



INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: February 4, 2013	
SUBJECT/REPORT NO: Ontario Public Health Standards Compliance Report (BOH13005) (City Wide)	
SUBMITTED BY: Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	PREPARED BY: Kevin R Smith (905) 546 2424, Ext 1898 Joanne Kohut (905) 546 2424, Ext 4300
SIGNATURE:	

Council Direction:

Not Applicable

Information:

This report is in response to the request of Board of Health members to better understand Public Health Services' (PHS) compliance with the Ontario Public Health Standards (OPHS).

A summary of the level of compliance being achieved by PHS programs and services with regards to the OPHS is provided, including the level of performance with respect to the Province's Accountability Agreement (AA) indicators. Compliance and performance were assessed using three approaches: a self-assessment of OPHS compliance; reporting on AA indicator levels; and self-assessment as part of the City of Hamilton Service Delivery Review (SDR) project. Although the three programs funded through the Ministry of Children and Youth Services do not technically fall within the OPHS requirements, they were proactively included in these assessments.

City of Hamilton Service Delivery Review

When completing its portion of the Service Delivery Review, PHS used the OPHS framework to organize the programs and services, and report on program indicators. As benchmarking within Ontario's public health system is only just now resuming through the AA process, this provided a structure for information that was most likely to have comparison data in the future as the AA process matures. As part of the information gathering process for the SDR program, service and sub-service profiles, data was compiled regarding service type, service level and overall performance. The PHS program and service SDR framework is provided in Appendix A.

Accountability Agreement Indicators

PHS has been working with the Ministry of Health and Long Term Care (MOHLTC) to ensure that PHS is compliant with performance targets established by the province. To accomplish this, a 'Performance Management Data Sharing Network Site' hosted by the MOHLTC, which provides a shared location for the posting and sharing of data and information related to the 14 AA indicators is being used by PHS. Regular information updates and data sharing between PHS and the MOHLTC now ensure that the BOH is consistently measuring and sharing data on the AA indicators. In a document released by the MOHLTC that reports the mid-year provincial summary of the indicators for 36 health units, PHS ranked consistently in the top percentiles of health units for compliance with the exception being HPV vaccine wastage. Appendix B provides a summary of the mid-year performance levels submitted by PHS.

OPHS Compliance Self-Assessment

The PHS Service Performance and Accountability Committee conducted a program and service-level self-assessment of compliance for the OPHS.

The assessment shows that PHS programs and services substantially meet the OPHS requirements as set by the MOHLTC with a few exceptions. Of the 142 requirements that fall under the OPHS, PHS has identified only 9 areas of non-compliance or underperformance, which include:

- higher than anticipated HPV vaccine doses wasted,
- delays in gonorrhoea case investigations,
- delays in immunization reporting for childhood vaccines,
- disruption in service delivery to schools
- lower than anticipated uptake of training in the areas of substance abuse and injury prevention
- having fewer resources than needed for prenatal/postnatal and postpartum programs, and
- surveillance activities in place for some but not all PHS programs as required.

PHS has identified an action plan to address each of the identified shortcomings that will result in greater compliance with the OPHS. Descriptions of these exceptions and an action plan are documented in Appendix C.

The MOHLTC has not yet clarified whether the OPHS requirements and AA performance targets/goals are minimum standards or goals that local public health should work toward. This is likely to be clarified as further indicators are developed under the AA, and performance reports are submitted and analyzed. It is unclear whether public health unit funding will be tied to BOH performance on these indicators and standards in the future.

As directed by the BOH, the MOH has advised the MOHLTC that current performance indicators and targets do not comprehensively address the range of programs and services mandated under the OPHS, and that some of the indicators are not appropriate performance measures for local boards of health. PHS staff continue to work with the province setting alternate performance targets, and on “Developmental Indicators” for areas of mutual interest including, but not limited to:

- physical activity;
- healthy eating and nutrition;
- child and reproductive health;
- comprehensive tobacco control; and
- equity.

Next Steps:

The provincial OPHS, Organizational Standards and Accountability Agreement, along with the City of Hamilton’s SDR processes are intended to create an accountable, continuously improving organization with excellence in both program delivery and governance.

PHS will implement the improvements outlined in Appendix C and continue to participate in the SDR. Staff will continue to keep the BOH informed about the Ministry’s response regarding the compliance and performance targets, as well as work on the Developmental Indicators.

A 2013 PHS capital budget request was submitted to support the expansion of program indicators across PHS programs and the development of an information management system to be used for program and organizational decision making.

Appendices:

Appendix A - PHS Service Delivery Review framework based on OPHS

Appendix B - Summary of OPHS Compliance and Accountability Agreement Indicators status

Appendix C - Areas for improvement of compliance by PHS programs and services

Appendix A: PHS Service Delivery Review framework based on OPHS

SDR Category	Associated sub-services
Emergency Preparedness	
Chronic Disease and Injury Prevention	Chronic Disease Prevention Adult Dental Treatment Mental Health & Addictions Prevention of Injury & Substance Misuse
Environmental Health	Food Safety Health Hazard Prevention and Management Safe Water Residential Care Facility Inspection
Family Health	Child Health Reproductive Health Child and Adolescent Services
Infectious Diseases	Vaccine Preventable Diseases Vector Borne Disease Prevention & Control Infectious Disease Prevention and Control TB Prevention and Control Sexual Health and Sexually Transmitted Infections
Foundational Standards	Surveillance & Health Status Monitoring Research and Evaluation Social Determinants of Health
Public Health Support Services	Finance and Administration Information Services Human Resources Organizational Standards

Appendix B: Summary of OPHS Compliance and Accountability Agreement Indicators Status

SDR Category	Associated sub-services	OPHS Compliance Y/N	Accountability Agreement Indicators (Mid-year status updates highlighted)
Emergency Preparedness	N/A	Y	N/A
Chronic Disease and Injury	N/A	Y	N/A
	Chronic Disease Prevention	Y	<p>Mid-Year Status: 87% of tobacco vendors in compliance with youth access legislation at the time of last inspection – Will be measured again year-end with a target of 90%.</p> <p>To be measured at year-end: % of youth (ages 12-18) who have never smoked a whole cigarette</p> <p>To be measured at year-end: % of population (19+) that exceeds the Low-Risk Drinking Guidelines</p>
	Adult Dental Treatment	N/A Meets BOH mandate	N/A
	Mental Health & Addictions	N/A Meets LHIN requirements	N/A
	Prevention of Injury & Substance Misuse	Y	To be measured at year-end: Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)
Environmental Health			
	Food Safety	Y	<p>Mid-Year Status: 94.6% of high risk food premises inspected once every 4 months while in operation – 2013 target is 100%.</p>
	Health Hazard Prevention and Management	Y	N/A
	Safe Water	Y	To be measured at year-end: % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for reinspection.

			Mid-Year Status: 100% of pools and public spas by class inspected while in Operation – 2013 target is 100%
	Residential Care Facility Inspection	N/A Meets BOH mandate	N/A
Family Health			
	Child Health	Y	Mid-Year Status: Baby Friendly Initiative, Intermediate status – Will be measured again year-end 2012.
	Reproductive Health	Y	N/A
	Child and Adolescent Services	N/A Meets MCYS requirements	N/A
Infectious Diseases			
	Vaccine Preventable Diseases	N	<p>To be measured at year-end: % of school-aged children who have completed immunizations for Hepatitis B</p> <p>To be measured at year-end: % of school-aged children who have completed immunizations for HPV</p> <p>To be measured at year-end: % of school-aged children who have completed immunizations for meningococcus</p> <p>Mid-Year Status: 5.1% of HPV vaccine wasted that is stored/administered by the public health unit – Action taken/needed as baseline was 0.5% - 2013 target is to maintain or improve wastage rate over baseline.</p> <p>To be measured at year-end: % of influenza vaccine wasted that is stored/administered by the public health</p>

			unit
	Vector Borne Disease Prevention & Control	Y	N/A
	Infectious Disease Prevention and Control	Y	Mid-Year Status: 100% of confirmed iGAS cases had follow-up initiated on the same day as receipt of lab confirmation of a positive case (20/20) – 2013 target is 100%.
	TB Prevention and Control	Y	N/A
	Sexual Health and Sexually Transmitted Infection	N	Mid-Year Status: 99% of confirmed gonorrhoea cases had follow-up initiated within 0-2 business days – 2013 target is 100%.
Foundational Standards			
	Surveillance & Health Status Monitoring	N	N/A
	Research and Evaluation	Y	N/A
	Social Determinants of Health	Y	N/A
Public Health Support Services			
	Finance and Administration	Y	N/A
	Information Services	Y	N/A
	Human Resources	Y	N/A
	Organizational Standards	Y	N/A

Appendix C: Areas for improvement of OPHS compliance by PHS programs and services

<i>OPHS Category and Goals</i>	<i>OPHS Requirements</i>	<i>Division/Program (Team)</i>	<i>Area for Improvement</i>	<i>Action Plan</i>
<p>Infectious Diseases Program Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</p> <p>Goal:</p> <ul style="list-style-type: none"> • To prevent or reduce the burden of sexually transmitted infections and blood-borne infections. • To promote healthy sexuality. 	<p>Req #1) The board of health shall report data elements on sexually transmitted infections and blood-borne infections in accordance with the Health Protection and Promotion Act and the Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol, 2008 (or as current).</p>	<p>C&PS/Sexual Health and Harm Reduction Program/ID Program (for Hepatitis)</p>	<p>Delay in investigation of one case due to internal filing error and part time PHN who was out of office.</p>	<p>Internal case assignment and filing processes reviewed and resolved.</p>

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<p>Infectious Diseases Program Standards: Vaccine Preventable Diseases Standard Goal: To reduce or eliminate the burden of vaccine preventable diseases.</p>	<p>Req #1) The board of health shall assess, maintain records and report, where applicable, on:</p> <ul style="list-style-type: none"> • The immunization status of children enrolled in licensed child care programs as defined in the Day Nurseries Act; • The immunization status of children attending schools in accordance with the Immunization of School Pupils Act; <p>and</p> <ul style="list-style-type: none"> • Immunizations administered at board of health-based clinics as required in accordance with the Immunization Management Protocol, 2008 (or as current) and the Infectious Diseases Protocol, 2008 (or as current). 	<p>Clinical & Preventive Services /Vaccine Preventable Disease</p>	<p>Barrier to reaching over 90% coverage rate for MMR and Dtpolio vaccines is poor reporting practice of physicians and parents when children are immunized.</p>	<p>Ministry will be releasing a web based immunization data system in 2013 with the expectation to eventually have physicians report all immunization information to the system.</p>
	<p>Req # 11) The board of health shall promote vaccine inventory management in all premises where provincially funded vaccines are stored in accordance with the Vaccine Storage and Handling Protocol, 2008 (or as current).</p>	<p>Clinical & Preventive Services /Vaccine Preventable Disease</p>	<p>Of 3520 HPV doses distributed, 181 were wasted. % wastage was 5.1%</p>	<p>Cold chain monitoring processes have been reviewed and enhanced.</p>

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<p>Chronic Diseases and Injuries Program Standards: Chronic Disease Prevention</p> <p>Goal: To reduce the burden of preventable chronic diseases of public health importance</p>	<p>Req # 3) The board of health shall work with school boards and/or staff of elementary, secondary, and post-secondary educational settings, using a comprehensive health promotion approach, to influence the development and implementation of healthy policies, and the creation or enhancement of supportive environments to address the following topics:</p> <ul style="list-style-type: none"> • Healthy eating; • Healthy weights; • Comprehensive tobacco control; • Physical activity; • Alcohol use; and • Exposure to ultraviolet radiation. <p>These efforts shall include:</p> <ol style="list-style-type: none"> a. Assessing the needs of educational settings; and b. Assisting with the development and/or review of curriculum support. 	<p>Healthy Living</p>	<p>Equitable School PHN service delivery to Health Promoting Partnership Schools</p> <p>Collaboration with post-secondary schools</p>	<p>Temporary coverage approaches to mitigate service disruption include:</p> <ul style="list-style-type: none"> • increase part time staffing hours to maintain direct service delivery • follow up with school administrators to ensure priority needs met • strive to assign PHNs to schools with past relationships to maintain customer satisfaction <p>Engage post-secondary schools - in development</p> <p>-From a Chronic Disease Prevention perspective, work with the above stakeholders to advocate for:</p> <ul style="list-style-type: none"> • Quality Daily Physical Activity • implementation of the School Nutrition Policy • shade policy • supportive environments (i.e. school greening, school site design and

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				<p>site planning)</p> <ul style="list-style-type: none"> • school travel planning to support active and safe routes to school and • engage parents in advocacy related to healthy eating and physical activity <p>- At School board Liaison collaborative table, identify opportunities where mutual mandates are best addressed collaboratively, and action on those priorities</p>

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	<p>Req # 5) The board of health shall use a comprehensive health promotion approach in collaboration with community partners, including enforcement agencies, to increase public awareness of and adoption of behaviours that are in accordance with current legislation related to the prevention of injury and substance misuse in the following areas:</p> <ul style="list-style-type: none"> • Alcohol and other substances; • Falls across the lifespan; • Road and off-road safety; and may include • Other areas of public health importance for the prevention of injuries as identified by local surveillance in accordance with the Population Health Assessment and Surveillance Protocol, 2008 (or as current). 		<p>Collaborative road safety communication plan developed, however implementation not complete due to multiple staff turnover in one lead partner organization</p>	<p>Newly assigned staff now proceeding with leading implementation phase</p> <p>Communications plan is part of broader comprehensive Hamilton Strategic Road Safety Program; planned focus is distracted driving supported by data linking increased MVC to distracted driving behaviour</p>

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<p>Family Health Program Standards: Reproductive Health</p> <p>Goal: To enable individuals and families to achieve optimal preconception health, experience a healthy pregnancy, have the healthiest newborn(s) possible, and be prepared for parenthood.</p>	<p>Req #5) The board of health shall provide advice and information to link people to community programs and services on the following topics:</p> <ul style="list-style-type: none"> • Preconception health; • Healthy pregnancies; and • Preparation for parenting. 	<p>Reproductive Health Resource Team/Healthy Babies Healthy Children/Nurse-Family Partnership</p>	<p>In February 2011 the Nurse-Family Partnership Program began taking referrals again, after closing this (prenatal/postnatal) in 2010 due to program at capacity.</p>	<p>The Nurse-Family Partnership has been increased from 5.0 to 7.0 FTE PHN through the reallocation of an addition 1.0 FTE PHN from Healthy Babies Healthy Children, and external funding for 1.0 FTE PHN from the Hamilton Community Foundation. .</p>
<p>Family Health Program Standards: Child Health</p> <p>Goal: To enable all children to attain and sustain optimal health and developmental potential.</p>	<p>Req #9) The board of health shall provide all the components of the Healthy Babies Healthy Children Program in accordance with the Healthy Babies Healthy Children Protocol, 2008 (or as current) (Ministry of Children and Youth Services).</p>	<p>Healthy Babies Healthy Children including Nurse-Family Partnership</p>	<p>Postpartum HBHC home visit benchmarks were not set by MCYS for 2012 because the HBHC protocol was being revised. The focus of the new protocol is to streamline service, and to make sure that all families in need are identified and offered service. All families with new babies will continue to be contacted 48 hours after hospital discharge. The protocol was received in November; a finalized</p>	<p>Implementation of the new HBHC protocol is being planned, with a tentative launch date of late March 2012. Hospital partners have welcomed a collaborative planning approach.</p>

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			postpartum screening tool is expected soon.	
<p>Foundational Standards</p> <p>Goal: Public health practice responds effectively to current and evolving conditions, and contributes to the public's health and well-being.</p>	<p>Surveillance</p> <p>The board of health shall conduct surveillance, including the on-going collection, collation, analysis, and periodic reporting of population health indicators, as required by the Health Protection and Promotion Act and in accordance with the protocols. The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences in accordance with the relevant protocols.</p>	<p>Planning & Business Improvement/ Surveillance Unit/ Applied Research & Evaluation</p>	<p>Currently surveillance activities primarily target Infectious Disease surveillance. In order to better meet the OPHS requirements surveillance systems and processes related to other program areas such as environmental health are required.</p>	<p>A review of current surveillance activities and services is underway. This review will identify potential gaps in surveillance activity as well as possible actions to address the gaps.</p>