INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	May 15, 2017
SUBJECT/REPORT NO:	Accountability Agreement Indicators 2016 Year-End Performance – (BOH17018) (City Wide)
WARD(S) AFFECTED:	City Wide
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Council Direction:

Not Applicable

Information:

2016 Year-End Performance

Under the Public Health Funding and Accountability Agreement (PHFAA), all public health units in Ontario are required to report on the same set of performance indicators to the Ministry of Health and Long-Term Care (Ministry). Performance indicators are focused on priority areas for performance improvement and have targets that are negotiated between public health units and the Ministry an annual basis.

Public Health Services (PHS) performed well at 2016 year-end by meeting health promotion performance targets with:

- Achievement of advanced implementation status of the NutriSTEP® Preschool Screen,
- Achievement of the Baby Friendly Initiative designation,

- 96.6% of tobacco vendors in compliance with youth access legislation at the time of last inspection,
- Providing oral health screening in all eligible schools, and
- Providing oral health screening to all eligible students in junior kindergarten, senior kindergarten and Grade 2 in all publicly funded schools.

PHS also met health protection performance targets with inspection of all:

- High-risk Small Drinking Water Systems that were due for re-inspection, and
- Refrigerators storing publicly funded vaccine.

In addition to performance indicators, the 2016 year-end results include monitoring indicators. Monitoring indicators are in place where a high level of performance is consistently being met. Monitoring indicators do not have annual performance targets that must be met, however, it is expected that performance be maintained or improved upon each year.

PHS maintained or improved upon performance of monitoring indicators including:

- High-risk food premises inspected every four months while in operation,
- Class A pools inspected while in operation,
- Public spas inspected while in operation,
- Personal services settings inspected annually,
- Gonorrhoea cases where initiation of follow-up occurred within two business days, and
- Confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case.

The 2016 year-end results for all indicators can be found in Appendix A to Report BOH17018.

2016 Performance Variance

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

- *Tobacco Inspections*

In 2016, PHS inspected all eligible secondary schools once during the year for compliance with Section 10 of the Smoke-Free Ontario Act (SFOA). Year-end performance data in Appendix A shows that 27 of 28 schools received inspection. This

was due to the fact that one school was listed as active in 2016 in the Tobacco Inspection System (TIS) database, yet this was not an active school and was ineligible for inspection. The status of this school has been updated in the TIS database for 2017.

PHS did not meet the target of 100% for tobacco retailers inspected for compliance with Section 3 of the SFOA (96.8%) and with display, handling and promotion sections of the SFOA (98.7%). This represents normal variance expected in any given year due to technical barriers associated with the TIS database, in-year premise closures or the inability to inspect a premise for operational or logistical reasons.

- *Salmonellosis*

In 87.5% of salmonellosis cases investigated by PHS, a risk factor other than "unknown" was entered into iPHIS, an electronic database. This fell slightly 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. As per Ministry direction, PHS has used this indicator as a learning opportunity to facilitate staff training and improve case investigations. As a result, performance in this indicator has improved from 84% in 2015. PHS continues to commit to performance improvement in this area to minimize the number of cases lost to follow up.

- *Influenza Vaccine Wastage*

In 2015/2016, PHS had an influenza vaccine wastage rate of 5.7%. This did not meet the target of 3.0% but is much improved upon 2014/2015 performance of 13.1%. PHS continues to focus on continuous quality improvement efforts to bring influenza vaccine wastage rates within target.

Public health units are accountable for ten doses from each vial of influenza vaccine received. There are times however, when a vial contains only 9 doses. Any undocumented missing doses are counted as wastage against the public health unit. In order to address this issue, vaccine clinic forms have been updated and staff have been educated on the importance of documenting the number of doses obtained from each vial. This information is now entered into an electronic database, to ensure a more accurate account of vaccine wastage. Clinic events can also contribute to wastage. Anxious clients can lead to situations where the needle and/or syringe become compromised and a new dose may need to be used for the second attempt. Clients can also refuse their immunization after the nurse has drawn up the dose. In both cases, the dose may be considered unusable and counted as wastage. To minimize these occurrences, nurses have been reminded that best practice is not to pre-draw vaccine doses, whenever possible. Nurses have also been provided with training opportunities, on how to minimize client immunization fears. In addition, clinic staff are required to

complete an annual review of the Ministry's vaccine storage and handling guidelines in order to ensure vaccine safety and prevent wastage.

Other Performance Areas

- *HPV Vaccine Wastage*

HPV vaccine wastage is a monitoring indicator, and though there is no performance target set for 2015/2016, wastage for this indicator increased from 2014/2015. This increase in HPV vaccine wastage was seen due to a change from a three dose to a two dose schedule in 2015/2016. With a reduction in the number of doses given, this resulted in excess vaccine inventory. Health units are required to return any reusable vaccines within four months of the vaccine's expiry date. Due to the large excess of HPV vaccine on hand, a number of doses were unable to be processed and returned within the four month window. To minimize vaccine expiration in the future, Vaccine Expiration Reports have been created and are sent to staff monthly as a reminder of upcoming return due dates for reusable vaccine stock.

- *MMR Vaccine Wastage*

In 2016, PHS established baseline performance for a new indicator monitoring MMR vaccine wastage. From January to December 2016, PHS received and distributed 12,100 doses of MMR. Of these doses, 566 were wasted due to vaccine fridge temperature exposure resulting in vaccine damage. Ten of these doses were lost due to incidents at PHS community clinics, with the remaining 556 doses through external health care providers. To help reduce this wastage in the future, PHS has identified sites that will receive more frequent inspections of vaccine fridges.

In addition, 590 MMR doses were wasted due to vaccine expiration. PHS community clinics accounted for 13 expired doses with the remaining 577 expired doses returned to PHS for disposal from external health care providers. To address this issue, PHS has reviewed ordering practices of external health care providers and made recommendations to sites that historically order excess amounts of MMR vaccine. These sites have been asked to order smaller amounts more frequently, moving forward.

- *Immunization Rates*

PHS has worked to ensure school-aged children have completed immunizations and are in compliance with the Immunization of School Pupils Act (BOH16053, BOH17005). Overall, Hamilton shows good compliance with the Immunization of School Pupils Act and high levels of protection against vaccine-preventable diseases. PHS will continue to promote immunization across the lifespan and deliver vaccines to the community in conjunction with health care providers in the community.

2017 Accountability Agreement Indicators

At this time, the approach to performance measurement and target setting for 2017 is still being finalized by the Ministry. Performance expectations will be communicated to the Board of Health as they become available.

Appendices/Schedules Attached

Appendix A to Report BOH17018 (City Wide) – Accountability Agreement Indicators 2016 Year-End Performance