

ACCREDITATION PRINCIPLES, STANDARDS, COMPONENTS AND DEFINITIONS

Introduction

The Ontario Council on Community Health Accreditation (OCCHA) is an independent agency directed by a board whose members are appointed by professional associations involved in community health. OCCHA exists to promote excellence in community and public health programs and services by defining, reviewing and publicizing standards related to structure, process and outcome; enhancing knowledge through consultation and shared experience; measuring agency performance against peer-set standards; developing and submitting comprehensive, constructive reports for the agency, and conferring graduated awards.

Accreditation is an independent, voluntary, peer evaluated process of the administrative and program planning and evaluation aspects of local and regional health agencies against stated peer-set principles and standards. OCCHA's conviction is that the provision of quality community and public health services requires sound administrative and program planning mechanisms.

A *principle* is a simple and fundamental statement of truth upon which are established more specific standards. A *standard* is a statement of excellence, developed by peers, against which conformity of the agency is evaluated. The principles, standards, components and definitions are presented in four sections for each of the major organizational segments of the agency. These are: the governing body, the general administration of an agency, the programs/services and staff of an agency, and program/service monitoring and evaluation. They have been colour-coded and this coding is followed in all the accreditation documents.

Those standard for the governing body (Section I – pink) recognize its overall responsibility for the agency and, therefore, are of a general and encompassing nature.

The standards that pertain to the general administration (Section II – yellow) address administrative structures and procedures and are more specific and detailed. It is important to recognize that significant flexibility in structure is appropriate for the general administrative body. It is still necessary that clear lines of responsibility and reporting relationships exist.

The standards for the programs/services and staff (Section III – blue) relate to both the service providers and programs/service, are more specific and detailed and include: planning and implementation, policy development and support, direct/clinical services.

The standards for program/service monitoring and evaluation (Section IV – green) relate to the concepts of resource management, evidence-based decision making, monitoring and evaluation processes and equal access and risk management.

*The accreditation award symbolizes official recognition of excellence to the public, local public health agencies, other community agencies, professional associations, local, regional and provincial governments. **TPH agrees with this statement***

SECTION I

THE GOVERNING BODY

PRINCIPLE:

**THERE SHALL BE A GOVERNING BODY WHICH HAS
OVERALL RESPONSIBILITY FOR THE DELIVERY OF
QUALITY SERVICES TO THE COMMUNITY.**

STANDARD 1 – STATEMENTS OF PURPOSE

The governing body shall have written statements identifying the philosophy/mission, goals and objectives and statements of operation of the agency.

COMPONENTS	DEFINITIONS
<p>A. The governing body shall collaborate with staff to ensure the development and maintenance of a strategic plan that incorporates the goals and objectives for the agency.</p>	<p>Governing Body – a structure functioning under the authority of provincial legislation, which has the overall responsibility for an agency and includes a Board of Health, a Committee of Council or equivalent.</p>
<p>B. The governing body shall ensure that written statements of the philosophy/mission, goals and objectives exist and are available to all staff.</p>	<p>Agency – a Board of Health or equivalent Committee of Council and its service component functioning under the authority of provincial legislation.</p>
<p>C. The governing body shall ensure that the strategic plan, philosophy/ mission, goals and objectives are reviewed regularly and revised, as necessary, and the date of the last review shall be indicated.</p>	<p>By-law – the regulations made by an agency having the force and effect of law.</p> <p>Philosophy/Mission – the general wisdom, knowledge or belief upon which the programs and services and related administrative processes of an agency are based.</p>
<p>D. The governing body shall ensure that there are written by-laws and policies and procedures which are readily available to staff.</p>	<p>Goals – the ideals toward which the agency aspires.</p>
<p>E. The governing body shall ensure that the by-laws and policies and procedures are consistent with applicable legislation.</p>	<p>Objectives – quantifiable statements that establish realistic levels of future performance including time frames and quantifiable levels of performance.</p>
<p>F. The governing body shall ensure that a process exists for the regular review and any necessary revision of its by-laws and policies and procedures.</p>	<p>MHPSG – Mandatory Health Programs and Services Guidelines</p>

G. The governing body shall ensure that there is compliance with the provisions of the MHPSG as outlined in the Health Protection and Promotion Act.

How would OCCHA define compliance to assess this standard? Is it as defined by the MOHLTC- MPIQ, self-assessment or within accreditation. ? The results of the MPIQ are not available in a timely fashion to include in the assessment Which programs are included –current or draft ones.

How does this standard address alPha's concerns re separation of accreditation from compliance assessment?

STANDARD 2 – OFFICERS, COMMITTEES AND MEETINGS

The governing body shall be structured and function in accordance with statutory requirements and the stated philosophy/mission, goals and objectives of the agency.

COMPONENTS	DEFINITIONS
A. The governing body shall have a written procedure for the election of its officers, including Chair, Vice-Chair and Committee members.	General Administrative Body – the senior administrative structure of the agency.
B. The governing body shall develop an appropriate and functional committee structure.	
C. The governing body shall hold regular meetings, in accordance with its by-laws and/or policies and procedures, in order to conduct the affairs of the agency.	
D. The governing body shall record the minutes and all resolutions/motions of its general and committee meetings. Minutes of the governing body shall be made available to the general administrative body.	
E. The governing body shall have a written policy regarding formal reporting to the governing body and attendance by members of the general administrative body and/or designates at meetings of the governing body.	
F. The governing body shall ensure an orientation program exists for all its members and encourage their participation.	
G. Members of the governing body shall participate in continuing education relative to their role and responsibilities.	

STANDARD 3 – ORGANIZATIONAL STRUCTURE

The governing body shall ensure that the organizational structure is in keeping with its philosophy/mission.

COMPONENTS	DEFINITIONS
A. The governing body shall approve an organizational structure that is outlined in an organizational chart.	Organizational Chart – the organizational chart displays the organizational structure outlining overall reporting relationships.
B. The governing body shall ensure the regular review and/or revision of the organizational structure and organizational chart of the agency. The date of the last review/revision shall be recorded.	

STANDARD 4 – HUMAN RESOURCE MANAGEMENT

The governing body shall ensure that a system of human resource management is in place.

COMPONENTS	DEFINITIONS
<p>A. The governing body shall ensure a written policy exists in keeping with the legislative requirements that the staff of the agency are qualified and competent to carry out any service commitments of the agency.</p>	<p>Human Resource Management – methods and approaches used to acquire, develop, retain and utilize human resources, both union and non-union.</p>
<p>B. The governing body shall ensure the establishment of written human resource/personnel policies and procedures for staff, students and volunteers, <i>including peer educators</i>.</p> <p><u>Suggest removal of example and end sentence after volunteers.</u></p> <p><u>How do health units within City/Regional governments meet this standard?</u></p>	<p>Policy – a statement developed to meet identified needs and/or to address existing and emerging issues which in light of given conditions shall guide and determine present and future decisions.</p> <p>Contractual Agreements – a written agreement between agencies/individuals for the provision of services (eg-e.g., clinic physicians, students, consultants, janitorial, service providers).</p>
<p>C. The governing body shall ensure that a written policy exists for the development of any contractual agreements.</p>	<p>Peer Educators – as per MOHLTC, can be a volunteer or paid position and are people from the community who can relate to or communicate with individuals, families or groups-</p>
<p>D. The governing body shall ensure that a process is in place for the negotiation and ratification of collective agreements.</p>	<p><u>Health units may need to define these positions according to their own situation.</u></p>

STANDARD 5 – PHYSICAL AND FINANCIAL RESOURCES

The governing body shall ensure the provision and management of the physical and financial resources of the agency.

COMPONENTS	DEFINITIONS
A. The governing body shall ensure that a process for internal financial controls is in place which is based on generally accepted accounting principles including public accountability.	Internal Financial Controls – governing body policies and procedures for the receipt, disbursement and control of available funds which safeguard assets, ensure the accuracy of financial data and promote operational efficiency.
B. The governing body shall ensure that a plan is in place for the management of physical and financial resources.	Public Accountability (Financial) – the concept whereby the public is made aware of the financial activities of an agency – generally seen in the form of annual audited financial statements.
C. The governing body shall ensure that all buildings are in compliance with government regulations.	Plan for the Management of Physical Resources – policies and procedures for the acquisition, disposition and replacement of physical resources, which may include, but are not limited to, purchasing/leasing, maintenance, inventory control and tendering.
D. The governing body shall ensure that there is adequate, current and relevant insurance coverage for the protection of the physical, financial and human resources of the agency.	Physical Resources – may include buildings, supplies, computers, furniture and other equipment.

STANDARD 6 –THE MEDICAL OFFICER OF HEALTH (MOH)

The governing body shall appoint the Medical Officer of Health in accordance with provincial legislation.

COMPONENTS	DEFINITIONS
A. The Medical Officer of Health shall have the responsibility for the management of health programs and services and his/her appointment shall be approved by the Minister of Health.	
B. The Medical Officer of Health shall act under the authority of provincial legislation and within guidelines established by the governing body.	
C. The Medical Officer of Health shall make reports to the governing body on the management and administration of health programs and services, the agency's relationships with other community bodies and on federal, provincial and local developments that affect health services in the community.	

STANDARD 7 – EDUCATION, *COMMUNICATION* AND PROMOTION

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 to promote access to community programs and services*:-

Education, communication and promotion do more than provide information about the agency or promote access. Suggest include federal in governments as well

COMPONENTS	DEFINITIONS
<p>A. The governing body shall ensure there is regular and appropriate communication with provincial and local governments and community agencies.</p>	<p>Coalitions – as per the MOHLTC, refers to a group with a minimum of three organizational partners working together on a common interest.</p> <p>Collaboration – includes the provision of public health expertise to the coalition/network such as relevant research data, program materials and advice on effective program strategies and approaches.</p>
<p>B. The governing body shall establish a written policy to provide for regular and systematic communication to the public.</p>	
<p>C. The governing body shall ensure the agency works with community agencies and groups to provide the public with information and opportunities for skills development in the areas of health promotion, health protection and disease prevention.</p> <p><u>This is an example of where the health unit may plan strategies that do not include opportunities for skills development if these are not indicated. Health units need to work with agencies and groups to achieve a variety of strategies as planned by the unit/groups.</u></p>	

D. The governing body shall ensure there is collaboration and membership with community agencies, coalitions and groups to promote access to community programs and services.

Similarly the role of community collaboration may include providing better access but that may not be the main reason for the collaboration. In addition it is not clear what the term “promote” means, and how it would be assessed; i.e. does it mean increase access? How much would be considered enough to meet the standard?

STANDARD 8 – RESEARCH

The governing body shall approve a written policy defining research and its conduct for the agency.

COMPONENTS	DEFINITIONS
A. The governing body shall approve a written policy on research/evaluation activities, including requirements for methodological and ethical review.	

STANDARD 9 – ADVOCACY AND LEGISLATION: <u>Should the title be Healthy Public Policy through...</u>	
The governing body shall promote, support and encourage healthy public policy through advocacy and legislation. <u>TPH agrees this standard should be included.</u>	
COMPONENTS	DEFINITIONS
A. The governing body shall promote, support and encourage healthy public policy development. <u>In addition, advocate for change in legislation see (B)</u>	<u>Define advocacy, legislation, regulation, HPP</u> Policy Development – may include, but is not limited to, the consideration of appropriate by-laws and other policy development (<u>eg-e.g.</u> , municipal alcohol policy, gun control, etc.)
B. The governing body shall ensure enforcement of public health and all other relevant legislation. <u>Not all public policy is the responsibility of the health unit to enforce. Suggest ensure/promote</u>	

SECTION II

THE GENERAL ADMINISTRATION OF AN AGENCY

PRINCIPLE:

THERE SHALL BE AN ADMINISTRATIVE STRUCTURE WHICH HAS RESPONSIBILITY FOR CARRYING OUT THE POLICIES OF THE GOVERNING BODY IN ACCORDANCE WITH THE PHILOSOPHY/ MISSION, GOALS AND OBJECTIVES OF THE AGENCY.

STANDARD 10 – THE GENERAL ADMINISTRATIVE BODY

There shall be a general administrative body which implements the policies of the governing body and ensures compliance with these policies and all applicable legislation.

COMPONENTS	DEFINITIONS
<p>A. The composition, responsibilities and function of the general administrative body shall be defined in writing.</p>	<p>Applicable Legislation – see Appendix A for a listing of legislation <u>There should be a up dated list on the OCCHA web site for reference in accreditation preparation-</u> <u>Canadian Copyright Law to be included</u></p>
<p>B. The general administrative body shall hold regular meetings, take minutes and communicate pertinent information to staff.</p>	
<p>C. The agency shall be in compliance with all applicable legislation, <i>including the provisions of the MHPSG.</i> <u>This standard should be the responsibility of the administrative body as in #1 and 2. It is unclear what is meant by “including the provisions of the MHPSG?” Does this indicate that only full compliance will meet the standard? This seems to be another example of the concern that accreditation and compliance assessment is overlapping.</u></p>	

STANDARD 11 – PROGRAM/SERVICE MANAGEMENT

The general administrative body shall ensure that all programs, services and projects, including research, are coordinated, planned, implemented and evaluated within the context of all other programs/services and the agency’s strategic plan.

COMPONENTS	DEFINITIONS
A. The general administrative body shall ensure that all programs/services and projects, including research are coordinated and planned within the context of all other programs/services and the agency’s strategic plan.	
B. The general administrative body shall ensure that all programs/services and projects, including research are implemented and evaluated as planned.	

STANDARD 12 – STAFFING

The general administrative body shall ensure there are qualified staff to supervise, plan, implement and evaluate each program and service.

COMPONENTS	DEFINITIONS
<p><u>A.</u> The general administrative body shall regularly assess, with appropriate consultation, staffing requirements based on program priorities, the approved budget, current staff allocation <i>and the MPHSG</i>.</p> <p><u>The administrative body is accountable for ensuring staffing is in line with program plans and priorities as approved by the governing body. It is not clear what “appropriate consultation” means or how it would be assessed. As the program plans would be based on the MPHSG (and local needs) it is not clear why it is added in as well.</u></p> <p><u>How detailed would assessors be expected to review this standard? Who defines “regular”?</u></p>	
<p>B. The general administrative body shall recommend to the governing body the number and type of staff required to carry out planned programs/services.</p>	

STANDARD 13 - HUMAN RESOURCE MANAGEMENT

There shall be written policies and procedures, *regularly reviewed and revised*, which govern the management of human resources in the agency.

COMPONENTS	DEFINITIONS
<p>A. The general administrative body shall ensure that written human resource policies and procedures are made available <i>to staff, students, volunteers and peer educators, and the policies and procedures are regularly reviewed and revised.</i></p>	<p>Pertinent Developments – may include, but are not limited to, labour relations, negotiations, legislative changes and grievances.</p>
<p>B. The general administrative body shall ensure that a mechanism is in place to facilitate the consistent interpretation of human resource policies.</p>	<p>Peer Educators – as per MOHLTC, can be a volunteer or paid position and are people from the community who can relate to or communicate with individuals, families or groups: <u>Each health unit may need to define this type of position according to its own HR standards.</u></p>
<p>C. The general administrative body shall ensure there are written position descriptions for all positions, which are reviewed and revised on a regular basis and made available to each staff member. Position descriptions shall include a specific statement of duties and responsibilities, level and type of required education, training and related work experience and should be considered during the performance evaluation process.</p>	
<p>D. There shall be a written policy specifying the contents of a personnel file and provisions for access.</p>	
<p>E. Complete personnel files shall be maintained for each staff member.</p>	
<p>F. The general administrative body shall undertake to keep appropriate management staff informed of pertinent developments in human resource management.</p>	

STANDARD 14 – HUMAN RESOURCE DEVELOPMENT <u>? Title: Should this include continuous learning</u> <u>This fits with the PPE standard, which is still pending.</u> <u>? Need for standard re individual responsibility re license etc.</u>	
There shall be a written agency staff orientation policy and an agency plan for continuing education for all staff, <i>students, volunteers and peer educators</i> , which takes into account the goals and objectives of the agency.	
COMPONENTS	DEFINITIONS
A. There shall be a written agency staff orientation policy, which includes both an overall orientation to the agency and an orientation specific to the appropriate program/service.	Continuing Education Plan – a plan for all staff, which incorporates the agency philosophy, processes for identification of needs, a mechanism for staff participation and appropriate follow-up.
B. There shall be a plan for continuing education, which takes into account the goals and objectives of the agency.	Continuing Education Activities – may include, but are not limited to, on-site training, attendance at conferences, seminars and workshops, teleconferencing, study groups and journal clubs, academic work, computer-assisted learning, study kits and manuals, audio tapes and VCR programming, short courses and review of existing publications.

STANDARD 15 – HUMAN RESOURCE EVALUATION

There shall be a written policy for the *ongoing* performance evaluation of all staff, students and peer educators

∴ It is unclear why “ongoing” has been added. Performance management implies that if appropriate: short term students may only be evaluated once

COMPONENTS	DEFINITIONS
<p>A. There shall be a written policy for the performance evaluation of staff, which includes frequency, evaluation criteria and responsibility for completion.</p>	
<p>B. Performance evaluations shall be completed in a manner consistent with agency policy and staff shall be provided the opportunity<u>opportunity to?? participate</u> into the performance evaluation process.</p>	
<p>C. All performance evaluations shall be dated and signed by both the staff member being evaluated and the appropriate signing authority(ies). The original signed performance evaluation shall be kept in the personnel file.</p> <p><u>The corporation may set the policy for this. This seems too prescriptive.</u></p>	
<p><u>D. D.</u>—There shall be a process for the ongoing consultation and support for peer educators and the coordination and monitoring of their activities.</p>	
<p>E. There shall be a system of recognition for peer educators. <u>It is unclear why peer educators are singled out in these sections. What about other staff, and Board members?</u></p>	

STANDARD 16 – PHYSICAL AND FINANCIAL RESOURCE MANAGEMENT

The general administrative body shall ensure the implementation of a management system, which provides for the control and use of the physical and financial resources of the agency consistent with the policies established by the governing body.

COMPONENTS	DEFINITIONS
A. The general administrative body shall ensure the implementation of and adherence to the policies established by the governing body for the management of financial, physical and human resources.	Management of Physical and Financial Resources – SEE STANDARD 5.
B. The general administrative body and the head of each program/service shall have input into the development of agency budgets and shall have access to the agency budget.	
C. Regular and timely financial statements shall be produced and available to appropriate staff.	

STANDARD 17 – RECORDS MANAGEMENT

There shall be a policy or policies for records management in accordance with legislation.

COMPONENTS	DEFINITIONS
A. There shall be a policy or policies for records management, which include: <ul style="list-style-type: none">i. Accessii. Securityiii. Retention, andiv. Disposal.	<p>Record – is any form of information, however, recorded, whether in printed form, on film, by electronic means or otherwise and includes:</p> <ul style="list-style-type: none">✓ Correspondence, a memorandum, a book, a plan, a map, a drawing, a diagram, a pictorial or graphic work, a photograph, a film, a microfilm, a sound recording, a videotape, a machine-readable record, any other documentary material regardless of physical form or characteristics and any copy thereof; and✓ Any record that is capable of being produced from a machine-readable record under the control of an institution by means of computer hardware and software or any other information storage equipment and technical expertise normally used by the institution. <p>Legislation – includes, but is not limited to FIPPA, Canadian Copyright laws, Long Term Care Act.</p>
B. The records of the agency and each program/service shall be in compliance with legislation and agency policy.	

SECTION III

PROGRAMS/SERVICES AND STAFF OF AN AGENCY

PRINCIPLE:

THERE SHALL BE PROGRAMS/SERVICES THAT ARE PLANNED AND IMPLEMENTED BY QUALIFIED STAFF.

STANDARD 18– GOALS AND OBJECTIVES

Each program/service of the agency shall have written goals and objectives which are in keeping with the overall philosophy/mission, goals and objectives of the agency.

COMPONENTS	DEFINITIONS
<p>A.—Each program/service of the agency shall have written goals and objectives that are developed with input from staff and which reflect applicable legislated requirements, <i>including the MHPSG</i>. <u>Input may go beyond staff.</u> <u>Local needs and responses are also reflected in program goals and objectives</u></p>	
<p>B. Written goals and objectives shall be reviewed periodically and revised, as needed, to reflect program developments and to ensure congruence with the philosophy/mission, goals and objectives of the agency.</p>	
<p>C. Staff shall be made aware of any changes to the goals and objectives relative to their responsibilities.</p>	

STANDARD 19 – REQUIREMENTS FOR STAFF

All staff of the agency shall have the professional and educational qualifications to carry out their responsibilities.

COMPONENTS	DEFINITIONS
A. Staff shall be qualified as required for their position.	Qualified Staff – are those who meet the requirements of Federal and Provincial Statutes and Regulations (eg.e.g. , Regulated Health Professions Act) or, where legislation does not exist, are eligible for full membership in their professional discipline, association, society or have the combination of education, skills and experience as required for the position.
B. When a discipline has a statutory qualifying body, there shall be evidence on file that each person is currently licensed and/or registered by that body.	
C. Personnel providing services to the agency on a contractual basis shall be subject to the provisions of this standard.	Statutory Qualifying Body – an organization, concerned with a specific discipline, which is empowered by law to set requirements, grant approvals for practice and keep registers of persons so qualified.

STANDARD 20 – ORGANIZATION AND ADMINISTRATION

Each program/service of the agency shall be structured to achieve its stated goals and objectives.

COMPONENTS	DEFINITIONS
A. Each program/service shall have an organizational structure that is outlined in an organizational chart which delineates the lines of authority and formal lines of communication within that program/service and which is made available to all staff.	
B. Each program/service shall ensure the regular review and/or revision of the organizational structure and organizational chart. The date of the last review and/or revision shall be recorded.	
C. The head of each program/service shall meet with staff within each program/service for the purpose of planning, coordination, consultation and direction. A record of meetings shall be kept.	

STANDARD 21 – POLICIES AND PROCEDURES

All programs/services shall have written policies and procedures to coordinate and facilitate the achievement of program/service goals and objectives and to clarify responsibilities.

COMPONENTS	DEFINITIONS
<p>A. Each program/service shall have written policies and procedures to ensure the achievement of goals and objectives, which complement the overall agency policies and procedure, provide for the coordination among programs/services, as appropriate. Policies and procedures shall be available to staff.</p> <p><u>The agency should have the flexibility to arrange P&P by program and/or service.</u></p> <p><u>The last sentence is weak: the P&P should be familiar/useful/accessible/ to staff</u></p>	
<p><u>B. B.</u>—Program/service policies and procedures shall be regularly reviewed and revised, with staff input and as required, with dates of review and/or revision recorded.</p> <p><u>Does the agency determine how regular? Do the assessors accept that determination?</u></p>	

STANDARD 22 – PROGRAM/SERVICE PLANNING AND IMPLEMENTATION

Programs/services shall be planned and implemented in a manner, which is compatible with the goals and objectives and shall be based on an assessment of community needs and resources and/or as required by legislation.

COMPONENTS	DEFINITIONS
<p>A. Programs/services shall be planned in a manner, which is compatible with goals and objectives.</p>	<p>Community Input – both formal and informal community representations (eg., community advisors, public feedback, community submissions, delegations to the Board of Health).</p>
<p>B. There shall be processes, which actively seek community and staff input, for the identification and assessment of community needs and resources.</p>	<p>Staff Input – community liaisons which may include, but are not limited to, membership on community committees or boards, media activities or public presentations.</p>
<p>A. C.—Community needs, resources assessments and annual surveys required by the MHPSPG—(eg., Dental Indices Survey) shall be conducted and used in program/service planning. <u>Suggest remove “e.g.” to be clearer. If specific requirements then list.</u></p>	<p>Evidence-Based Decision Making—Decision Making – implies using the best available information to support decision-making decision-making (eg-c.g., current literature reviews, meta-analyses, qualityand quality of study design, results of evaluation activities).</p>
<p>D. The agency shall use an evidence-based decision making approach in its program planning and implementation.</p>	
<p>E. Each program/service shall, with staff input, prepare a written annual operational plan which identifies:</p> <ul style="list-style-type: none"> ✓ Activities (implementation and monitoring); ✓ Time-lines; ✓ Responsibilities; ✓ Resources, and ✓ Expected outcomes. 	

<p>F. Operational plans shall be the basis of program/service implementation and shall be reviewed and revised, as required, to reflect changing priorities, financial and program developments. Changes shall be communicated to other staff and/or programs, as appropriate.</p>	
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STANDARD 22 – PROGRAM/SERVICE PLANNING AND IMPLEMENTATION

Programs/services shall be planned and implemented in a manner, which is compatible with the goals and objectives and shall be based on an assessment of community needs and resources and/or as required by legislation.

COMPONENTS	DEFINITIONS
<p>G. Programs/services shall be delivered by providing consultation, assistance and resources, including print materials, workshops and displays to various groups, including those specified by the MHPSG.</p> <p><u>Program/service delivery includes other strategies, which would be developed in the plan. This seems quite prescriptive: what if workshops and displays are not indicated in the program/local context?</u></p> <p><u>What does “various groups” mean? Again this section needs to refer back to what the programs plan.</u></p>	

STANDARD 23 – INFORMATION AND EDUCATION STRATEGIES

Should this title be Health Promotion Strategies and this standard combined with #24?

Programs/services shall work with community agencies, groups and the public to provide information and education on health issues.

COMPONENTS	DEFINITIONS
<p><u>A.</u> A. Programs/services shall provide community-wide education campaigns <u>as indicated within their plans including those on an annual basis</u>, as required by the MHPSG.</p>	<p>Campaign – as defined by the MOHLTC, is time limited and involves the coordinated use of multiple channels to achieve specific objectives. It is different from the ongoing provision of information by having activities with a definite start and completion date.</p>
<p>B. Programs/services shall promote and provide information to parents, individuals and other target groups through community events, group sessions and opportunities for skills development on the MHPSG and other public health programs on an annual basis <u>as defined within the program plans</u>. <u>Suggest remove “through community events, group sessions and opportunities for skills development”</u></p>	<p>Community Events – as defined by the MOHLTC, are events where people come together in a common space, or are in a space common to many activities, which allows for access by the public. It can include a wide range of activities, such as: a public forum, a workshop, education sessions, wellness displays in malls, and must be staffed for interaction with community members.</p>
<p>C. Programs/services shall promote and provide information to the general public on the MHPSG and other public health programs through the ongoing use of mass media, including television, radio and print (newspapers, pamphlets, self-help materials). <u>Using strategies most effective and efficient in the local context as identified within their plans</u>,</p>	<p>Education Event – may include a workshop, demonstration or presentation.</p> <p><u>Other strategies should be included here.</u></p>
<p>D. Programs/services shall promote and provide education/ education events for staff in community agencies as required by the MHPSG <u>and other health programs as defined in their plan</u>.</p>	

E. Programs/services shall provide communication to various groups as specified by the MHPHG. <u>? Add to B ?redundant</u>	
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STANDARD 24 – POLICY DEVELOPMENT AND SUPPORT

Programs/services shall work in collaboration –with community agencies, local groups and individuals, to provide education and support and to promote policy development and implementation.

COMPONENTS	DEFINITIONS
<p><u>A. A.</u>—Programs/services shall provide information (eg., risk factors) to local groups to inform and support policy development.</p> <p><u>Remove “e.g.” unless list complete</u></p>	<p>Community Agencies – shall include, but are not limited to: local government, schools and school boards, school advisory councils, principals/teachers, workplace personnel, local trade and business associations, restaurants, grocery stores and other food purchase outlets.</p>
<p><u>B. B.</u>—Programs/services shall work with community agencies and/or individuals to support and promote the development, approval and implementation of healthy public policies.</p> <p><u>The agency will have a policy on partnerships with community groups</u></p>	

STANDARD 25 – HEALTH PROFESSIONALS/HEALTH EDUCATORS	
<p><u>May need alternative strategies for large urban health unit</u></p> <p>Programs/services shall work with health professionals and/or health educators to enhance their knowledge and skills that will assist their patients/clients.</p>	
COMPONENTS	DEFINITIONS
A. Programs/services shall promote the use of in-office reminders for health professionals for preventive interventions.	<p>Health Professionals – as designated by the Regulated Health Professions Act.</p>
B. Programs/services shall provide health professionals with patient education materials:	
<p>C. C.—Programs/services shall provide continuing education services to health professionals, including outreach visits, skill-building workshops and seminars to encourage preventive interventions.</p> <p><u>There could be other strategies not included here.</u></p>	
<p>D. D.—Programs/services shall use health opinion leaders to encourage and model preventive/<u>health promotion</u> interventions.</p> <p><u>This strategy may not work for all programs/health units. It should state: the agency shall use effective and efficient strategies to encourage preventive/health promotive interventions.”</u></p>	

STANDARD 26 – DIRECT/CLINICAL SERVICES

Programs/services shall provide direct or clinical services as specified by the Mandatory Health Programs and Services Guidelines. And other health programs as defined in the plans i.e. dental

COMPONENTS	DEFINITIONS
A. Programs/services shall provide health assessment services as specified by the MHPSG.	
B. Programs/services shall provide education, counseling and screening/testing as specified by the MHPSG.	
C. Programs/services shall provide immunizations, drugs, preventive service, equipment and/or health advice as specified by the MHPSG.	
D. Programs/services shall ensure the development of a management plan appropriate to client needs, including discharge planning links with community supports and referral services, as specified by the MHPSG.	
E. The agency shall ensure the development, monitoring, distribution and support of program protocols with providers and agencies as required by the MHPSG.	

SECTION IV

PROGRAM/SERVICE MONITORING AND EVALUATION

PRINCIPLE:

THERE SHALL BE PROGRAM/SERVICE MONITORING AND EVALUATION MECHANISMS IN PLACE TO ENSURE THAT PUBLIC FUNDS ARE USED EFFECTIVELY AND EFFICIENTLY AND THAT THE PUBLIC HEALTH NEEDS OF THE COMMUNITY ARE ADDRESSED.

STANDARD 27– PROGRAMS/SERVICES MONITORING AND EVALUATION	
<p>Programs/services shall be continuously monitored and evaluated, incorporating community/client input, in order to inform planning and implementation activities.</p>	
COMPONENTS	DEFINITIONS
<p>A. The agency shall promote and demonstrate continuous improvement activities.</p>	<p>Continuous Improvement Activities – can include, but are not limited to, satisfaction surveys, accreditation, process evaluation, trend analysis, project teams for process improvement, focus groups.</p>
<p><u>B. B.</u>—The agency shall have processes to regularly provide for, or ensure the provision of, monitoring, including inspections and compliance checks as required by the MHPSG, and shall, regularly monitor, evaluate and document program/service outcomes as identified in the operational plan.</p> <p><u>Suggest create new section re compliance with legislation. Program evaluation needs its own section</u> <u>It is not clear that community/client input is always appropriate in compliance monitoring.</u></p>	<p><u>OCCHA needs to develop definitions for evaluation and monitoring</u></p> <p>Inspection – 1) as described in Section 6(e) Protocol for Routine Inspections, Follow-up of Complaints and Inspections of Problem Vendors; 2) as required by the MHPSG to ensure compliance with Ontario Regulation, Public Pools, MOH <i>Standards for Public Wading Pools Protocol</i> and <i>Standards for Operation of Public Spas Protocol</i>; 3) in accordance with MOH <i>Monitoring the Flouridation of Local Municipal or Regional Water Supply Protocol</i>; 4) in accordance with MOH <i>Health Hazard Analysis Critical Control Point Protocol</i>; 5) as required under the provisions of the HPPA for day nurseries, nursing homes and homes for the aged; 6) in accordance with MOH <i>Beach Management Protocol</i>; 7) in accordance with MOH <i>Vaccine Storage and Handling Protocol</i>.</p> <p>SEE NEXT PAGE FOR FURTHER DEFINITIONS RELATED TO B) AND C).</p>
<p>C. The agency shall have processes in place to enforce legislation, including inspections, complaint follow-up, enforcement checks and agreements.</p>	

STANDARD 27– PROGRAMS/SERVICES MONITORING AND EVALUATION

Programs/services shall be continuously monitored and evaluated, incorporating community/client input, in order to inform planning and implementation activities.

COMPONENTS	DEFINITIONS
<p>D. The agency shall ensure that community/client input is incorporated into the evaluation of programs/services.</p>	<p>Complaint - reported observed infraction of legislation (eg-e.g., Tobacco Control Act). Suggest remove e.g. add reference to list in Appendix</p>
<p>E. The agency shall ensure that the aforementioned monitoring and evaluation processes (a-d) are reflected in program planning and implementation.</p>	<p>Compliance Check – as defined by the MOHLTC, is a survey based on random selection of tobacco vendors and does not include compliance checks done to respond to a complaint, or as follow-up to a warning. However, in the random selection, if a vendor who is selected has already received a compliance check as part of an annual inspection, the compliance check is valid for this count.</p> <p>Enforcement Check – monitored attempts to purchase tobacco by a person under 19 years of age in which a sale by the vendor is completed and the minor purchases tobacco. The result is an infraction (section 3) and the vendor is charged.</p>

STANDARD 28 – RESOURCE MANAGEMENT

The agency shall ensure that processes are in place to evaluate the effective and efficient use of all resources.

COMPONENTS	DEFINITIONS
A. The agency shall have a process in place to ensure the coordination of resource management between programs and services for the most efficient utilization.	Resource Management – the evaluation of the appropriate use of resources (both human and non-human) in support of the agency’s mission.
B. The agency shall have a process in place for priority-setting for the allocation of resources.	Coordination – implies both formal and informal.
C. The agency shall have an evaluation process in place to assess the efficiency and effectiveness of resource utilization.	

STANDARD 29 – EVALUATION OF SERVICE CONTRACTS

Where services are provided under contract, the agency shall ensure there is a process in place to ensure that the quality of service provided is in accordance with contract specifications.

COMPONENTS	DEFINITIONS
A. The agency shall have a process in place to ensure the regular evaluation of the quality of service provided by contracted services, in accordance with contract standards.	Contract – may include, but is not limited to, professional services, provider agencies and other individuals.
B. The agency shall have a process in place to ensure that areas of variance from contract quality standards are addressed and corrected.	

STANDARD 30 – EQUAL ACCESS	
<p><u>Suggest broadened to include equity</u> <u>Suggest staffing standard policy to reflect local community?</u> The agency shall ensure that the community/clients have access to services as required.</p>	
COMPONENTS	DEFINITIONS
<p>A. The agency shall demonstrate a variety of communication strategies, <i>including the use of telephone advice lines and the Internet, and methods to offer information consultation pertaining to the MHPSPG and other public health programs and services.</i></p> <p><u>Remove “including the use of...” and replace with “effective and efficient strategies to meet local needs</u></p>	<p>Communication Strategies – may include, but are not limited to, public health newsletters sent to agencies, columns provided in newsletters of agencies, letters, faxes, LISTserve, mass e-mail (not web page – need active communication).</p> <p>Collaboration – may include, but is not limited to, participation and membership in coalitions with community agencies and groups.</p>
<p>B. There shall be assistance, collaboration and consultation services provided to community agencies and other groups to promote access to community programs and services as required by the MHPSPG.</p>	<p>Promotion of Access – may include, but is not limited to, the development of inventories of local programs, working community agencies, consultation and training sessions for community agencies, etc.</p>
<p>C. <u>C.</u>—The agency shall ensure participation <u>(in what ?)</u> that is responsive to cultural and social needs <i>and accessibility to people in special groups for whom barriers exist.</i></p> <p><u>Should be broadened to ensure all programs and services address Access and Equity</u></p>	<p>Consultation Services – as defined by the MOHLTC, are those provided by professional staff or staff with expertise in the area/topic (<u>eg.e.g.</u>, epidemiologist).</p> <p>Barriers – can relate to factors that include, but are not limited to: one’s literacy level, geography, social factors, language, culture, education, disability or economic circumstance.</p>
<p>D. Where applicable, the agency shall ensure that clients <i>and/or other external agencies</i> have access to the <i>appropriate</i> services, as they require them (including 24 hour availability, if required).</p> <p><u>How will “appropriate services” be defined? By the agency?</u></p>	

STANDARD 31 – PUBLIC HEALTH RISK MANAGEMENT	
The agency shall ensure that a formal process for public health risk management has been developed, approved and implemented.	
COMPONENTS	DEFINITIONS
A. The agency shall ensure there is a process in place for reporting of infectious/communicable diseases.	“Incidents” needs definition. Does it mean only CDC/Health Hazards? What about child protection/HBHC
B. The agency shall ensure the assessment (identification and investigation) of all reported incidents as required by the MHPSG. <u>?HPPA and other legislation. The need for risk assessment will depend on the incident.</u>	Risk Management – as defined, by the MOHLTC, encompasses the selection of options to ensure that risk is minimized or eliminated and which optimizes benefits. Risk management includes: implementation, monitoring and evaluating, and reviewing the effects of the option choice.
C. The agency shall ensure the development, approval and annual review of a response plan and/or written protocols for health hazard, <u>including- and</u> food-related complaints.	Risk Assessment – as defined by the MOHLTC, encompasses the identification of a health hazard through the analysis of the intrinsic properties of substances; case reports of a relationship between an exposure and an outcome in humans, toxicological studies which relate controlled exposure under experimental conditions to observed outcomes in animals or humans; epidemiological studies which relate exposure prevalence to outcome prevalence. The resulting risk estimate is used to describe risks under different scenarios, real or hypothetical.
D. The agency shall ensure that there is appropriate coordination with other external agencies in response to all reported public health incidents.	
E. The agency shall ensure there is communication, including consultation and assistance, with all appropriate individuals, community agencies or groups, including the MOHLTC, regarding all identified health hazards.	Risk Communication – as defined by the MOHLTC, encompasses the translation of the risk determination process to those affected and to translate the effects of the process of risk assessment and management into understandable concepts and language.
F. The agency shall ensure the ongoing monitoring (annually) of health hazard management strategies.	

APPENDIX A

PROVINCIAL LEGISLATION FOR BOARDS OF HEALTH

Ambulance Act, Section 3
Bread Sales Act, Section 3
Building Code Act, Chapter 23, Sections 1(2), 3.1(1,2,4,6), 17, 31, 32; Reg 403/97,
Section 2.11.3.1, 2.15.1.1.(1), 12.1.2.4.(1)
Cemeteries Act (Revised), Reg. 130/92, Section 2 (l)
Cemeteries Act (Revised), Sections, 51, 53, 54
Child and Family Services Act Reg. 70, Section 64 (b)
Children's Developmental Services Act, Reg. 272, Section 10 (b)
Commissioners for Taking Affidavits Act, Section 1
Day Nurseries Act, Reg. 262, Section 4 (b), Sections 25, 31, 33, 34, 62
Education Act, Sections 265, 266, 286
Elderly Persons Centres Act
Freedom of Information and Protection of Privacy Act
Environmental Protection Act, Section 81
Health Cards and Numbers Control Act, Reg. 147/91
Health Protection and Promotion Act, 1990 (including Mandatory Health Programs and
Services Guidelines)
Homes for the Aged and Rest Homes, Reg. 637, Section 26
Homes for Retarded Persons, Reg. 635, Section 2 (b)
Homes for Special Care Act
Hypnosis Act, Section 1
Immunization of School Pupils Act, 1990
Laboratory and Specimen Collection Centre Licensing Act, Reg. 682, Section 9(c),
Section 3
Local Improvement Act, Section 9
Long Term Care Act 1994, Chap. 26, Sections 2, 10 (8), 20 , 21, 53 (2) 66
Meat Inspection Act, Section 15, Reg. 632/92, Section 22
Mental Hospitals, Reg. 744, Section 17
Municipal Act, Sections 77, 86, 224, 225; Reg. 25/96, Section 1
Municipal Affairs Act
Ontario Water Resources Act, Sections 76, 77, 78
Pay Equity Act
Private Hospitals Act, Reg. 937, Section 27
Regulated Health Professions Act
Tobacco Control Act
Upholstered and Stuffed Articles Act, Section 18
Vital Statistics Act, Section 16; Reg. 1094, Section 72 (2)

And others that may be enacted from time to time.