

TORONTO STAFF REPORT

February 9, 2004

To: Board of Health
From: Dr. Sheela V. Basrur, Medical Officer of Health
Subject: 2004-2013 Capital Plan and Budget

Purpose:

To provide an overview of the Executive Management Team's 2004-2013 TPH Capital Plan and Budget.

Financial Implications and Impact Statement:

The 2004-13 Public Health Capital Budget recommended by the Executive Management Team (EMT) amounts to \$6,297.0 thousand, including a 2004 cash flow of \$5,280 thousand and a 2005 commitment of \$1,017 thousand (see Table 1 attached).

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

Recommendations:

It is recommended that:

- (1) the 2004-2013 Public Health Capital Budget, as recommended by EMT and detailed on Table 1, 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:

For 2003, City Council approved a capital budget for Toronto Public Health of \$7,560.0 thousand for a number of multi-year projects. The following three information technology projects were completed in 2003: Toronto Healthy Environments Information System Phase 3; Animal Services Redesign; and Reportable Disease Information System Database. Also the

Facilities & Real Estate Division began work on the State of Good Repair project, which involves maintaining eight facilities where Toronto Public Health is the sole occupant.

The current submission reflects a revised cashflow for 2004 – 2013 for pre-approved projects due to delays caused by the SARS outbreak, and/or delays in the Corporate procurement process. Also, new funds are required in 2004 to successfully complete certain multiyear projects.

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. Many systems are obsolete and cannot support the current service demands placed on the Public Health division. In 1998, at amalgamation, there were 225 separate information technology systems, and currently TPH has reduced the number to 118 systems. The TPH capital long term strategic plan will result in four core integrated systems, (ie. THEIS, TCHIS, CDCIS and the data warehouse).

In addition, the Facilities and Real Estate Division recommends the continuation of the State of Good Repair program that began in 2003 to maintain eight TPH facilities.

Information & Technology (I&T) Plan:

1. Toronto Community Health Information System (TCHIS) previously called Community Nursing Customer Management System (CNCMS)

This project was approved during 2002-11 Capital Budget process. The total project cost over a 3-year period is \$7,500.0 thousand. The 2004 recommended cashflow is \$3,100.0 thousand. Current and future operating savings resulting from the implementation of this project are being used to offset the total capital and financing cost.

TCHIS, once implemented in 2005, will provide an integrated, harmonized solution to replace 30 disparate, legacy applications that are inadequate and do not provide the functionality necessary to support Family Health/ Healthy Lifestyle (FH/HL) programs now delivered citywide by over 600 staff. TCHIS functionality will include providing 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. It will also provide the ability to track customers from intake to discharge and the services provided to these customers.

The TCHIS project is currently in phase 5 of its 8 planned phases. Due to delays in the Corporate procurement process in acquiring hardware and software and due to the temporary redeployment of resources to respond to the SARS outbreak, cash flow adjustments to the original submission are required.

The system, when implemented in 2005, will realize many benefits including: the elimination of costs associated with supporting legacy systems; the replacement of 30 incompatible and inadequate systems with a single database; the reduction of risk of errors and omissions in the

delivery of services; and the capture of data consistently across the city for program planning, evaluation and overall management.

The impact of 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, and to implement performance measures to track budgeted FTE's against actual costs.

2. Communicable Disease Control Information System (CDCIS)

This project was approved in 2003 and involves implementing a new information system 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. It will replace systems that are over 10 years old and cannot address current needs, ie. SARS outbreak. Health Canada is funding a project team to enhance and implement the Integrated Public Health Information System (iPHIS) (worth an estimated \$7 million) across Canada. The Ontario Ministry of Health and Long Term Care is taking the lead in pilot testing this system in Ontario with Toronto Public Health acting as a pilot site. In order for Toronto Public Health (TPH) to continue to participate on the project in 2004, TPH is required to contribute some of the total resources required to enhance and implement the system.

The iPHIS pilot project began in 2003, however due to the SARS outbreak, the project timeline has been delayed, and therefore a revised cash flow is required. Also new funds are required for 2004 to complete this multiyear project by 2005. The total cost of the project is \$1,511.0 thousand and the 2004 recommended cashflow is \$766.0 thousand.

This system is required for the following reasons: 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 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 a system worth an estimated \$7 million, for \$1.5 million.

The impact of not proceeding with this project will: cause the city to potentially miss the opportunity to get iPHIS at minimal costs from Health Canada and ensure that iPHIS meets TPH's unique requirements; pose significant risk of total legacy failure which could result in adverse health outcomes in TPH customers and liability for the City; result in continued failure to meet minimum provincial mandatory program requirements for Vaccine Preventable Disease; maintain current inefficient and time-consuming processes; and pose a risk of TPH making decisions based on inaccurate data and impacting the health of Toronto.

Special Corporate Projects

3. Health – Coordination of Intake System

This project involves establishing a contact centre organization, operations and enhanced telephone technologies and an information repository to manage a single point of access for Toronto Public Health (TPH) customers. This project fits within the ongoing CAO and Corporate initiatives including the Customer Service Improvement Initiative and the Unified Customer Contact Centre project. The Coordination of Intake System project involves implementing enhanced corporate network and telecom technologies.

In 2003, the new TPH contact centre organization and operations was established (called Toronto Health Connection), but the project was not completed due to delays in the corporate procurement process (including the issuance of RFP's) and a temporary redeployment of resources to respond to the SARS outbreak.

The system, when implemented, will improve TPH's ability to handle inquiries effectively. The rate of transfers of customer calls and the requirement for customers to call back will be reduced. More questions will be answered during the customers' first contact with TPH. The establishment of an effective contact centre for TPH has become even more important with the emergence of SARS and West Nile Virus (WNV). The volume of calls during the SARS outbreak quadrupled. With advanced technologies, TPH would be better able to manage rapid increases in call volume. In 2004, corporate telecom infrastructure will be implemented along with telecom technology in support of Works & Emergency Services. TPH will complete the implementation of contact centre systems and operations and prepare for the implementation of the advanced telecom technology in 2005. The project delay in 2004 is due to its dependency in the establishment of Corporate telecom infrastructure and the priority given to the Works and Emergency Services Department. The total project cost is \$1.5 million. The requested cashflow in 2004 is \$722.0 thousand.

The impact of not proceeding with this project will be continued inefficient handling of telephone calls and requests for service especially during periods of disease outbreaks such as SARS and WNV and continued inability to answer TPH customer questions during the first contact.

4. Health - Vaccine Prevention Redesign

The final sub-project within the VPD redesign project involved the development of a system that supports the inventory monitoring and inspection of more than 3,000 vaccine refrigerators and stored vaccines in medical/physicians' offices and other health care facilities within Toronto as mandated by the province. The Province mandated that each of the 3,000 locations be inspected annually and that TPH investigate any cold chain failures. This system will be integrated with the Toronto Healthy Environments Information System (THEIS).

Due to the SARS outbreak, project implementation has been delayed and therefore a revised cash flow is required.

Once implemented in 2004, the system will enable TPH to meet Ministry of Health mandatory guidelines to inspect and monitor 3000 vaccine refrigerators within Toronto, to improve service to the public, and to reduce reliance on a labour intensive paper-based system to track the refrigerator cold chain failures. The requested cashflow in 2004 is \$139.0 thousand.

The impact of not proceeding with this project will be continued inability to meet Ministry of Health mandatory guidelines to inspect and monitor 3,000 refrigerators and provide reports to the Ministry, continued reliance on inefficient paper processing, and continued inability to provide management with the information needed to efficiently manage programs.

Facilities – State of Good Repair

5. State of Good Repair

In 2003, capital funding was provided to enable the Facilities & Real Estate division to begin maintaining the facilities that have been identified where Toronto Public Health is the sole occupant. The year 2003 was the first year of a 10-year plan identified in their State of Good Repair Study to properly maintain these facilities. The types of repairs that were identified in the study include Emergency Capital, Health & Safety, Mechanical & Electrical and Building Envelope.

Due to construction delays, a revised cash flow is required for 2004. Also new funds are required in order to implement year two of Facilities & Real Estate Division's 10 year State of Good Repair plan. The Executive Management Team has recommended that the initial submission of \$978.0 thousand be reduced to \$394.0 thousand to meet the affordability guidelines. As well, \$216.3 thousand (gross)/\$171.5 thousand (net) have been recommended in the operating budget by EMT.

If this request is approved, the City will be able to continue its preventive maintenance program rather than reverting to a reactive program. It is anticipated that this program will considerably reduce health and safety risks and the likelihood of deferred projects becoming emergencies.

Conclusions:

The 2004-13 Public Health Capital Budget recommended by the Executive Management Team (EMT) amounts to \$6,297.0 thousand, including a 2004 cash flow of \$5,280 thousand and a 2005 commitment of \$1,017 thousand.

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Attachment: Table 1 – 2004 EMT Recommended Gross Capital Budget

TABLE 1							
2004 EMT Recommended Gross Capital Budget							
(\$000's)							
Project Name	Total Project Cost (Incl. Prev. Appvd.)	2002 and Prior Carry Fwd.	2004 Previous Commitment	2004 New and Change in Scope	2003 Carry Forward	Total 2004 Budget	2005 Gross Budget Commitment
Coordination of Intake System	\$1,500	\$122			\$600	\$722	
Vaccine Prev. Disease Redesign	\$620	\$29			\$110	\$139	
Subtotal	\$2,120	\$151			\$710	\$861	
2003 Facilities State of Good Repair	\$633				\$159	\$159	
Toronto Comm. Health I.S. (formerly called CNCMS)	\$7,500		\$2,100		\$1,000	\$3,100	\$1,017
Communicable Disease Control I.S.	\$424				\$210	\$210	
South Regional Animal Services	\$1,032						
Subtotal	\$9,589		\$2,100		\$1,369	\$3,469	\$1,017
Communicable Disease Control I.S.	\$556			\$556		\$556	
2004 Facilities State of Good Repair	\$394			\$394		\$394	
Subtotal	\$950			\$950		\$950	
TOTAL	\$12,659	\$151	\$2,100	\$950	\$2,079	\$5,280	\$1,017