

# INFORMATION REPORT

<b>TO:</b> Mayor and Members Board of Health	<b>WARD(S) AFFECTED:</b> CITY WIDE
<b>COMMITTEE DATE:</b> February 28, 2011	
<b>SUBJECT/REPORT NO:</b> Public Health Accreditation 2010 Results BOH08027(c) (City Wide) (Outstanding Business List Item)	
<b>SUBMITTED BY:</b> Elizabeth Richardson, MD, MHSc, FRCPC Medical Officer of Health Public Health Services Department	<b>PREPARED BY:</b> Debra Clarke 905-546-2424 ext. 5752
<b>SIGNATURE:</b>	

## Council Direction:

Board of Health, at its meeting of February 22, 2010, approved the following:

“That staff report back to the Board of Health in Fall 2010 with the results of the Accreditation Survey conducted by OCCHA in June 2010.”

## Information:

### History

Hamilton Public Health Services (PHS) has been an accredited health unit for 21 consecutive years by the Ontario Council on Community Health Accreditation (OCCHA). Currently accreditation is voluntary, and provides PHS with a valuable opportunity to engage in a continuous quality improvement process. PHS was previously surveyed in June 2005 and received a four (4) year award.

The accreditation body, OCCHA, is an independent agency directed by a Board whose members are appointed by professional associations to promote accountability and excellence in public health. OCCHA has been in existence since 1981.

### Accreditation Process

Every three (3) years, Hamilton PHS undergoes a full on-site survey by OCCHA against eighteen (18) quality standards of practice. These standards fall under six (6) categories:

- Leadership (i.e. strategic directions, governance, agency management)
- Organizational Capacity (i.e. organizational structure, resources management, records management)
- Workforce (i.e. staffing, training/education/skills, performance evaluation)
- Partnership and Collaboration
- Programs (i.e. research and knowledge exchange, program planning, implementation, monitoring and evaluation, public health emergency preparedness and risk management)
- Communication (i.e. internal, external)

The full survey consists of three (3) components including:

- (a) a questionnaire submitted by the public health unit 2-3 months prior to an on-site visit;
- (b) pre-survey questionnaires completed by all Board of Health (BOH) members, randomly selected community partners and a cross representation of PHS employees about 2 weeks prior to the on-site visit; and
- (c) a three (3) day on-site visit by the OCCHA surveyors involving documentation and evidence review, and interviews with 1-2 BOH members, three (3) community partners and approximately 35 PHS employees from all levels of the department.

Results are then reviewed by OCCHA and the final report is sent to the Chair of the BOH and the Medical Officer of Health.

As part of OCCHA's continuous quality improvement process, annual reviews are conducted by OCCHA in the years between the full on-site surveys. The annual review involves a one (1) day visit to review:

- ongoing compliance of specifically selected OCCHA standards; and
- progress made in the areas for improvement identified by OCCHA at the last full survey.

Hamilton PHS also has a program, Child and Adolescent Services in the Family Health Division, who is required to participate in an additional accreditation process against standards set by Children's Mental Health Ontario (CMHO). Children's Mental Health Ontario requires that children's mental health centres in Ontario meet 100% of their mandatory standards; 80% of their defining standards; and the OCCHA standards for full certification. The CMHO on-site visit was conducted in June 2010 as well.

### **Accreditation Survey Report Format**

The format of the final report from OCCHA consists of three (3) key components:

- (a) an overall standing of “unconditional” or “conditional”;
- (b) a compliance rating of high achievement, satisfactory, basic or non-compliance for each of the eighteen (18) standards; and
- (c) additional comments in the form of commendations, requirements, recommendations and suggestions. The definition of each type of comment is as follows:
  - Commendation – recognizes work well done or areas of innovation;
  - Requirement – identifies areas that must be addressed in order to meet the accreditation standard;
  - Recommendation – identifies gaps, which impact on the ability of the agency to achieve consistency across all program and/or service areas; and
  - Suggestion – identifies areas for improvement to achieve a higher level of compliance with a standard.

### **Accreditation 2010 Survey Results for PHS**

In February 2010, it was identified through Report BOH08027(b) that due to resourcing challenges following the pH1N1 pandemic response, PHS would need to prepare for the June 2010 accreditation survey in a more scaled back manner. It was determined that a “come see us as we are” approach would be the best way to proceed rather than try to “catch up” in areas that were identified as needing improvement before the accreditation survey was conducted. An accredited health unit must maintain its high standards at all times, not just during “scheduled” visits by OCCHA, so engaging in a “see us as we are” approach represents true continuous quality improvement. This approach would also be a more efficient use of staff resources as previous efforts to prepare for the accreditation surveys were felt to be “over preparation” for minimal added value. Consequently, this approach was expected to result in fewer commendations and more requirements, recommendations and suggestions from the OCCHA survey team.

The final report from OCCHA was received in November 2010 with PHS receiving an “unconditional” three year award. *Attachment A to BOH Report BOH08027(c)* is a copy of the OCCHA cover letter and *Attachment B to BOH08027(c) – Accreditation Report: Based on the June 16-18, 2010 Accreditation Survey of the City of Hamilton Public Health Services* contains all the details of how each standard was rated for level of compliance. Across the eighteen (18) standards, PHS received:

- 11 high achievement
- 5 satisfactory
- 2 basic
- 0 non-compliance

Despite taking the “see us as we are” approach, PHS were pleased to receive three (3) commendations. These commendations related to the department-wide approach to continuing education for all staff levels; internal communication strategies to ensure that staff are kept informed of pertinent information; and external communication strategies to provide for systematic communication to the public. The commendation statements are as follows:

- Continuing education – *“That the health unit be commended for their commitment to the recruitment and retention of competent staff and to ensuring that staff members have the skills, knowledge and training relative to their roles and responsibilities.”*
- Internal communication – *“That the health unit be commended for their commitment to ensuring that pertinent information is communicated to all staff members.”*
- External communication – *“That the health unit be recognized for their commitment to improving and enhancing their communication with the public and their community partners.”*

In addition to the three (3) commendations, PHS received two (2) requirements, three (3) recommendations and three (3) suggestions. PHS has reviewed the various comments and developed a plan to address them. *Attachment C to BOH Report BOH08027(c) – Public Health Services Accreditation 2010 Work Plan to Implement OCCHA Requirements, Recommendations, and Suggestions* and provides a list of each requirement, recommendation and suggestion, the progress made, next steps and implementation timeline.

Child and Adolescent Services, in addition to meeting the standards set by OCCHA, achieved 100% of their mandatory standards and 96% of their defining standards as required by the CMHO.

### **Annual Review Expectations**

Annual reviews will be conducted every June in the years between the full on-site surveys. This is a one (1) day on-site visit by an OCCHA surveyor, which will include the review of documents and evidence covering selected OCCHA standards and review of the progress being made on the requirements, recommendations and suggestions from the previous survey. No interviews will be conducted for the annual reviews.

The next annual reviews will take place in June 2011 and June 2012, followed in June 2013 by a full survey.

Staff will provide the BOH with Information Updates annually on the outcomes of the annual reviews.

**Attachment A** – OCCHA Cover letter

**Attachment B** – Accreditation Report: Based on the June 16-18, 2010 Accreditation Survey of the City of Hamilton Public Health Services

**Attachment C** – Public Health Services Accreditation 2010 Work Plan to Implement OCCHA Requirements, Recommendations and Suggestions



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**PERSONAL AND CONFIDENTIAL**

October 26, 2010

Mr. Fred Eisenberger  
Chair, Board of Health  
Mayor, City of Hamilton  
1 Hughson Street North, 4<sup>th</sup> Floor  
Hamilton, Ontario  
L8R 3L5

Dear Mr. Eisenberger:

Re: Accreditation survey of the City of Hamilton Public Health Services

This letter will serve to advise you that, on September 24, 2010, the OCCHA Board of Directors of the Ontario Council on Community Health Accreditation (OCCHA) reviewed the report presented by OCCHA's Principles and Standards Committee concerning the accreditation survey of the City of Hamilton Public Health Services conducted from June 16-18, 2010. This report was based on a complete review by the Principles and Standards Committee of both, the findings of the survey team, and all accompanying survey documentation.

The OCCHA Board of Directors would like to acknowledge the tremendous efforts of agency staff in preparing for this accreditation survey. As you are aware, OCCHA is in the process of implementing our new accreditation process, *Advancing Quality in Public Health*. This process is linked with the OCCHA framework for quality improvement in public health units and incorporates the Ontario Public Health Standards. This new process also provides for ongoing annual review and information exchange. Public Health Services is to be recognized for their commitment to accreditation and continuous quality improvement and for their efforts to prepare for an accreditation survey during this transition period.

The agency demonstrated a very strong overall compliance with the accreditation standards and has maintained a high level of achievement across the accreditation standards. Several areas of strength/commendation were also identified. There were a few areas noted by the survey team in which improvements should be implemented by the agency. The attached document, which forms an integral part of the accreditation review, contains a number of identified points that may prove useful to Public Health Services.

In submitting its report, the survey team identified the following areas of strength and/or innovation. Public Health Services' strategic plan includes an objective to recruit, develop and retain a competent workforce. Evidence and interviews indicate that staff members at all levels and across all programs are provided opportunities for continuing education relative to their roles and responsibilities. Interviews also indicate that staff members are encouraged to share their experiences and lessons learned with other staff members. The learning and development fund is also linked to the core competencies. The City of Hamilton Public Health Services is to be commended for their commitment to the recruitment and retention of competent staff members and to ensuring that staff members have the skills, knowledge and training relative to their roles and responsibilities.

In addition, during the accreditation survey, it was noted that the agency utilizes a number of vehicles to ensure that staff members are provided with information, including mail-all, face to face meetings and the intranet. Communication is personalized to work areas with updates provided on a divisional level as well. Interviews indicate that staff members feel very well informed about activities at all levels from the Board of Health and the Public Health Services Management Team. The agency is to be recognized for their commitment to ensuring that pertinent information is communicated to all staff members. It was further noted that Public Health Services has established a strategic goal to be recognized as experts in the community. Interviews and evidence indicate that communication mechanisms with community partners are strong and that the agency is responsive to community partners, that staff members are visible and are seen as experts in the community. Public Health Services is recognized for their commitment to improving and enhancing their communication with the public and community partners.

Upon consideration of the documents presented and the recommendation of the Principles and Standards Committee, the OCCHA Board of Directors has voted in favour of awarding unconditional accreditation to the City of Hamilton Public Health Services. This award reflects the commitment of the agency to accreditation and continuous quality improvement.

Should the Board of Health or the Health Unit feel that the OCCHA Board has overlooked or misinterpreted evidence that could affect this accreditation decision, it has the right to appeal. Written notice of intention to appeal must be filed within 14 days of your receipt of this letter, and the full written appeal, with necessary documentary evidence, must be submitted within a further 20 days (i.e., 34 days after receipt of this letter). If no notice of intention to appeal, or not to appeal, is received in OCCHA's office within the 14 day period, the decision of the OCCHA Board will be considered final. A statement of Agreement to the Terms and Conditions of Accreditation is enclosed for your signature.

On behalf of the OCCHA Board of Directors, I would like to congratulate both the City of Hamilton Public Health Services and the Board of Health on your achievement. OCCHA would be pleased to discuss options with you for the presentation of the official accreditation certificate.

Yours Sincerely,

Penny Lavalley  
Chair, OCCHA Board of Directors

Enc.

cc: Dr. Elizabeth Richardson  
Medical Officer of Health





## ACCREDITATION REPORT

Based on the June 16 – 18, 2010

Accreditation Survey of the City of Hamilton Public Health Services

In submitting its report, the survey team expressed their appreciation to the Board of Health and the staff of the Health Unit for their warm welcome and hospitality throughout the three-day survey. This accreditation report provides a summary of the findings of the accreditation survey recently conducted. It should be noted that, in this report, commendations are in recognition of work well done or areas of innovation; suggestions identify areas for improvement to achieve a higher level of compliance with the standard; recommendations identify gaps, which impact on the ability of the agency to achieve consistency across all programs and/or service areas, and the requirements stated must be addressed in order to meet the accreditation standard.

**Demography**

The City of Hamilton, Public Health Services provides services to a population of 504, 549 dispersed over a service area of 1,138 sq. km. The health unit employs ~500 staff members (full-time and part-time) serving in the main office and 7satellite offices located from with 12 km of the main office. The health unit also operates two mobile vehicle services. The governing body for the City of Hamilton, Public Health Services is the Hamilton Board of Health. There are currently 16 members of the Board of Health.

Std	Name	Principle	Compliance Rating				Comments
			Non-compliant	Basic	Satisfactory	High Achievement	
1	Strategic Directions	There shall be values and priorities which provide the foundation to guide the agency and staff in the planning and implementation of programs and services.				X	

Std	Name	Principle	Compliance Rating				Comments
			Non-compliant	Basic	Satisfactory	High Achievement	
2	Governance	There shall be stewardship, leadership and direction for the agency.			X		See Findings - Suggestion
3	Agency Management	There shall be a management structure in place to direct and support the activities of the agency.				X	
4	Organizational Structure	There shall be an organizational structure which provides the foundation for the agency, including reporting relationships and lines of communication.				X	
5	Resource Management	The agency shall ensure that it has the capacity to plan and direct the physical, financial and human resources of the agency.		X			See Findings – Requirement, Recommendation
6	Records Management	There shall be policies, procedures and strategies for the effective management of all agency records.				X	
7	Staffing	The agency shall have the human resources required to achieve the goals and objectives of the agency.			X		See Findings – Recommendation
8	Training/ Education/ Skills	The agency shall develop strategies to strengthen staff's proficiency, competency and effectiveness in meeting agency goals and objectives.		X			See Findings – Requirement, Commendation
9	Performance Evaluation	There shall be processes and tools to measure progress toward staff, student and volunteer identified agency goals and individual objectives.			X		See Findings - Recommendation

Std	Name	Principle	Compliance Rating				Comments
			Non-compliant	Basic	Satisfactory	High Achievement	
10	Collaboration	The agency shall work jointly with community partners and agencies, to support the development of public health and other programs and services.				X	
11	Research and Knowledge Exchange	The agency shall conduct and participate in research and engage in knowledge exchange to facilitate program planning, implementation, monitoring and evaluation.				X	
12	Planning and Implementation	Programs/services shall establish strategies and methods for the provision of public health and other programs and services and to guide the agency towards the achievement of stated goals and objectives.			X		See Findings - Suggestion
13	Health Promotion	The agency shall implement strategies to enable and facilitate the improved health of the public.				X	
14	Health Protection and Disease Prevention	The agency shall provide programs and services to the public for the protection of health and the prevention of disease.				X	
15	Monitoring and Evaluation	Programs/services shall develop and implement strategies and tools to measure and report progress towards the achievement of goals and objectives and to inform future planning.			X		See Findings - Suggestion
16	Public Health Emergency Preparedness and Risk Management	The general administrative body shall ensure that formal processes for public health emergency preparedness and risk management has been developed, approved and implemented.				X	

Std	Name	Principle	Compliance Rating				Comments	
			Non-compliant	Basic	Satisfactory	High Achievement		
17	Internal Communication	There shall be processes and mechanisms in place to ensure communication between the governing body, the general administrative body and program and service staff members.				X	See Findings – Commendation	
18	External Communication	The governing body shall ensure that provincial and local governments, community agencies and the public are informed of the purposes and activities of the agency and the availability of community resources, programs and services.				X	See Findings – Commendation	

## FINDINGS

### Standard 2 – Governance

**COMPONENT H:**      **Members of the governing body shall participate in continuing education relative to their roles and responsibilities.**

**FINDINGS:**      Orientation to the City of Hamilton Public Health Services is provided to all Board of Health members and regularly updates are on public health programs and services are provided during meetings of the Board of Health. Board of Health members are also advised of opportunities for continuing education; although participation in continuing education is not strong.

**SUGGESTION:**      Board of Health members are encouraged to participate in continuing education opportunities to facilitate their knowledge, skills and understanding relative to their roles and responsibilities.

**Standard 5 – Physical and Financial Resource Management**

**COMPONENT A:**      **The governing body shall ensure the establishment of written human resource policies and procedures, which are made available to staff, students and volunteers. All policies and procedures shall be regularly reviewed, as appropriate. Dates of all review and revision shall be recorded.**

**FINDINGS:**            There are both municipal and departmental human resource policies and procedures. Evidence and interviews indicate that, while many policies and procedures have been reviewed and revised regularly, others have not. The health unit has identified the need to review outdated policies and plans are underway to ensure this is completed. In addition, policies for volunteers are under development.

**RECOMMENDATION:** The health unit is encouraged to complete the review of all human resource policies and procedures in a manner consistent with identified timelines and to establish more formal mechanisms for regular review. The health unit is also encouraged to continue its efforts toward the development and approval of all policies for volunteers.

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**COMPONENT F:**      **The governing body shall adopt practices consistent with government regulations related to the protection of human resources and the general public.**

**FINDINGS:**            There is a Multi-Site Joint Health and Safety Committee and approved terms of reference which include composition, function and meetings. The committee meets regularly and minutes of meetings are made available to all staff. The health and safety policy is posted and is reviewed regularly and first aid stations are identified. A review of evidence indicates that monthly workplace inspections have not been consistently conducted in all of the health unit offices in a manner consistent with legislation or agency policy. In addition, there was no evidence that WHMIS needs have been annually assessed or that all new staff members are provided WHMIS training.

**REQUIREMENT:**      The health unit shall strengthen efforts to ensure that monthly workplace inspections are conducted in a manner consistent with agency policy and legislation. Further, the health unit shall ensure that WHMIS training is provided to all new staff and that training needs are assessed annually.

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### **Standard 7 – Staffing**

**COMPONENT C:** The general administrative body shall ensure that there are written position descriptions for all positions, which are reviewed on a regular basis, revised as appropriate and made available to each staff member. Position descriptions shall include a specific statement of duties/responsibilities, level/type of require education, training and related work experience and should be considered during the performance evaluation process.

**FINDINGS:** There are municipal job postings for all positions within Public Health Services. Evidence and interviews indicate that Public Health Services is working with the City of Hamilton, Human Resources Department to launch a new job description template and corresponding policy towards the development of position descriptions. These job descriptions will also reflect any changes in roles and responsibilities that occur during the implementation of recommendations from the Organization Structure Review project.

**RECOMMENDATION:** That the health unit continue its efforts to collaborate with Human Resources towards the development of position descriptions for all staff.

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### **Standard 8 – Training/Education/Skills**

**COMPONENT A:** The general administrative body shall ensure there is a written staff orientation policy, which includes both an overall orientation to the agency and an orientation specific to the appropriate program/service.

**FINDINGS:** Orientation to the City of Hamilton is provided to all new staff members. Evidence and interviews also confirm that orientation to the appropriate program/service is provided in a manner consistent with program policies and procedures. However, while a policy and procedure do for new employee orientation to Public Health Services exists, there is currently no formal orientation provided. The health unit has identified this as a gap and the policy and procedure are under review as part of a project charter for new employee orientation. This project is currently in the development phase and will include a multi-faceted agency approach to orientation.

**REQUIREMENT:** That the health unit continue its efforts to ensure the development of the formal orientation process to ensure that all employees are provided a comprehensive orientation to the city, Public Health Services and the specific program/service area.

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**COMPONENT B:** **The general administrative body shall adopt an agency-wide approach to continuing education, with specific strategies to ensure education/training opportunities for all levels across all program/service areas and which is consistent with the agency goals and objectives.**

**FINDINGS:** The health unit's strategic plan includes an objective to recruit, develop and retain a competent workforce. Evidence and interviews indicate that staff members at all levels and across all programs are provided opportunities for continuing education relative to their roles and responsibilities. Continuing education opportunities include, internal training, on-line training and external education. Interviews also indicate that staff are aware of the continuing education process through the learning and development fund and are encouraged to share their experience and lessons learned with other staff members. The learning and development fund is also linked to the core competencies.

**COMMENDATION:** That the health unit be commended for their commitment to the recruitment and retention of competent staff and to ensuring that staff members have the skills, knowledge and training relative to their roles and responsibilities.

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#### **Standard 9 – Performance Evaluation**

**COMPONENT B:** Performance evaluations shall be completed in a manner consistent with agency policy. Staff shall be provided the opportunity for input into the performance evaluation process. All performance evaluations shall be dated and signed by both the staff member being evaluated and the appropriate signing authority. The original shall be kept in the personnel file.

**FINDINGS:** There is a health unit policy which requires that performance evaluations be completed annual. It was noted during interviews that performance evaluations were postponed in the Fall during the H1N1 initiative. Evidence and interviews indicate that, while that most staff members have received a performance evaluation in a manner consistent with policy, there were some minor gaps noted.

**RECOMMENDATION:** The OCCHA Board of Directors recognizes that changes in the organizational structure and H1N1 have had an impact on regular performance evaluations. However, the health unit is encouraged to continue its efforts to ensure that performance evaluations are conducted across all program areas in a manner consistent with agency policy.

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#### **Standard 12 – Planning and Implementation**

**COMPONENT G:** There shall be an annual written operational plan for each program/service which identifies, at a minimum: Activities (implementation and monitoring); Time-lines; Responsibilities, and Expected outcomes.

**FINDINGS:** A review of evidence indicates that there are operational plans for most programs. There were some operational plans that had not yet to be completed due to re-structuring and staffing changes, but interviews indicated that this had been recognized and plans had been made to address the gaps.

**SUGGESTION:** The health unit is encouraged to continue their efforts towards the completion of operational plans for all programs in a manner consistent with identified timelines.

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#### **Standard 15 – Monitoring and Evaluation**

**COMPONENT B:** The agency shall have processes in place to ensure the identification of monitoring and evaluation activities, including where new interventions are developed and implemented.



<b>COMPONENT C:</b>	<b>Programs/services shall regularly monitor activities, as identified in the operational plans, and evaluate, document and disseminate program/service outcomes (both short-term and long-term).</b>
<b>FINDINGS:</b>	There are policies and processes in place for surveillance and evaluation and evidence and interviews indicate that surveillance, monitoring and evaluation does occur and is ongoing across all programs/services. As part of the health unit's strategic plan, monitoring and evaluation will be included in the operational planning process and planning template to facilitate documentation and ongoing monitoring. Evidence indicates that some programs have already updated their process and planning tools to reflect regular monitoring and evaluation activities, but this initiative is still ongoing. Interviews also indicate that documentation of monitoring and evaluation was also impacted by H1N1.
<b>SUGGESTION:</b>	The health unit is encouraged to continue efforts to ensure that monitoring and evaluation activities are documented in the operational plans in a manner consistent with agency policy.

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#### **Standard 17 – Internal Communication**

<b>COMPONENT C:</b>	<b>The general administrative body shall establish processes to communicate pertinent information to staff (e.g., policy changes, administrative information, etc.).</b>
<b>FINDINGS:</b>	Evidence and interviews indicate that the health unit utilizes a number of vehicles to ensure that staff members are provided information, including mail-all, face to face meetings with the Medical Officer of Health and the intranet. Communication is personalized to work areas with pages and updates provided on a divisional level as well. Interviews indicate that staff members feel very well informed about activities at all levels from the Board of Health and the Public Health Services Management Team.
<b>COMMENDATION:</b>	That the health unit be commended to their commitment to ensuring that pertinent information is communicated to all staff members.

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**Standard 18 – External Communication**

**COMPONENT C:**        **The governing body shall establish a written policy to provide for systematic communication to the public.**

**FINDINGS**            During the last accreditation survey (2005) it was suggested that the Public Health Services explore options to facilitate ongoing communications with community partners. Since that time, the health unit has established a strategic goal to be recognized as public health experts in the community. Interviews and evidence indicate that the agency is responsive, that staff members are visible and that they are seen as experts in the community. Communication mechanisms with community partners are strong.

**COMMENDATION:**    That the health unit be recognized for their commitment to improving and enhancing their communication with the public and their community partners.

**SUMMARY**

The City of Hamilton Public Health Services has demonstrated an overall compliance with the accreditation standards, and has maintained a satisfactory or high level of achievement across all sections of the accreditation standards. The agency has adopted a culture of continuous quality improvement and staff members take pride in their organization. Based on the results of the accreditation survey, including on-site evidence and interviews, the City of Hamilton Public Health Services is awarded unconditional accreditation.

## Accreditation 2010 Work Plan

## To implement OCCHA Requirements, Recommendations and Suggestions

OCCHA Comments	Progress as of Jan 2011 & Next Steps	Timelines
<b>REQUIREMENTS:</b> Must be addressed to meet the Accreditation standard.		
<p><b>Requirement 1: Health &amp; Safety</b></p> <p>(a) The health unit shall strengthen efforts to <b>ensure that monthly workplace inspections are conducted</b> in a manner consistent with agency policy and legislation.</p> <p>(b) Further, the health unit shall ensure that <b>WHMIS training is provided to all new staff</b> and that <b>training needs are assessed annually</b>.</p>	<p><u>Progress:</u> Joint Health &amp; Safety Committee (JHSC) informed of OCCHA requirement at July 2010 meeting.</p> <p><u>Next Steps:</u> Workplace inspections will be conducted on a monthly basis.</p> <p><u>Progress:</u> On-line WHMIS training developed and incorporated as part of the <i>Orientation to PHS</i> Project.</p> <p><u>Next Steps:</u> On-line WHMIS training to be launched to all staff. Complete <i>Orientation to PHS</i> Project (see below for details).</p>	<p>Immediate &amp; ongoing</p> <p>Feb 2011 &amp; ongoing March 31, 2011</p>
<p><b>Requirement 2: Training/ Education/ Skills (Orientation to PHS)</b></p> <p>That the health unit continue its efforts to ensure the development of the <b>formal orientation process</b> to ensure that all employees are provided a comprehensive orientation to the city, PHS and the specific program/service areas.</p>	<p><u>Progress:</u> <i>Orientation to PHS</i> Project is under development. This Project will result in the creation of a PHS Orientation E-Manual on the PHS intranet . This E-Manual and accompanying process will complement the City New Employee Orientation and orientation conducted at the specific program level.</p> <p><u>Next Steps:</u> Complete <i>Orientation to PHS</i> Project.</p>	<p>Completion due March 31, 2011</p>

## Accreditation 2010 Work Plan

### To implement OCCHA Requirements, Recommendations and Suggestions

OCCHA Comments	Progress as of Jan 2011 & Next Steps	Timelines
<b>RECOMMENDATIONS: Identifies gaps which have impact on the ability of the agency to achieve consistency across all programs and/or service areas.</b>		
<p><b>Recommendation 1: HR Policies &amp; Procedures</b></p> <p>(a) The health unit is encouraged to <b>complete the review of all human resource policies and procedures</b> in a manner consistent with identified timelines and to establish more formal mechanisms for regular review.</p> <p>(b) The health unit is also encouraged to continue its efforts toward the development and approval of all <b>policies for volunteers</b>.</p>	<p><u>Progress:</u> Corporate Human Resources are continuing to make progress on updating these Policies &amp; Procedures with a plan to complete specific policies during 2011. Departmental policies &amp; procedures related to human resources are continuing to be updated.</p> <p><u>Next Steps:</u> Corporate Human Resources anticipate that all Policies &amp; Procedures will have been reviewed by late 2012. PHS will bring all departmental human resources policies &amp; procedures up to date by late 2012 and continue to review every one (1) to three (3) years depending on the topic of the policy.</p> <p><u>Progress:</u> PHS draft volunteer policies and procedures have been shared with Human Resources (HR) Policy &amp; Planning Specialist in 2010. OCCHA recommendation has been shared with HR staff.</p> <p><u>Next Steps:</u> Continue to liaise with HR staff regarding the development of Volunteer policies &amp; procedures.</p>	<p>Corporate HR Policies &amp; Procedures - late 2012</p> <p>PHS HR Policies &amp; Procedures – late 2012</p> <p>To be Determined – as per HR schedule for completing Volunteer policies</p>

## Accreditation 2010 Work Plan To implement OCCHA Requirements, Recommendations and Suggestions

OCCHA Comments	Progress as of Jan 2011 & Next Steps	Timelines
<p><b>Recommendation 2: Staffing (Position Descriptions)</b></p> <p>That the health unit continue its efforts to <b>collaborate with Human Resources towards the development of position descriptions</b> for all staff.</p>	<p><u>Progress:</u> Job postings have been used as job descriptions previously and are in place for all positions. HR and PHS worked collaboratively on designing a new job description template, which will be adopted corporately. Director and Associate Medical Officers of Health job descriptions were completed by December 2010.</p> <p><u>Next Steps:</u> PHS will complete Manager and most staff job descriptions by the end of 2011. Any remaining job descriptions to be done will be completed in 2012 (as applicable).</p>	<p>2010-2012</p>
<p><b>Recommendation 3: Performance Evaluations</b></p> <p>The OCCHA Board of Directors recognizes that changes in the organizational structure and H1N1 have had an impact on regular performance evaluations. However, the health unit is encouraged to continue its efforts to <b>ensure that performance evaluations are conducted</b> across all program areas in a manner consistent with agency policy.</p>	<p><u>Progress:</u> Completion rate of performance evaluations for PHS in 2009 was 60%. PHS was working to increase this completion rate in 2010 although the 18 month timeline had to be extended due to the resources impact of pH1N1 on management and staff from May 2009 to March 2010.</p> <p><u>Next Steps:</u> Supervisors to conduct annual performance appraisals. In 2011, PHS is also undergoing a pilot project to evaluate a Competency Based Performance Management Process in collaboration with HR.</p>	<p>Immediate &amp; ongoing</p>

## Accreditation 2010 Work Plan To implement OCCHA Requirements, Recommendations and Suggestions

OCCHA Comments	Progress as of Jan 2011 & Next Steps	Timelines
<b><i>SUGGESTIONS: Identifies areas for improvement to achieve a higher level of compliance with the standard.</i></b>		
<b>Suggestion 1: Governance</b>  Board of Health members are encouraged to participate in continuing education opportunities to facilitate their knowledge, skills and understanding relative to their roles and responsibilities.	<u>Progress:</u> Continue providing notification of continuing education opportunities in BOH agendas. Preparations for orientation of the Board of Health following Municipal election.  <u>Next Steps:</u> To incorporate expectation of continuing education of BOH members into BOH orientation.	Jan/Feb 2011
<b>Suggestion 2: Operational Plans</b>  The health unit is encouraged to continue their efforts towards the completion of operational plans for all programs in a manner consistent with identified timelines.	<u>Progress:</u> Directors and Associate Medical Officers of Health are working on operational plans with their respective divisions.  <u>Next Steps:</u> Complete Program and Divisional Operational Plans. Continue to develop operational plans annually.	Feb 2011 - Then annually thereafter
<b>Suggestion 3: Monitoring &amp; Evaluation</b>  The health unit is encouraged to continue efforts to ensure that monitoring and evaluation activities are documented in the operational plans in a manner consistent with agency policy.	<u>Progress:</u> Program monitoring & program evaluation activities are being integrated into operational plans.  <u>Next Steps:</u> Monitoring & evaluation activities to be documented in operational plans and used to inform/change subsequent year's program planning.	Annually & ongoing