

**CITY OF HAMILTON**

**CITY MANAGER'S OFFICE  
Audit Services Division**

<b>TO:</b> Chair and Members Audit, Finance and Administration Committee	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> March 25, 2013	
<b>SUBJECT/REPORT NO:</b> Follow Up of Audit Report 2011-06 – Infectious Diseases Programs (AUD13009) (City Wide)	
<b>SUBMITTED BY:</b> Ann Pekaruk Director, Audit Services City Manager's Office	<b>PREPARED BY:</b> Ann Pekaruk 905-546-2424 x4469
<b>SIGNATURE:</b>	

**RECOMMENDATION**

That Report AUD13009, respecting the follow up of Audit Report 2011-06, Infectious Diseases Programs, be received.

**EXECUTIVE SUMMARY**

Audit Report 2011-06, Infectious Diseases Programs, was originally issued in November, 2011 and management action plans with implementation timelines were included in the Report. In January, 2013, Internal Audit conducted a follow up exercise to determine if appropriate and timely actions had been taken. Of the 14 recommendations that management agreed to in the original Report and Addendum, five have been completed and eight are in progress. There is one recommendation in the Addendum that was not applicable so no further follow up work was carried out.

***Alternatives for Consideration – Not Applicable***

**FINANCIAL / STAFFING / LEGAL IMPLICATIONS** (for Recommendation(s) only)

**Financial:** None.

**Staffing:** A Quality Assurance Advisor position, dedicated to the inspection programs in the Health Protection Division, has been staffed to help ensure a robust quality assurance process with inspections, re-inspections and enforcement procedures.

**Legal:** None.

**HISTORICAL BACKGROUND** (Chronology of events)

Audit Report 2011-06, Infectious Diseases Programs, was originally issued in November, 2011. The Report and Addendum provided 14 recommendations identifying areas for improvement with increased controls and accountability, greater management oversight and potential operational improvements.

It is normal practice for Internal Audit to conduct follow up reviews within a 12-18 month period following issuance of the original report in order to determine whether action plans committed to by department management have been implemented.

**POLICY IMPLICATIONS/LEGISLATED REQUIREMENTS**

- Province of Ontario – Infectious Diseases Protocol, 2009 (now replaced by 2013 version)
- Health Protection and Promotion Act (HPPA)
- Ontario Public Health Standards (MOHLTC), 2008

**RELEVANT CONSULTATION**

The results of the follow up were provided to management responsible for the administration of Infectious Diseases Programs, part of Public Health Services.

**ANALYSIS / RATIONALE FOR RECOMMENDATION**

(include Performance Measurement/Benchmarking Data, if applicable)

The report attached as Appendix “A” to Report AUD13009 contains the first three columns as originally reported in Report 2011-06 along with an added fourth column indicating Internal Audit’s comments as a result of the follow up work. The original Addendum section contained two recommendations – one for which a follow up comment is provided and another recommendation which was not applicable and did not require any follow up.

Five of the 14 recommendations have been fully implemented. These include: monitoring the rate of re-inspections; rotating the assignment of premises to visit; investigating other municipalities’ level of public disclosure of inspection results; performing an evaluation of the West Nile Virus Program; and recording of education provided to operators in the database.

There are eight recommendations whose implementations are in progress. They are: ensuring completeness of premises inventory; developing/finalizing/updating written procedures for the Infectious Diseases Prevention and Control Programs with review for necessary revisions on a regular basis; and establishing enforcement parameters along with management oversight of inspection results.

There was no follow up for one recommendation that was deemed not applicable by management at the time of the original audit.

**ALTERNATIVES FOR CONSIDERATION**

(include Financial, Staffing, Legal and Policy Implications and pros and cons for each alternative)

Not applicable.

**ALIGNMENT TO THE 2012 – 2015 STRATEGIC PLAN:**

**Strategic Priority #2**

Valued & Sustainable Services

*WE deliver high quality services that meet citizen needs and expectations, in a cost effective and responsible manner.*

**Strategic Objective**

2.1 Implement processes to improve services, leverage technology and validate cost effectiveness and efficiencies across the Corporation.

**Strategic Priority #3**

Leadership & Governance

*WE work together to ensure we are a government that is respectful towards each other and that the community has confidence and trust in.*

**Strategic Objective**

3.4 Enhance opportunities for administrative and operational efficiencies.

**APPENDICES / SCHEDULES**

Appendix “A” to Report AUD13009.

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**CITY OF HAMILTON  
INTERNAL AUDIT REPORT 2011-06  
PUBLIC HEALTH SERVICES (PHS) – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
1.	<p><u>Policy and Procedure Documents - General</u></p> <p>There is no complete policy and procedure manual for the Infectious Disease Program as administrative procedures are currently not included in the existing manual.</p> <p>Without appropriate administrative guidelines and expectations, it may be difficult for management to hold staff accountable. In addition, new staff to the Program would not have consistent, written guidelines to which they could refer.</p>	<p>That management develop, approve and implement a comprehensive policy and procedure manual for administrative procedures in the Infectious Diseases Programs. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. Currently, administrative policies are available but titled with a different division/program name (Environmental Health). All staff follow these policies. However, all administrative policies need to be updated to apply across the Health Protection Division which will be inclusive of Infectious Disease Programs. Implementation Date – March 2012.</p>	<p>In Progress. Documents have been drafted for administrative procedures. The majority of documents had not yet been approved and, as such, have not had a regular annual review.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
2.	<p><u>Policy and Procedure Documents - Personal Services Settings and Licensed Day Nurseries</u></p> <p>It was noted by Internal Audit that the most recent approved versions of policy and procedure documents for Personal Services Settings (PSS) and Licensed Day Nursery (LDN) inspections are dated 2007. Even though there are more current documents reflective of legislative and protocol changes in 2009 available, they are only in draft format.</p>	<p>That management finalize, approve and implement policy and procedure documents for PSS and LDN inspections. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. Policies and procedures related to both PSS and LDN inspections have been finalized and implemented in use by the Infectious Disease Prevention and Control Program as of August 2011. Finalized policies are being used to conduct all inspections in these programs. Both policies will be reviewed on an annual basis moving forward.</p>	<p>In Progress. Procedures have been revised. These procedures are awaiting review and sign-off from an Associate Medical Officer of Health (AMOH). As that approval has not yet been given, the annual review recommended has not occurred.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
2.	<p><u>Policy and Procedure Documents - Personal Services Settings and Licensed Day Nurseries (Cont'd.)</u></p> <p>Additionally, there currently are no policy and procedure documents that adequately outline enforcement activities that are available during PSS and LDN inspections.</p> <p>Without up-to-date guidelines and written expectations, it may be difficult for management to hold staff accountable.</p>	<p>That management develop, approve and implement a policy and procedure document that provides guidance for enforcement actions that are to be taken during the inspection process (as required). This document should be reviewed on a regular basis (annually) and be revised as needed.</p>	<p>Agreed. There are no regulations available for use to guide PSS inspections. All infection control inspections in PSS are based upon guidelines and best practice documents in addition to inspection requirements contained within the Ontario Public Health Standards. This limits the ability to enforce some of the inspection findings during this inspection. This being said, an enforcement policy that speaks to all inspection work within the Infectious Disease Prevention and Control (IDP&amp;C) program has been developed, finalized and implemented for use. This policy describes the expected enforcement strategies to be used by public health inspectors conducting infection control inspections in personal services settings and licensed day nurseries. The enforcement policy includes details on the use of the green sign in PSS as an enforcement strategy. The policy describes when a green sign is to be removed from inspected premises. The policy will be reviewed on an annual basis.</p>	<p>In Progress. An Enforcement Procedure has been written. This procedure is awaiting review and sign-off from an AMOH and, as such, has not had an annual review.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
3.	<p><u>Policy and Procedure Document - Green Signs (PSS)</u></p> <p>Currently, Green Signs (similar to those used in the Food Safety Program) are issued to PSS operators whose premises meet inspection requirements. The green sign program is voluntary and was requested by PSS operators. There is no policy and procedure that outlines the issuance and purpose of Green Signs for PSS premises.</p> <p>The Green Signs are a highly visible indicator that premises have passed City of Hamilton Public Health inspections. Since the Green Sign program is not formalized and no specific guidelines regarding the issuance of these Signs have been documented, the risk exists that the public may interpret the reason for the signage incorrectly. Adequate documentation may not be retained to support the process.</p>	<p>That management develop, approve and implement a policy and procedure document that provides guidance and direction regarding the issuance of Green Signs to PSS premise operators during the inspection process. This document should be reviewed on a regular basis (annually) and be updated, as required.</p>	<p>Agreed. The enforcement policy approved for use in August 2011 addresses the removal and use of the green sign in PSS (see Management Action Plan in #2 above).</p>	<p>In Progress. An Enforcement Procedure has been written. This procedure addresses the use of the green sign. This procedure is awaiting review and sign-off from an AMOH.</p>



**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
4.	<p><u>Policy and Procedure Documents - Community Outbreak Management</u></p> <p>The Outbreak Management Protocol document ("Protocol for the Investigation of Infectious Disease Outbreaks") currently exists in draft format only and there is no formally approved document in use in PHS.</p> <p>Without approved guidelines and expectations, it may be difficult for management to hold staff accountable due to the lack of policies and procedures for the management of community outbreaks. In order to be fully prepared for an outbreak, an approved Outbreak Management Protocol should be in effect.</p>	<p>That management finalize, approve and implement the "Protocol for the Investigation of Infectious Disease Outbreaks" policy and procedure document. This document should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. The Outbreak Management Protocol is a document that guides the management of community outbreaks across the Health Protection Division. Although the current policy is in draft format, it is formally in use in PHS and is used during the management of all community outbreaks. The document will be reviewed, updated and finalized for use by February 2012. The document will be reviewed and updated on an annual basis.</p>	<p>In Progress. The Outbreak Management Protocol has been revised and reviewed by the necessary program specialists.</p> <p>This procedure is awaiting review and sign-off from the three Associate Medical Officers of Health. Once these approvals are obtained, the annual review will be scheduled.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
5.	<p><u>Policy and Procedure Documents - West Nile Virus (WNV) Program</u></p> <p>There is no comprehensive internal policy and procedure manual for the West Nile Virus (WNV) Program. There is a lack of detailed and approved policies and procedures for major portions of the WNV Program.</p> <p>Of the few policy and procedure-type documents (informal workflow documents) that were available for review by Internal Audit, four (4) of the five (5) documents have not been reviewed or revised within the past year.</p> <p>Without appropriate guidelines and expectations, it is difficult for management to hold staff accountable due to the lack of policies and procedures for the Program.</p>	<p>That management develop, approve and implement a comprehensive internal policy and procedure manual for the West Nile Virus Program. These documents should be reviewed on a regular basis (annually) and be revised as required.</p>	<p>Agreed. The manual will only be created in electronic format. Management will: poll other health units (i.e. WNV policy and procedures initiated Sept. 9, 2011); organize existing Policies and Procedures (P&amp;Ps) into one electronic folder and name it WNV P&amp;P Manual; transfer or reference workflow document information into the P&amp;P template for approval; and review what P&amp;Ps are needed and draft same for approval. Completion of the manual is expected by April, 2012.</p> <p>Annual review to be initiated January 2013. Following that, the review will occur between November and March annually.</p>	<p>In Progress. A comprehensive procedure manual has been created and approved for the WNV Program. Annual review has not yet occurred. Annual review is scheduled for January 2014.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
6.	<p><u>Rate of Re-Inspection (PSS and LDN)</u></p> <p>Re-inspection can be used as an enforcement tool when premises do not meet compliance with certain set procedures during a routine inspection. However, without specific criteria to determine when re-inspection is appropriate (see Observation #2) and with the decision left to the discretion of each particular PHI, varied enforcement in this regard would be expected.</p> <p>Internal Audit analyzed the rate of re-inspection across Public Health Inspectors (PHIs) that perform Infection Control (PSS and LDN) inspections. It was found that the rate of re-inspection varied from 0.8% to 14.3% across inspectors.</p> <p>Such a large deviation in the rate may be an indication that enforcement is not being consistently applied and thus re-inspection is not occurring at an appropriate level. In a sample of reports where the re-inspections had been scheduled, the actual re-inspection in 2 of 9 cases (over 20%) had not taken place.</p>	<p>That management monitor the rate of re-inspections by performing regular reviews of inspection reports (on a sample basis) with such review adequately documented.</p>	<p>Agreed. In order to address the issue of a wide range in re-inspection rates, the following actions are being or have been implemented:</p> <ol style="list-style-type: none"> <li>1. A finalized enforcement policy addressing inspections in both PSS and LDN has been implemented (August 2011). This policy establishes clear direction for PHIs working in the program to determine when enforcement actions are warranted.</li> <li>2. A general inspection policy in addition to specific policies establishing inspection expectations in PSS and LDN have been approved for use in the programs. The policies are no longer draft and have been implemented into use.</li> <li>3. Management will review a sample of all inspection reports on monthly basis to ensure compliance with policies. Implementation Date - October 2011.</li> </ol>	<p>Completed. The decision has been made by management to review inspection reports quarterly. This review was found to be occurring and adequately documented since its implementation for Q3 2012.</p>

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#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
6.	<u>Rate of Re-Inspection (PSS and LDN) (Cont'd.)</u>		The divisional Quality Assurance Advisor will work with management to develop and implement a robust quality assurance process with full policy and procedures to provide more consistent inspection, re-inspection and enforcement actions. This will be implemented in Q1 of 2012.	
7.	<p><u>Personal Services Settings - Completeness of Premises Inventory</u></p> <p>There are no formal procedures or practices in place that would aid in the determination of the completeness of the premises inventory. Staff have indicated that searches for unlicensed premises are performed using the internet but this procedure is not formally documented.</p> <p>Without such steps to determine the completeness, there is a risk that PSS premises which should be inspected under the Infectious Disease Program may be missed. Uninspected PSS premises in the City pose a potential public health risk to patrons of these establishments.</p>	That management investigate various means to verify the completeness of the inventory of premises subject to inspection. This could include setting aside a period of time on a regular basis (i.e. quarterly) to allow Public Health Inspectors to perform walkabouts / driveabouts in assigned areas in order to identify new establishments, and/or to perform internet searches for unlicensed and uninspected premises. These procedures and the results of such investigations should be documented in writing.	<p>Agreed. The following strategies are in place at this time to ensure completeness of PSS inventory:</p> <ol style="list-style-type: none"> <li>1. Any premises noted by PHIs while they are in areas conducting inspections that are not currently captured in our inventory are inspected and reported as unlicensed to the Planning and Economic Development Department (Licensing and By-law Division) for follow-up. The premise is created within our inventory and ongoing inspections occur whether or not the premise is licensed (in accordance with Ontario Public Health Standards and Protocols).</li> </ol>	In Progress. A procedural document detailing the process to ensure completeness of PSS inventory has been written, but has not yet been approved. Routine quarterly checks have not yet begun to occur.

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#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
7.	<u>Personal Services Settings - Completeness of Premises Inventory (Cont'd.)</u>		<p>2. Complaints of unlicensed "underground" PSS are received by our program. All complaints are investigated within 24 hours. Any premise found to be operating as a PSS is included in our inventory and licensing staff are notified of existence of the premise (as above).</p> <p>3. Staff working in the IDP&amp;C program conduct random searches on databases in order to find "underground" PSS. Any premises located via this process are treated as above.</p> <p>4. The program manager attends Licensing working group meetings with representatives of other departments and licensing staff. This meeting is a venue where discussion of such premises occurs.</p> <p>In addition to these strategies already in place, management commits to a more formal and scheduled process with respect to internet searches for unlicensed premises. A routine check will be conducted on a quarterly basis with results documented. Implementation Date: January 2012.</p>	

**PHS – INFECTIOUS DISEASES PROGRAMS  
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#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
8.	<p><u>Rotation of PHIs (PSS and LDN Inspections)</u></p> <p>PHIs are assigned to specific premises and are rotated only as staffing changes create the need for some premises to be reassigned. This type of distribution and the infrequency of change can facilitate a sense of undue familiarity with the premise operators or an informality to the process that may result in an ineffective inspection.</p>	<p>That management review the current assignment of premises with a view of providing "fresh eyes" inspection capabilities through regularly scheduled rotation of PHIs.</p>	<p>Agreed. As of January 1, 2012, all PHI assignments for PSS and LDN will be rotated. Assignments from that point on will be rotated on an annual basis. Implementation Date: January 2012.</p>	<p>Completed. PHI assignments for PSS and LDN were rotated for 2012. At the date of fieldwork testing (January 2013), the 2013 assignments were in the process of being finalized for rotation by the Program Manager.</p>
9.	<p><u>Public Disclosure of Inspection Findings</u></p> <p>Currently, there is no public disclosure of inspection results for PSS and LDN inspections other than the Green Signs posted for PSS inspections. Inspection results are published for food safety inspections that are also conducted by the Health Protection Division.</p> <p>The public does not have access to the results of Public Health inspections that are carried out across the City. The public is unable to make a fully informed decision about attending these establishments due to the lack of adequate information.</p>	<p>That management consider increasing the level of public disclosure of inspection results for the Infectious Diseases Programs.</p>	<p>Agreed. Currently, results of PSS and LDN inspections are available to the public via the FOI process. In order to address the observation that there is a lack of public disclosure of results, management will commit to reviewing practices in other health units to assess the level of public disclosure in such settings. Based on the findings of such a preliminary review, a decision will be made whether a further assessment and consideration of the issue will be pursued.</p>	<p>Completed. Management completed an environmental scan of external health units regarding public disclosure. None of the respondents have a public disclosure system in place.</p> <p>Management has made the decision that PSS inspection results will remain available by request under the FOI Act.</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
10.	<p><u>Quality Assurance Process</u> The Quality Assurance (QA) process that is in place in the Infectious Diseases Programs and included in the scope of this audit does not address all QA concerns. Areas currently not included in the QA process are: CD (Communicable Diseases) Intake database monitoring (to ensure complaints are investigated and complaints are closed in a reasonable timeframe); management review of completed inspection reports; the creation of a checklist for community outbreak files to facilitate management review; and hazard ratings in Hedgehog to detect problem premises (and to monitor enforcement actions taken).</p> <p>A strong quality assurance process with management oversight results in procedures being followed uniformly and documentation available to adequately support actions taken.</p>	<p>That management expand the current Quality Assurance (QA) process to include: complaint follow up; management review of inspection reports; a checklist to facilitate management review of community outbreak files; and the use of hazard ratings in Hedgehog to detect problem premises and to help management monitor enforcement actions taken at these premises.</p>	<p>Agreed. The current QA processes within the Infectious Diseases programs will be expanded. This expansion will include:</p> <ol style="list-style-type: none"> <li>1. The Quality Assurance Advisor position, dedicated to inspection programs in Health Protection Division, will be in place by the end of Q4 2011. The Advisor will work with management to develop and implement a robust quality assurance process with full policy and procedures to provide more consistent inspection, re-inspection and enforcement actions. This will be implemented in Q1 2012.</li> <li>2. A checklist to allow for more thorough and documented management review of community outbreak files. Implementation Date: January 2012.</li> <li>3. Documented management review of all community outbreak files to ensure completion as per protocol. Implementation Date: January 2012.</li> </ol>	<p>In Progress. (See progress comments below for individual action plans).</p> <p>The QA Advisor position has been staffed. A QA program has been developed but has not yet been fully implemented. The QA Advisor has been temporarily seconded to another position.</p> <p>A checklist has been developed and implemented for community outbreak files.</p> <p>Management review of outbreak files was found to be occurring (per Audit Services' review of a sample of files).</p>

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

#	OBSERVATION OF EXISTING SYSTEM	RECOMMENDATION FOR STRENGTHENING SYSTEM	MANAGEMENT ACTION PLAN	FOLLOW UP (JANUARY 2013)
10.	<u>Quality Assurance Process</u> <u>(Cont'd.)</u>		<p>4. Implementation of the Hedgehog rating system. Implementation Date: April 2012.</p> <p>5. Documented quarterly review of a sample set of all LDN and PSS inspection reports. Implementation Date: October 2012.</p> <p>6. Continue working to establish a more effective database that communicates with Hedgehog for the purpose of complaint documentation. This will allow for more thorough management review of complaint investigations. Implementation Date: April 2012.</p> <p>7. Quarterly review by the program manager of a sample set of calls captured within ID intake database to ensure appropriate actions and follow-ups. Implementation Date: November 2011.</p>	<p>Management investigated this item and has determined that this item is no longer applicable.</p> <p>Documented review was found to have been completed by the QA Advisor for Q3 and Q4 2012.</p> <p>A temporary solution has been implemented for reviewing complaint documentation until a permanent solution can be developed. Review is completed quarterly by the QA Advisor. First review occurred for Q4 2012.</p> <p>Review was completed for complaints in Q4 2012. This review was completed by the QA Advisor.</p>



**PHS – INFECTIOUS DISEASES PROGRAMS  
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11.	<p><u>West Nile Virus (WNV) - Program Evaluation</u></p> <p>Program evaluation is one of the major components of an integrated vector management program, per the Ministry's "West Nile Virus Preparedness and Prevention Plan 2010".</p> <p>Over the years, individual components of the WNV program have been evaluated, but there has never been a complete, comprehensive program evaluation.</p> <p>In the absence of evaluating the effectiveness of the WNV Program, it may not be administered in a way that minimizes the public health risk of WNV while maximizing good value for money spent.</p>	<p>That management perform an evaluation of the WNV Program in order to determine the effectiveness of the program and to use the evaluation results to assist with future planning.</p>	<p>Agreed. Management will develop a work plan with the help of the Planning and Business Improvement Division staff for an evaluation of the WNV program. The program evaluation scope will be established in part following a full scan of Ontario health units to gauge type and extent of any WNV program as there may be few or none completed to date.</p> <p>The evaluation will be completed by the end of Q1 2012 so that any program changes can be brought forward to Board of Health prior to the traditional WNV season starting in May each year.</p>	<p>Completed. A program evaluation was completed and the final report was dated November 2012. The program evaluation included an assessment of the service delivery model of the WNV program and recommendations made in this regard were already implemented for the 2012 WNV season.</p>

**CITY OF HAMILTON  
INTERNAL AUDIT REPORT 2011-06  
PUBLIC HEALTH SERVICES (PHS) – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP**

**ADDENDUM**

The following items were noted during the course of the audit. Although they do not present internal control deficiencies, they are indicated in this Addendum so management is aware of the issues, risks and inefficiencies and can address them appropriately.

Recording the Provision of Education Activities (Personal Services Settings and Licensed Day Nursery Inspections)

1. Education related to infection control is required to be provided annually at all premises per provincial requirements. After review of the Hedgehog information, there were only 49 recorded instances of education provided to PSS operators during a 12-month period for approximately 700 PSS premises and only 15 recorded instances of education provided to approximately 200 LDN operators during a 12-month period. All PHI should record education activities as an "action taken" in the Hedgehog database.

***It is recommended:***

***That management require PHIs to record the provision of education activities as an "action taken" in the Hedgehog database each time education is provided to operators during inspections and/or consultations in order to support the carrying out of provincial requirements.***

***Management Response:***

***Agreed. Education is currently provided to PSS and LDN operators at each inspection. PHIs have been advised to select "education provided" as an action within each Hedgehog inspection. This documentation change was implemented as of September 2011.***

***Follow Up Comment:***

***Completed. Educational activities were found to have been recorded consistently for both PSS and LDN premises, resulting in a marked increase in the education activity instances noted.***

Community Outbreak Management - Policy and Procedure

2. The draft "Protocol for the Investigation of Infectious Disease Outbreaks" document references the requirement of an outbreak management plan. However, no details are provided as to what an acceptable document would be or if the plan even needs to be in writing.

***It is recommended:***

***That management require a written plan for each community outbreak and that the plan be included in the community outbreak file.***

**PHS – INFECTIOUS DISEASES PROGRAMS  
FOLLOW UP – JANUARY 2013**

*Management Response:*

*Not Applicable. The protocol in question is Public Health Services internal protocol and not a provincially-mandated protocol. A written outbreak management plan is not a document currently used or required for use during community outbreaks. During the next review and update of this document, the wording for a written plan will be removed.*

*Follow Up Comment:*

*Not Applicable. Based on management's original response, no additional follow up work was required.*