

TORONTO STAFF REPORT

June 30, 2003

To: Board of Health

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

Subject: City Auditor 2002 Follow-up: Review of Food Safety Program, Toronto Public Health

Purpose:

To provide a detailed response on the nature and extent of action taken by the Medical Officer of Health in response to the City Auditor's November 2002 Follow-up report on the Food Safety Program.

Financial Implications and Impact Statement:

There are no financial implications resulting from this report.

Recommendation:

It is recommended that this report be received for information.

Background:

At its meeting on November 22, 2002, the Audit Committee considered a report from the City Auditor on the follow-up review of the Toronto Public Health Food Safety Program. That report outlined the detailed response by the Medical Officer of Health to the recommendations made in the City Auditor's June 2000 report on the Food Safety Program. All three recommendations made by the City Auditor were adopted by the Board of Health at its meeting on January 27, 2003. The Medical Officer of Health was also directed to provide a detailed response on the actions taken to address the recommendations in the report to the Board of Health and the Audit Committee.

The report indicated that even though significant improvements had been made in delivering the Food Safety Program, some of the concerns from the previous review continued to exist. Of particular concern was the fact that the program continued to be in non-compliance with the minimum mandatory inspection frequency. The need to enhance and strengthen management

oversight and involvement in the program was also outlined in the report. It was further stated that even though the initial focus of the Quality Assurance Unit on the Food Safety Program provided a significant level of support to that program, consideration should be given to widening the scope of Quality Assurance to other Public Health service areas. The Medical Officer of Health concurred with the recommendations and agreed to take the necessary corrective actions.

The Food Safety Program is aimed at reducing the risk of foodborne illness among consumers in Toronto. The current program, which was implemented on January 8, 2001, is characterized by an inspection and a disclosure component. The purpose of the inspection component is to establish a comprehensive method of conducting compliance inspections of food handling premises that is effective, efficient, and consistent throughout the City of Toronto. The disclosure aspects of the program are intended to provide the general public with easy access to the inspection results of all applicable food premises so that individuals can make informed decisions about which food premises they choose to visit. This is accomplished by onsite posting of Inspection Notices and providing Inspection Reports at each premises when required. Inspection results are also available on the DineSafe web site (www.toronto.ca/fooddisclosure) and via the Food Safety Hotline (416-338-FOOD).

Public confidence in the program, standardized inspection and enforcement activities and data integrity are critical factors of the Food Safety Program. A Healthy Environments Quality Assurance Unit was therefore established in February 2001 with an initial mandate to assess the Food Safety Program and identify opportunities to improve consistency, effectiveness and efficiency in service delivery.

Comments:

Since the completion of the City Auditor's follow-up review Toronto Public Health has taken several actions to address the specific recommendations and other concerns raised in the report. These include:

Management Involvement and Oversight:

The administrative and operational roles, responsibilities and expectations of Food Safety Managers were reviewed and clarified during two special Food Safety Management Team Planning Sessions. This was aimed at ensuring greater involvement in the program and the provision of technical support and guidance to field staff to ensure that resources are effectively and efficiently deployed.

The Toronto Healthy Environments Information System (THEIS) ensures that all necessary data components and reporting requirements are captured to assist management in program planning, time and activity tracking, external reporting and performance management. The Healthy Environments Time and Activity Tracking (HETAT) system provided by THEIS was enhanced to ensure the accurate capturing of staff activities and time, thus providing a more accurate representation of resource utilization. Training was provided for Managers on the use of the

various reports, which are now being used on a more frequent basis. Access to several of these reports was also provided to staff to enable them to monitor their progress.

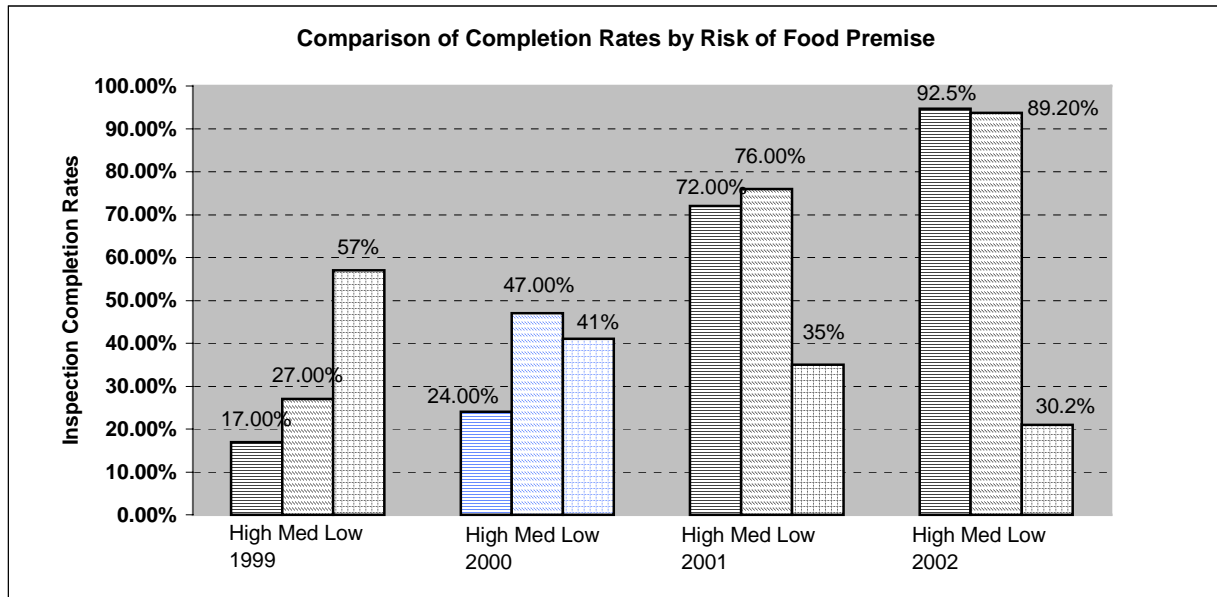
Other actions taken include the piloting of wireless handheld devices to conduct inspections and directly enter the results to the THEIS database plus the rotation of all food safety staff to new geographic program areas. Managers are required to provide quarterly progress reports to the Healthy Environments Director.

Food Safety Program Efficiencies:

An analysis of the THEIS data indicated several significant improvements in 2002 compared to 2001 even though there were no additional resources for the Program. Completion Rates, Compliance Rates and Impact of Food Handler Certification are some of the indicators used to determine the efficiencies achieved from the actions taken to improve the Food Safety Program.

Completion Rate:

A total of 25,921 mandated compliance inspections were done in 2002 out of the required 32,652. This produced a 79.4% overall Completion Rate for all three risk categories compared to 67% for 2001. It must be noted however, that Low Risk inspections were being done only for requests and complaints investigation. The Completion Rate for High and Medium Risk premises combined was 90.7% compared to 74% in 2001.



The mandated 100% Completion Rate was not achieved in 2002 mainly as a result of the impact of World Youth Day activities and the city labour disruption. There was a significant reduction in inspections during these periods compared to those done earlier in the year. High Risk inspections dropped from 94.7% to 86.6% while Medium Risk fell from 93.7% to 84.3%, thus impacting on the overall rate.

The Program was on target for 100% completion rate of High Risk premises in the first trimester of 2003. However the SARS outbreak resulted in staff being transferred to the SARS Hotline, Contact Tracing and Case Management. A rate of 94.9% was achieved.

Compliance Rate:

This refers to the level of compliance with the relevant regulations on the initial compliance inspection. A total of 27,293 compliance inspections were conducted in 2002 resulting in 23,461 Pass Notices, 3805 Conditional Passes and 27 Closures. The Compliance Rate was therefore 86% compared to 78% in 2001. The 27 closures represented 0.1% of the inspections compared to 0.4% (79 closures) in 2001. There was also an increase in the Compliance Rate on first reinspection from 91% in 2001 to 92.9% in 2002. Available data indicate that the Compliance Rate prior to the implementation of the current program was less than 50%.

A total of 34,609 infractions were identified in 2002 at a rate of 1.3 infraction per inspection compared to 1.7 per inspection in 2001. Minor Infractions accounted for 48% of those infractions. The percentage of Crucial Infractions fell from 9.3% in 2001 to 8.3% in 2002 while Significant Infractions also dropped from 48% to 44%. These are significant findings since any reduction in factors associated with foodborne illness is likely to result in a reduction of such illnesses.

A total of 731 charges were laid against non-compliant operators in 2002. Of the 416 that were finalized, 342 (82%) resulted in convictions, thus generating \$110,111.75. Only 14 (3%) of the charges were dismissed by the courts. The conviction rate in 2001 was 67%.

Impact of Food Handler Training:

An analysis of the available data indicated that premises with at least one certified food handler are 1.4 times more likely to receive a Pass Inspection Notice on initial inspection than those without. Investments in food handler training programs have long term positive implications that translate into internal efficiencies for Public Health because fewer re-inspections are likely required.

Standardization and Consistency:

The Food Safety Program uses standardized policies and procedures for inspection and enforcement activities. Monitoring by quality assurance mechanisms indicate that these are being applied in a consistent manner by Public Health Inspectors citywide. Quality assurance monitoring includes joint inspections by a Quality Assurance Field Assessor with a Public Health Inspector to determine adherence with polices and procedures, availability of equipment, and the level of consistency in the inspection process.

Scope of Quality Assurance Program:

A revised framework and Logic Model were developed for the Quality Assurance Program to expand its scope from the Food Safety Program to all other Healthy Environments Programs and activities (Appendix A & B). The associated Quality Assurance Manual contains policies and procedures for Joint Inspections/Investigations and Flow Charts for File and Record Reviews.

The aim of the revised plan is to facilitate Healthy Environments service to meet or exceed customer expectations, based on the dimensions of service quality, by providing guidance and technical support to staff and identifying areas for continuous improvement.

Conclusion:

Several improvements are being experienced as a result of actions taken to improve the Food Safety Program. These include increased completion rates, increased compliance, more standardization and consistency in the inspection process, and the provision of infrastructure such as THEIS and Quality Assurance to effectively support the program. Increased compliance rates and a decrease in infractions, especially those that are likely to cause foodborne illness, indicate a trend towards enhanced food safety.

The inability of Toronto Public Health to achieve 100% compliance was mainly due to circumstances and occurrences beyond the control of the Medical Officer of Health. These included the SARS outbreak, labour disruption and World Youth Day activities.

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List of Attachments:

Appendix A - Healthy Environments Quality Assurance Program 2003 – Revised Framework

Appendix B – Healthy Environments Quality Assurance Program 2003 – Logic Model

Appendix A

Healthy Environments Quality Assurance Program 2003 – Revised Framework

Background and Rationale:

The Healthy Environments Quality Assurance Program was implemented in 2001. This was in response to a directive from the City Auditor for a process to be in place within Healthy Environments for the timely assessment of programs and to identify opportunities to improve consistency, effectiveness and efficiency in service delivery. The initial focus was on the Food Safety Program due to the findings of an audit that the City was vulnerable to legal and health risks as a result of inconsistent inspection and enforcement practices.

The aim of the Quality Assurance Program is to meet or exceed customer expectations based on the dimensions of service quality. Service quality is not easily quantified and measured compared to product quality. However, it can be defined in terms of the following dimensions:

1. Time – how much time a customer must wait for a service
2. Timeliness – the extent to which a service will be provided when promised
3. Completeness – the extent to which all expected service is provided
4. Courtesy – the extent to which front-line staff are polite to clients
5. Consistency – the extent to which services are delivered in the same fashion for every client, and every time for the same client
6. Accessibility and convenience – the extent to which service is easy to obtain
7. Accuracy – the extent to which the service is performed right the first time
8. Responsiveness – the extent to which staff react quickly and resolve unexpected problems.

A Total Quality Management (TQM) approach is being utilized whereby the focus is on both the internal and external customer, teamwork is a very important principle and opportunities for continuous quality improvement are identified. TQM is a systematic approach to management, requiring changes in organizational processes, strategic priorities, individual beliefs, individual attitudes and individual behaviour. Management commitment, training and professional development for staff, an effective communication system, standardized policies and procedures, information technology and adequate resources are therefore important requirements of the program.

The current Healthy Environments Quality Assurance framework utilizes components of various quality assurance models including the Balanced Scorecard, the National Quality Institute Framework for Excellence and the Malcolm Baldrige National Quality Award. As demonstrated in the Logic Model, which is a component of the Healthy Environments Quality Assurance Framework, principles from the Balanced Scorecard will be used to measure the Program's performance from four perspectives:

1. Customer Perspective – how are we performing through the eyes of our customers
2. Internal Business Perspective – what internal processes must we excel at to meet our goal

3. Financial Perspective – how should we appear to our shareholders
4. Learning/Growth/Innovation Perspective – what internal infrastructure must we build and improve to create long-term growth and improvement.

Mission:

We provide guidance and assistance in quality, technical, informational, and process improvement for our internal customers in order to enable them to provide a service that meets or exceeds customer expectations.

Vision:

Healthy Environments will be an outstanding program dedicated to meeting or exceeding customer expectation through empowered staff, guided by shared values.

Values and Guiding Principles:

1. Diversity (respecting individual differences)
2. Integrity and Self-discipline (doing what we say at all times)
3. Teamwork (working together to achieve common objectives)
4. Accountability (committing fully to meeting expectation)

Roles and Responsibilities:

1. To identify, develop and monitor program tracking and quality assurance measures
2. To ensure the development and implementation of program standards, policies and procedures for Healthy Environments
3. To review and evaluate Healthy Environments programs and activities to ensure efficiency and effectiveness
4. Initiate and participate in research projects as required
5. Contribute to the development of strategic and operational program plans
6. Identify opportunities for continuous quality improvement
7. To act as resource to Healthy Environments on quality related dimensions and attributes.

Short Term Goals:

1. To enhance the delivery of a cost efficient service
2. To improve program performance and effectiveness
3. To increase consistency of service delivery city-wide
4. To establish a solid infrastructure for program/service delivery
5. To utilize program data to support monitoring, planning and evaluation
6. To eliminate barriers and unnecessary work in service delivery
7. To enhance positive relationship with clients
8. To create value and improve overall customer satisfaction

Long Term Goals:

1. To provide a program that meets or exceeds customer expectation
2. To increase consumer confidence in the Healthy Environments Program
3. To ensure that the Healthy Environments program contributes to achieving the organization's mission, vision, and guiding principles.

Major Activities:

1. Record/document reviews
2. Internal data analysis
 - Productivity/Workload Audits
 - Results/Performance Audits
 - Data Integrity Audits
3. Joint field inspections/investigations
4. Customer Satisfaction Surveys

Strategies:

1. Utilization of Quality Management Tools
 - a) Focus Group
 - b) Pareto Analysis Ishikawa Diagram (Cause and Effect)
 - c) 5 S's and Lean Manufacturing Techniques
 - d) Run Charts
 - e) Flow Charts
 - f) Benchmarking
 - g) PDCA and SDCA Cycles
2. Staff Recognition and Awards

Quality Indicators:

1. Performance Rates
2. Compliance Rates
3. Problem Record Rate (Error Rate)
4. Consistency and Standardization Rate
5. Customer Satisfaction

Staffing:

1. Area Services Clerk
2. Data Analyst
3. Field Assessors
4. Program Evaluator
5. Quality Assurance Manager

Review Measures:

Monthly, Quarterly and Annual Reviews will be conducted, documented and shared with staff and Managers via posting on Intranet Site and G Drive as appropriate, emails and hard copies.