



TORONTO STAFF REPORT

October 16, 2002

To: Board of Health

From: Dr. Sheela V. Basrur, Medical Officer of Health

Subject: 2003-2012 Capital Plan and Budget

Purpose:

To provide an overview of the 2003 - 2012 TPH Capital Budget Submission.

Financial Implications and Impact Statement:

The 2003-2012 Public Health Capital Plan and Budget totals \$19,480.0 thousand. The remaining funds from previously approved projects amount to \$7,887.0 thousand and new projects amount to \$11,593.0 thousand. There are 2 new projects included in this year's submission – Communicable Disease Control Information System for \$1,511.0 thousand and State of Good Repair over 10-year for \$10,082.0 thousand.

#	Prior / New	Project Name	2002 & Prior Year	2003-2012 Capital Cost – Cash Flow ('000's)						
				2003	2004	2005	2006	2007	2008 – 2012	Total 2003 - 2012
1	Prior	Community Nursing Customer Management System	\$1,400	\$3,283	\$2,600	\$217	\$0	\$0	\$0	\$6,100
2	Prior	Toronto Healthy Envir. Info. System – Phase 3	\$370	\$260	\$0	\$0	\$0	\$0	\$0	\$260
3	New	Communicable Disease Control Information System	\$0	\$424	\$424	\$402	\$261	\$0	\$0	\$1,511
4	Prior	South Region Animal Centre	\$332	\$700	\$0	\$0	\$0	\$0	\$0	\$700
5	Prior	Health – Coordinated Access System	\$802	\$698	\$0	\$0	\$0	\$0	\$0	\$698
6	Prior	Health - Vaccine Prevention	\$381	\$239	\$0	\$0	\$0	\$0	\$0	\$239
7	New	State of Good Repair	\$0	\$902	\$1,010	\$1,013	\$1,012	\$1,016	\$5,129	\$10,082
	TOTAL			\$6,506	\$4,034	\$1,632	\$1,273	\$1,016	\$5,129	\$19,590

The Chief Financial Officer and Treasurer has reviewed this report and concurs with the financial impact statement.

Recommendations:

It is recommended that:

- (1) the 2003-2012 Public Health Capital Plan and Budget be endorsed and referred to the City's Budget Advisory Committee for approval; and
- (2) the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

Background

In 2002, City Council approved a capital budget of \$11,282.0 thousand for a number of multi-year projects. The current submission reflects a revised cashflow for 2003 – 2007 for pre-approved projects due to construction delays associated with the South Region Animal Centre, and delays in hiring skilled staff and implementing Corporate technology infrastructure. New projects in the amount of \$11,593.0 thousand are limited to the State of Good Repair program as recommended by the Facilities and Real Estate Division, and a Communicable Disease Control Information System that is being developed on a national level in a partnership between Health Canada and the provinces.

Comments:

Toronto Public Health service demands have continued to increase in volume and complexity. Responding to such demands requires significant investment in the development of information technology systems. The current systems are obsolete and cannot support the current service demands placed on the Public Health division.

In addition, a proper maintenance program has not been implemented in existing facilities where Public Health is the sole occupant. Facilities and Real Estate Division recommends the institution of such a program.

Business cases for each project are attached.

INFORMATION & TECHNOLOGY (I&T) PLAN:

1. Community Nursing Customer Management System (CNCMS, renamed TCHIS)

This CNCMS project (now named the Toronto Community Health Information System, or TCHIS) was approved during the 2002- 2006 Capital Budget process. The total project cost over a 3-year period is \$7,500.0 thousand. The project is under way with the establishment of the project team and plan, and completion of key interim deliverables. Due to delays in acquiring

the appropriate skilled staff resources and the complexity of the project, the timeline has been extended and therefore a revised cash flow is required.

The debt cost will be paid back by Public Health through operating efficiencies associated with implementing this system and cost sharing from the Ministry of Health and Long Term Care.

CNCMS/TCHIS will provide a city-wide consistent and efficient method of tracking time and activity against staff resources and against the type of service provided to the customers. CNCMS/TCHIS will replace over 30 existing systems and will support the timely, effective, appropriate, consistent, and integrated delivery of community nursing and related professional program and services.

The impact of deferring or not developing this system will result in lost opportunities to eliminate annual support costs for existing legacy systems, to significantly improve the tracking, management and reporting of services and activities provided to Public Health clients, to provide a single point of access to customers, and to implement performance measures to track budgeted FTE's against actual costs.

2. Toronto Healthy Environments Information System (THEIS) – Phase 3

THEIS Phase 3 has involved implementing the remaining modules (or “folders”) to support Rabies Control, Emergency Response, Health Hazard Investigation, Safe Water, Injury Prevention, Local Health, and Non-food Fixed Premises. Due to delays in establishing the technology infrastructure to support mobile computing throughout the City of Toronto, the pilot phase could not be completed in 2002 as originally planned. This pilot phase of the THEIS project involves piloting different remote access technologies (e.g. pen-based vs. hand-held devices) to investigate and recommend a technology that inspectors can use to capture data at source (i.e. in the field). If this final phase is not completed, the benefits associated with utilizing this technology cannot be achieved. These benefits include reduced travel and office time for the inspectors and therefore increased time in the field.

3. Communicable Disease Control Information System (CDCIS)

A new information system (to replace systems that are 10 years of age or older) is critically required to support the delivery of Communicable Disease Control programs in Toronto, including the investigation and follow-up of 42,000 reports of communicable disease and the assessment of immunization status of 425,000 school children each year. This new system is also required to enable TPH to meet minimum legislated provincial mandatory requirements. Health Canada is funding a project team to enhance and implement the Public Health Information System (PHIS) (worth an estimated \$7 million) across Canada. The Ontario Ministry of Health and Long Term Care is supportive of implementing PHIS. In order for Toronto Public Health (TPH) to fully participate on the project, TPH is required to contribute some of the total resources required to enhance and implement the system.

This system is required for the following reasons: 1) Serious problems experienced with the current immunization records information system (IRIS) in Spring 2002 caused TPH to

prematurely discontinue the school immunization assessment program due to the potential for adverse health outcomes arising from corrupted files and unreliable data. Implementing PHIS will eliminate this type of problem from re-occurring; 2) Improved efficiency through implementation of the system would enhance the quality of data, decision making and analysis, and redirect savings to meet the legislated minimum provincial mandatory requirements; and 3) Partnering with Health Canada in the implementation of this system would reduce the overall development costs, risk of failure, future enhancement costs, and implementation timeline which would otherwise be much greater if undertaken alone. TPH will obtain an estimated \$7 million system for \$1.5 million.

The impact of not proceeding with this project will: 1) Cause the city to potentially miss the opportunity to get PHIS at minimal costs from Health Canada; 2) Pose significant risk of total IRIS failure which could result in adverse health outcomes in school children and liability for the City; 3) Result in continued failure to meet minimum provincial mandatory program requirements for Vaccine Preventable Disease and the Immunization of School Pupils Act; 4) Maintain current inefficient and time-consuming processes; and 5) Pose a risk of TPH making decisions based on inaccurate health data.

SOUTH REGION ANIMAL CENTRE

4. South Region Animal Centre

This project involves building a south region animal centre at the Horse Palace, Exhibition Place, to provide animal shelter and adoption services to citizens of the region, as a result of the lapse of the Toronto Humane Society contract in April 2001. The first phase encountered minor construction delays associated with the 2002 labour disruption which requires a revised cash flow for 2003. Operational savings will offset the debt charges associated with the capital cost starting in 2003.

SPECIAL CORPORATE PROJECTS

5. Health – Coordinated Access System

The detailed functional and technical specifications for this system are in the process of being documented. In 2003 a vendor will be selected through a Request For Proposal (RFP) process and the required systems and technologies will be implemented.

This project was not completed in 2002 as originally planned due to telecommunication infrastructure changes being implemented at the Corporate level and delays in acquiring new technology.

The system, when implemented in 2003, will improve the ability to capture and share information about programs/services/protocols, and improve the ability to capture information about requests for services from Public Health clients.

The impact of not proceeding with this project will be continued inefficient handling of telephone calls, thus requiring the public to spend extra time determining who the appropriate person is to speak with, and having to rely on obtaining information exclusively during business hours, plus continued difficulties in tracking customer contact interactions.

6. Health - Vaccine Preventable Diseases (VPD)

The final sub-project within the VPD redesign project involved the development of a system that supports the inventory monitoring and inspection of 3,000 vaccine refrigerators and stored vaccines in medical/physicians offices within Toronto as mandated by the province. This system will be integrated with the Toronto Healthy Environments Information System (THEIS). Due to delays in the completion of Phase 3 of THEIS, the detailed analysis, design and implementation of this system cannot be completed until 2003.

FACILITIES – STATE OF GOOD REPAIR

7. State of Good Repair

Currently Toronto Public Health occupies eight facilities as sole occupants. In the past, Public Health was not required to perform the facility management function for these properties. These facilities currently do not have a formalized maintenance plan in place and their current state of repair is unknown. However, many maintenance problems are evident. The State of Good Repair Study, conducted by the City's Facilities and Real Estate Division, has identified a proper maintenance program required for these facilities and estimated the associated costs over a 10-year period. If this request is approved, the City will be able to move towards a preventive maintenance program rather than a reactive program. It is anticipated that this program will considerably reduce health and safety risks.

Conclusions:

The 2003-2012 Public Health Capital Plan and Budget proposes a total budget of \$19,480.0 thousand over ten years. The majority of these are pre-approved projects that are being carried forward with a corresponding request for cash flow adjustment.

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List of Attachments:

Appendix 1 – Public Health I&T Plan

Appendix 2 – South Regional Animal Centre

Appendix 3 – Special Corporate Projects

Appendix 4 – Facilities – State of Good Repair