

INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: November 19, 2012	
SUBJECT/REPORT NO: 2012 Accreditation Annual Review Results and 2010-2012 Work Plan Update BOH08027(e) (City Wide)	
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SIGNATURE:	

Council Direction:

At the Board of Health meeting on November 28 2011, Report BOH08027(d) presented the results of the 2011 Ontario Council on Community Health Accreditation Annual Review. In follow-up, Report BOH08027(e) describes the results of the 2012 Annual Review which is the final year of the 2010-2012 three year accreditation cycle. The report also provides an updated work plan for completion of the initial 2010 Survey requirement, recommendations, and suggestions and next steps to prepare for the beginning of the next cycle.

Information:

On June 13 2012, the Ontario Council on Community Health Accreditation (OCCHA) conducted the Year Three Annual Review of Hamilton Public Health Services (PHS). The Annual Review consists of a one day document review and is conducted in years two and three of the three year accreditation cycle. This annual review completed the current accreditation cycle which consisted of:

- Year One – Full Comprehensive Survey (conducted June 2010)
- Year Two – Annual Review (conducted June 2011)
- **Year Three – Annual Review (conducted June 2012)**

The purpose of the two annual reviews is to support the continuous quality improvement process by:

- Monitoring progress made on the requirements, recommendations and suggestions made in Year One (1);
- Checking compliance of some of the 18 OCCHA Standards; and
- Monitoring progress on new and on-going innovative continuous improvement initiatives.

This report updates the progress made addressing the requirements, recommendations and suggestions from Year One; summarizes OCCHA's recent findings; describes the next actions of the 2010-2012 Work Plan; and outlines the key milestones for 2013 as the new cycle begins.

Work Plan Progress and OCCHA Annual Review Findings

At the completion of a full comprehensive survey, OCCHA provides a report which includes three (3) types of comments. The three (3) types of comments include:

- **Requirements** are areas that must be addressed to meet the accreditation standard.
- **Recommendations** identify gaps which have impact on the ability of the agency to achieve consistency across all program and/or service areas.
- **Suggestions** identify areas for improvement to achieve a higher level of compliance with the standard.

In the Year One Survey (2010), OCCHA's Report to PHS included two requirements, three recommendations and three suggestions. The subsequent two annual reviews (2011 and 2012) assessed the progress made by the health unit in each of the identified areas. Table 1 below provides an overview of the areas for improvement; and if OCCHA had acknowledged that progress was made over the course of the 2010-2012 Accreditation Cycle.

OCCHA also identified areas of new and on-going innovative initiatives implemented by PHS that further demonstrates Hamilton PHS' commitment to continuous quality improvement.

Appendix A to this report, "2010-2012 Accreditation Work Plan", outlines more details on each of these areas, the progress made and next steps.

Table 1: Overview of Progress on Requirements, Recommendations, Suggestions and Continuous Quality Improvement Areas

Full Survey	Annual Review Findings	
Year One 2010	Year Two 2011	Year Three 2012
Requirements		
Health & Safety (Workplace Inspections; WHMIS Training)	Progress	Progress
Staff Orientation	Completed	
Recommendations		
HR Policies	Progress	Progress
Job Descriptions	Progress	Progress
Performance Evaluations	Progress	Progress
Suggestions		
BOH Continuing Education	Progress	Progress
Operational Plans	Completed	
Program Monitoring	Completed	
Continuous Quality Improvement Areas		
Corporate Strategic Plan / PHS Business Plan	Progress	Review 2013
PHS Roles and Responsibilities Framework	New	Completed
Social Determinants of Health Committee	New	Completed
Service Performance and Accountability Committee	New	Completed
PHIPA Audit	Progress	Completed

Since next year is a full survey year, all the standards will be reviewed. In particular however, the surveyors have identified that they will look at:

- Development and approval of the PHS 2013 Departmental Business Plan.
- Progress towards a process to facilitate continuing education for BOH members.
- Progress in conducting performance evaluations in a manner consistent with organization policy.
- Confirmation of job description review completion.
- Progress towards revision of human resources policies including policies for volunteers.
- Process established to ensure annual assessment of WHMIS training needs.

- Workplace inspections, documentation and follow-up on outstanding issues.

The complete "OCCHA Accreditation Annual Review Summary" can be found in Appendix B of this report.

Plan to Complete Outstanding Items

In most cases, much of progress being made is by staff standardizing the processes to catch up and then maintain the practices as part of the PHS commitment to continuous quality improvement. To ensure follow through, items related to WHMIS and Workplace Inspections has been forwarded to the Health and Safety Committee and are already being addressed. The remaining items have been incorporated into the 2013 Departmental Business Plan, which in itself is one of the final outstanding items. The work will subsequently be reflected in division and program operational plans.

2013 Accreditation On-site Survey

As mentioned, next year will begin a new accreditation cycle and the on-site visit will occur in June 2013. The components of a full comprehensive survey are as follows:

Activity	Timing
1. Approval by BOH to submit an application to OCCHA to be surveyed	Early 2013
2. Submission of a comprehensive questionnaire and documentation to OCCHA by PHS	April 2013
3. Completion and submission of pre-survey questionnaires to OCCHA by: a. All BOH members b. Selected PHS staff members c. Community partners	Late May/ Early June 2013
4. Three (3) day on-site survey by OCCHA surveyors to: a. Conduct interviews with one to two BOH members, selected PHS staff and community partners b. Review documentation c. Review random personnel records of PHS staff	June 2013 (dates to be determined)
5. Report results of survey to BOH	Fall 2013

Next Steps

In early 2013, staff will bring a report to the BOH for approval to submit an application to OCCHA to be surveyed for re-accreditation in June 2013. This report will provide further details of the process, timelines and expectations of PHS and BOH members.

Appendices Attached:

Appendix A – 2010-2012 Accreditation Work Plan

Appendix B – OCCHA Accreditation Annual Review Summary – July 27, 2012

2010-2012 Accreditation Work Plan
To implement OCCHA Requirements, Recommendations and Suggestions
& Continuous Quality Improvement Activities

OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
REQUIREMENTS: Must be addressed to meet the Accreditation standard.		
<p>Requirement 1: Health & Safety</p> <p>(a) The health unit shall strengthen efforts to ensure that monthly workplace inspections are conducted in a manner consistent with agency policy and legislation.</p>	<p><u>Progress:</u> All but 3 workplace inspections have been completed monthly in 2011/2012.</p> <p><u>OCCHA Comments:</u> In 2013, the survey team will review the on-going efforts in ensuring that monthly workplace inspections are conducted and documented consistently across all office locations. The survey team will also review the process/documentation for follow-up on any issues identified.</p> <p><u>Next Steps:</u> Workplace inspections will continue to be conducted on a monthly basis and consistency of documentation will be addressed.</p>	Immediately
<p>(b) Further, the health unit shall ensure that WHMIS training is provided to all new staff and that training needs are assessed annually.</p>	<p><u>Progress:</u> Staff have been instructed to complete the on-line WHMIS training and managers have followed up with staff not yet completed. All new staff are completing the training via their <i>Orientation to PHS</i>. To date approximately 87% of staff have completed training. Reminder sent to staff who had not completed module by Directors and Managers.</p> <p><u>OCCHA Comments:</u> In 2013, the survey team will review the process established to ensure an annual assessment of WHMIS training needs.</p>	

2010-2012 Accreditation Work Plan
To implement OCCHA Requirements, Recommendations and Suggestions
& Continuous Quality Improvement Activities

OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
	<u>Next Steps:</u> All new staff to complete WHMIS module as part of orientation. Completion rate to be monitored routinely for staff who have not completed the module.	Ongoing
Requirement 2: Training/ Education/ Skills (Orientation to PHS) That the health unit continue its efforts to ensure the development of the formal orientation process to ensure that all employees are provided a comprehensive orientation to the city, PHS and the specific program/service areas.	<u>Progress:</u> <i>Orientation to PHS</i> maintenance has been operationalized as part of Organizational Development Specialist Work Plan. Updates to presentations are being made as required. <u>OCCHA Comments:</u> No further follow-up is required. <u>Next Steps:</u> Maintain currency of materials in Orientation on a routine basis.	Completed On-going
<i>RECOMMENDATIONS: Identifies gaps which have impact on the ability of the agency to achieve consistency across all programs and/or service areas.</i>		
Recommendation 1: HR Policies & Procedures (a) The health unit is encouraged to complete the review of all human resource policies and procedures in a manner consistent with identified timelines and to establish more formal mechanisms for regular review.	<u>Progress:</u> Human Resources are continuing to make progress on updating Corporate Policies & Procedures. Workplan established for 2013. Departmental policies & procedures related to human resources are continuing to be updated. <u>OCCHA Comments:</u> In 2013, the survey team will review the progress towards revision of the HR policies.	

2010-2012 Accreditation Work Plan
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OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
	<p><u>Next Steps:</u></p> <p>Continue to participate in Corporate HR Policy and Procedures review process.</p> <p>PHS to continue to review and update all PHS policies requiring updating once HR review is complete.</p> <p>PHS to continue to review every one to three years with those that address issues with a higher degree of risk/liability to the organization, or related to medical issues requiring annual review.</p> <p>PHS to establish more formal mechanisms for regular review of PHS policies and procedures and their communication/dissemination to staff.</p>	<p>Late Q2 2013</p> <p>On-going</p> <p>Q4 2012 to Q4 2013</p>
<p>(b) The health unit is also encouraged to continue its efforts toward the development and approval of all policies for volunteers.</p>	<p><u>Progress:</u> PHS draft volunteer policies and procedures have been shared with Human Resources (HR) Policy & Planning Specialist in 2010.</p> <p><u>OCCHA Comments:</u> In 2013, the survey team will review the progress towards revision of the student and volunteer policies.</p> <p><u>Next Steps:</u> To review, approve and implement draft PHS Volunteer Policies and Procedures based on best practices. Continue to liaise with HR staff regarding the development of Volunteer policies & procedures and revise PHS policies accordingly.</p>	<p>Q4 2012 to Q1 2013</p>

2010-2012 Accreditation Work Plan
To implement OCCHA Requirements, Recommendations and Suggestions
& Continuous Quality Improvement Activities

OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
<p>Recommendation 2: Staffing (Position Descriptions)</p> <p>That the health unit continue its efforts to collaborate with Human Resources towards the development of position descriptions for all staff.</p>	<p><u>Progress:</u> Director and AMOH job descriptions completed in 2010. Manager and non-union job descriptions completed as posted in 2011.</p> <p><u>OCCHA Comments:</u> The health unit is recognized for their efforts to update/develop and /or review position descriptions. In 2013, the survey team will confirm that the review process has been completed.</p> <p><u>Next Steps:</u> Remaining job descriptions to be completed in 2013 (as applicable).</p>	<p>2010-2013</p>
<p>Recommendation 3: Performance Evaluations</p> <p>The OCCHA Board of Directors recognizes that changes in the organizational structure and H1N1 have had an impact on regular performance evaluations. However, the health unit is encouraged to continue its efforts to ensure that performance evaluations are conducted across all program areas in a manner consistent with agency policy.</p>	<p><u>Progress:</u> A new Performance Management Monitoring Tool (PMMT) was introduced to monitor completion rates of the annual performance evaluations. The progress on the tool is reviewed periodically at PHSMT meetings and since its introduction; the completion rate of the performance evaluations has gone from 58% to 81%. The Competency-based Performance Management Process Pilot was completed and determined to not be feasible to implement.</p> <p><u>OCCHA Comments:</u> In 2013, the survey team will review the on-going efforts of the health unit in conducting performance evaluations in a manner</p>	

2010-2012 Accreditation Work Plan
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OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
	<p>consistent with policy. No further follow-up required regarding the Competency-based Performance Management Process Pilot.</p> <p><u>Next Steps:</u> The goal is to reach 90% by the end of 2012, consistent with the directive by the City Manager's Office for all Departments in the City Of Hamilton.</p>	<p>Dec 2012</p> <p>Then maintain</p>
<i>SUGGESTIONS: Identifies areas for improvement to achieve a higher level of compliance with the standard.</i>		
<p>Suggestion 1: Governance</p> <p>Board of Health members are encouraged to participate in continuing education opportunities to facilitate their knowledge, skills and understanding relative to their roles and responsibilities.</p>	<p><u>Progress:</u> Notifications for educational opportunities continue to be sent to BOH. First workshop on emergency planning and response delivered in Q3 2012.</p> <p><u>OCCHA Comments:</u> In 2013, the survey team will review the progress towards development of a process and/or mechanisms to facilitate continuing education for board of health members.</p> <p><u>Next Steps:</u> Continue providing notification of continuing education opportunities to BOH.</p>	<p>Ongoing</p>
<p>Suggestion 2: Operational Plans</p> <p>The health unit is encouraged to continue their efforts towards the completion of operational plans for all</p>	<p><u>Progress:</u> 2012 Operational Plans completed. Directors and Associate Medical Officers of Health are working on operational plans with their respective divisions for</p>	

2010-2012 Accreditation Work Plan
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& Continuous Quality Improvement Activities

OCCHA Comments	Progress as of June 2012 & Next Steps	Timelines
<p>programs in a manner consistent with identified timelines.</p>	<p>2013.</p> <p><u>OCCHA Comments</u>: N/A as this was no longer an outstanding item.</p> <p><u>Next Steps</u>: 2013 Operational Plans to be developed following development of 2013 Departmental Business Plan.</p> <p>Continue to develop operational plans annually.</p>	<p>Annually</p>
<p>Suggestion 3: Monitoring & Evaluation</p> <p>The health unit is encouraged to continue efforts to ensure that monitoring and evaluation activities are documented in the operational plans in a manner consistent with agency policy.</p>	<p><u>Progress</u>: Program monitoring & program evaluation activities are being integrated into operational plans.</p> <p><u>OCCHA Comments</u>: N/A as this was no longer an outstanding item.</p> <p><u>Next Steps</u>: Monitoring & evaluation activities to be documented in operational plans and used to inform/change subsequent year's program planning.</p>	<p>Annually & ongoing</p>

**2010-2012 Accreditation Work Plan
To implement OCCHA Requirements, Recommendations and Suggestions
& Continuous Quality Improvement Activities**

Continuous Quality Improvement Activities

Activity	OCCHA Follow-up for Year 3 (2012)	Progress
Corporate Strategic Plan and PHS Strategic Business Plan	<u>June 2012</u> : In 2013, the survey team will review the development and approval of the PHS 2013 Business Plan.	PHS awaiting approval of the proposed 2013 PHS Departmental Business Plan.
PHS Roles and Responsibilities Framework	<u>June 2012</u> : No specific follow-up required.	The PHS Roles and Responsibilities Framework is implemented but continues to be refined as required.
Social Determinants of Health (SDOH)Committee	<u>June 2012</u> : No further follow-up is required.	SDOH Committee meets regularly, and has developed and is implementing their operational plan.
Service Performance & Accountability Committee	<u>June 2012</u> : No further follow-up is required.	Committee has undertaken a Business Process Review of the Operational Planning process.
PHIPA Audit	<u>June 2012</u> : No further follow-up required.	PHIPA Audit recommendations completed in 2011.

OCCHA Accreditation Annual Review Summary

Health Unit: City of Hamilton Public Health Services		Date of Review: June 13, 2012		Date of Original Survey: June 18, 2010
Section I – Outstanding Items from Accreditation Report (i.e., Requirements, Recommendations, Suggestions)				
Standard #	Standard	Year 1 Findings – 2010	Year 2 Findings - 2011	Year 3 Findings – 2012
2H	Members of the governing body shall participate in continuing education relative to their roles and responsibilities	<p>Orientation to the City of Hamilton Public Health Services is provided to all Board of Health members and regularly updates are on public health programs and services are provided during meetings of the Board of Health. Board of Health members are also advised of opportunities for continuing education; although participation in continuing education is not strong.</p> <p>SUGGESTION: Board of Health members are encouraged to participate in continuing education opportunities to facilitate their knowledge, skills and understanding relative to their roles and responsibilities.</p>	<p>Evidence indicates that continuing education opportunities are provided to Board of Health members on an ongoing basis. It is not clear how many members attended these events. In addition, one-on-one meetings are conducted between the MOH and most councilors. The agency will be expanding its Board orientation program to incorporate expectations of continuing education in support of the Ontario Public Health Organizational Standards.</p> <p><i>In Year 3, the survey team will continue to review the opportunities provided and attendance of Board of Health members at these events.</i></p>	<p>A review of minutes indicates that members of the Board of Health are provided opportunities for continuing education. Interviews also indicate that the Board of Health, in consultation with the Medical Officer of Health, will be developing a process for ongoing education of board members (e.g., quarterly speaker events at board meetings).</p> <p><i>In 2013, the survey team will review the progress towards development of a process and/or mechanisms to facilitate continuing education for board of health members.</i></p>
5A	The governing body shall ensure the establishment of written human resource policies and procedures, which are made available to staff, students and volunteers. All policies and procedures shall be regularly reviewed, as	<p>There are both municipal and departmental human resource policies and procedures. Evidence and interviews indicate that, while many policies and procedures have been reviewed and revised regularly, others have not. The health unit has identified the need to review outdated policies and plans are underway to ensure this is completed. In addition, policies for volunteers are under</p>	<p>A work plan was developed in 2010 which identifies the policies, procedures and timelines for review. Evidence indicates that review of departmental policies is to be completed by the end of 2011 and corporate policies are scheduled to be completed by late 2012. Volunteer policies are in draft form and have been shared with the Human Resources Department of the City of Hamilton. Existing protocols and tools are being used for volunteers until such time as the volunteer policies are formally endorsed by Corporate</p>	<p>Review of the ~100 policies is ongoing. All policies have been assigned a priority rating (1-3) and a frequency of review. Interviews and evidence indicate that this will be completed in late 2012. Upon completion of the HR policy review process, the health unit will complete the review of the student and volunteer policies and will revise them, as appropriate.</p>

	appropriate. Dates of all review and revision shall be recorded.	development. RECOMMENDATION: The health unit is encouraged to complete the review of all human resource policies and procedures in a manner consistent with identified timelines and to establish more formal mechanisms for regular review. The health unit is also encouraged to continue its efforts toward the development and approval of all policies for volunteers.	Services. <i>In Year 3, the survey team will review the ongoing progress towards approval and implementation of both departmental and corporate HR policies and procedures.</i>	<i>In 2013, the survey team will review the progress towards revision of the HR, student and volunteer policies.</i>
5F	The governing body shall adopt practices consistent with government regulations related to the protection of human resources and the general public.	There is a Multi-Site Joint Health and Safety Committee and approved terms of reference which include composition, function and meetings. The committee meets regularly and minutes of meetings are made available to all staff. The health and safety policy is posted and is reviewed regularly and first aid stations are identified. A review of evidence indicates that monthly workplace inspections have not been consistently conducted in all of the health unit offices in a manner consistent with legislation or agency policy. In addition, there was no evidence that WHMIS needs have been annually assessed or that all new staff members are provided WHMIS training. REQUIREMENT: The health unit shall strengthen efforts to ensure that monthly workplace inspections are conducted in a manner consistent with agency policy and legislation. Further, the health unit shall ensure that WHMIS training is provided to all new staff and that training needs are assessed annually.	Reminders are sent to the Joint Health and Safety Committee members conducting workplace inspections. Since the beginning of 2011, workplace inspections for all offices are close to 100%. An on-line WHMIS training module was implemented in February 2011. This module will be incorporated into the orientation process. The agency expects to have all staff complete the module by the end of 2011. <i>The agency is recognized for its efforts to improve workplace inspections and enhance WHMIS training. In Year 3, the survey team will review the progress towards ensuring that workplace inspections are conducted in all offices in a manner consistent with policy and government regulations. Further the survey team will review the full implementation of the WHMIS training module.</i>	The health unit continues to make efforts to ensure monthly workplace inspections are conducted across all offices. A review of 2011 documentation indicates that all but 3 inspections were conducted for the past twelve months across the eight work sites. It was noted, however, that documentation on the actual inspection forms is not consistent across the health unit (i.e. some forms not signed or not dated). In addition, some forms while signed were blank. As there is no written protocol for completion of the forms, it was difficult to tell whether a blank form indicates there were no issues identified. Further, documentation of follow-up by the health unit to issues identified during workplace inspections was not evident. The health unit may wish to consider establishing protocols for completion of inspection forms and documentation of follow-up.

				<p>All new employees are required to complete the on-line WHMIS training module. A list of those that have completed training is tracked. Evidence indicates that the health unit will conduct refresher training every 3 years and will establish additional training for specific programs upon the change or introduction of new materials. It is not clear how this will be tracked, nor is it clear how an annual assessment of training needs will be conducted.</p> <p><i>In 2013, the survey team will review the ongoing efforts of the health unit in ensuring that monthly workplace inspections are conducted and documented consistently across all office locations. The survey team will also review the process/documentation for follow-up on any issues identified.</i></p> <p><i>Further, the survey team will review the process established to ensure an annual assessment of WHMIS training needs.</i></p>
7C	The general administrative body shall ensure that there are written position descriptions for all positions, which are reviewed on a regular basis, revised as appropriate and made	There are municipal job postings for all positions within Public Health Services. Evidence and interviews indicate that Public Health Services is working with the City of Hamilton, Human Resources Department to launch a new job description template and corresponding policy towards the development of position descriptions. These job descriptions will also reflect any changes	The agency has continued its collaboration with Corporate Human Resources towards the development and implementation of the new job description template. Job descriptions have been completed for directors and Associate Medical Officers of Health. Evidence indicates that manager and most staff member's job descriptions will be completed by the end of 2011, with any outstanding job descriptions to be completed in 2012.	The health unit provided a list of position descriptions that have been reviewed/revised or developed since June 2011. Evidence indicates that the health unit has made great progress towards updating position descriptions. A draft policy for position descriptions (06 29) was found on the intranet. The policy indicates that position descriptions

	<p>available to each staff member. Position descriptions shall include a specific statement of duties/responsibilities, level/type of require education, training and related work experience and should be considered during the performance evaluation process.</p>	<p>in roles and responsibilities that occur during the implementation of recommendations from the Organization Structure Review project.</p> <p>RECOMMENDATION: That the health unit continue its efforts to collaborate with Human Resources towards the development of position descriptions for all staff.</p>	<p><i>In Year 3, the survey team will review the progress towards completion of job descriptions for all staff members.</i></p>	<p>will be posted on the shared drive. Some inconsistencies were noted in the formatting (some have different numbering systems, some have different headers). The health unit is encouraged to review approved position descriptions to ensure consistency across all divisions.</p> <p><i>The health unit is recognized for their efforts to update/develop and/ or review position descriptions. In 2013, the survey team will confirm that the review process has been completed.</i></p>
8A	<p>The general administrative body shall ensure there is a written staff orientation policy, which includes both an overall orientation to the agency and an orientation specific to the appropriate program/service.</p>	<p>Orientation to the City of Hamilton is provided to all new staff members. Evidence and interviews also confirm that orientation to the appropriate program/service is provided in a manner consistent with program policies and procedures. However, while a policy and procedure exists for new employee orientation to Public Health Services, there is currently no formal orientation provided. The health unit has identified this as a gap and the policy and procedure are under review as part of a project charter for new employee orientation. This project is currently in the development phase and will include a multi-faceted agency approach to orientation.</p> <p>REQUIREMENT: That the health unit continue its efforts to ensure the development of the formal orientation process to ensure that all employees are provided a comprehensive orientation to the city, Public Health Services</p>	<p>A newly developed orientation program to Public Health Services was launched in April 2011. This program includes e-manual review, an orientation checklist and supervisor checklist. This program is consistent with and complements the City of Hamilton's New Employee Orientation and program specific orientation. Plans are in place to evaluate this program in late 2011 or early 2012.</p> <p><i>The agency is recognized for its efforts to develop an effective orientation program. In Year 3, the survey team will review the status of the evaluation of the program and any updates and/or revisions to the program.</i></p>	<p>The health unit orientation program includes a link to an on-line feedback survey. No significant changes to the program were suggested, so the program was not revised. The responsibility for the PHS orientation program has been integrated into the Organizational Development Specialist's work plan. In addition, the Organizational Effectiveness Committee will advise on the program as part of its mandate.</p> <p><i>No further follow-up is required.</i></p>

		and the specific program/service area.		
9B	Performance evaluations shall be completed in a manner consistent with agency policy. Staff shall be provided the opportunity for input into the performance evaluation process. All performance evaluations shall be dated and signed by both the staff member being evaluated and the appropriate signing authority. The original shall be kept in the personnel file.	<p>There is a health unit policy which requires that performance evaluations be completed annual. It was noted during interviews that performance evaluations were postponed in the Fall during the H1N1 initiative. Evidence and interviews indicate that, while that most staff members have received a performance evaluation in a manner consistent with policy, there were some minor gaps noted.</p> <p>RECOMMENDATION: The OCCHA Board of Directors recognizes that changes in the organizational structure and H1N1 have had an impact on regular performance evaluations. However, the health unit is encouraged to continue its efforts to ensure that performance evaluations are conducted across all program areas in a manner consistent with agency policy.</p>	<p>The agency is undergoing a pilot project to evaluate a Competency Based Performance Management Process in collaboration with corporate Human Resources. In the interim, while a tracking system is in place to ensure that performance evaluations are conducted in a consistent manner, evidence indicates that there has been no significant improvement in completion rates for 2010 due to contingency planning.</p> <p><i>In Year 3, the survey team will review the pilot project and will confirm the completion rates of performance evaluations across all programs.</i></p>	<p>A performance management monitoring tool (PMMT) was introduced in 2011 to monitor completion rates of annual performance evaluations. The health unit has made significant progress towards ensuring completion of performance evaluations (an increase from 58% to 81%). The health unit is anticipating a completion rate of 90% by the end of 2012.</p> <p><i>In 2013, the survey team will review the ongoing efforts of the health unit in conducting performance evaluations in a manner consistent with policy.</i></p> <p>The pilot project for the competencies based performance management process was completed. The health unit has decided not to adopt this tool as it not feasible.</p> <p><i>No further follow-up is required.</i></p>
12G	There shall be an annual written operational plan for each program/service which identifies, at a minimum: Activities (implementation and monitoring); Time-lines;	A review of evidence indicates that there are operational plans for most programs. There were some operational plans that had not yet to be completed due to re-structuring and staffing changes, but interviews indicated that this had been recognized and plans had been made to address the gaps.	<p>Evidence indicates that 2011 operational plans were completed for all program areas.</p> <p><i>No specific additional follow-up is required as operational plans are reviewed as part of the annual review process.</i></p>	N/A

	Responsibilities, and Expected outcomes.	SUGGESTION: The health unit is encouraged to continue their efforts towards the completion of operational plans for all programs in a manner consistent with identified timelines.		
15B	The agency shall have processes in place to ensure the identification of monitoring and evaluation activities, including where new interventions are developed and implemented.	There are policies and processes in place for surveillance and evaluation and evidence and interviews indicate that surveillance, monitoring and evaluation does occur and is ongoing across all programs/services. As part of the health unit's strategic plan, monitoring and evaluation will be included in the operational planning process and planning template to facilitate documentation and ongoing monitoring. Evidence indicates that some programs have already updated their process and planning tools to reflect regular monitoring and evaluation activities, but this initiative is still ongoing. Interviews also indicate that documentation of monitoring and evaluation was also impacted by H1N1.	A review of 2010 operational plans and examples provided confirm that documentation of monitoring and evaluation activities is occurring across all program areas. No further follow-up is required.	N/A
15C	Programs/services shall regularly monitor activities, as identified in the operational plans, and evaluate, document and disseminate program/service outcomes (both short-term and long-term).	SUGGESTION: The health unit is encouraged to continue efforts to ensure that monitoring and evaluation activities are documented in the operational plans in a manner consistent with agency policy.		

Section II – Program Standards

Std	Component	Content	Applicable Programs	Year 1	Year 2	Year 3
10B	Collaboration	Programs/services shall share best available evidence with community partners, priority populations and target groups to	CDP, PISM, SH/STI	PSIM – Stepping it Up Project – evidence shared with Catholic	CDP – Tobacco Control - Implementation of the Ottawa Heart Model for Smoking Cessation	SH/STI – Sex Talk 101 – an education event with health care professionals to increase knowledge and ability to

		increase community capacity in the areas of health promotion and disease prevention.		School Board.		screen, counsel and treat priority populations
10C	Collaboration	Programs/services shall collaborate with community partners, priority and target groups to develop, plan and implement programs/services and policies.	IDPC, TBPC, SH/STI	SH/STI – Sexual Health Clinic for Sex Trade Workers – partnership with Elizabeth Fry Society	IDPC – Outbreak response to Group A Strep and subsequent planning with Long-Term Care facility	TBPC – Newcomer Health Clinic – collaboration with the Refugee Hamilton Centre to transfer refugee screening of TB from PHS to the Centre
13A	Health Promotion	Programs/services shall provide opportunities for education and skills development to community partners and priority populations.	CDP, PISM, SH/STI, VPD, FS, SW	CDP – Women’s Health Educator Program – priority populations FS – Annual Long-Term Care Home Education Day – cleaning and disinfecting	PISM – Steps to Health – Reducing Barriers to Helmet Use with Good Shepherd VPD – Cold Chain Education with health care providers	SH/STI – education events to priority populations (e.g., women in detention centres, barbers, youth in foster care) SW – Certified Pool Operators Course and training for spa operators
13B	Health Promotion	The agency shall work with community agencies, partners and organizations to identify and develop strategies to create and enhance support environments.	CDP, RH, CH, PISM, SH/STI	CDP – Pedestrian and Walkability Initiatives SH/STI – Providing a safe environment to facilitate testing of sex trade workers	RH – Hamilton Prenatal Nutrition Project CH – Limeridge Breastfeeding Clinic – partnership with the Ontario Early Years Centre	PISM - Healthy Community – Healthy Youth Flamborough – to prevent high drug and alcohol use in youth - resulted in the HC-HY Coalition
13C	Health Promotion	The agency shall model and develop strategies to promote, support and/or implement healthy policy, both internally and within the community.	CDP, RH,CH, PISM, VPD, HH	CH - Breastfeeding Policy with Children’s Aid and Catholic Children’s Aid HH - PHS Strategic Business plan - to improve air quality including municipal policy and planning and advocacy	PISM – Municipal Alcohol Policy development CDP – Smoking and Second Smoking in Outdoor Municipal Recreation Areas – draft by-law development .	RH – Minimal Contact Tobacco Intervention Policy – for women in their reproductive years – policy development with community partners VPD – Health Care Sector Influenza Working Group - advocacy, policy, partnerships and marketing to improve surveillance of influenza and to increase immunization rates

Section III – Summary of Findings from Annual Questionnaire

The agency completed the Annual Questionnaire and provided all evidence as required. The health unit has initiated the PHS Consolidation Project, which is a long term project to relocate PHS staff to Hamilton's downtown and to transform the way the health unit does business in order to improve services to clients. Some organizational changes were also noted. Revised organizational charts were provided in evidence. No other significant changes or gaps were identified upon review of the questionnaire and evidence.

Section IV – Areas of Follow-up in support of continuous quality improvement

Standard	Component	Year 1 Findings and Follow-up 2010	Year 2 Findings and Follow-up 2011	Year 3 Findings and Follow-up 2013
1A	The agency shall work with the governing body, staff and community partners to ensure the development, implementation and monitoring of a strategic plan.	<p>During the previous accreditation survey, the health unit was encouraged to involve staff members in the early stages of their next strategic planning process. During this accreditation process, it was noted that the approved strategic plan for 2007-2010 was developed in consultation with staff across all program areas and with community partners through the use of focus groups and interviews. This plan includes six specific goals which informs the work of the health unit. Evidence and interviews indicate that work is underway toward the development of the 2011-2014 strategic plan.</p> <p><i>In Year 2, the survey team will review the progress towards the development of the 2011-2014 strategic plan.</i></p>	<p>The development of the PHS Strategic Business Plan has been deferred until the completion of the Corporate Strategic Plan scheduled to be completed in late 2011. A 2011 PHS Work Plan was developed and approved by the Board of Health as an interim measure.</p> <p><i>In Year 3, the survey team will review the status of both the Corporate Strategic Plan and the PHS Strategic Business Plan.</i></p>	<p>The 2012-2015 Corporate Strategic Plan was approved by Council in April. The 2012 PHS Strategic Business Plan was to be presented to the Board of Health in late June 2012. The 2013 PHS Strategic Plan will follow the Corporate Template and will be completed during the budget process.</p> <p><i>In 2013, the survey team will review the development and approval of the PHS 2013 Business Plan.</i></p>
3A	The composition, responsibilities and function of the general administrative body shall be defined in writing.	An organization structure review project (OSR) was conducted in 2009, which resulted in a number of recommendations related to the organizational structure and management of public health services, including a review of the roles and responsibilities of management and staff.	Terms of reference have been developed for both a PHS Organizational Effectiveness Committee and a Service Performance and Accountability Committee. The review of the roles of management is still ongoing. A framework has been developed to further understand the inter-	The purpose of the PHS Organizational Effectiveness Committee is to develop, recommend and implement strategies to enhance PHS organizational effectiveness. This committee will identify workforce issues, such as: workforce and succession planning, performance management, core

		<p>Implementation of these recommendations is ongoing. As part of the recommendations, the general administrative body of the health unit is now the Public Health Services Management Team (PHSMT). Evidence indicates that the PHSMT is meeting regularly to discuss the recommendations of the OSR and their roles and responsibilities and terms of reference are scheduled to be developed.</p> <p><i>In Year 2, the survey team will review the progress towards the development of the terms of reference of the PHSMT to reflect the approved changes in the role of management.</i></p>	<p>relationships between the levels within the agency.</p> <p><i>In Year 3, the survey team will review the implementation of the framework and the review of Public Health Services Roles.</i></p>	<p>competencies, orientation and organizational culture. The work of this Committee and the framework for PHS roles and responsibilities has been used to inform some changes in the position descriptions of program managers (re: decision making and inter-relationships) See Section I –Standard 7C for further information on position descriptions.</p> <p><i>No specific follow-up is required.</i></p>
3C	<p>The general administrative body shall establish processes/mechanisms to ensure that all programs, services and projects, including research are coordinated, planned, implemented, monitored and evaluated.</p>	<p>As noted above, an OSR was conducted in 2009. Recommendation 7.2 of the OSR calls for the establishment of a planning and prioritization process that identifies cross-divisional projects to be completed.</p> <p><i>In Year 2, the survey team will review the progress towards implementation of the recommendation related to cross divisional planning.</i></p>	<p>The agency has established a Social Determinants of Health Committee and a Service Performance and Accountability Committee. Terms of reference have been developed for both committees. These committees will facilitate cross divisional planning.</p> <p><i>In Year 3, the survey team will review the work to-date of both committees.</i></p>	<p>Minutes of the Social Determinants of Health (SDOH) and Service Performance and Accountabilities Committees were reviewed. The health unit intranet also contains resources and support for the social determinants of health, including: minutes and members of the SDOH; available workshops and project documentation. A Project Charter and Workplan have also been developed and are on the intranet.</p> <p>The Service Performance and Accountability Committee has undertaken a Business Process Review (BPR) for Operational Planning, including cross divisional planning and collaboration, improved communications on resource availability, and review of the policy/template for operational planning.</p>

				No further follow-up is required.
6B	The records of the agency and each program/service shall be maintained in a manner consistent with applicable legislation and agency policy.	<p>There are policies and procedures for records management which include creation, access, security, maintenance, retention and disposal. The city of Hamilton conducted an internal audit in 2008, which included an audit of various public health services programs and their compliance with the Personal Health Information Protection Act (PHIPA). The findings noted that, in general, the health unit has taken steps to address the confidentiality of personal health information and that written procedures, are available and practiced accordingly. Some areas of improvement were noted and the health unit has developed an action plan to address these recommendations.</p> <p><i>In Year 2, the survey team will review the implementation of the recommendations of the PHIPA audit.</i></p>	<p>The original PHIPA Audit report contained six recommendations. The agency has completed work on two of these recommendations, has made progress towards addressing three more and has begun work on the final recommendation. The Personal Health Information Privacy Practices poster has been updated, and policies and procedures have been updated to include appropriate reference to legislation (PHIPPA). Work continues on updating program specific policies, and refining processes related to access and correction of personal health information.</p> <p><i>In Year 3, the survey team will review the progress of the agency in completing work on the remaining audit recommendations.</i></p>	<p>The remaining recommendations have been addressed and completed (November 2011). Policies have been updated and are available on the internet and intranet.</p> <p><i>No further follow-up is required.</i></p>

Section V – Summary of Annual Review Findings

A review of Annual Questionnaire and all evidence indicates that the Health Unit has made progress towards addressing the outstanding requirements, recommendations and suggestions contained within the original accreditation report and has demonstrated ongoing compliance with OCCHA accreditation standards. In addition, the agency has addressed most areas of follow-up in support of continuous quality improvement. Over the three year accreditation cycle, the agency has met the OCCHA standards as they related to programs with examples provided for all program areas.

Reviewed by the OCCHA Board of Directors on July 27, 2012

The City of Hamilton, Public Health Services is encouraged to continue its efforts to address any outstanding items in support of compliance with the OCCHA accreditation standards and continuous quality improvement.