



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 1, 2015
SUBJECT/REPORT NO:	Accountability Agreement Indicators 2014 Year-End Results BOH15011 (City Wide)
WARD(S) AFFECTED:	City Wide
PREPARED BY:	Jennifer Hohol (905) 546-2424 x6004
SUBMITTED BY:	Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department
SIGNATURE:	

Council Direction:

Not Applicable.

Information:

2014 Year-End Performance

Under the Public Health Funding and Accountability Agreement (PHFAA), all Public Health Units (PHU) in Ontario are required to report on the same set of performance indicators. Performance indicators involve priority areas for performance improvement and have targets that are negotiated between PHU and the Ministry of Health and Long-Term Care (MOHLTC) on an annual basis. The inability to meet performance targets is referred to as performance variance. Reporting on performance indicators is done twice annually with variance reports generated and submitted to the MOHLTC as required.

Public Health Services (PHS) performed well at 2014 year-end by exceeding Health Protection performance targets for:

- % of high-risk food premises inspected once every 4 months while in operation
- % of moderate-risk food premises inspected once every 6 months while in operation
- % of Class A pools inspected while in operation
- % of personal services settings inspected annually

The Health Protection 2014 Year-End Performance Table outlining baseline, target and performance results can be found in Appendix A.

Health Promotion performance targets were also met for the following indicators:

- % of tobacco vendors in compliance with youth access legislation at the time of last inspection
- Implementation status of NutriSTEP® Preschool screen

The Health Promotion 2014 Year-End Performance Table can be found in Appendix B.

Performance Variance

Cold Chain Inspections

During 2014, PHS inspected 427 of 430 vaccine holding fridges. The three fridges that were not inspected are owned and operated by PHS. It was not clear until the updates to the Ontario Public Health Standards (OPHS) were released in 2014, that PHS were required to inspect their own fridges in addition to the mandated regular maintenance already performed. These fridges were monitored daily, had no vaccine wastage and received routine maintenance as required under the OPHS. Since no formal cold chain inspection was conducted on this equipment, the 2014 year-end inspection rate was 99.3%, below the target of 100%. These three fridges have been added to the cold chain inspection list for 2015.

Smoke Free Ontario Act

In 2014, PHS inspected 100% of eligible tobacco vendors for compliance with Section 3 of the Smoke Free Ontario Act (SFOA) and 396 of 401 (98.7%) eligible tobacco retailers for compliance with the display, handling and promotion sections of the SFOA. Despite these performance levels, data quality and reporting challenges have resulted in Ministry generated performance rates for PHS of 91.4% and 93% respectively. Year-end targets for both performance indicators in 2014 were 100%.

PHS and MOHLTC data can vary due to inclusion of ineligible vendors in the performance calculations. Vendors may be ineligible for inspection within a given year for many reasons. Some of these reasons could include premise closure, logistics preventing a youth tobacco test shopper to inspect a premise, and premises serving a MOHLTC-issued Automatic Prohibition. During the 2014 year-end reporting process, additional causes of variance were experienced by PHU across the province. These causes included unclear communication from the MOHLTC of editing deadlines to premise data as well as the process for identifying premises that open partway through the year where two mandatory inspections would not be possible.

Though this has been identified as acceptable variance by the MOHLTC, for the purpose of 2014 year-end reporting, the MOHLTC will not go back and make changes

to the data. Instead, due to a strong PHS performance and explanation of the variance, the MOHLTC has not labelled this as a performance variance and submission of a performance report is not required.

Baby Friendly Initiative Status (BFI)

PHS staff continue to address all BFI components thoroughly to ensure the greatest possible positive impact on breastfeeding rates in Hamilton. “Advanced” BFI status was achieved in 2013 through the submission of required documentation and a request for a pre-assessment. Currently, all Public Health Units in Ontario are working towards BFI designation, increasing the demand for site assessors. PHS continues to wait for the Breastfeeding Committee for Canada to provide dates for a pre-assessment and site visit to allow achievement of “Designation” status.

Compliance Variance

Under the PHFAA, compliance variance refers to non-compliance with any aspect of the Health Protection and Promotion Act (HPPA), OPHS, or the Ontario Public Health Organizational Standards (OPHOS).

Vaccine and Preventable Disease

Recently, the MOHLTC requested that all PHU evaluate their compliance with the Vaccine Preventable Diseases Standard and Immunization Management Protocol of the OPHS. This standard and protocol provides direction to the Board of Health on required assessment of the immunization status of school pupils, including processes associated with issuing suspensions. PHS has suspended select cohorts in previous years, but has not done so in the 2014/2015 school year due to the implementation of a new Ministry immunization database (Panorama) in June 2014. Panorama allows real time access to immunization records across the province but requires significant data cleaning and training to be able to produce accurate suspension reports. Therefore, PHS has focused on the implementation of Panorama and has deferred suspension at this time.

The implementation of Panorama has required complete data cleaning of student records prior to merging them into the new system; training of staff; establishing process and approval with the local schools and school boards to receive student enrolment information; reviewing and consolidating of approximately 30,000 duplicate records; and learning the report generating process to send letters to parents/students pertaining to their vaccine records. This work was 100% provincially funded in 2014 and it is anticipated that more funding will be received to continue this work in 2015.

Moving forward, PHS is developing a plan for how this protocol may be partially met in 2015 and how to ensure compliance in 2016. A compliance report has been submitted to the MOHLTC with explanation of non-compliance.

Next Steps

The following performance indicators have 2014/15 targets based on data over a school year or flu season:

- % of HPV vaccine wasted that is stored/administered by the public health unit
- % of influenza vaccine wasted that is stored/administered by the public health unit
- Oral Health Assessment and Surveillance:
 - % of schools screened
 - % of all JK, SK and Grade 2 students screened in all publicly funded schools

Performance reporting for these indicators will occur when data becomes available at the end of the reporting period on August 31, 2015.

Upon communication from the MOHLTC, PHS will work through the annual process to negotiate 2015 targets for all performance indicators.

Appendices

Appendix A to Report BOH15011 - Health Protection 2014 Year-End Performance Table

Appendix B to Report BOH15011 - Health Promotion 2014 Year-End Performance Table