



INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	April 18, 2016
SUBJECT/REPORT NO:	Accountability Agreement Indicators 2015 Year-End Performance (BOH16012) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

Not Applicable

Information:**2015 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 twice annually to the Ministry of Health and Long-Term Care (MOHLTC). Performance indicators are focused on priority areas for performance improvement and have targets that are negotiated between PHU and the MOHLTC on an annual basis.

Public Health Services (PHS) performed well at 2015 year-end by meeting the Health Protection (Clinical & Preventive Services and Health Protection Division) targets for:

- % of Class A pools inspected while in operation,
- % of HPV vaccine wasted that is stored / administered by the public health unit, and
- % of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection.

PHS also met Health Promotion targets for:

- % of tobacco vendors in compliance with youth access legislation at the time of last inspection,
- Implementation status of NutriSTEP® Preschool Screen, and
- Baby-Friendly Initiative Status.

In addition to performance indicators, the 2015 year-end results include monitoring indicators. Monitoring indicators are in place where a high level of performance is consistently being met. As reported during the 2016 budget process, some monitoring indicators were below previous performance levels due to pressures on staff resources to support the Pan Am Games, as well as measles and meningitis responses.

The 2015 year-end results for all Health Protection indicators can be seen in Appendix A and for all Health Promotion indicators Appendix B.

2015 Performance Variance

Performance variance happens when year-end results do not meet performance targets. Performance variance reports explaining the reason for the variance are submitted annually upon request by the MOHLTC.

Health Protection

PHU are expected to begin investigation of reported suspected rabies exposures within one day of notification. In 2015, department administrative process changes within PHS resulted in five reports out of 1,423 being investigated on the second, not the first day of notification. This resulted in a performance of 99.6%, under the target of 100%.

In 84% of salmonellosis cases investigated by PHS, a risk factor other than “unknown” was entered into iPHIS, an electronic database. This fell below the target of 90%. Determination of risk factors other than “unknown” is dependent upon client responses. Where a client cannot be interviewed or does not identify any risk factors, collection of this information can be beyond the control of PHS staff. Additionally, clients who did not experience symptoms of illness were not investigated for behavioural risk factors. Clarification was provided by Public Health Ontario that we are expected to investigate risk behaviours during a particular time period for clients who do not experience symptoms, and this was corrected in 2015 Q3 going forward. A performance variance report has been requested for this indicator and will be submitted to the MOHLTC.

Influenza Vaccine Wastage

On January 7, 2016, an Information Update was sent to the Mayor and Members of the Board of Health regarding the 2014/2015 influenza vaccine wastage rate. This update outlined an investigation that was done to account for missing doses of influenza vaccine based on differences between PHS electronic and internal tracking systems.

As a result of the investigation, it was found that the PHS influenza vaccine wastage rate fell between 4.3% and 13.1%; depending on whether the doses distributed to PHS clinics, but not appropriately tracked, were assumed to be used or wasted. Performance fell below the target of 4.0%.

PHS has committed to review vaccine tracking processes to make sure that the influenza vaccine used at PHS clinics is being tracked appropriately. PHS has also reached out to the MOHLTC to discuss inventory challenges faced with the required electronic tracking systems. A performance variance report has been requested for this indicator and will be submitted to the MOHLTC.

Though a negative variance was experienced in influenza vaccine wastage rates for 2015, continued improvement has been seen for HPV vaccine wastage. In 2012, the first reporting period for this indicator, the PHS HPV vaccine wastage rate was 5.1%. In 2015, PHS has decreased this rate to 0.8%, achieving the performance target of 1.7%.

Tobacco Inspections

In 2015, a review of Hamilton's Tobacco Inspection System (TIS) showed that there were 28 secondary schools, as defined by the Education Act, in operation. Of these schools, 27 were inspected for compliance with the Smoke Free Ontario Act (SFOA). This resulted in an inspection rate of 96%, below the target of 100%. The data used by the MOHLTC to calculate inspection rates (Appendix A) includes private school premises that were categorized incorrectly and schools no longer in operation. Using the MOHLTC data, the inspection rate appears to be 60.6%.

A review of TIS data, street files and court records show that inspections were completed for all 383 eligible retailers for compliance with Section 3 of the SFOA. This meets the 100% performance target for 2015. These results differ from the data in Appendix A due to delays in data entry and synchronization with the provincial database.

PHS performance of 99.2% fell short of the 100% target for tobacco retailers inspected for compliance with display, handling and promotion sections of the SFOA as three inspections were unable to be completed for operational, logistics reasons.

Overall, PHS is responsible to collect and maintain up-to-date inspection and enforcement data using the TIS. PHS staff are working to review TIS data entry processes for quality assurance and improvements to ensure future alignment between MOHLTC and PHS records. Moderate variances are to be expected in any given operating year due to technical barriers associated with the database itself, in-year premise closures and/or the inability to inspect a given premise for operational, logistics reasons.

2016 Accountability Agreement Indicators

The PHFAA performance and monitoring indicators for 2016 are outlined in Appendix C.

All health protection indicators will continue in 2016, with some performance indicators becoming monitoring indicators based on a consistent high level of performance.

In addition, the following are new Health Protection indicators for 2016:

- % of restaurants with a Certified Food Handler on site at time of routine inspection,
- % of 7 or 8 year old students in compliance with the Immunization of School Pupils Act (ISPA),
- % of 16 or 17 year old students in compliance with the ISPA, and
- % of Measles, Mumps, Rubella (MMR) vaccine wasted.

All health promotion indicators will continue in 2016, with no performance or monitoring indicators being added.

Developmental indicators for both Health Protection and Health Promotion continue to be built and tested before becoming performance indicators. Developmental indicators do not have targets and are not measured; however, PHS may be involved in testing indicators or providing feedback on their use. A list of developmental indicators can be found in Appendix D.

Next Steps

For all performance indicators, 2016 targets need to be negotiated between PHS and the MOHLTC. It is not yet known when this negotiation will occur. The negotiation process typically does not allow time to bring proposed targets forward to the BOH for approval. As the practice has become, staff will negotiate 2016 performance indicator targets on behalf of the BOH and share once set.

Appendices Attached:

Appendix A to Report BOH16012 – 2015 Year-End Indicator Summary Table: Health Protection

Appendix B to Report BOH16012 – 2015 Year-End Indicator Summary Table: Health Promotion

Appendix C to Report BOH16012 – 2016 Accountability Agreement Indicators

Appendix D to Report BOH16012 – 2016 Developmental Accountability Agreement Indicators