

CITY OF HAMILTON

***PUBLIC HEALTH SERVICES
Planning and Business Improvement***

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: May 7, 2012	
SUBJECT/REPORT NO: Communication Policy Between Medical Officer of Health and Board of Health PH06038(a) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Teresa Bendo (905) 546-2424 Ext. 7999
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RECOMMENDATION

That the policy regarding communication as described in Appendix A attached to Report PH06038(a) be approved.

EXECUTIVE SUMMARY

At the October 12, 2006 Board of Health meeting, a communication policy between the Medical Officer of Health and the Board of Health was approved. In keeping with this policy, staff have sent regular program updates along with quarterly communicable disease and health hazard reports. The policy also set out expectations and timelines for Board of Health orientation and the role of the Board Chair in informing other members in the event of a need for urgent communication to the Board between meetings. The policy was consistent with the responsibilities and requirements laid out in both the *Health Protection and Promotion Act* and the *Personal Health Information Protection Act*.

After five years, and initial feedback that the regular program updates and communicable disease and health hazard reports may no longer be well-suited to the Board's information needs, in the summer of 2011 staff met with Councillors to receive their individual feedback regarding the policy, and particularly these aspects of the reporting.

Based on feedback from these meetings as well as those related to issues response and service standards, a new policy was drafted and is attached as Appendix A. The recommended policy reduces the frequency of communicable disease and health hazard reports while providing greater trending and workload information in a more user-friendly format. See Appendix B for a sample of this report. Detailed program updates will be replaced by an annual report prior to the budget process outlining compliance with the Ontario Public Health Standards commencing with the 2013 budget. The sections of the policy dealing with Board orientation, reporting on changes in finances, staffing or service levels, and communication on urgent issues are unchanged.

Alternatives for Consideration –Not Applicable

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

Financial: There are no financial implications related to approving this policy.

Staffing: There are no staffing implications related to approving this policy.

Legal: The *Health Protection and Promotion Act* (HPPA) provides the legislative framework for the reporting relationship between the MOH and the Board of Health. The *Personal Health Information Protection Act* outlines the obligations of the MOH as Health Information Custodian in regard to the receipt, storage and disclosure of personal health information, whether it relates to individual clinical clients, or information received during the course of a communicable disease or health hazard investigation. The *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) requires municipalities to protect personal information contained in their record holdings through proper collection, retention, use, disclosure and disposal of personal information.

HISTORICAL BACKGROUND (Chronology of events)

On October 12, 2006 report PH06038 was approved by the Board of Health, bringing into effect a communication policy between the Medical Officer of Health and the Board of Health.

The policy identified specific communications in three areas:

- orientation,
- program updates and changes in staffing, finances and service levels, and
- specific incident communications related to communicable disease and health hazard investigations.

In the summer of 2011, staff met with individual Councillors to obtain feedback on the policy, particularly regarding the communicable disease and health hazard reporting and program updates reporting.

POLICY IMPLICATIONS

The policy implications are outlined in the body of the report.

RELEVANT CONSULTATION

Staff met with a majority of Councillors to receive their feedback regarding amendments to the policy.

ANALYSIS / RATIONALE FOR RECOMMENDATION

(include Performance Measurement/Benchmarking Data, if applicable)

During one-on-one meetings, Councillors consistently noted that they appreciate receiving both program updates and communicable disease and health hazard reporting and see these as important. They also identified the need for additional information on workload, more trend information regarding infectious disease activity, and an understanding of public health actions and requirements to support budget decision making. The overall volume of reports was further identified as a continual challenge for Councillors to keep current with the information being provided.

Based on this feedback Public Health Services recommends changing the communicable disease and health hazard reports to twice yearly with the following objectives:

- provide both reporting and trend information on staff workload; infectious disease activity; and health hazards reporting
- highlight significant diseases and outbreaks of public health importance that occurred during the two-quarter reporting period.

- provide a more concise yet meaningful report format using graphs and tables for displaying information.

In terms of program updates, it is recommended that the individual program updates that were previously provided be replaced by an annual report to the BOH delivered prior to the budget process which outlines compliance with the Ontario Public Health Standards.

The communication policy has been updated based on this feedback and is attached as Appendix A.

ALTERNATIVES FOR CONSIDERATION

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

No alternatives are presented for consideration

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

Skilled, Innovative & Respectful Organization

- ♦ Council and SMT are recognized for their leadership and integrity

APPENDICES / SCHEDULES

Appendix A - Communication Policy for Medical Officer of Health and Board of Health Communication

Appendix B – Infectious Disease and Environmental Health Report: Q3 & Q4 2011

Public Health Services Policy and Procedure Manual

Chapter	04	Communications	04-01
Section			
Subject	01	Communication between Medical Officer of Health and Board of Health	
Approved by:	Board of Health - TBD		

Intent

The intent of this policy is to outline the responsibilities of the Medical Officer of Health (MOH) to orient, update and communicate with the Board of Health (BOH).

Policy

The MOH will ensure that the BOH has been oriented to their role as BOH members, are provided regular updates regarding public health programs and inform the BOH in a timely and appropriate manner during public health emergencies and communicable disease and health hazard investigations, recognizing the provisions of the Health Protection and Promotion Act (HPPA), Personal Health Information Protection Act (PHIPA) and Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Procedure

Medical Officer of Health

Orientation

- In consultation with other City officials, develop and deliver an orientation package for all incoming BOH members within two months of the start of their term, and at the start of each new Council term for all members.
- This shall include an explanation of the BOH's role as a health information custodian with respect to personal health information and the penalties for failing to fulfill obligations under PHIPA.

Updates

- Provide a report to the BOH in the event that there is to be a significant change on finances, staffing or service levels at its next regular meeting.
- Provide updates on communicable disease (CD) investigations and health hazard investigations on a semi-annual basis.
- These reports shall include both reporting and trend information on staff workload; infectious disease activity; and health hazards reporting and will highlight significant diseases and outbreaks of

public health importance that occurred during the two-quarter reporting period. Consistent with PHIPA, these reports shall contain no personal health information. Following the presentation of the report to the BOH, the contents shall be considered public information.

- Using existing municipal emergency protocols, keep the BOH informed during public health emergencies.
- In the case where a complaint is made to the BOH pursuant to Section 11(1) of the HPPA, (Complaint re health hazard related to occupational or environmental health), the semi annual report to the BOH shall be delivered in such a way as to ensure the BOH's compliance with PHIPA and MFIPPA in respect of information received as part of said complaint. Refer to draft policy *Public Health Response*.

Specific Issue Communications: Communicable Disease and Health Hazard Investigations

- Personal health information gathered for the purpose of completing an investigation of a reportable disease is not permitted to be shared with the BOH without the express written consent of the individual involved (Section 11(1) HPPA).
- As part of routine public health practice investigating communicable disease reports and health hazards, the MOH may make a professional judgment that communication to the BOH should occur. While not exhaustive, such circumstances would include: where communication may advance an investigation, thus reducing spread or impact of a communicable disease, where there is an identifiable ongoing risk to the community at large, or where public education may be useful over and above the channels outlined with this policy.
- In the event of a media release or public meeting in the context of an investigation, (such as to advance an investigation or where an identifiable ongoing risk exists) the MOH shall inform the BOH at the time of the release or public meeting.
- Where such communication on a specific issue is to occur, and where the BOH is not scheduled to meet before the communication needs to occur, the MOH shall communicate with the BOH Chair or in his/her absence, the Chair's designate. The Chair will notify the members of the BOH as the Chair sees it is appropriate.

Definitions

References

HPPA

Health Promotion and Protection Act, R.S.O., 1990, c.H.7

PHIPA

Personal Health Information and Protection Act, 2004

Resources

History

Communication Policy for Medical Officer of Health and Board of Health Communication drafted by Dr. Matthew Hodge, Associate Medical Officer of Health, Office of the Medical Officer of Health. Approved by the Board of Health 2006-10-12.

Communication Policy between Medical Officer of Health and Board of Health Communication, updated by Teresa Bendo, Director Planning and Business Improvement, 2012-02-06, Approved by Board of Health xxxx-xx-xx.

Infectious Disease and Environmental Health Report: Q3 & Q4 2011

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Number of reportable diseases investigations* conducted by report quarter, City of Hamilton, 2010-2011.

Program	Type	Reported 2010					Reported in 2011				
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Infectious Diseases (ID)	Cases	260	266	276	279	1081	607	267	278	250	1402
Tuberculosis (TB)	Active TB	10	12	10	14	46	14	9	3	15	41
	Latent TB	151	147	129	186	613	163	165	182	184	694
Sexually Transmitted Infections (STI)	Cases	428	455	474	482	1839	487	472	455	511	1925
Total		849	880	889	961	3579	1271	913	918	960	4062

Top 5 IDs occurring in order (including Vaccine Preventable Diseases and Rabies reporting)

- Hepatitis C
- Campylobacter enteritis
- Salmonellosis
- Hepatitis B
- *Streptococcus pneumoniae*

Top STI

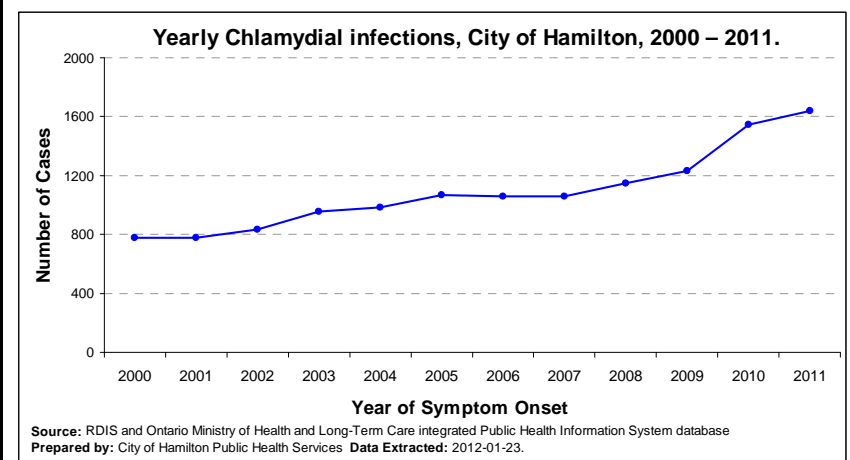
- Chlamydia

Outbreak Activity		Reported 2010					Reported 2011				
		Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Community Outbreaks	Community Outbreaks	7	3	1	5	16	8	3	5	6	22
	Institutional Outbreaks [†]	60	10	14	18	102	50	14	8	21	93
Total		67	13	15	23	118	58	17	13	27	115

[†] Institutional: hospitals, long term care homes, residential care facilities, detention centre

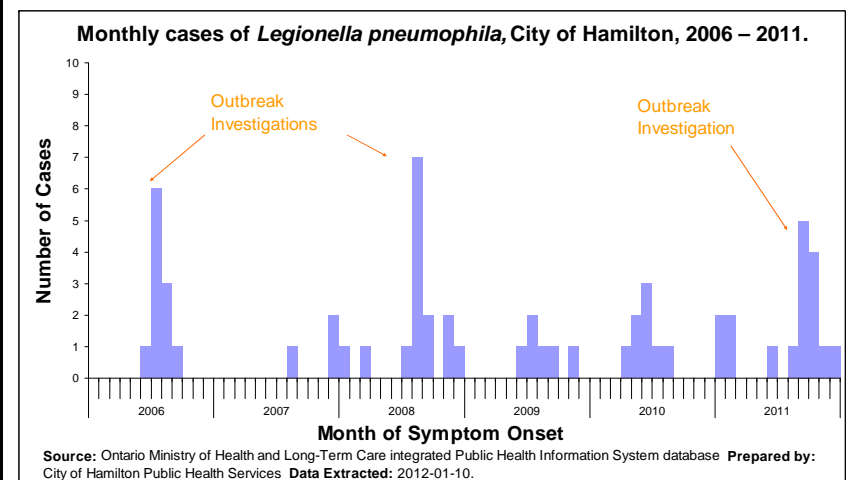
Most significant community outbreak

- Legionellosis investigation



Interpretation: Marked upward trend.

Program Impacts: Increasing workload required with existing resources for both case investigation and health promotion activities for prevention.



Interpretation: Activity occurring mostly during warm months.

Program Impacts: Communication required as per the Cooling Tower Registry By-law 11-078 by May 1 to remind owner/operators to update registration information and risk management plans for cooling tower maintenance to decrease the risk of Legionella growth and emission. Increased surveillance for Legionellosis infections required during the warm months to quickly identify above expected case reporting for outbreak investigation.

Infectious Disease and Environmental Health Report: Q3 & Q4 2011

Environmental Health investigations responded to by Site Visit, Telephone Call or Email, 2010 and 2011

	Reported 2010					Reported 2011				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Food Safety	123	140	167	111	541	139	161	139	120	559
Water Quality	55	135	151	92	433	63	178	196	97	534
Health Hazard Abatement	281	323	651	390	1645	336	351	418	399	1504
Tobacco Control under Smoke Free Ontario Act	85	63	33	27	208	76	72	54	81	283
West Nile Virus	0	94	62	4	160	0	63	62	2	127
Infection Control/Injury Prevention	259	407	533	140	1339	242	596	553	227	1618
Total	803	1162	1597	764	4326	856	1421	1422	926	4625

Top 5 Environmental Health issues

1. Suspect Rabies Investigations (under Infection Control / Injury Prevention)
2. Bed Bug Complaints (under Health Hazard Abatement)
3. Water Quality Inquiries
4. Smoking Related Complaints (under Tobacco Control)
5. Food Safety Complaints and/or Inquiries

