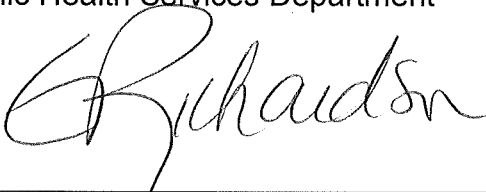




Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	March 17, 2014
SUBJECT/REPORT NO:	Ontario Public Health Organizational Standards - 2013 Status Review - BOH14005 (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Mila Ivanova (905) 546-2424 Ext.7091 Jennifer Hohol (905) 546-2424 Ext.6004
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

Council Direction:

Not Applicable

Information:

At the Board of Health (BOH) meeting on November 28 2011, Report BOH11003(a) provided a description of the Ministry of Health and Long-Term Care's (MOHLTC) newly launched Ontario Public Health Organizational Standards (OPHOS) and reviewed Hamilton Public Health Services' (PHS) compliance with these standards.

The purpose of the OPHOS is "to help promote organizational excellence, establish a foundation for effective and efficient program and service delivery and contribute to a public health sector with a greater focus on performance, accountability and sustainability"¹. The OPHOS are divided into six categories with varying numbers of requirements that boards of health and the management of each health unit are obligated to meet. Appendix A provides a brief description of each category within the OPHOS.

In 2013, a review was conducted to provide updated information on PHS' compliance with the OPHOS. Appendix B outlines, in detail, requirements in full compliance and those that need more work. The following content summarizes progress since the last

OUR Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

OUR Mission: WE provide quality public service that contribute to a healthy, safe and prosperous community, in a sustainable manner.

OUR Values: Accountability, Cost Consciousness, Equity, Excellence, Honesty, Innovation, Leadership, Respect and Teamwork.

review, remaining areas of partial compliance and how PHS plans to address compliance issues.

OPHOS Compliance Progress

Since the OPHOS reflect current thinking on best practices and existing legislative and regulatory requirements, it is anticipated that well-functioning boards of health are likely already adhering to practices that are in line with the standards. This continues to be the case in Hamilton.

At current date, PHS has completed or near complete compliance in five of the six OPHOS categories: Board Structure, Board Operations, Leadership, Trusteeship, Community Engagement and Responsiveness. This is an improvement from compliance in only three categories in 2011. Under the sixth category, Management Operations, more than half of the requirements are now either fully compliant or underway of achieving compliance.

The two main areas of non-compliance identified in the 2011 OPHOS review, Report BOH11003(a), were effectively addressed:

- *Self-Evaluation:* BOH members participated in their first Self-Evaluation Survey in January 2014. The results of this survey will be presented to the BOH in April 2014. As self-evaluation is designed to be used as a continuous improvement tool, the next BOH self-evaluation is planned for November 2015.
- *Continuing Education for BOH Members:* In 2013, four educational presentations were delivered to the BOH which included the Oral Health Status Report, School Programs and Health Action Teams Report, Air Quality Report, and Climate Change Report.

Other areas of improvement since 2011 include:

- Development of the PHS Department Business Plan which provides direction and supports decision making processes to meet outcomes of the OPHOS,
- Review and update of PHS' mission and vision statements to reflect the philosophy/mission, values, and goals and objectives of the BOH, and
- Implementation of performance management and quality improvement activities.
 - Work within the provincial performance management strategy and ongoing accountability indicators reporting.
 - Completion of relevant departmental policy & procedures in consultation with legal services to ensure regular evaluation of quality of service provided by contracted services.

Addressing Remaining Areas of Partial Compliance

The areas in which compliance still must be improved fall primarily under the Management Operations category. Most of these areas of partial compliance are already being addressed within PHS.

Areas of partial compliance include:

- Human resource activities relating to staff evaluation and position description development;
 - In 2013 PHS met the performance appraisal target of 90% and will begin to work towards meeting Council's new goal of 100% for eligible staff.
 - Position description redevelopment will continue through to 2016.
- Information management practices relating to privacy and security;
 - The Information Privacy and Security Committee was formed to focus on the management of personal information and personal health information under the custody and control of PHS, ensure on-going compliance with privacy legislation and support best practice in this field. This group is working towards the development of a privacy framework for PHS and further training for staff.
 - PHS created a part-time Privacy Officer to address privacy issues proactively and consult on issues related to PHIPA.
- Community partnership monitoring and evaluation;
 - As a long-term action item, in 2015/2016 PHS will look to conduct an environmental scan to identify ways in which Public Health Units in Ontario monitor and evaluate the effectiveness of their partnerships and collaborations.
- Performance and Reporting System (PRS) for the monitoring of key performance indicators to support continuous quality improvement & evidence-informed public health practice;
 - Staff continue to monitor and participate in the further development of province-wide indicators under the Public Health Funding & Accountability Agreement. Further, staff are developing program performance indicators across all programs which are expected to be complete by the end of 2014, and a report on performance delivered to the BOH in 2015.
 - The BOH will be required to implement a risk monitoring tool anticipated to be rolled out by the MOHLTC in the near future.

- The Public Health Accountability Agreement is undergoing revisions prior to renewal in 2014, which will include the addition of a new schedule and details of requirements for improved financial control.

Next Steps

Staff will continue to monitor compliance with the OPHOS and will report to the BOH with compliance updates regularly.

Appendices

Appendix A to Report BOH14005 - Ontario Public Health Organizational Standards Overview

Appendix B to Report BOH14005 - Ontario Public Health Organizational Standards 2013 Status Review Table

References

1. Ministry of Health and Long-Term Care and Ministry of Health Promotion and Sport. Ontario Public Health Organizational Standards. Toronto, ON: Queen's Printer for Ontario; 2011. Available from:
http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf

Ontario Public Health Organizational Standards Overview

The Organizational Standards have been grouped into six categories and are defined as follows:

1. Board Structure

To ensure that the structure of the board of health facilitates effective governance and respects the requirement for partnership with municipalities as well as the need for local flexibility in board structure.

2. Board Operations

To enable boards of health to operate in a manner that promotes an effective board, effective communication and transparency.

3. Leadership

To ensure the board of health members develop a shared vision for the organization, use a proactive, problem solving approach to establishing the organization's strategic directions, and take responsibility for governing the organization to achieve their desired vision.

4. Trusteeship

To ensure that board of health members have an understanding of their fiduciary roles and responsibilities, that their operations are based on the principles of transparency and accountability, and that board of health decisions reflect the best interests of the public's health.

5. Community Engagement and Responsiveness

To ensure that the board of health is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the health unit in planning, operating, evaluating and adapting its programs and services.

6. Management Operations

To ensure that the administration of the board of health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.

Ontario Public Health Organizational Standards 2013 Review Table

#	Goals/Objectives& Requirements	Meets Requirement	Gaps /Areas of Improvement/Activities to Reduce the Gap	Change from 2011 review
1.0	Board Structure To ensure that the structure of the board of health facilitates effective governance and respects the required partnership with municipalities as well as the need for local flexibility in board structure			
1.1	Definition of a board of health	Yes		
1.2	Number of members on a board of health	N/A		
1.3	Right to make provincial appointments	N/A		
1.4	Board of health may provide public health services on reserve	N/A		
1.5	Employees may not be board of health members	Yes		
1.6	Corporations without share capital	N/A		
2.0	Board Operations To enable boards of health to operate in a manner that promotes an effective board, effective communication and transparency.			
2.1	Remuneration of board of health members	N/A		
2.2	Informing municipalities of financial obligations	Yes		
2.3	Quorum	Yes		
2.4	Content of by-laws	Yes		

2.5	Minutes, by-laws and policies and procedures	Yes		
2.6	Appointment of a full-time medical officer of health	Yes		
2.7	Appointment of an acting medical officer of health	Yes		
2.8	Dismissal of a medical officer of health	Yes		
2.9	Reporting relationship of the medical officer of health to the board of health	Yes		
2.10	Board of health policies			
	(a) Use of sub-committees, which includes a process for establishing sub-committees & the requirement for the development of Terms of Reference (if sub-committees are used);	Yes		
	(b) Frequency of meetings;	Yes		
	(c) Rules of order for meeting procedures, incl. recognizing delegations to meetings and conditions for special meetings of the board;	Yes		
	(d) Preparation of meeting agenda and materials; Yes	Yes		
	(e) Selection of officers (i.e. executive committee members);	N/A		
	(f) Selection of BOH members based on skills, knowledge, competencies & representativeness of the community, where BOH are able to recommend the recruitment of	N/A		

	members to the appointing body;			
	(g) Remuneration & allowable expenses for board members;	Yes		
	(h) Procurement of external advisors to the board, such as lawyers and auditors (if appl.);	Yes		
	(i) Conflict of interest;	Yes		
	(j) Confidentiality;	Yes		
	(k) MOH and executive officers (where appl.) selection process, remuneration & performance review	N/A		
	(l) Delegation of the MOH duties during short absences such as during a vacation	In progress	Update of relevant departmental policies and procedures in progress	
	(m) BOH shall ensure that BOH by-laws and policies and procedures are reviewed and revised as necessary, and at least every 2 years.	Yes		
3.0	Leadership To ensure the board of health members develop a shared vision for the organization, use a proactive, problem solving approach to establishing the organization's strategic directions, and take responsibility for governing the organization to achieve their desired vision.			
3.1	Board of health stewardship responsibilities			
	a) The delivery of the Ontario Public Health Standards (OPHS) & its protocols	Yes		
	(b) Organizational effectiveness through evaluation of the organization & strategic planning	Yes		
	(c) Stakeholder relations and partnership building;	Yes	Work with CMO on citizens engagement	Improvement
	(d) Research and evaluations, including ethical review	Yes	PHS P&P 07-04 Research Project Application and Registration approved by BOH	Improvement

	(e) Compliance with all applicable legislation and regulations	Yes		
	(f) Workforce issues, including recruitment of the MOH and any other senior executives; (senior executives n/a)	Yes		
	(g) Risk management	Yes		
3.2	Strategic plan – The BOH shall have a strategic plan & shall ensure that it:			
	(a) Expresses the philosophy/mission, a values statement, & the goals and objectives of the BOH;	Yes	PHSMT has refreshed PHS mission and vision statements	Improvement
	(b) Describes how equity issues will be addressed in the delivery & outcomes of programs & services;	Yes		
	c) Describes how the outcomes of the Foundational Standard in the 2008 OPHS (or as current), will be achieved;	Yes	PHS Department Business Plan	Improvement
	d) Establishes policy direction regarding a performance management and quality improvement system;	Yes	Provincial performance management strategy Accountability Indicators reporting ARE/SV reporting system	Improvement
	(e) Considers organizational capacity;	Yes		
	(f) Establishes strategic priorities for the organization that address local contexts and integrate local community priorities;	Yes	PHS Department Business Plan	Improvement
	(g) Covers a 3 to 5 year timeframe;	Yes	The 2012-2015 Strategic Business Plan	Improvement
	(h) Includes the advice and input of staff, and community partners; and	Yes	PHS Department Business Plan meets this requirement	Improvement
	(i) Is reviewed at least every other year and revised as appropriate	Yes		

4.0	Trusteeship To ensure that board of health members have an understanding of their fiduciary roles and responsibilities, that their operations are based on the principles of transparency and accountability, and that board of health decision reflect the best interests of the public's health.			
4.1	Transparency and accountability	Yes		
4.2	Board of health member: (a) orientation and	(a) Yes		
	(b) training	(b) Yes	In-house continuing education sessions for BOH	Improvement (previous gap)
4.3	Board of health self-evaluation	Yes	BOH Self-Evaluation Process started in January 2014	Improvement (previous gap)
5.0	Community Engagement and Responsiveness To ensure that the board of health is responsive to the needs of the local communities and shows respect for the diversity of perspectives of its communities in the way it directs the administration of the health unit in planning, operating, evaluating and adapting its programs and services.			
5.1	Community engagement	Yes	Ongoing Corporate wide citizen engagement opportunities	Improvement
5.2	Stakeholder engagement	Partial	Plan to participate in the development of the community /stakeholder engagement strategy. Potential gap: criteria for monitoring and evaluating partnership and collaboration. Look to conduct environmental scan of ways in which Public Health Units in Ontario monitor and evaluate the effectiveness of their partnerships and collaborations.	
5.3	Contribute to policy development	Yes		
5.4	Public reporting	Yes		
5.5	Client service standards	Yes		

6.0	Management Operations To ensure that the administration of the board of health uses a proactive, problem solving approach to establishing its operational directions, demonstrates its organizational priorities and objectives through its actions on program delivery, and functions in an efficient and effective manner.			
6.1	Operational plan			
	a) Describes composition, responsibilities & function of the public health unit	Yes		
	(b) Documents the internal processes for managing day-to-day operations of programs/services to achieve the required BOH outcomes as per OPHS	Yes		
	(c) Demonstrates that the op activities are aligned with the BOH goals, objectives & priorities, as described in the strategic plan	Yes		
	(d) Includes objectives, activities, timeframes, responsibilities, intended results, monitoring processes, and org chart & internal reporting requirements	Yes		
	e) Contains planned activities based on an assessment of its communities' needs	Yes		
	(f) Demonstrates efforts to minimize barriers to access	Yes		
	(g) Describes the monitoring of key performance indicators to support continuous quality improvement & evidence-informed public health practice.	Partial	Performance and Reporting System (PRS) MOHLTC Risk Monitoring Tool Public Health Accountability Agreement	
6.2	Risk management	Yes		
6.3	Medical officer of health provides direction to staff	Yes		
6.4	Eligibility for appointment as a medical officer of health	Yes		
6.5	Educational requirements for public health professionals	Partial	Position descriptions to be updated	

6.6	Financial records	Yes		
6.7	Financial policies and procedures			
	(a) Plan for management of physical & financial resources	Partial	Plan for management of financial resources. No overall plan for management of physical resources by corporation. Need for development.	
	(b) Process for internal financial controls	Yes		
	(c) Process to ensure areas of variance are addressed & corrected	Yes	Implementing recommendations of business process review on budget exception reporting to improve processes	Improvement
	(d) Procedure to ensure that procurement policy is followed	Yes		
	(e) Process to ensure regular evaluation of quality of service provided by contracted services, in accordance with contract standards	Yes	Relevant departmental policy & procedures have been completed	Improvement
	(f) Process to inform the BOH regarding resource allocation plans & decisions, both financial & workforce related, that are required to address shifts in need & capacity	Yes		
	g) Budget forecast for current fiscal year that does not project a deficit	Yes		
6.8	Procurement	Yes		
6.9	Capital funding plan	Yes		
6.10	Service level agreements	Yes		
6.11	Communications strategy			

	a) Guidelines for sharing information with community partners and staff	Yes		
	(b) Plan to ensure consistency in messaging at all levels, to all audiences	Partial	PHS policy & procedures are updated re: communication to be approved	
	(c) Dissemination plans to disseminate relevant research findings for each approved research project proposal	Yes		
	(d) Guidelines for use of relationships with media channels to share health info with general public and targeted populations or audiences	Yes		
	(e) Plan for use of multiple modalities to ensure accessibility	Yes		
	(f) Strategies for educating community partners & the public about key public health issues	Partial	Communication policies updated - to be approved	
	(g) Internal communication strategy, including posting minutes of senior management, which informs staff of significant management decisions	Yes		
6.12	Information management (MOH)			
	(a) Compliance with all applicable legislation, regulations & policies (HPPA, MFIPPA, PHIPA) to manage all personal health info and personal info in BOH records	Partial	PHIPA Audit recommendations implemented. Plan: Provide training for staff.	
	(b) Data quality in the creation & collection of data	Yes		
	(c) Confidentiality in how records are used & accessed	Partial	Included in Orientation to PHS and in policies. Plan: to provide further training to staff on PHIPA	

			and relevant policies.	
	(d) Use of current & appropriate security features, including strong encryption of personal health info during transfers & when stored on mobile devices	Partial	Policies in place; privacy impact assessments starting to be initiated Plan to continue monitoring for security measures such as strong passwords, appropriate use of mobile technology, etc. Conduct privacy impact assessments to ensure all new information practices are compliant with legislation	
	(e) Records maintenance process that includes remediation of errors	Yes		
	(f) Appropriate records retention process that varies by type of record	Yes		
	(g) Secure disposal of records	Partial	Shredding bins available to staff for confidential paper materials. Plan: Ensure appropriate disposal methods of electronic records containing confidential information are utilized	
	(h) That the purposes & appropriate uses of data being created are communicated to & respected by staff & management who collect, enter, store, analyze, use &/or destroy the data	Partial	To be addressed by PHIPA training	
6.13	Research ethics	Yes	PHS P&P 07-04 Research Project Application and Registration approved by BOH	Improvement
6.14	Human resources strategy			
	(a) Orientation of public health unit staff	Yes		
	(b) Availability of job standards & position descriptions for staff	In progress	Some updates position descriptions completed Plan: Continue to complete job descriptions and	

			update routinely	
	(c) Process to ensure staff meet qualifications for their positions, job classifications and licensure (as required)	Yes		
	(d) Contents of personnel file & provisions for access; complete personnel files shall be maintained for each staff member, with appropriate policies and practices regarding the confidentiality of personnel info	Yes		
	(e) Occupational health and safety policies	Yes	Fire drills and fire plans	Improvement
	(f) Recruitment & retention strategies, including workplace health practices	Yes	Staff involved in education of students	Improvement
	(g) Code of conduct	Yes		
	(h) Compensation policy	Yes		
	(i) Reporting relationships	Partial	Update relevant departmental policy & procedure	
	(j) Discipline & labour relation policies	Yes	PHS P&P 02-08 Contingency Plan: Labour Disruption has been updated	Improvement
	(k) Staff performance evaluation processes	Partial	In 2013 PHS met performance appraisal goal of 90% Plan: Achieve new Council goal of 100% in 2014.	
	(l) Succession planning	Yes	See 6.14(f). Development activities continuing to be made available for staff	
6.15	Staff development	Yes		
6.16	Professional practice support	Yes		