

Amending Agreement No. 2

Between:

**Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care**

(the “**Province**”)

- and -

**Board of Health for the City of Hamilton, Public Health Services
(the “Board of Health”)**

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the “**Agreement**”); and,

AND WHEREAS the Parties wish to amend the Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 2, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement (“Amending Agreement No. 2”) shall be effective as of the date it is signed by the Province.
2. Except for the amendments provided for in this Amending Agreement No. 2, all provisions in the Agreement shall remain in full force and effect.
3. Capitalized terms used but not defined in this Amending Agreement No. 2 have the meanings ascribed to them in the Agreement.
4. The Agreement is amended by:
 - (a) Deleting Schedule A-2 (Program-Based Grants) and substituting Schedule A-3 (Program-Based Grants), attached to this Amending Agreement No. 2.
 - (b) Deleting Schedule B-1 (Related Program Policies and Guidelines) and substituting Schedule B-2 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 2.

The Parties have executed the Amending Agreement No. 2 as of the date last written below.

**Her Majesty the Queen in the right of Ontario as represented
by the Minister of Health and Long-Term Care**

Name: Roselle Martino
Title: Executive Director,
Public Health Division

Date

Name: Martha Greenberg
Title: Assistant Deputy Minister (A),
Health Promotion Division

Date

Board of Health for the City of Hamilton, Public Health Services

I/We have authority to bind the Board of Health.

Name:
Title:

Date

Name:
Title:

Date

SCHEDULE A-3 PROGRAM-BASED GRANTS

Board of Health for the City of Hamilton, Public Health Services

Base Funding (1)		2014 Approved Allocation
Mandatory Programs (75%)		\$ 23,456,806
Chief Nursing Officer Initiative (100%)	# of FTEs 1.00	\$ 121,414
Children In Need Of Treatment (CINOT) Expansion Program (75%)		\$ 152,888
Enhanced Food Safety – Haines Initiative (100%)		\$ 78,259
Enhanced Safe Water Initiative (100%)		\$ 42,232
Healthy Smiles Ontario Program (100%)		\$ 1,448,217
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs 1.00	\$ 90,066
Infectious Diseases Control Initiative (100%)	# of FTEs 10.00	\$ 1,111,164
Needle Exchange Program Initiative (100%)		\$ 92,187
Small Drinking Water Systems Program (75%)		\$ 41,100
Smoke-Free Ontario Strategy: Prosecution (100%)		\$ 10,000
Smoke-Free Ontario Strategy: Protection and Enforcement (100%)		\$ 334,900
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Coordination (100%)		\$ 285,800
Smoke-Free Ontario Strategy: Tobacco Control Area Network - Prevention (100%)		\$ 276,800
Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)		\$ 100,000
Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)		\$ 80,000
Social Determinants of Health Nurses Initiative (100%)	# of FTEs 2.00	\$ 180,448
Vector-Borne Diseases Program (75%)		\$ 718,873
Sub-Total		\$ 28,621,154
One-Time Funding (1)		2014 Approved Allocation
Public Health Services Office Consolidation (75%) (2)		\$ 2,092,500
Panorama (100%) (3)		\$ 214,380
Pharmacists Integration into UIIP (4)		\$ 832
Skin Cancer Prevention Act (Tanning Beds) Implementation (5)		\$ 21,196
Smoke-Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations (100%) (2)		\$ 25,000
Sub-Total		\$ 2,353,908
Total		\$ 30,975,062

(1) Base and one-time funding is approved for the 12 month period of January 1, 2014 to December 31, 2014, unless otherwise noted.

(2) One-time funding is approved for the period up to March 31, 2015.

(3) One-time funding is approved for the 12 month period of April 1, 2014 to March 31, 2015.

(4) One-time funding is approved for the 9 month period of April 1, 2014 to December 31, 2014.

(5) One-time funding is approved for the 8 month period of May 1, 2014 to December 31, 2014.

SCHEDULE B-2

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. Chief Nursing Officer Initiative (Public Health Division)

Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014);
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Funding for this position was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

Base funding for this initiative must be used to create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Funding is for nursing salaries and benefits only and cannot be used to support operating or education costs. This funding is for the Chief Nursing Officer position and/or for nursing service to support the functions of the Chief Nursing Officer.

The Board of Health must confirm to the Province that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In

addition, the Board of Health, at the discretion of the Province, may be required to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

B2. CINOT Expansion Program (Health Promotion Division)

The Children In Need Of Treatment (CINOT) Expansion Program provides coverage for basic dental care for children 14 through 17 years of age in addition to general anaesthetic coverage for children 5 through 13 years of age. The Board of Health must be in compliance with the Ontario Public Health Standards (OPHS) and the CINOT Protocol.

The Board of Health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

The Board of Health will not be permitted to transfer any projected CINOT Expansion Program surplus to its CINOT 0-13 year old budget.

B3. Enhanced Food Safety – Haines Initiative (Public Health Division)

The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the OPHS. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated. The Board of Health is also required to submit to the Province an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan.

B4. Enhanced Safe Water Initiative (Public Health Division)

Base funding for this initiative must be used for the sole purpose of increasing the Board of Health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated. The Board of Health is also required to submit to the Province an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan.

B5. Healthy Smiles Ontario Program (Public Health Division)

The Healthy Smiles Ontario (HSO) Program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO Program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
 - Dental care providers – clinical
 - Administration
 - Oral health staff – non-clinical
- Fee-for-service delivery
- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.
- Health Promotion (including Communication Costs for Marketing / Promotional Activities)
 - Funding used to promote oral health (communication costs, include marketing / promotional activities; travel; promotional materials; and, training).
 - Funding used for marketing / promotional activities must not compromise front-line service for current and future HSO clients.
 - The Board of Health is responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO Program.

- The Board of Health is reminded that HSO promotional / marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and “look and feel” across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, please liaise with the Province's Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives / billing incentives; and, client transportation. Other expenses not included within this program include oral health activities required under the OPHS.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to report on the measures listed in the HSO Program Report Template.

Other requirements of the HSO Program include:

- All revenues collected under the HSO Program (including revenues collected for the provision of services to non-HSO clients) must be reported as income (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs). Revenues must be used to offset expenditures.
- The Board of Health must use OHISS to administer the HSO Program.
- The Board of Health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO Program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds.
- Any significant changes to the Ministry-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the Board of Health's Ministry-approved business case and supporting documents must be approved by the Province before being implemented.
- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.
- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.
- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

- The Board of Health is required to bill back the relevant programs for services provided to non-HSO clients.

B6. Infection Prevention and Control Nurses Initiative (Public Health Division)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every Board of Health in the province. Funding for this position was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

Base funding for the initiative must be used for the creation of additional hours of nursing service (1.0 FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. Qualifications required for these positions are: (1) a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and (2) Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurse's time must be spent on infection prevention and control activities. The Board of Health is required to maintain this position as part of baseline nursing staffing levels.

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded 1.0 nursing FTE, and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon reasonable notice.

B7. Infectious Diseases Control Initiative (180 FTEs) (Public Health Division)

In response to the SARS crisis of 2003, the Province announced that it would bolster its infection and communicable disease control and prevention capacity by increasing full-time positions for infection control practitioners in health facilities. This included 180 FTE infectious diseases control positions for local boards of health.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report related to the initiative confirming the maintenance of the funded positions, and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be

requested by the Province upon prior written notice.

B8. Needle Exchange Program Initiative (Public Health Division)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health's Needle Exchange Program.

The Board of Health is required to submit Needle Exchange Program activity reports to the Province. Information regarding this requirement will be communicated to the Board of Health at a later date.

B9. Small Drinking Water Systems Program (Public Health Division)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B10. Smoke-Free Ontario Strategy (Health Promotion Division)

Ontario's Action Plan for Health Care, released in January 2012 as part of the government's Healthy Change Strategy, outlines the plan for Ontario to become the healthiest place in North America to grow up and grow old. The patient-centred Action Plan encourages Ontarians to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. The Action Plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy and articulates Ontario's goal to have the lowest smoking rates in Canada.

The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by:

- Preventing experimentation and escalation of tobacco use among children, youth and young adults.
- Increasing and supporting cessation by motivating and assisting people to quit tobacco use.
- Protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke.

These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in best practices contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels. The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines. Operational expenses not covered within this program include information and information technology equipment. Specific questions about admissible expenditures should be directed to the Ministry program contact for the Smoke-Free Ontario Program.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and quarterly program activity reports to the Province on dates specified in Schedule C. Work plan and reporting templates will be provided by the Province.

Communications

1. The Board of Health shall:

- (a) Act as the media focus for the Project;
- (b) Respond to public inquiries, complaints and concerns with respect to the Project;
- (c) Report any potential or foreseeable issues to CMD;
- (d) Prior to issuing any news release or other planned communications, notify CMD as follows:
 - i. News Releases – identify 5 business days prior to release;
 - ii. Web Designs – 10 business days prior to launch;
 - iii. Marketing Communications (e.g. pamphlets and posters) - 10 business days prior to production and 20 business days prior to release;
 - iv. Public Relations Plan for Project – 15 business days prior to launch;
 - v. Digital Marketing Strategy – 10 business days prior to launch;
 - vi. Final advertising creative – 10 business days to final production; and,
 - vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
- (e) Advise CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
- (f) Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
- (g) Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 18 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Marketing Division
9th Floor, Hepburn Block, Toronto, ON M7A 1R3
Fax: 416-327-8791, Email: Judy.Langille@ontario.ca

B11. Social Determinants of Health Nurses Initiative (Public Health Division)

The Social Determinants of Health Nurses Initiative (formerly called the Public Health Nurses Initiative) was established to support salaries and benefits for two (2) new FTE public health nursing positions for each Board of Health. Funding for these positions was originally secured through the 9,000 Nurses Initiative, a government commitment to increase the number of full-time nurses working in the Ontario healthcare sector as part of a broader health human resources strategy.

Public health nurses with specific knowledge and expertise on social determinants of health and health inequities issues will provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health in the Board of Health area.

The Board of Health is required to adhere to the following:

- Base funding for this initiative must be used for the creation of additional hours of nursing service (2.0 FTEs);
- The Board of Health must commit to maintaining baseline nurse staffing levels and creating two (2) new public health nursing FTEs above this baseline; and,
- Base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are: (1) to be a registered nurse, and (2) to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

The Board of Health may be required at the discretion of the Province, to submit to the Province an annual activity report. Other reports, as specified from time to time, may also be requested by the Province upon reasonable notice.

B12. Vector-Borne Diseases Program (Public Health Division)

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B13. Mandatory Programs

One-time funding may be provided to the Board of Health for projects related to the delivery of mandatory programs. The following projects have been approved for one-time funding:

Public Health Services Office Consolidation (Public Health Division)

One-time funding must be used for consolidating all public health staff within downtown Hamilton. This will include consolidating the majority of its staff to the Robert Thomson location downtown Hamilton, relocating a dental clinic to downtown Hamilton, and relocating the sexual health clinic to another location on Hamilton Mountain to provide better client access.

Costs include tenant fit-up renovations of the Robert Thomson building, the dental clinic and sexual health clinic, professional design fees for the Robert Thomson Building, and furniture and move services for staff relocation.

B14. Panorama Solution (Health Services I&IT Cluster and Public Health Division)

One-time funding for this initiative must be used for costs incurred for the Panorama Solution Phase 1 (Immunization Module, Inventory Module and Student Information Exchange Module).

Specifically, one-time funding is allocated to the Board of Health for the following Panorama Solution Phase 1 activities which include the production implementation (and upcoming releases and enhancements) of the Immunization Module and Student Information Exchange Module (STIX) along with preparing for the implementation of the Inventory Module.

- Implement required changes to business processes and workflows, as per specific Board of Health requirements;
- Implement any defined workarounds;
- Complete and execute training plans for the Immunization Module and the Student Information Exchange tool and prepare training plans for the Inventory Module;
- Maintain local training material and programs for each implemented module(s), releases and enhancements of the Panorama Solution;
- Implement internal Board of Health support model including providing the Problem Resolution Coordinator (PRC) for the Panorama Solution and ensuring integration with the Ministry's service model as described in the Service Catalogue;
- Validate Panorama Solution production roles, access levels and required reports on an ongoing basis;
- Assign required Panorama Solution roles, responsibilities, and accounts to staff members and complete all necessary registration processes for implementation per module;
- Participate in dry runs of IRIS data migration, validate migration results, duplicate record resolution and data cleansing;
- Implement and adhere to data standards, security and privacy policies according to defined best practices;
- Conduct ongoing data quality assurance and improvement processes for the Panorama Solution, including duplicate record resolution;
- Implement and support acceptable use and auditing policies and guidelines;
- Participate in performance and functional baseline testing by participating in mock business scenarios, as required;
- Confirm appropriate privacy, security, and information management related

analyses, activities and training have been executed in accordance with: the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act* (PHIPA), other applicable law and local business practices and processes;

- Implement and maintain the security and technical infrastructure required for the operation of the Panorama Solution including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using Secure File Transmission mechanisms for transferring data, applying password protection and encrypting devices where personal health information is involved;
- Sign required agreements for Panorama and eHealth Ontario Hosting prior to production use of Panorama Solution;
- Implement Panorama's Immunization Module and the Student Information Exchange Module (STIX) into live production use;
- Participate in the development of use-case scenarios for future enhancements and release of the Panorama Solution, as required;
- Participate in reviews of prototypes for components of the Panorama Solution;
- Participate in surveys, questionnaires and ad-hoc reviews, as required;
- Provide Subject Matter Expert Functional Testing resources for selected enhancements or releases of the Panorama Solution, as required;
- Continue post implementation participation in quality improvement through the provision of human resources to provide support within at least one (1) of the following categories:
 - Business Practices and Change Management,
 - Deployment and Release Planning,
 - Information Governance,
 - Audit Policies and Guidelines,
 - Data Standards and Reporting,
 - User Experience, and
 - Technical (IT) Experience;
- Engage in continuous review of business processes to seek improvements and efficiencies; and,
- Maintain and execute a communication/information plan for both internal staff and external stakeholders.

If the Board of Health has agreed to be a *Builder and Early Adopter* it must also use the one-time funding toward the following activities for the Panorama Solution Phase 1 (Immunization Module, Inventory Module and Student Information Exchange Module) as noted below:

- Provide special field support services to the Province to assist with resolution of field specific issues, assessment and testing of releases and enhancements, business process improvements, innovations, testing, pilots and proof of concept activity.

The Board of Health is also required to submit to the Province an annual activity report outlining the results of the activities noted above. Information regarding the report requirements will be communicated to the Board of Health at a later date.

B15. Pharmacists Integration into UIIP (Public Health Division)

One-time funding must be used for extraordinary costs associated with the integration of pharmacists into the 2014/15 Universal Influenza Immunization Program (UIIP). Eligible costs include:

- Salaries and wages associated with the integration of pharmacists into the UIIP, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff).
- Mileage costs for staff assessing pharmacy compliance with vaccine storage and handling requirements (e.g., routine (annual) cold chain inspections, cold chain incidents).
- Costs associated with the delivery of vaccines to pharmacies. Eligible only for boards of health that currently cover vaccine delivery costs for health care providers in their jurisdiction.
- Communication costs associated with printed educational material provided to pharmacies.

B16. Skin Cancer Prevention Act (Tanning Beds) Implementation (Health Promotion Division)

One-time funding must be used for extraordinary costs associated with the implementation of the Skin Cancer Prevention Act. Eligible costs include:

- Salaries and wages associated with the implementation of the Skin Cancer Prevention Act, inclusive of overtime for existing staff, or hiring other employees (new temporary or casual staff).
- Mileage costs for outreach, education and responding to complaints.
- Communication costs associated with local outreach and education efforts.

B17. Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (Health Promotion Division)

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.

The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit third and fourth quarter program activity reports for this project to the Province on dates specified in Schedule C. Reporting templates will be provided by the Province.

OTHER:

B18. Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (Public Health Division)

The Province has committed to provide boards of health with 100% of the additional funding required to fund eligible physicians within salary ranges associated with the Medical Officer of Health/Associate Medical Officer of Health provisions related to this payment as per the 2012 Physician Services Agreement.

Base funding for this initiative must be used to provide additional salary/benefits/stipends for the individual Medical Officer of Health, Associate Medical Officer of Health or Acting Medical Officer of Health funded under this initiative and cannot be used to support other physicians or staffing costs. Any funding for additional compensation is made via an application process separate from the Program-Based Grants budget submission process.

The Board of Health is required to notify the Province in the case of any change in an eligible physician's base salary, benefits, FTE and/or position status as this may impact the total amount of additional compensation granted in that year.

B19. Vaccine Programs (Public Health Division)

Funding on a per dose basis will be provided to the Board of Health for the administration of the following vaccines:

Influenza

The Province will continue to pay \$5.00/dose for the administration of the influenza vaccine. In order to claim the UIIP administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

Meningococcal

The Province will continue to pay \$8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The Province will continue to pay \$8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.