

Ministry of Health
and Long-Term Care

Public Health Standards, Practice
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Ministère de la Santé
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MAY 02 2013

Dr. Elizabeth Richardson
Medical Officer of Health
City of Hamilton, Public Health Services
1 Hughson Street North, 4th Floor
Hamilton ON L8R 3L5

**Re: 2013 Performance Targets for the Health Protection Indicators under the 2011-13
Public Health Accountability Agreement ("Accountability Agreement")**

Dear Dr. Richardson:

In follow-up to the discussion with you regarding the 2012 performance year, your 2013 performance targets and input on indicators for the 2014-16 accountability agreement, we would like to confirm your 2013 performance targets.

As per the discussions with Medical Officers of Health earlier in the year, it was indicated that boards of health would have the opportunity to review their 2013 targets for Indicators #1, 2, 4, 5, 7 and 9. As you know, the Immunization Records Information System (IRIS) immunization coverage reports for Indicator 9 (9a, 9b, and 9c) were received in October 2012. Upon review of the data, in most cases, the results for the 2011/2012 school year appeared to show higher than expected immunization coverage results for Hepatitis B and HPV. This same concern was raised by health units. As a result, the Ministry is not reporting the results for Indicators 9a (% of school-aged children who have completed immunizations for Hepatitis B) and 9b (% of school-aged children who have completed immunizations for HPV) and will not be assessing achievement against performance targets for 2012 or 2013. As part of our monitoring efforts, the Ministry will request IRIS coverage reports for Hepatitis B and HPV for the 2012/2013 school year. Please continue to enter data into IRIS for these vaccines. The Ministry has been working with Public Health Ontario on reviewing the data; it is taking a comprehensive approach to resolving this issue and will keep health units posted as to the results.

Dr. Richardson

The results for Indicator 9c (% of school-aged children who have completed immunizations for Meningococcus) are reported and health units will be required to submit IRIS immunization coverage reports for Meningococcus for the 2012/2013 school year. However, since it is now late in the school year, the targets for this indicator will not be renegotiated for 2013.

Also, previously agreed upon 2013 targets for Indicators #3, 10, 11, 12, 13, and 14 will not be revised. Please be advised that all current performance targets for 2013 will remain in place until agreement is reached between the Ministry and boards of health on any proposed revisions.

Your board of health's performance summary table has been posted on the Directory of Networks (DoN) Performance Management Data Sharing Network Site in your public health unit folder and was attached to the year-end letter recently sent. Please find attached an abridged version of this spreadsheet which includes your 2012 final results and current 2013 health protection targets. Please review your 2013 performance targets for Indicators #1, 2, 4, 5 and 7 and advise us of any proposed changes by completing the last two columns: "BoH Proposed 2013 Target" and "BoH Rationale" in the attached spreadsheet entitled, "2011-13 Health Protection Accountability Agreement Indicators: 2013 Targets" and sending this to me at: Sylvia.Shedden@ontario.ca. If your board continues to agree with the current 2013 targets and does not wish to propose any revisions, please send this confirmation by email to me at: Sylvia.Shedden@ontario.ca.

As you are all aware, the Ministry is currently in the process of reviewing 2013 Program-Based Grants budget submissions from boards of health. The anticipated timeline for approval of grants is early summer. As part of the approval package, boards of health will receive Amendments to the Public Health Accountability Agreement which will include the 2013 Program-Based Grants allocations (Schedule A) and updated program/reporting requirements (Schedules B and C).

In an effort to streamline the approval processes for boards of health and the Ministry, we are also hoping to include the finalized performance targets for 2013, as part of the package. In order for the Ministry to include an updated Schedule D as part of the 2013 Program-Based Grants approval package, a response regarding your 2013 targets is needed no later than **Thursday, May 30, 2013**. If your board of health is unable to meet this timeline, the approval process for amendments to Schedule D of the Public Health Accountability Agreement will take place separately from the 2013 Program-Based Grants approval process.

The health protection indicators are representative of the activities that health units are expected to undertake in relation to the Ontario Public Health Standards (OPHS). There is no expectation that resources be reallocated to meet targets.

Thank you to you and your staff for your on-going support, input and advice, upon which we hope to continue to build a performance management system that encourages and supports continuous quality improvement and demonstrates the value of public health in our communities. The Ministry looks forward to continuing to work together to improve accountability and performance for all boards of health in Ontario and the public health system

Dr. Richardson

as a whole. If you have any questions, please submit them through: PHUIndicators@ontario.ca
or contact me at: 416-327-7423.

Yours truly,



Sylvia Shedden
Director

Enclosure

c: Roselle Martino, Executive Director, Public Health Division and Office of the Chief Medical
Officer of Health, MOHLTC
EA to Medical Officer of Health

Accountability Agreement Health Protection Performance Indicators		2011-13 Health Protection Accountability Agreement Indicators: 2013 TARGETS CITY OF HAMILTON Date: April 2013						
		Baseline		2012 Year End (Jan.- Dec.)			Current 2013 Target	BoH Proposed 2013 Target
		Reporting Period	Performance	Reporting Period	2012 Target	Performance		
1	% of high-risk food premises inspected once every 4 months while in operation	2010	71%	January 1, 2012 - December 31, 2012	100%	98%	100%	
2	% of Class A pools inspected while in operation	2010	17%	January 1, 2012 - December 31, 2012	≥ 75%	98%	100%	
3	% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment	Unavailable	CBE	January 1, 2012 - December 31, 2012	100%	N/A	100% (non-negotiable)	N/A
4	% of confirmed gonorrhoea cases where initiation of follow-up occurred within 2 business days	2010	CBE	January 1, 2012 - December 31, 2012	100%	99%	100%	
5	% of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	2010	CBE	January 1, 2012 - December 31, 2012	100%	97%	100%	
6	DEFERRED: % of known high risk personal services settings inspected annually	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7a	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (HPV)	2010	0.5%	January 1, 2012 - December 31, 2012	Maintain or improve current wastage rate	3.9%	Maintain or improve current wastage rate	
7b	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (Influenza)	2010	2.3%	January 1, 2012 - December 31, 2012	Maintain or improve current wastage rate	CBE	Maintain or improve current wastage rate	
8	DEFERRED: % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9a	% of school-aged children who have completed immunizations for (Hepatitis B)	2009/10 School Year	74.7%	2011/12 School Year	Maintain or improve current coverage rate	CBE	N/A	N/A
9b	% of school-aged children who have completed immunizations for (HPV)	2009/10 School Year	55.2%	2011/12 School Year	Maintain or improve current coverage rate	CBE	N/A	N/A
9c	% of school-aged children who have completed immunizations for (Meningococcus)	2009/10 School Year	88.1%	2011/12 School Year	Maintain or improve current coverage rate	89.0%	90.0%	N/A

Legend

N/A Not Applicable; for the reporting period there was no data report required.

CBE Cannot Be Established; for the reporting period data were available but results could not be established.

Accountability Agreement Health Protection Performance Indicators		
		013
		BoH Rationale
1	% of high-risk food premises inspected once every 4 months while in operation	
2	% of Class A pools inspected while in operation	
3	% of high-risk Small Drinking Water Systems (SDWS) assessments completed for those that are due for re-assessment	N/A
4	% of confirmed gonorrhea cases where initiation of follow-up occurred within 2 business days	
5	% of confirmed Invasive Group A Streptococcal Disease (iGAS) cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case	
6	DEFERRED: % of known high risk personal services settings inspected annually	N/A
7a	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (HPV)	
7b	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (Influenza)	
8	DEFERRED: % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	N/A
9a	% of school-aged children who have completed immunizations for (Hepatitis B)	N/A
9b	% of school-aged children who have completed immunizations for (HPV)	N/A
9c	% of school-aged children who have completed immunizations for (Meningococcus)	N/A

Legend

N/A Not Applicable; for the reporting period there was no data r
CBE Cannot Be Established; for the reporting period data were