MEDICAL OFFICER OF HEALTH REPORT TO THE BOARD OF HEALTH

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Medical Officer of Health/Executive Officer

June 22, 2016
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MEDICAL OFFICER OF HEALTH UPDATE

Association of Local Public Health Agencies (alPHa) Conference, 2016
The recent provincial alPHa conference entitled “Building a Healthier Ontario” was held in Toronto on June 5-7 in order to explore public health relationship-building in a transformed health system. The focus was on how to better enhance the existing working relationship between public health and the Local Health Integration Networks (LHINs).

In addition to myself, the Board of Health Chairperson, Nancy Jacko and Board of Health Vice-Chairperson, Mike Poeta attended. Both Nancy Jacko and Board of Health member Stuart Kidd helped plan the conference agenda. Nancy Jacko also did an excellent job facilitating the plenary session “Working with LHINs”.

At this time, what we do know is that public health funding and accountability agreements will not be managed by the LHINs and will remain under the purview of the Ministry of Health and Long-Term Care. We also know that there will be a formal relationship defined in future legislation between the Medical Officer of Health (MOH) and the Chief Executive Officer (CEO) of the LHIN. It is unclear as to the exact nature of this relationship but an Expert Panel is being struck by the Minister of Health to make recommendations. We have been given informal reassurance that public health will be represented on this panel.

The intent of this relationship is to ensure public health has a voice and is part of the planning and decision making at the local level. The Minister of Health believes that having public health expertise at the table will inform health care system planning, funding, and delivery by focusing on local community public health priorities.

Bill 210 – Patients First Act, 2016
Bill 210 – Patients First Act, 2016 is designed to strengthen patient-centered care through:

1. More effective integration of services and greater equity.
2. Timely access to primary care, and seamless links between primary care and other services.
4. Stronger links between population and public health and other health services.

The Act passed first reading earlier this month. However, the legislature has entered its summer break which means that formal committee hearings will not happen until at least the early part of the fall (legislature resumes on September 12).

Ontario Public Health Standards /Ontario Public Health Organizational Standards Revisions
Two committees, the Executive Steering Committee (ESC) and the Practice and Evidence Program Standards Advisory Committee (PEPSAC) were struck to review the standards. Their work began in January of 2016. Experienced public health leaders are members of both committees.
The goal of the Ontario Public Health Standards modernization is to develop programmatic standards that are responsive to emerging evidence and priority issues in public health and are aligned with the government’s strategic vision and priorities for public health within a transformed health system. They are also tasked with developing recommendations that address capacity and infrastructure needs for implementation of modernized standards.

The drivers for change include the continued commitment to system integration, accountability, transparency, organizational capacity, efficiency/value for money, expert advice, evidence-based decisions, and service gaps (mental health, First Nations etc.)

Objectives attempt to identify what services public health should deliver and how best to accomplish it. Moreover, they must address public health’s capacity to deliver these services and the systems and structures required to deliver effective and efficient services.

The goal of the Ontario Public Health Organizational Standard modernization is to establish the Ministry’s expectations for effective governance which are reflective of emerging evidence on public sector governance and administration practices.

Furthermore, effective governance by boards of health must be strengthened by developing recommendations that address the governance and administrative capacity and infrastructure needs of boards of health.

The drivers for change are similar to those of the Ontario Public Health Standards review.

Objectives include how to optimally integrate best practices in standards, accountability and transparency, and identify the capacity and infrastructure required to support effective and efficient governance and administration of boards of health in Ontario.

As you can well imagine, this presents as a daunting task with a very aggressive timeline for completion by the end of 2016. Unfortunately, to date, very little has been accomplished. It will be very challenging to conclude both reviews by then.

**Funding Formula**

The 2016 budget allocation process is underway by the Ministry of Health and Long-Term Care. It is unclear as to when that will be completed. The funding formula which saw 28 health units receive a 0% increase in 2015 is under review. It is not known if it will be employed as is, modified, or used at all. We have been informally made aware that no health units will receive less than 0%.

**Community Health Capital Program**

Earlier this year the Board sanctioned a one-time request for up to $1,257,300 for the North Bay Parry Sound District Health Unit Accommodation Relocation. This one-time request was submitted through the 2016 Program-Based Grants budget submission process.

Following the Ministry of Health and Long-Term Care’s consultation with the Health Capital Division, it has been determined that this request will need to be resubmitted through the
Community Health Capital Programs Toolkit/Application process. The re-submission will be reviewed through a separate process to the 2016 Program-Based Grants approval process.

Additionally, the Health Unit will be applying for the full amount of the construction project. It is unclear as to how long this process will take. It is the first time the public health division is involved in this process.

Currently, our Finance department is undertaking the necessary education sessions to apply for the grant under the Community Health Capital Program.

**Local Health Integration Network (LHIN) Engagement**

In May, the Executive Team participated in a teleconference with the Northeast LHIN and the other 4 public health units (Sudbury, Algoma, Timiskaming, and Porcupine) within their jurisdiction. It was an attempt to establish relationships and strengthen existing ones.

A local day-long Sub-LHIN meeting was held in North Bay to provide input into how we might collectively shape the health care future in our district. Many sectors were represented and the event was well attended. I, the Board of Health Chair and the Executive Director of Community Services represented the Health Unit. I presented on the collaborative efforts of the Gateway Mobilization North Bay.

Of note, in addition to public health promoting the importance of the social determinants of health, other organizations did as well. It is promising that the conversation is shifting from health care to health.

The next steps will be to set up a leadership council for the Nipissing/Temiskaming Hub (Sub-LHIN) to determine terms of reference and how to move forward. Public health will be represented.

The Northern Medical Officers of Health/Board of Health chairs requested a meeting with the Northeast LHIN Chief Executive Officer and their executive for June to forge relationships, understand respective perspectives and expectations, and provide the LHIN with a better understanding of public health and what we can offer. They declined, citing scheduling conflicts but will revisit the request sometime this fall.

**Risk Management**

The Executive Team is undertaking the development of a formalized risk management process. While an informal system currently exists in decision making throughout the Health Unit at many levels, this will align more closely with the Ministry of Health and Long-Term Care’s expectation of good governance.

Workshops have been completed and the Health Unit’s insurance carrier, Healthcare Insurance Reciprocal of Canada (HIROC) has been working closely with us providing expertise on the adaptation and implementation of HIROC’s Integrated Risk Management Program (IRMP) and their risk management tool (Risk Register).
As we progress over the next year, the Executive Team will be seeking the Board’s input and providing you with updates.

**Accommodation Planning**

As of June 8, the construction of the new building is still on-time for completion in the spring of 2017, and under budget. The project is 18.1% completed with no major unforeseen issues. The total approved changes to date amount to $12,798.95.

The construction mortgage and long-term mortgage process has been progressing smoothly. As a reminder, we executed the final swap mortgage on April 21, 2016. The annual all-in mortgage rate amortized over 25 years is 3.15% with the first monthly payment to start on September 29, 2017 with an end date of September 30, 2042.

The construction phase loan is a floating rate on 100% of the amount taking advantage of the current low interest rates which we continue to monitor. If they begin to climb substantially we can lock them in at any time at the swap mortgage interest rate on that future date.

**PROGRAMS AND SERVICES UPDATES**

**Corporate Services**

**Building and Maintenance**

<table>
<thead>
<tr>
<th>2016 Priorities Addressed</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Participate in and support the accommodation plan for the Health Unit’s new North Bay office (Strategic Priority 4, Aim 1).</td>
<td>• Support tasks with respect to construction and operations transition planning / implementation</td>
</tr>
<tr>
<td>Address accommodation issues that impact staff and service delivery.</td>
<td>• Negotiated lease renewals for Parry Sound and Burks Falls locations</td>
</tr>
<tr>
<td>Continue to support Occupational Health and Safety actions across all Health Unit locations.</td>
<td>• Implemented new headsets for the Communicable Disease Control department</td>
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**Communications**

<table>
<thead>
<tr>
<th>2016 Priorities Addressed</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Activities related to Strategic Priority 3, Aim 2 initiatives, specifically:</td>
<td>• Implementation of the Strategic Communications Plan to support strategic priority 3.2, “Promote the Role of Public Health” is set to commence in July. The first activity will be refining the Health Unit brand and developing strategic brand framework, messaging and strategy. A series of workshops will be held to seek input from staff across the Health Unit</td>
</tr>
<tr>
<td>a) Implementation of Communications strategy.</td>
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<tr>
<td>b) Review of organizational branding and standards for consistency and to give programs more visibility.</td>
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### 2016 Priorities Addressed

#### Activities related to Strategic Priority 4, specifically:

- **Aim 1:** Development of Communication Plan to support new accommodations in North Bay.
- **Aim 2:** Support utilization of new intranet and guideline development.

- New intranet in final phase of testing. Site to go live in June

#### Support of internal steering committees for the website and social media.

- Second quarter meetings held for Website and Social Media Steering Committees. Action related to priorities underway
- Work to commence in the summer to implement activities related activities and enhancements from the Strategic Communications Plan

#### Support the organization in promoting its services and relevant information to the public and news media.

- Provided the following communication support to program initiatives:
  - Environmental Health – Fuel oil leach (media relations) and promotion of Safe Summer Cooking (advertising set-up).
  - Healthy Living – Coordinated contact between Healthy Living and the OPP in response to a request for the Health Unit to provide information and education pertaining to healthy living. Healthy Schools - Art X Advocacy-World No Tobacco Day (media relations)
  - Sexual Health – Promotion of Cervical Cancer Screening and International Day Against Homophobia and Transphobia through Popular Topics on myhealthunit.ca
- Prepared and disseminated four News Releases regarding: Fuel oil leach on Neault Road and No Cases of Hepatitis A from recalled frozen berries

#### Liaise and coordinate responses to information requests from News Media.

- Coordinated two requests for information interviews pertaining to the new building
- Coordinated media interview for Communicable Disease Control pertaining to sporadic cases of whooping cough near Blind River

### Emergency Preparedness

#### 2016 Priorities Addressed

- Collaborate with municipalities, governments, and emergency management stakeholders to incorporate Health Unit activities into their emergency response planning and education.

- The Health Unit was represented by the Manager of Emergency Preparedness at the Ontario Public Health Emergency Management Network meeting on April 29. The meeting, held at Peel Regional Headquarters, was chaired by the Manager of Emergency Preparedness. The one day meeting provides the opportunity for public health Emergency

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<thead>
<tr>
<th>2016 Priorities Addressed</th>
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<tbody>
<tr>
<td>Management professionals to share knowledge and receive updates from the provincial government. The meeting was well attended by representatives from several health units and the Ministry of Health and Long-Term Care</td>
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<tr>
<td>• During Emergency Preparedness Week, May 1 – 7, 2016, a display was set up in the Parry Sound Mall in collaboration with the Parry Sound Fire and Emergency Services. The static display provided information about personal preparedness, as well as Health Unit preparedness for an emergency</td>
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<tr>
<td>• On Saturday May 28, the Health Unit was represented at the North Bay Fire and Emergency Services open house. In collaboration with local stakeholders, the public were provided with agency emergency preparedness information, demonstrations by first responders, and the opportunity to ask questions. The event was well attended</td>
<td></td>
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<tr>
<td>• The Emergency Preparedness Manager attended the West Nipissing General Hospital Code Orange Committee meeting on May 11. The purpose of the meeting was to begin planning for a functional exercise in West Nipissing involving the municipality, the hospital, long-term care home, and other stakeholder agencies. Planning is well underway and future meetings have been scheduled</td>
<td></td>
</tr>
<tr>
<td>• The Emergency Preparedness Manager attended the Annual General Meeting of the Ontario Association of Emergency Managers held in Burlington on May 12 and 13. The two day agenda included presentations by the Deputy Minister of Community Safety and Correctional Services, Ontario Fire Marshall and Chief of Emergency Management, and several other emergency management stakeholders. The information shared and networking opportunity during the two day event is invaluable for future collaboration. The meeting was well attended by association members</td>
<td></td>
</tr>
<tr>
<td>• The Health Unit continues to be represented by the Emergency Preparedness Manager at the Ontario Heat Warning and Information System Project. He was the co-chair of the Communications Workgroup. The workgroup generated generic communication documents that will be used by public health units to communicate the heat alerts and their health impacts to the public and stakeholders. This was a</td>
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### 2016 Priorities Addressed

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<tr>
<th>Activities</th>
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<tbody>
<tr>
<td>Collaborative effort with representatives from Environment and Climate Change Canada, Health Canada, Ontario Clean Air Partnership, Public Health Ontario, and the Ontario Public Health Units. The Heat Warning and Information System is scheduled to be launched province wide at the first heat event of the summer 2016.</td>
</tr>
<tr>
<td>• The Health Unit was represented at the West Nipissing Health Center Emergency Response Planning Committee meeting on June 1 in Parry Sound. The committee meets quarterly to discuss the health center’s emergency preparedness and emergency planning. The meeting was attended by Health Center representatives, Parry Sound Fire and Emergency Services, Ontario Provincial Police, Emergency Medical Services, and the Emergency Preparedness Manager for the Health Unit.</td>
</tr>
<tr>
<td>Continue to refine Emergency Operations Center (EOC) processes and procedures.</td>
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<tr>
<td>• The Emergency Preparedness Manager met with the Executive Director of Finance to discuss program and Emergency Operations Center storage requirements in the new facility. A plan has been developed for program equipment/supply movement and storage in the new facility.</td>
</tr>
<tr>
<td>Emergency Management training and exercises.</td>
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<tr>
<td>• During Emergency Preparedness Week, May 1 – 7, 2016, daily informative emails, draws for prizes, and displays in the Health Unit facilities provided staff with information about personal preparedness. General feedback from staff about the internal activities was positive.</td>
</tr>
<tr>
<td>• On May 19, the Health Unit was represented by the Emergency Preparedness Manager at the Nipissing Township emergency community group annual exercise and training. The exercise scenario evolved around a fire in the municipal garage.</td>
</tr>
<tr>
<td>• During the month of April and May emergency color code drills were conducted by the Emergency Preparedness Manager. The drills conducted in all of the Health Unit’s facilities were well attended and greatly appreciated by staff who participated.</td>
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### Information Technology

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<th>2016 Priorities Addressed</th>
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<tr>
<td>Address technology issues, manage network infrastructure for capacity and security.</td>
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<tr>
<td>Activities</td>
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<tr>
<td>• Project planning for the migration of the Health Unit infrastructure to the new building.</td>
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<tr>
<td>• Ongoing testing and pilot the new inter-office message Server/Client.</td>
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<td>• Updated both main servers to latest releases.</td>
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### 2016 Priorities Addressed

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<th>Activities</th>
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<tbody>
<tr>
<td>• Updated Virtual Machine tools on each server</td>
</tr>
<tr>
<td>• Archived 10 Terabytes of data to back up tapes to be stored offsite</td>
</tr>
<tr>
<td>• Applied latest security patch on BlackBerry Enterprise Server</td>
</tr>
<tr>
<td>• Completed Event Log audits on Primary Domain Controller and Mail Server</td>
</tr>
<tr>
<td>• Executed performance monitoring on all Health Unit servers to ensure reliability</td>
</tr>
<tr>
<td>• Support the creation and launch of the new Health Unit Intranet</td>
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<tr>
<td>• Ongoing replacement of Mobile Encryption software for Health Unit provided mobile devices i.e. laptops.</td>
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### Planning and Evaluation

<table>
<thead>
<tr>
<th>2016 Priorities Addressed</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Support internal requests for research, surveillance, and evaluation through the RAPIDS process.</td>
<td>• Received 13 new RAPIDS requests</td>
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<td></td>
<td>• Closed 4 RAPIDS requests</td>
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<td></td>
<td>• There are currently 14 requests from 2015 in progress</td>
</tr>
<tr>
<td>Development of knowledge translation framework for information gained through assessment, surveillance and evaluation activities (OPHS/OPHOS requirement).</td>
<td>• As a participating health unit on the Evaluation Capacity Building Locally Driven Collaborative Project (LDCP), an action research implementation plan has been developed to create and implement a Knowledge Translation framework; the purpose of this framework is to enhance staff capacity to understand, share, and utilize research and evaluation findings</td>
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<tr>
<td></td>
<td>• Next steps include creation of an internal staff survey on current Knowledge Translation practices which will inform the content/needs of the Knowledge Translation framework and scanning, selecting/adapting a Knowledge Translation framework for implementation</td>
</tr>
<tr>
<td>Implementation of research ethics risk screening for all research projects (OPHOS requirement).</td>
<td>• The Research Ethics Review Committee has officially formed and comprises 11 members from across 7 program areas; first meeting took place June 3, 2016</td>
</tr>
<tr>
<td></td>
<td>• Subsequent meeting and sub-working group meetings have been set for July to start work on documentation, application process, Intranet space, work instructions, resources, etc.</td>
</tr>
<tr>
<td>Continue with Public Health Ontario Locally Driven Collaborative Project</td>
<td>• The Senior Research and Evaluation Analyst continues to attend core group meetings and, as</td>
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### 2016 Priorities Addressed

#### Activities

<table>
<thead>
<tr>
<th>2016 Priorities Addressed</th>
<th>Activities</th>
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| (cycle 4) - Enhance understanding of current role of continuous quality improvement (CQI) in public health (NBPSDHU is co-applicant). | well, participates on the scoping review and survey tool working groups
- Implementation of Continuous Quality Improvement Maturity Survey to all staff at participating health units (now 33/36) will take place this Fall; plans are in place to present this Locally Driven Collaborative Project at the All Staff meeting in September 2016 to create awareness of our role in this project and to promote staff participation in the survey |

<table>
<thead>
<tr>
<th>Activities related to Strategic Priority 3, Aim 1 initiatives, specifically:</th>
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<tbody>
<tr>
<td>c) Implementation of awareness generating activities of rural health work undertaken by the health unit</td>
<td>• Review of initial planning Organizational Operational Documents (OOD) 2016/04/25: 615 activities reviewed; 79% reported rural health component (92% mandated); 30 unique rural activities reported</td>
</tr>
<tr>
<td>d) Development of a street-based infectious disease program (pending recommendations from 2015).</td>
<td>• Strategy to disseminate services available to rural residents externally underway</td>
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<td></td>
<td>• Concept for new, unique pilot project to expand reach to rural populations introduced; pilot project proposal to be developed and brought to the Executive Team in December</td>
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<td></td>
<td>• Broadened project scope of street-based infectious diseases program to explore the health needs of the homeless population in North Bay beyond infectious diseases (urban health outreach)</td>
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<table>
<thead>
<tr>
<th>Activities related to Strategic Priority 4, Aim 2 initiatives, specifically:</th>
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<tbody>
<tr>
<td>a) Development and implementation of organizational supports to integrate health equity and social determinants of health within program/service delivery</td>
<td>• Environmental scan development underway to determine current organizational capacity to address the social determinants of health and health equity based on work of related Locally Driven Collaborative Project</td>
</tr>
<tr>
<td>b) Development of a sustainable cross-collaboration planning process (based on 2015 assessment).</td>
<td>• Framework to identify regional health equity demographic profile underway</td>
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<td></td>
<td>• Social determinants of health nurses involved in the development of an opinion letter recommending the explicit integration of health equity into the revised Ontario Public Health Standards; forwarded and accepted by the Ontario Public Health Standards Revision Executive Steering Committee</td>
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<tr>
<td></td>
<td>• Presentation by social determinants of health nurse at the Community Health Nurses Conference of Canada outlining the role facilitating and supporting health equity work organizationally; role of interest to other provinces</td>
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<td></td>
<td>• Identification of indicators for successful collaboration and an approach to collaborative planning pilot for planning cycle 2017-18</td>
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<table>
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<tr>
<th>Activities related to Strategic Priority 4, Aim 3, specifically:</th>
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<tbody>
<tr>
<td></td>
<td>• Discussion of preliminary steps to begin process of populating maps with local data held (e.g., list indicators that could be mapped,</td>
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</table>
### 2016 Priorities Addressed

<table>
<thead>
<tr>
<th>Activities</th>
<th>Activities</th>
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<tbody>
<tr>
<td>a) Enhancement of local GIS data (spatial data representation) available to staff</td>
<td>neighbourhood/regional boundaries that need to be defined</td>
</tr>
<tr>
<td>b) Release of information obtained through the Ontario Student Drug Use and Health Survey (2014/2015 school year).</td>
<td>Commenced exploration of combining 2011 and 2015 Ontario Student Drug Use and Health Survey data for certain indicators (e.g., cigarette use in the past year) and subgroups (e.g., those who identify as Aboriginal) for the purposes of obtaining more robust sample sizes and estimates</td>
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### Quality Assurance

<table>
<thead>
<tr>
<th>2016 Priority</th>
<th>Completed Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities related to Strategic Priority 4, Aim 2, specifically:</td>
<td>• Provision of support to the Health Unit’s new Risk Management Strategy</td>
</tr>
<tr>
<td>c) Implement electronic Quality Incident Reporting (QIR) system</td>
<td>• Released new AODA compliant Work Instruction template and revised supporting documentation</td>
</tr>
<tr>
<td>d) Implement functionality into the existing Mindoka portal to support electronic storage, retrieval and retention of Health Unit records</td>
<td>• Conducted final testing of new Quality Issue Reporting System (to go live in July). Released quality assurance documentation to support implementation of the new system</td>
</tr>
<tr>
<td>e) Align Quality Assurance documentation and structure with quality management best practices and public health organizational and foundational standards</td>
<td>• Revised Quality Assurance structure, and associated work instructions and documentation, in the Quality Management section to align with the revised organizational structure (i.e. Healthy Families and Healthy Schools)</td>
</tr>
<tr>
<td>f) Scan and store archived and inactive paper Quality Assurance documents (i.e. policies and work instructions) as appropriate.</td>
<td>• Continued implementation of new e-Records (retention) portal module. A number of e-logs created to support programmatic work and paperless initiative.</td>
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**Maintains and coordinates improvement of the Health Unit’s Quality Management System and its processes.**

- 314 documents were issued to date in 2016
- 59 documents were eliminated
- 68 new documents were created

### Clinical Services

#### Clinical Information

Nurses in Clinical Information address inquiries made to the Health Unit. They provide health related information, brief, solution-focused interventions, consultations, education and linkages to both Health Unit and community services and resources.

Recently, an elderly woman called Clinical Information seeking “help”. She lived by herself in an apartment and had been feeling “so alone” given the recent death of her closest friend. She described her friend as her “sidekick” and “go to” person, as her friend had had a vehicle and was responsible for driving them both to appointments, social events, grocery shopping and the like. Engaging *active listening skills*, the nurse listened as the client spoke of her isolation now that she was alone and unable to “get around like I used to”. The client had adult children but they lived “far away” and only visited occasionally.
Discussion ensued, and it became apparent that the client’s isolation and lack of transportation had impacted her negatively in a number of ways. She was feeling “down” due to lack of social contact, and admitted that she was “not eating very well anymore” as her ability to grocery shop was limited.

Having listened to what this client was telling her, the Clinical Information nurse was able to link with her with various senior’s recreation programs, including the Golden Age Club and Stay on Your Feet exercise classes; she was connected with Meals on Wheels, grocery delivery services and dinner socials; she was connected with the Canadian Red Cross Transportation Program as well as the Disabled Adult and Youth Centre (transportation support); contact information for the free “Are You OK?” program (daily telephone contact) and other alarm services were provided; and, assessment and support services of the Community Care Access Centre were discussed, with contact information for that organization provided.

The client was very grateful for the information and linkages provided by the Clinical Information nurse; another example of the Health Unit being here when needed, and having a positive impact on our community.

Communicable Disease Control
Hepatitis A

An outbreak investigation of Hepatitis A infections, linked to Nature’s Touch Organic Cherry Blend brand frozen berries sold at Costco stores occurred at the end of April. A voluntary food recall by the company occurred April 15. This was a national outbreak lead by Public Health Agency of Canada (PHAC) with cases in Ontario.

The Public Health Agency of Canada communicated to Canadians about the outbreak, and advised Canadians to not consume the recalled product and to see their health care provider immediately if they think they were exposed to the recalled product or have symptoms consistent for Hepatitis A. The risk to Canadians was low.

The Communicable Disease Control team responded to the recall and to the outbreak. Communicable Disease Control met with Environmental Health, Vaccine Preventable Diseases and Planning and Evaluation representatives, the Medical Officer of Health and Executive Directors of Clinical and Community Services to share information about the outbreak and recall and to develop a local response. The following actions were carried out; Environmental Health contacted facilities advising them of the recall and not to use the product; Vaccine Preventable Diseases assessed vaccine availability, led a clinic at a school where the berries may have been consumed by staff and students and provided vaccine on a walk in basis to those at risk; Planning and Evaluation disseminated a News Release and posted information on the website and Communicable Disease Control completed three Public Health Bulletins to health care providers, posted information on social media, counselled individuals who had consumed the product and referred them to Vaccine Preventable Diseases for Post Exposure Prophylaxis assessment and vaccine access and participated in the school clinic.
This response is an example of how we demonstrated our values of Health (we are here when we are needed) and Excellence (we seek solutions through innovation and collaboration).

**Genetics**
The Genetics team will welcome a student who is interested in pursuing her Master’s degree in genetic counselling. She will shadow the Health Unit’s genetic counsellor on a weekly basis, for approximately one month, to gain a better understanding of the day-to-day operations of a Genetics clinic and to see first-hand what a potential future as a genetic counsellor would look like.

In addition, the team is preparing for two clinics over the month of June. A visiting Geneticist from Children’s Hospital of Eastern Ontario (CEHO) is scheduled to attend June 8 and 9, and the Health Unit’s genetic advisor will be here June 23 and 24. During these clinics, 37 patients will have access to specialized counselling, screening and diagnosis related to a wide range of genetic conditions.

**Nursing Practice**

**Student Placements**

The Nursing Practice Manager is in the process of conducting various evaluation activities with Health Unit preceptors, students and local academic institutions to inform future student placement processes at the Health Unit. The Health Unit accommodated 20 individual student placements in 2014-2015 from various programs and disciplines, such as Nursing, Public Health, Nurse Practitioner, Health Promotion, Dietetics and Biology. We also worked with 16 third year nursing students on community health promotion projects in the areas of hand hygiene, falls prevention and school health. Planning will take place over July and August 2016 to coordinate student placements and community health promotion projects for the upcoming academic year.

**Professional Practice Standards**

The Nursing Practice Manager continues to consult with relevant managers, staff and regulatory colleges in regards to meeting professional practice standards. Work is currently underway with staff in various programs to update medical directives and work instructions related to vaccine administration, medication administration and ordering of lab tests.

**Oral Health**

Each school year oral screening is conducted in area schools in accordance with the Oral Health Assessment and Surveillance Protocol, 2008. This Protocol was updated and released in May 2016.

During the 2015-2016 school year, Oral Health dyads, consisting of a registered dental hygienist and a certified dental assistant level II visited 63 district schools to provide dental screening to 6055 children. Of these children, 330 were identified as children with urgent dental needs. The registered dental hygienists are following up with parents to ensure these children receive the
necessary dental treatment. This follow-up is in accordance with the Children in Need of Treatment Protocol, 2008 and the recently released Healthy Smiles Ontario Protocol, 2016.

Eighteen hundred and sixty-eight report cards have been mailed to parents after the school screening. These report cards are mailed to parents for various reasons including:

- their child might be eligible for preventive treatments
- their child was screened and found to have non-urgent dental needs
- their child was absent from school on the day of the screening or
- their child refused to be screened

Free preventive treatments offered at the Health Unit might include topical fluoride application, pit and fissure sealants and/or scaling if the child is eligible.

In addition to mailing the report cards, staff are calling parents who were sent a report card to assess and confirm eligibility for preventive services based on clinical need, attestation of financial hardship, age (17 years of age and under) and Ontario residency.

To date, 240 telephone calls have been made resulting in 29 eligible children being booked for preventive services at our Health Unit dental clinic.

**Sexual Health**

As the 2015-2016 school year comes to a close, we would like to report that over 850 students were seen by a Sexual Health nurse at one of our 12 school clinics. Some of the services provided include:

- Provision of information on topics such as puberty, healthy relationships and smoking cessation
- Counselling and provision of birth control (to clients with an appropriate prescription through the Sexual Health Clinic)
- Counselling, testing and treatment of sexually transmitted infections
- Pregnancy testing and comprehensive counselling

We are very thankful to the Near North District School Board and Conseil scolaire public du Nord-Est de l’Ontario, including the principals and teachers, who continue to welcome us into their schools and support our Sexual Health team. This partnership allows us to offer quality, evidence-based sexual health services to our youth in an accessible way, leading to more positive sexual health outcomes.

**Vaccine Preventable Diseases**

Over the next few months, the primary focus in Vaccine Preventable Diseases will be on planning program delivery activities for the 2016-17 season:

1. Completing the Annual Fridge Inspection Process

   Each year, we are required under the Vaccine Storage and Handling Guidelines and Vaccine Storage and Handling Protocol as well as the Ontario Public Health Standards for Vaccine
Preventable Diseases to complete an annual fridge inspection for all locations that store and administer publicly funded vaccines. This includes all hospitals, health care providers, and pharmacies in our district that administer publicly funded vaccines – a total of 128 fridges that require inspection. Staff complete these inspections and any identified follow-up required in June – August of each year.

2. Elementary School Clinics
In April, the Minister of Health announced changes to the grade 8 Human Papilloma Virus (HPV) vaccine program. Currently the program is provided to girls in grade 8. Beginning in September 2016, the program will be expanded to include boys and moved to become a grade 7 program. This means that all three elementary immunizations will be administered in grade 7 (Hepatitis B – a two dose series; HPV a two dose series and Menactra: a single dose meningitis vaccine). Over the next month or so, the Vaccine Preventable Diseases team will need to consider the implications to the students, develop a plan and schedule for delivering our school clinics and develop a communication strategy to inform parents of the changes being implemented.

3. Annual Influenza Clinics
Flu clinics are generally offered by the Vaccine Preventable Diseases team beginning in October of each year. Over the past few years, with pharmacies offering flu vaccine to those aged five and over, we have seen a significant decline in the number of individuals accessing our clinics. We’ve also seen a decline in the number of clients calling our offices to inquire about flu clinics. At the same time, we’ve seen an increase in the amount of vaccine being distributed to our community partners. We will be looking at our statistics over the past few years to determine how best to meet the needs of our community with respect to the flu vaccine and to develop our plan for this fall.

4. Education Session for Health Care Providers Who Provide Immunizations
The team is currently working on the development of an education session for health care providers in the community who immunize – specifically we are targeting those who are responsible for the ordering, storage and handling of vaccine products as well as the administration of immunizations. A survey was developed and sent out to all our community partners to determine the level of interest in this type of session as well as preferred topics for discussion. Responses are coming in and there is a strong interest in this initiative. Our next step will be to set the date for the session – likely early September and develop the content. Sessions will be held in North Bay and in Parry Sound and content may vary between locations dependent on the responses received.

Community Services

Environmental Health
As we enter the summer season, our population increases with travellers who plan to visit and enjoy our local amenities. Public health inspectors are in the community inspecting public
recreational water facilities, assessing small drinking water systems (SDWS), sampling municipal beaches and providing drinking water system advice to homeowners. This work is vital to protect area tourists and residents from disease and injury.

Over the summer season, public health inspectors will inspect 44 public pools and wading pools, 11 public spas and three splash pads across the district. These recreational water facility inspections are mandated under the Recreational Water Protocol and address facility maintenance and safety requirements under the Ontario Regulation 565 (Public Pools), Ontario Regulation 428/05 (Public Spas) and Non-Regulated Recreational Water Facilities Guidance Document. Specialized Small Drinking Water Systems public health inspectors will spread out across the Health Unit district to conduct assessments and reassessments of 158 small drinking water systems according to the Drinking Water Protocol and assess small drinking water systems maintenance under the Ontario Regulation 319/08 (Small Drinking Water Systems). Public health inspectors will periodically monitor water quality at municipal beaches. Over the summer approximately 1080 beach water samples will be collected from municipal beaches and analysed for bacteria water quality under the Beach Management Protocol. Each year, private homeowners submit +/- 9000 drinking water samples to the Health Unit for courier to the public health lab. While on phone intake, public health inspectors consulted with +/- 900 homeowners regarding their drinking water results and provided recommendations for corrective measures. Public health inspectors are planning to attend local farmers’ markets in the district this summer to discuss topics related to home drinking water quality and water treatment methods.

Healthy Living
Helping Smokers Quit: Ontario’s Smoking Cessation Action Plan

On World No Tobacco Day (May 31), the province celebrated 10 years of the Smoke-Free Ontario Strategy. The Ministry of Health and Long-Term Care used this occasion to launch Helping Smokers Quit: Ontario’s Smoking Cessation Action Plan (link at http://www.health.gov.on.ca/en/common/ministry/publications/reports/cessation/default.aspx). The goals of this plan are to: 1) create a coordinated smoking cessation system that will meet the needs of all tobacco users, and 2) reduce smoking rates in Ontario. In an effort to decrease health inequities, the strategy focuses on priority populations with higher smoking rates. In 2011/12, the percentage of daily and occasional cigarette smokers (12+ years of age) in the Health Unit area was significantly higher than for Ontario (25.8% vs. 18.7%). Further analysis of the smoking rate demonstrates tobacco-related disparities in the Health Unit area:

- Industry - ‘Blue collar’ (37.8%), significantly higher than ‘White collar’ (20.8%)
- Self-rated Mental Health - ‘Poor’ (53.9%), significantly higher than ‘Excellent’ (23.1%)
- Relative Household Income - ‘Lowest income’ (39.8%), significantly higher than ‘Highest Income’ (15.8%).

The Health Unit provides best practice programs and services for priority populations. Our 2014 Quit Clinic Evaluation demonstrated that 74.0% of clients had an annual after-tax household income of less than $30,000 and 43.1% had been diagnosed with any of the following mental
health conditions: depression, anxiety, schizophrenia, bipolar. The provincial smoking cessation action plan announced by the Ministry of Health and Long-Term Care will support us in meeting our local cessation needs.

Healthy Families
A current major activity in the Healthy Families team is training of the Healthy Babies Healthy Children public health nurses in reliability for using the Nursing Child Assessment Satellite Training (NCAST) Feeding and Teaching scales. These are tools which have had extensive field testing to be used to assess the interaction between a caregiver and infant or young child and are part of the provincial Healthy Babies Healthy Children program. A commonly held view and basic tenet of the general systems theory is that caregivers and their young children mutually influence and provide feedback to one another. It is within this framework, built from thousands of repeated interactions between caregivers and children, that children’s emotional, intellectual and physical needs are met – or not. Considerable research over the last two decades has demonstrated important links between qualities of caregiver-child interaction and child development outcomes.

The objective is to use the NCAST scales to identify problems at a point before they develop and when intervention would be most effective. When specific concerns are identified then appropriate interventions can be planned through the use of Partners in Parenting Education (PIPE) activities by the family home visitors or parenting interventions through our various triple p trained staff.

At a recent Public Health Ontario Positive Parenting Think Tank on March 21, 2016, the Chief Executive Officer of Public Health Ontario stated that he sees “good parenting as the social equivalent to immunization”. Research has demonstrated a relationship between parent-child interactions and later qualities or skills in the child such as mental and linguistic abilities. Parenting is a cornerstone for the implementation of Priority One of the Health Unit Strategic Plan, to Foster Healthy Behaviours in Children and Youth. One of the Board of Health Outcomes in the Ontario Public Health Standards is to ensure that the public is aware of the factors associated with positive parenting.

Healthy Schools
Cycling Education

In partnership with our community agencies the Healthy Schools team has participated in 10 school bike rodeos and two community bike rodeos in May and June. Over 625 schoolchildren across the North Bay Parry Sound district were taught how to use hand signals, fit helmets, and how to check their bikes before a ride. This figure is expected to reach over 1,200 by the end of June, with three more school bike rodeos planned at Sunset Park Public School, Alliance Public School and Vincent Massey Public School.

Two community events included the YMCA Healthy Kids Day Bike Rodeo and Gearing Up Cycling Club Bike Rodeo for which 82 and 50 participants took part respectively.
News link:

- CTV News at http://northernontario.ctvnews.ca/video?clipId=884740
- Moose FM at https://www.facebook.com/moosecfxn/posts/1045267302210106
- KISS North Bay at https://www.facebook.com/KISSNorthBay/posts/10154030514516201

This activity is one piece of a larger comprehensive strategy for establishing active and safe routes to school in our district. It promotes physical activity among school aged children and youth while supporting prevention of chronic diseases and injury prevention. This initiative also aligns with Strategic Priority 1: Healthy Behaviours in Children & Youth.

Finance

Finance staff finished up all outstanding items related to the December 31, 2015 year-end process during the month of May and early June.

The Financial Information Return (FIR) and audited financial statements for the year-ended December 31, 2015 were distributed electronically to our member municipalities in May. The annual reconciliation report (2015 Settlement) was completed, reviewed by the auditors and submitted to the Ministry of Health and Long-Term Care, and the first quarter ministry report for 2016 was also completed and submitted before the April 30 deadline.

The following work related to the new building construction was done:

- Draws 3 and 4 were verified and the first construction loan advance was processed
- A Finance staff member was appointed to the furniture committee and attended meetings in early June
- Consultations were held with all team managers to review their central storage needs in preparation for the move to the new facility
- A Finance staff member participated in Ministry of Health and Long-Term Care capital grants process training which took place in May and early June.

Human Resources

Compensation

Our payroll and benefits coordinator continues to work closely with our group benefit insurance broker, Dibrina Sure Benefits Consulting Inc., responding to questions that arose during the transition to the new carrier. The number of identified issues has significantly declined as expected.
Employee & Labour Relations
The next meeting with the Joint OPSEU/ONA/Management Committee will be held on June 15, 2016. The ONA collective agreement has been distributed to the nurses and has been posted on the intranet. All parties have signed off on the new OPSEU collective agreement and will be posted on the intranet for OPSEU members to access.

Occupational Health and Safety
Our Manager of Occupational Health & Safety and Professional Development, along with two managers and one Joint Health and Safety Committee member, recently attended a Safety Net Train-the-Trainer program. Safety Net, link at www.safetynetnipissing.ca, is an initiative of the Domestic Violence Community Coordinating Committee of Nipissing (DVCCC) and is designed to guide employers in responding to domestic violence as it impacts the workplace. Additionally, new legislation introduced as Bill 132, Sexual Violence and Harassment Action Plan Act (Supporting Survivors and Challenging Sexual Violence and Harassment), link at www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=3535 has now received Royal Assent, amending the Occupational Health and Safety Act and other relevant Acts, effective September 8, 2016. As details about the legislation and additional obligations on employers are not yet known, we will further review our related policies and program as new information becomes available. The Board of Health and staff will be made aware of required changes through updated policies and training accordingly.

Professional Development
Internal professional development sessions recently coordinated by Human Resources include:

<table>
<thead>
<tr>
<th>Date</th>
<th>Professional Development Session</th>
<th>Type</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 18</td>
<td>Introduction to Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ)</td>
<td>All Staff Meeting</td>
<td>135</td>
</tr>
<tr>
<td>May 25</td>
<td>General Orientation Session for New Staff</td>
<td>Orientation</td>
<td>6</td>
</tr>
</tbody>
</table>

Staffing
The following permanent positions have recently been filled. These vacancies were created as a result of a resignation, a retirement and an internal transfer:

- Executive Director, Community Services (1.00 FTE) effective June 6, 2016
- Public Health Nurse, Sexual Health (0.90 FTE) effective June 27, 2016
- Public Health Nurse, Vaccine Preventable Diseases (1.00 FTE) effective July 4, 2016

The following temporary positions have recently been filled. These vacancies were created as a result of leave of absences and internal transfers:

- Community Health Promoter, Healthy Living (1.00 FTE) effective May 24, 2016
• Public Health Nurse, Healthy Families (1.00 FTE) effective September 26, 2016
• Public Health Nurse, Sexual Health (0.80 FTE) effective September 26, 2016
• Public Health Dietitian, Healthy Living (1.00 FTE), date to be confirmed

The recruitment of the following permanent and temporary positions is currently under way:

• Research Assistant, Planning and Evaluation (1.00 FTE)
• Public Relations Specialist, Planning and Evaluation (1.00 FTE)
• Bilingual Family Home Visitor, Healthy Families (0.80 FTE)
• Public Health Nurse, Sexual Health – (1.00 FTE)
• Public Health Nurse, Healthy Families (0.60 FTE)
• Program Manager, Healthy Families (1.00 FTE)
• Public Health Dietitian, Healthy Schools (0.50 FTE)
• Public Health Nurse, Vaccine Preventable Disease (1.00 FTE)

We continue our efforts to recruit a temporary Student Public Health Inspector in Environmental Health and a temporary Public Health Nurse in Communicable Disease Control.

There has been no net increase in permanent positions.

Approved by

Jim Chirico, H.BSc., M.D., F.R.C.P. (C), MPH
Medical Officer of Health/Executive Officer
North Bay Parry Sound District Health Unit