



# **TORONTO** STAFF REPORT

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November 8, 2002

To: Audit Committee

From: Auditor General

Subject: Follow-up Review – Food Safety Program, Toronto Public Health (June 2000)

Purpose:

To report on the nature and extent of action taken by the Medical Officer of Health in response to the City Auditor's June 2000 report on the Food Safety Program.

In addition, this review examined the infrastructure in place to support the new Food Premises Disclosure System, including the Quality Assurance Unit within the Healthy Environments Service Area.

Financial Implications and Impact Statement:

There are no financial implications resulting from this report. However, adopting the recommendations will result in more effective management and improved efficiency in the Food Safety Program.

Recommendations:

It is recommended that:

- (1) the Medical Officer of Health clarify the roles, responsibilities and expectations of Healthy Environments Food Safety Managers and identify the critical information needs and reports required to facilitate effective management of the program, such that there is optimal use of resources and the minimum mandatory inspection requirements for food premises are met;
- (2) the Medical Officer of Health report to the Board of Health on the efficiencies achieved from all the actions taken to improve the Food Safety Program and the resource implications resulting from the improvements, including any opportunities for resource redeployment;

- (3) the Medical Officer of Health review the mandate of the Quality Assurance Unit and report to the Board of Health on:
  - the responsibilities of this unit, the reporting structure for the unit within Toronto Public Health and any resource implications; and
  - a transition plan that will ensure the smooth transfer of knowledge and responsibilities to the Healthy Environments Food Safety Managers, without jeopardizing the quality of the Food Safety Program;
- (4) the Medical Officer of Health report to the Board of Health by June 2003, providing a detailed response on the action taken to address the recommendations in this report; and
- (5) this report be forwarded to the Board of Health for information.

Background:

At its meeting on June 26, 2000, the Board of Health considered a report from the City Auditor on the review of the Toronto Public Health Food Safety Program, which made a number of recommendations to improve the efficiency and effectiveness of the program. All of the recommendations made by the City Auditor were adopted by City Council at its meeting held August 1, 2, 3 and 4, 2000.

A key concern noted in the June 2000 audit report was that the Food Safety Program was not in compliance with the minimum provincial inspection standards established for food premises. The report also noted that there was a lack of standardized policies and procedures, as well as insufficient involvement by managers to provide direction and monitor performance. In addition, a need was identified for an integrated management information system that would support the activities and management of the Food Safety Program. Given the inconsistent inspection practices and the pending public disclosure system at that time, the report also recommended the establishment of a policy development and quality assurance function in Healthy Environments. The Medical Officer of Health concurred with the recommendations in the audit report and agreed to take the necessary corrective action.

The City Auditor's 2002 Audit Work Plan included a follow-up review of the Food Safety Program. A normal part of any audit process is a follow-up on previous reports issued. The purpose of this review was to ascertain that the Medical Officer of Health has taken appropriate action on the recommendations made in the City Auditor's June 2000 report on the Food Safety Program. In addition, we assessed the establishment of an infrastructure to support the new Food Premises Disclosure System and the Quality Assurance Unit within the Healthy Environments Service Area. An evaluation of the public disclosure component of the Food Safety Program is being conducted by Toronto Public Health and will be presented to the Board of Health in January 2003.

In performing this review, audit staff:

- conducted interviews with Public Health staff;

- reviewed food premises files, inspection reports, policies and procedures; and
- specific reports generated by Audit Services' staff from the Toronto Healthy Environments Information System (THEIS).

We received the complete co-operation from Toronto Public Health staff in conducting this review and have been advised that action to address certain of the recommendations noted has already begun.

Comments:

Since our review of this program in June 2000, a substantial amount of work has been completed by the Division to improve the Food Safety Program in the City of Toronto. Most of the recommendations in the June 2000 report made in our report have either been implemented or are in progress. A detailed response on the action taken by the Medical Officer of Health in response to each recommendation is provided in Appendix A.

Certain of the more significant improvements made by Public Health in response to our recommendations of June 2000 include the following:

- leadership in the Healthy Environments Service Area has been stabilized with a Director who has been in place for a couple of years;
- consistency of practices among districts has been improved by the development of standard policies and procedures for the Food Safety Program;
- by reorganizing Healthy Environments into a program focus model, resources have been specifically dedicated to the Food Safety Program;
- there are higher food safety inspection completion rates for high and medium-risk food premises;
- an integrated management information system has been implemented to support the activities and operations of the program;
- a Quality Assurance Unit in Healthy Environments has been established to provide assurance to senior management, and to maintain the integrity of the public disclosure component of the Food Safety Program; and
- the implementation of the public disclosure component of the Food Safety Program.

While significant improvements have been made in delivering the program, our review found that some of the concerns from our previous review continue to exist.

Of particular concern is the fact that, despite the development of an integrated management information system to support the delivery and management of the Food Safety Program, the

program continues to be in a position of non-compliance with the minimum mandatory inspection standards. The level of management involvement and oversight continues to be a problem and needs to be strengthened to ensure that resources are effectively and efficiently deployed. These issues, along with our conclusions on the adequacy of the infrastructure to support the Food Safety public disclosure component of the program and the effectiveness of the Quality Assurance Unit, are discussed in more detail below.

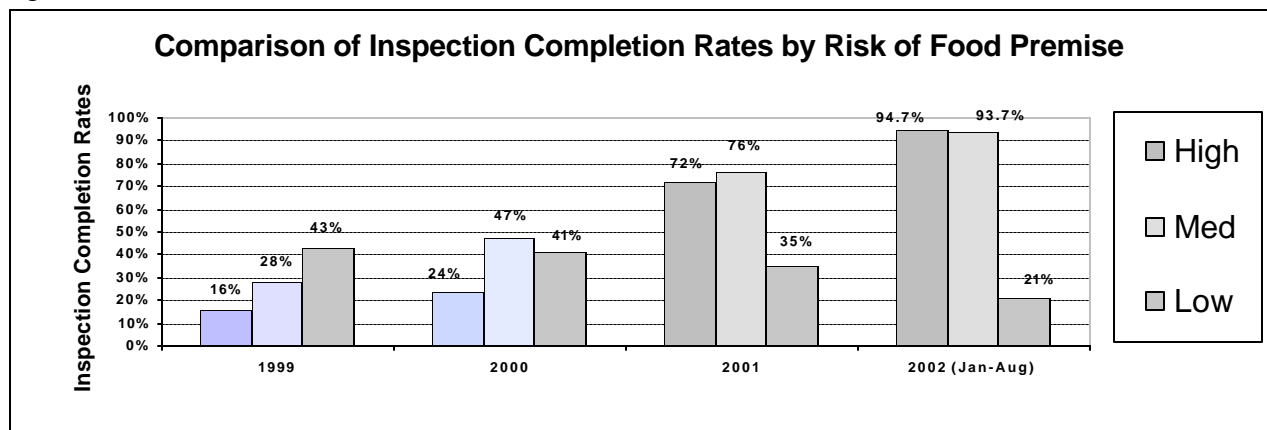
### Improving Management of the Food Safety Program

As stated above, management of the Food Safety Program requires further improvement, as evidenced by the following observations:

- non-compliance with minimum mandatory inspection requirements;
- a number of high-risk and medium-risk food premises have not been inspected since January 2001;
- only about forty percent of public health inspectors' time in the Food Safety Program is spent on inspection activity, which indicates an opportunity to improve efficiency; and
- managers are not making optimal use of reporting capabilities available in THEIS to more effectively manage their respective operations.

In our 2000 audit report, we noted low inspection completion rates in 1999 and concluded that the number of mandated inspections for 2000 would not be completed. We also found that there were higher completion rates for low-risk food premises than for medium or high-risk premises. Figure I presents the annual completion rates for high, medium, and low-risk food premises, from 1999 up to 2002 (January to August).

Figure 1



Note: 1999 and 2000 results do not include North York, as data was not available due to information system problems.

Since 2000, Toronto Public Health has made significant progress towards increasing the completion rates for high and medium-risk premises and has applied a more risk-based approach to conducting inspections. If the year-to-date trend continues to year-end, the completion rate for the high and medium-risk premises should be close to 100 percent for 2002. However, only about 20 percent of the low-risk establishments will have been assessed and inspected by the end of 2002.

Toronto Public Health staff have advised that their inspection activity has focused on improving the completion rates for high and medium-risk premises since the low-risk food premises normally do not prepare food on the premise. Management has indicated that the program will be in full compliance with Provincial Mandatory Program Guidelines by the end of 2003.

Our June 2000 review found that there was no integrated management information system to support the operations of the Food Safety Program with respect to scheduling, reporting, time management or ability to readily retrieve information about a food premise. Since then, THEIS has been developed to meet these and other information requirements for the program.

In our review of a standard exception report available from THEIS, we found that 191 (3 percent) medium-risk, 19 (< 1 percent) high-risk, and a significant number of low-risk food premises, have not been inspected since January 2001. In addition, we found examples of low-risk food premises that should have been assessed as either medium or high-risk. Subsequent to our discussions with management on these issues, we have been advised that a complete file review has been conducted of the high and medium-risk establishments not inspected, to ensure that they are inspected before the end of November 2002.

We also completed an analysis of operational data from THEIS for the period January to August 2002. This analysis found that, of the actual public health inspector hours available to perform inspections (net of estimated administration, travel, breaks, sick time, holidays and vacation), only 40 percent of this time is spent conducting food premise inspections. Other activities performed by the inspectors, that are not reflected as part of the direct inspection time, include preparing for court appearances (paperwork and serving summons) and special events. While no benchmark was available, management acknowledged a need to increase the amount of time inspectors spend on a core activity of the Food Safety Program.

THEIS is a very “user-friendly” system that provides standard reports that can be generated by managers. The reports support managers in effectively carrying out their responsibilities in relation to the Food Safety Program. While these standard reports are available in THEIS, their use is left to the discretion of each manager. At the time of our review, the managers had different levels of knowledge and use for the reports available in THEIS. For example, the fact that some food premises have not been inspected since January 2001 illustrates a clear need for the managers to review standard reports available in THEIS so that appropriate corrective action can be taken.

In justifying the requirement for a new integrated management information system, Toronto Public Health estimated that the productivity of public health inspectors would be increased by 10-15 percent. Further efficiencies are expected once inspectors are able to complete the food

safety inspection report on a hand-held device which will transmit the data directly to THEIS. At the time of our review, this initiative was at the pilot project stage.

Management has also acknowledged that the amount of time that inspectors spend in the office can be reduced through greater management oversight. Additional efficiencies are anticipated from management's review of inspection services provided for food premises at special events. Therefore, there are a number of initiatives that have been implemented or are underway that, will in time, contribute to greater efficiencies in the delivery of the Food Safety Program. Consequently, a review of the resources allocated to the Food Safety Program to determine opportunities for resource redeployment is warranted in the future.

### Quality Assurance

A Quality Assurance Unit for Healthy Environments was established in February 2001. This unit is comprised of a manager, two Quality Assurance Field Assessors, a Program Evaluator, an Environmental Health Officer and a Data Analyst. The manager of this unit is also responsible for the public disclosure component of the Food Safety Program. The focus of this group over the past year has been on the Food Safety Program. However, they have also contributed to other program areas in Healthy Environments in 2002 and the scope of work for this group will expand to other program areas in the future.

The objective of the Quality Assurance Unit, is the timely assessment of the Food Safety Program to identify opportunities to improve the consistency, effectiveness and efficiency of the services provided in the Food Safety Program. The activities carried out to achieve this objective have included the authorization of information to be posted on the City's Dine Safe web site, joint field inspections of food premises, review of food safety inspection reports and monitoring the performance of the Food Safety Program.

A critical factor of the Food Safety public disclosure component is assurance that information posted on the Dine Safe web site is correct. The Quality Assurance Manager, in Healthy Environments, regularly reviews edit reports generated by THEIS including the inspection results disclosed on the web site. This along with the unit's review of inspection reports and inspection practices, to ensure consistency, have contributed to the integrity of the public disclosure component of the program.

The Healthy Environments Managers have all contributed to effective implementation, under tight timelines, of a standardized food safety program with a public disclosure component. This required the attention of program managers to operational matters with respect to the development of new policies and procedures, training, and establishing standard criteria for the public disclosure system. During this start-up period, there has been significant reliance on the Quality Assurance Unit to analyze THEIS data and monitor program performance. The Quality Assurance Manager presently has lead program responsibility for the public disclosure component. While this was an appropriate strategy for start-up purposes, it is not feasible to sustain this level of Quality Assurance involvement in the Food Safety Program.

The future direction of the Quality Assurance Unit includes expansion into other program areas in Healthy Environments. The current resources dedicated to the Quality Assurance Unit may warrant consideration of an even greater scope that would include providing assurance to other service areas in Public Health. This may also involve re-examining the organizational position of this support unit within Toronto Public Health.

In summary, since its establishment the Quality Assurance Unit has provided a significant level of support to the Food Safety Program. In addition, program managers have developed a certain level of reliance on the Quality Assurance Unit. The future plans for Quality Assurance include the provision of support to other program areas. It is therefore important, that a transition plan be developed to ensure the smooth transfer of appropriate knowledge and responsibilities to Healthy Environments Food Safety Managers, without jeopardizing the quality of the Food Safety Program.

#### Public Disclosure Component of Food Safety Program

In an effort to make the results of food premise inspections transparent and to promote accountability to the public, a public disclosure component was added to the Food Safety Program in January 2001. This component requires food premises to post a disclosure notice that is provided by a public health inspector once an inspection is complete.

The disclosure notice consists of a sign that is either green (a pass), yellow (conditional pass) or red (failure), and provides the public with the results of the last food premise inspection. A member of the public may also request the food safety inspection report, which provides more detailed information, from either the owner/operator or Toronto Public Health. The public can also view this information on the City's Dine Safe web site.

Our June 2000 audit report on the of the Food Safety Program indicated that the fair and equitable treatment of similar types of food premises and an integrated management information system are key success factors of the public disclosure component. To ensure consistent inspection practices, the Medical Officer of Health, has implemented standard policies and procedures for the public disclosure component of the program. These procedures guide inspectors in terms of which sign to post and the corresponding level of enforcement action required to ensure compliance. Presently, the Quality Assurance Unit reviews inspection reports and conducts joint inspections on a random sample to ensure consistent practice.

As previously indicated, an integrated system, THEIS, has also been implemented to enable the effective management of the Food Safety Program. This system meets the operational reporting requirements of management and also enables the posting of inspection information on the Dine Safe web site for the public disclosure of the inspection results. The integrity of the data in THEIS is a critical part of the public disclosure component of the Food Safety Program. Reviewing the information that is contained in THEIS and ensuring that it is complete, accurate, and current, is a key responsibility of all public health inspectors and Healthy Environments Food Safety Managers and, therefore, must be carried out consistently.

While the standardization of policies and procedures, the establishment of quality assurance activities and the implementation of THEIS can help ensure consistent practices, they do not replace the requirement for regular management oversight. Ongoing management involvement and oversight, as well as the effective use of management information available from THEIS, are necessary to ensure that the activities required to meet the objectives of the Food Safety Program are carried out consistently.

Conclusions:

The Food Safety Program in Toronto Public Health has undergone significant improvement since our June 2000 review of the program. Specifically, the following accomplishments have been achieved:

- stable leadership has been put in place;
- the organization has developed a focus based service delivery model, thereby dedicating specific resources to the Food Safety Program;
- policies and procedures have been standardized;
- an effective integrated management information system has been implemented;
- a Quality Assurance Unit has been established to support the Food Safety Program; and
- a public disclosure component has been established.

Collectively, these actions have resulted in an infrastructure that can effectively support the Food Safety Program, including the public disclosure component.

Despite making significant strides to improve the effectiveness of the program, there are still issues that persist and that warrant further attention by senior management. These include enhancing management oversight of the program, such that staff resources and management information available, are used as effectively as possible to meet the overall objectives of the Food Safety Program.

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List of Attachments:

Appendix A: Detailed Response of the Action Taken by the Medical Officer of Health

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Detailed Response of the Action Taken by the Medical Officer of Health

Review of Food Safety Program, Toronto Public Health, June 2000  
Status of Implementation as at May 2002

No.	Audit Services' June 2000 Recommendations	Status of Implementation/Action Taken by Toronto Public Health
1.	<p>The Medical Officer of Health report to the Board of Health by September 2000 on target food safety inspection frequencies (by high, medium, low-risk establishments) that will be achieved in 2000, and the action plan to meet mandatory inspection frequencies in 2001;</p>	<p>A response outlining the factors that impact on Toronto Public Health's ability to achieve the 2000 targets was previously provided by the Medical Officer of Health. Action plans to achieve the targets for 2001 included: 100% completion target included in 2001 Operational Plan, implementation of program focus model with staff dedicated to food safety, implementation of THEIS (scheduling of inspections, standardized wording for infractions, Master Establishment List, pre-printed Inspection Forms, reports to monitor progress), bi-weekly Food Safety Managers meeting, increasing field time and reducing the time to complete each inspection.</p> <p>2001 completion rates include High Risk - 72%, Medium Risk - 76% and Low Risk - 35%. There was a 74% Completion Rate for High and Medium Risk, while the overall Completion Rate was 67% (High, Medium, Low). Detailed statistics for 2001 available.</p>
2.	<p>The Medical Officer of Health clearly communicate to all staff and managers the expectation to meet the minimum mandatory number of inspections, take the necessary action to ensure that public health inspectors efforts are dedicated to food safety inspections and related duties, and that managers monitor the progress of inspections completed;</p>	<p>Staff training sessions were held in December 2000 and January 2001 to update staff on the Food Disclosure system and the standardized Policies and Procedures.</p> <p>The Program Focus model was implemented in March 2001 with 80 PHIs in the Food Safety Program.</p> <p>Food Safety Managers are involved in Operational Planning for the Food Safety Program. This includes the setting of targets for 2001 and identifying strategies to achieve such targets.</p> <p>Completion rates reports are provided by THEIS and all Managers have access to the Report icons.</p> <p>Targets are frequently monitored by Managers and PHIs.</p>

No.	Audit Services' June 2000 Recommendations	Status of Implementation/Action Taken by Toronto Public Health
3.	<p>The Medical Officer of Health, following consultation with the City Auditor and the Human Resources Division, Corporate Services, report to the Toronto Board of Health and the Policy and Finance Committee on additional resources required for special projects, and for the establishment of a policy development and quality assurance function in Healthy Environments;</p>	<p>There was no additional resources for special projects.</p> <p>A Quality Assurance Function was approved in 2001 Budget with provision for:            1 Manager            4 Temporary Field Assessors (2 permanents only in 2002)            1 Program Evaluator            1 Data Analyst            1 Area Services Clerk</p> <p>The Quality Assurance Program was implemented in February 2001. The functions include: review of existing reports for accuracy, completeness and adherence to standards; joint field inspections to determine adherence with Policies and Procedures; error identification and resolution and monitoring of performance indicators. Detailed reports of these activities are available.</p>

4.	<p>The Medical Officer of Health:</p> <ul style="list-style-type: none"> <li>(a) clearly define the nature and extent of food safety inspectors' involvement at special events and the child nutrition program;</li> <li>(b) analyse the current deployment of resources for these events and program;</li> <li>(c) explore alternatives to ensure food safety resources are effectively utilized;</li> <li>(d) capture the time spent by public inspectors on each special event starting from July 1, 2000; and</li> <li>(e) following consultation with the City Auditor, include any additional resources required for special events and the child nutrition program in Healthy Environments' 2001 budget, for consideration;</li> </ul>	<ul style="list-style-type: none"> <li>a) The overall goal of the PHI intervention and involvement is to prevent food borne illness and/or outbreaks. The nature and extent of involvement is to ensure food safety and sanitation standards are met within the parameters that would allow food to be prepared in temporary food service establishments. This would include components of collaborate planning for the event with Public Health and the event organizer, provision of food safety information and educational materials. Inspection for food safety and sanitation standards during the event is also done.</li> <li>b) A Food Safety Manager is responsible for co-ordinating Special Events activities.</li> <li>c) The inclusion of food handler training, for both vendors and organizers, as a requirement of receiving approval for their permits is being considered.</li> <li>d) An inspection form was developed for use at all Special Events. The completed form will include the time spent doing an inspection at a special event and will be entered on THEIS. All other times related to these events will also be captured on the system and a report can be generated as required.</li> <li>e) 2002 will have an increased amount of staff time dedicated to Special Events due to the occurrence of WYD activities in Toronto. This is a City Council approved and supported event.</li> </ul>
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No.	Audit Services' June 2000 Recommendations	Status of Implementation/Action Taken by Toronto Public Health
5.	Two additional public health inspectors be provided to Healthy Environments on a temporary basis to deal with increased workload resulting from an increase in re-inspections and complaints handled by the program;	It was determined that there was no need for additional resources to carry out this function.
6.	The Medical Officer of Health monitor the rate of re-inspections and number of complaints handled for the balance of the year to determine the level of resources required in this regard in 2001;	The compliance rate on 1 <sup>st</sup> inspection in 2001 was 78% thus only 22% of the premises required re-inspections after the initial inspection. Of this 22%, a compliance rate of 91% was achieved after the 1 <sup>st</sup> re-inspection. Detailed statistics are available. A Call Centre was implemented by THEIS that has the ability to track the number and types on Complaints/Requests.
7.	The reallocation of funds from within the 2000 Toronto Public Health budget and overall Community Services budget be considered to meet the additional funding required as a result of the adoption of the recommendations in this report;	Five additional FTEs were approved for the Food Disclosure program. However, due to service level reductions in the 2002 budget, the Food Safety Program had to give up 7.6 FTEs as Low Risk food handling establishments will not be inspected as per the MHPSG.
8.	The Medical Officer of Health, in consultation with the Human Resources Division, Corporate Services, consider the adoption of a program-focused organizational structure with a view to establishing, in each region, a team of public health inspectors, reporting to a food safety program manager, to focus on food premise-related services. Staff should be rotated to other Healthy Environments programs regularly for career development;	A Program Focus Model was implemented in March 2001 i.e. Food Safety and Health Hazard Investigation. There is provision for a rotation after 2 years. The model included specialization for the Managers also, with 6 Managers assigned as Food Safety Managers (one per office/region).
9.	The Medical Officer of Health, in considering a move to a program-focused model, consider transferring responsibilities for food safety inspections in hospitals and nursing homes to Healthy Environments, from Communicable Disease Control Service where it currently resides;	Food safety inspections in hospitals and nursing homes are being done by Healthy Environments Staff. A specialized Institution Team is responsible for this function.

No.	Audit Services' June 2000 Recommendations	Status of Implementation/Action Taken by Toronto Public Health
10.	<p>All Healthy Environments managers must be directly involved in the planning and organizing of program activities, particularly food safety inspections, by providing public health inspectors with the necessary guidance and direction in this regard. The development of a quarterly inspection schedule for each inspector should be considered to assist in monitoring the progress of inspections completed and to facilitate the meeting of the annual mandatory inspection frequency requirements;</p>	<p>Healthy Environments Managers are involved in program planning activities on a program focus basis. This includes Operation and Strategic Planning and Performance Measurement. The Food Safety Management Team has biweekly meetings and meets with the THEIS Project Management Group on a regular basis.</p> <p>In addition to providing each PHI with a copy of the Policies and Procedures Binder, a list of FAQs was also developed and distributed. The FAQs and the Ps&amp;Ps are available on the THEIS Intranet site. There are regular correspondences and directions from THEIS (Direct from THEIS) on how to complete inspection forms and perform other related tasks. A full quarterly inspection schedule was considered, but is to be implemented instead as a weekly "To Do" list schedule. Reports are available to monitor completion rates by map area.</p>
11.	<p>The Medical Officer of Health consider implementing "evidence-based" inspections to complement its routine inspections, and specify guidelines and procedures for proper application. In order to direct efforts to problem premises, the information system being developed should have the ability to capture data and provide information on food establishments that require more intense monitoring efforts;</p>	<p>With THEIS, inspection data is being captured such that reports could be developed to identify establishments requiring intense monitoring efforts (e.g. those with &gt; 2 conditional passes in the year; those with a high number of infractions). The system can also track the number and types of infractions by premise type over a given time period.</p>
12.	<p>The Medical Officer of Health take the necessary action to ensure food safety inspections on high and medium-risk premises are regularly conducted at varying times during hours of food premises operation to ensure food preparation activities are properly observed, and explore the use of flexible hours for inspectors to assist in this regard;</p>	<p>Inspections are conducted at various times during the operating hours for the particular premise. To facilitate scheduling the food safety inspection report has a section to capture the Operating Hours for each premise.</p>

13.	The Medical Officer of Health develop and report to the Board of Health, the performance indicators that will be used by Healthy Environments to measure the effectiveness, efficiency and economy of its operations;	Through the Quality Assurance Function inspections are monitored for consistency, accuracy, timeliness and adherence to established Policies and Procedures. Compliance and Completion rates are indicators that are being monitored and the cost (direct cost) per inspection (by Risk Category) can be monitored since the inspection times are known. Through the use of the reports associated with Administrative Time and Activity Tracking, Field Time, Travel Time and Office Time can be tracked.
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No.	Audit Services' June 2000 Recommendations	Status of Implementation/Action Taken by Toronto Public Health
14.	The Medical Officer of Health expedite the hiring of a Director, Healthy Environments to provide the necessary leadership and facilitate the building of a cohesive management team;	A permanent Director was employed in 2001.

15.	<p>The Medical Officer of Health:</p> <ul style="list-style-type: none"> <li>(a) prepare a policy that specifies conditions that should be cited as infractions, and the corresponding progressive enforcement measures to be applied;</li> <li>(b) expedite the finalization of standard policies and procedures for Healthy Environments;</li> <li>(c) review and amend the current inspection forms, as necessary; and</li> <li>(d) ensure that all staff are aware and comply with the requirements;</li> </ul>	<ul style="list-style-type: none"> <li>a) A Food Disclosure Program Flow Chart outlining the various steps to be taken based on the findings during an inspection was developed and distributed.</li> <li>b) Standardized Policies and Procedures for food safety program related activities were developed. Each PHI was provided with a P&amp;P Binder and any updates or revisions were forwarded to them. The Ps&amp;Ps are also available on the THEIS Intranet site: <a href="http://insideto.dev.city.toronto.on.ca/theis/index.htm">http://insideto.dev.city.toronto.on.ca/theis/index.htm</a></li> <li>c) The Ministry of Health Food Safety Inspection Reports were amended and a new TPH Food Safety Inspection Report (FSIR) produced.</li> <li>d) Training sessions were held with staff prior to the implementation of the program and there is provision for ongoing in-service training. All the requirements such as Forms Completion Principles are documented and a Field Guide with standardized wording for infractions was provided. Monitoring for adherence to these requirements is a Quality Assurance function.</li> </ul>
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16.	The Medical Officer of Health develop an easy to understand document on critical food safety standards and expectations by premise type (preferably in multi-lingual form), for distribution to food service operators. In addition, "point of work" signs should be distributed and posted in the food premises to	A booklet 'How to Pass Your Public Health Inspection: Owner/Operator Guide for Toronto's Food Premises Inspection and Disclosure System' was developed and distributed. Two related Flyers were also developed and distributed. Steps are being taken to produce one of these flyers in a multi-lingual form.
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	further promote food safety standards;	
17.	The Medical Officer of Health standardize the risk assessment criteria to be used by public health inspectors and provide guidelines to assist the inspectors in the risk assessment process;	The Risk Assessment Form was revised as recommended and a standardized form as now being used.
18.	The Medical Officer of Health prepare a list of standardized ratings for chain operations to facilitate risk assessment and ensure consistency in the risk rating of these establishments across the City;	A list of standardized risk assessment rating for chain operations is now available.
<b>No.</b>	<b>Audit Services' June 2000 Recommendations</b>	<b>Status of Implementation/Action Taken by Toronto Public Health</b>
19.	The Medical Officer of Health, through the steering committee of the Toronto Healthy Environments Information System, ensure that all necessary data components and reporting requirements are captured in the new information system to assist management in program planning, activity tracking, external reporting and performance management. The system should also be able to accommodate changes in technology, such as hand-held computers;	THEIS reports are now available to assist management (e.g. # of inspections, completion rates, field vs. admin time details). The "wireless" pilot project has now started, which should prove the ability to accommodate new technology in hand-held devices. Twenty-five (25) regular reports are available and other reports can be generated as required.
20.	The Commissioner, Corporate Services, in conjunction with the Medical Officer of Health, take the necessary action to expedite the development of a new integrated management information system for Healthy Environments;	The THEIS project was initiated in September 2000. The first version of the system was implemented in January 2001. Data on the Food Safety Program, Tobacco and Special Events are already being managed by THEIS and steps are being taken to include all the other HE programs.
21.	The Medical Officer of Health be provided with a detailed project plan, with major milestones and target completion dates, as well as regular status reports to ensure that the new system is completed on time and within budget;	A THEIS Steering Committee was set up, with the project team providing updates regarding plans, milestones, and key issues. A HE Manager is assigned to the project as the Business Manager.
22.	Prior to implementing any public disclosure system, the annual cost to operate and administer the system be clearly identified and approved, and the necessary infrastructure be put in place to properly support and ensure the integrity of the system and related processes.	All the necessary approvals were obtained prior to the implementation of the program. A quality assurance process has been implemented to provide a higher integrity of data and processes.