



Hamilton

INFORMATION REPORT

TO:	Mayor and Members Board of Health
COMMITTEE DATE:	September 17, 2018
SUBJECT/REPORT NO:	2018 Annual Service Plan & Budget Performance Report (Q1 & Q2) (BOH18029) (City Wide)
WARD(S) AFFECTED:	City Wide
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SIGNATURE:	

Council Direction:

Not Applicable.

Information:

Earlier this year, the Board of Health (BOH) approved and submitted the 2018 Annual Service Plan and Budget (ASP&B) (BOH17010(e)) to the Ministry of Health and Long-Term Care (MOHLTC) as required by the Ontario Public Health Standards. The ASP&B requires additional detail that is new for the BOH, including a detailed narrative of programs and services as well as indicators of success to measure performance.

Public health units have been told to expect to report on performance using program indicators in the ASP&B, at the end of Q2 and Q4 each year. That said, finalizing program performance indicators continues to be a work in progress. The MOHLTC is currently in the process of re-establishing consistent performance indicators for all public health units across the province. Locally, there is ongoing continuous improvement through both staff review and refinement, and feedback from the Province on Hamilton's ASP&B that is expected by October of this year.

The BOH, through the self-evaluation process, also asked for updates on the implementation of PHS business plans at least semi-annually. To keep the BOH informed on progress made in the 2018 ASP&B, this first report on ASP&B progress uses performance indicators to highlight both areas of success and opportunities for improvement across the public health divisions for the period of January 1 to June 30, 2018 (Q1 and Q2, 2018). Public Health Services (PHS) is also monitoring financial

performance against the ASP&B on a quarterly basis, addressing any variance throughout the year to optimize achievement of program commitments.

In this mid-year report, there are early indications of improvement in some program areas, such as vaccine wastage, while others are on track to meet year end targets that will continue to be monitored. Below are highlights of particular achievements to date, with further specific details of the 2018 ASP&B indicators, and program performance relative to those indicators outlined in Appendix A.

Harm Reduction: Harm reduction seeks to reduce the harms associated with addiction and substance use. Harm reduction programs in Hamilton can be accessed by people who inject drugs. Since 2012, Public Health Services (PHS) has supported a collaborative partnership with The AIDS Network. This includes supporting “The Van” needle pick up program which is a confidential service that travels anywhere in Hamilton. Demand for harm reduction services are increasing. In 2012, PHS gave out 580,000 clean needles. This more than doubled in 2017 when PHS gave out 1.36 million clean needles. PHS is observing the same trend for 2018 and has given out over 605,000 clean needles to date. Encouragingly, PHS has also observed an increase in return of needles for safe disposal. This increased from 53% in 2017 to 56% in 2018. PHS continues to explore how best to improve safe needle distribution and disposal by engaging community members and neighbourhood associations.

Vaccine Storage: Vaccine wastage due to spoilage or expiry is a concern for all immunization programs in the province. The MOHLTC mandates that wastage rates should not exceed 5% for any vaccine product. PHS is responsible for storing and handling publicly funded vaccines including monitoring any vaccine wastage. Historically, PHS has been unable to meet the 5% target and in 2016, PHS reported 8.8% vaccine wastage. To ensure continuous quality improvement, PHS introduced a vaccine monitoring report system and engaged in a review of historical orders from physicians and pharmacies as a means of more accurately predicting vaccine supply needs. With these efforts, the vaccine wastage rate was decreased to 6.7% in 2017. Notably for 2018, PHS is reporting 3.6% wastage. However, to ensure that PHS is in compliance with the 5% target by end of Q4, PHS will be introducing Hedgehog, a reliable electronic tool, to allow for specific monitoring and evaluation of vaccine inventory. Hedge Hog allows cold chain inspection data to be electronically archived which allows staff to quickly review a facilities historical compliance record, and to provide high risk sites with additional education and support. With this new electronic system, PHS anticipates overall decreases in vaccine wastage; allowing PHS to comply with the MOHLTC mandate.

Rabies Investigations: Raccoon rabies is caused by a variation of the rabies virus and is transmissible to other species, including humans. Since December 2015, Hamilton

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has been dealing with an outbreak of raccoon rabies which is by far the largest to have occurred in Canada. In response, PHS has mobilized an outbreak response plan which is financially supported by the MOHLTC and includes additional staff in PHS and Animal Control. Additional staff has served to increase Hamilton's capacity to effectively respond to the outbreak. Moreover, there has been an increase in public awareness of the outbreak, and PHS has experienced an increased number of calls for potential rabies exposures. So far in 2018, 688 potential rabies exposures have been investigated by PHS of which 47% were dogs, 24% were cats and 11% were wildlife. It is expected that the raccoon rabies outbreak will continue through 2023, therefore a collaborative approach will continue to be instrumental in addressing the outbreak. PHS remains committed to preventing a human case of rabies from occurring in Hamilton.

Electronic Cigarettes: PHS enforces the Electronic Cigarette Act (ECA) which came into effect January 1st, 2016. Like other public health units across the province, PHS is required to conduct one inspection per vendor annually for e-cigarettes. The inspection targets sales of e-cigarettes to minors to help reduce youth access as it is against the law for anyone to sell or supply e-cigarettes to individuals less than 19 years of age. E-cigarettes are marketed and sold in various designs by a wide array of retailers, including stand-alone vape shops and more traditional convenience stores. The level of vendor awareness and compliance with their responsibilities under the ECA varies significantly. Vendors can become confused about what is and what is not permitted under the law. In 2017, PHS observed that 88% of vendors were in compliance with the ECA. To date, 80% of inspected vendors are in compliance with the ECA and PHS anticipates that compliance rates will meet the target of 90% by the end of Q4. PHS has witnessed an increased e-cigarette use among the public and therefore will continue to educate and work with operators towards compliance.

Pregnancy Screening: The Safe Transitions Initiative is a City-wide, cross sector collaborative whose goal is to promote optimal health outcomes for mothers, infants, and families in Hamilton. As part of the initiative, cross sector working groups (WG) have been developed. The Healthy Babies Healthy Children (HBHC) Prenatal Screening WG focuses on early screening of infants and connecting pregnant and parenting families to supports. In 2017, HBHC screened 6.4% of pregnancies. For 2018, the HBHC WG has identified a screening completion target of 16% of pregnancies in Hamilton. Q1-2 monitoring indicates PHS has achieved 46% of our target for 2018. Although, slightly below the anticipated 50% Q2 target, PHS forecasts reaching 16% by Q4. Existing resources are being used to meet this goal as well as additional city-wide strategies to promote the prenatal period and early screening.

Prenatal Classes: Prenatal classes are offered by PHS to pregnant mothers in Hamilton. Mothers can participate in-person or online. A comprehensive review of this

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service was recently conducted by PHS and concluded that the most effective way to provide prenatal education is by offering a combination of in-person and online prenatal education versus one or the other alone. Data shows that 12% of pregnant mothers registered for prenatal classes by 2018 Q2 of which 53% registered for online classes and 47% registered for in person classes. This is above the PHS target of reaching 10% of pregnant mothers. It is anticipated that this percentage will increase by the end of Q4 as the new model of prenatal education was introduced by PHS in May 2018 as well as the removal of a fee for online classes. Strategies to promote the free online prenatal classes are underway and PHS is committed to ensuring class effectiveness.

Appendices and Schedules Attached

Appendix A to Report BOH18029 – 2018 Indicators of Success (Q1 & Q2)