate actions and follow-ups. Implementation Date: November 2011.

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11.	<p><u>West Nile Virus (WNV) - Program Evaluation</u></p> <p>Program evaluation is one of the major components of an integrated vector management program, per the Ministry’s “West Nile Virus Preparedness and Prevention Plan 2010”.</p> <p>Over the years, individual components of the WNV program have been evaluated, but there has never been a complete, comprehensive program evaluation.</p> <p>In the absence of evaluating the effectiveness of the WNV Program, it may not be administered in a way that minimizes the public health risk of WNV while maximizing good value for money spent.</p>	<p>That management perform an evaluation of the WNV Program in order to determine the effectiveness of the program and to use the evaluation results to assist with future planning.</p>	<p>Agreed. Management will develop a work plan with the help of the Planning and Business Improvement Division staff for an evaluation of the WNV program. The program evaluation scope will be established in part following a full scan of Ontario health units to gauge type and extent of any WNV program as there may be few or none completed to date.</p> <p>The evaluation will be completed by the end of Q1 2012 so that any program changes can be brought forward to Board of Health prior to the traditional WNV season starting in May each year.</p>

**CITY OF HAMILTON
INTERNAL AUDIT REPORT 2011-06
PUBLIC HEALTH SERVICES (PHS) – INFECTIOUS DISEASES PROGRAMS**

ADDENDUM

The following items were noted during the course of the audit. Although they do not present internal control deficiencies, they are indicated in this Addendum so management is aware of the issues, risks and inefficiencies and can address them appropriately.

Recording the Provision of Education Activities (Personal Services Settings and Licensed Day Nursery Inspections)

1. Education related to infection control is required to be provided annually at all premises per provincial requirements. After review of the Hedgehog information, there were only 49 recorded instances of education provided to PSS operators during a 12-month period for approximately 700 PSS premises and only 15 recorded instances of education provided to approximately 200 LDN operators during a 12-month period. All PHI should record education activities as an "action taken" in the Hedgehog database.

It is recommended:

That management require PHIs to record the provision of education activities as an "action taken" in the Hedgehog database each time education is provided to operators during inspections and/or consultations in order to support the carrying out of provincial requirements.

Management Response:

Agreed. Education is currently provided to PSS and LDN operators at each inspection. PHIs have been advised to select "education provided" as an action within each Hedgehog inspection. This documentation change was implemented as of September 2011.

Community Outbreak Management - Policy and Procedure

2. The draft "Protocol for the Investigation of Infectious Disease Outbreaks" document references the requirement of an outbreak management plan. However, no details are provided as to what an acceptable document would be or if the plan even needs to be in writing.

It is recommended:

That management require a written plan for each community outbreak and that the plan be included in the community outbreak file.

Management Response:

Not Applicable. The protocol in question is Public Health Services internal protocol and not a provincially-mandated protocol. A written outbreak management plan is not a document currently used or required for use during community outbreaks. During the next review and update of this document, the wording for a written plan will be removed.