

# TORONTO STAFF REPORT

---

November 9, 2004

To: Board of Health  
From: Dr. David McKeown, Medical Officer of Health  
Subject: Toronto Public Health 2005 - 2009 Capital Plan and Budget

Purpose:

This report provides an overview of the Toronto Public Health 2005 - 2009 Capital Budget Submission.

Financial Implications and Impact Statement:

The 2005 EMT Recommended Toronto Public Health Capital Budget of \$3,655.0 thousand includes \$1,070 thousand from previously approved commitments, \$1,112 thousand for new/change in scope projects and \$1,473 thousand for projects carried forward from 2004 to 2005. The approval of the 2005 Recommended Capital Budget will not result in any future year commitments.

Funding for the 2005 EMT Recommended Capital Budget includes \$345 thousand from the province, \$1,090 thousand from operating savings to offset the cost of self financed projects and \$2,220 thousand from debt. The details are included in Appendix 3.

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

Recommendations:

It is recommended that:

- (1) the 2005-2014 Public Health Capital Plan and Budget be endorsed;
- (2) a 2005 Capital Budget for Toronto Public Health with a cash flow of \$3,655 thousand be approved consisting of \$1,070 thousand from previously approved commitments, \$1,112

thousand for new and change in scope projects and \$1,473 thousand of carry-forward budget from 2004 into 2005 related to a previously approved project;

- (3) this report be forwarded to the Budget Advisory Committee for consideration; and
- (4) that the appropriate City Officials be authorized and directed to take the necessary action to give effect thereto.

### Background

For 2004, City Council approved a capital budget for Toronto Public Health of \$6,207.7 thousand for several multi-year information and technology projects and facilities state of good repair projects.

As of September 30, the 2004 Capital Budget is 46% spent or committed. By year end the budget for all capital projects will be fully utilized with the exception of Toronto Community Health Information System (TCHIS). The TCHIS project is forecasting underspending of \$2,000 thousand due to the following factors: the requirement to respond and/or address unexpected and new initiatives earlier than originally planned such as the 3-1-1 Toronto project and the implementation of Bill 31's privacy legislation; high staff turnover as the project's temporary staff seek permanent positions elsewhere in the city or outside resulting in vacancies and gapping while the hiring process was completed; and the acquisition of the production hardware and software that has been requisitioned but may not be delivered until early in 2005.

The following four information technology projects are expected to be completed before year-end: Vaccine Preventable Disease Redesign, Toronto Healthy Environments Information System Phase 3, the 2004 component of Integrated PH Information System (iPHIS) and the Co-ordinated Access Project which has been merged into the corporate 3-1-1 Program. The Facilities State of Good Repair projects are on target and expected to be completed before year-end.

TPH does not have a debt affordability target in 2005 since this target was based on Council's 2004 future year debt commitments for 2005. The majority of TPH capital funding is based on self-financing multi year projects through operational efficiencies.

City Council, at its meeting of February 2002 approved the TCHIS project formerly known as Community Nursing Customer Management System with a total project cost of \$7.5 million, and a cash flow of \$2.3 million for 2002, \$2.6 million for 2003 and \$2.6 million for 2004, subject to:

- (a) establishing an Efficiency Reserve Fund for Public Health; contributions to the reserve fund will be raised from operating efficiencies resulting from the implementation of the Community Nursing and Customer Management System; and
- (b) the amounts of \$216.1 thousand in 2003, \$836.6 thousand in 2004 and \$1,061.50 thousand thereafter will be contributed to the Efficiency Reserve Fund until the debt charges on the original capital are completely offset.

This Efficiency Reserve Fund has not been established yet but is still required to enable Public Health to establish a funding reserve for current and future capital funding requirements. The required contributions to date have been applied directly to Capital from current financing. The CAO and CFO have committed to establishing this Toronto Public Health Efficiency Reserve Fund in 2004.

TPH is on target with self-financing two previously approved capital projects, TCHIS and South Shelter Animal Services. The contributions to offset capital costs of \$1,090 thousand in 2005 are included in the TPH base budget.

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 primary requirement for capital funding by TPH. Many current systems are obsolete and cannot support the current service demands placed on the Public Health division. In 2005, the Toronto Public Health capital request will pursue the completion of two existing projects and the implementation of two new ones.

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

The capital budget submission reflects a revised cash flow for the TCHIS project and new funds for Toronto Healthy Environment Information System Mobile Rollout, the Integrated Public Health Information System (iPHIS), an Operational Planning System and Facilities State of Good Repair projects.

EMT has recommended that the requests for Toronto Healthy Environment Information System Mobile Rollout, the Operational Planning System and some of the Facilities State Of Good Repair projects be transferred to the 2005 Operating Budget based on capital expenditure threshold levels and to take advantage of the cost sharing opportunity with the Province. Appendix 2, "Public Health 2005 Capital Budget – FPD/EMT Recommended Changes", includes these recommended transfers to the operating budget.

A description of each project is included in Appendix 4 "2005 Capital Projects".

- (1) Information & Technology (I&T) Plan:
  - (a) Toronto Community Health Information System (TCHIS)

This project was approved during 2002-6 Capital Budget process. The total project cost over a 3-year period is \$7,500.0 thousand. The debt cost will be paid back by Public Health through operating efficiencies associated with implementing this system (specifically reductions in positions and equipment costs). TCHIS, when implemented in 2005, will provide an integrated,

harmonized solution to replace 30 disparate, legacy applications that are inadequate and do not provide functionality necessary to support Family Health/ Healthy Lifestyle (FH/HL) programs now delivered city-wide 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. A change in cash flow is required due to the following factors: a) the requirement to respond and/or address unexpected and new initiatives earlier than originally planned such as the 3-1-1 Toronto project and the implementation of Bill 31's privacy legislation; b) high staff turnover as the project's temporary staff seek permanent positions elsewhere in the city or outside resulting in vacancies and gapping while the hiring process was completed; and c) the acquisition of the production hardware and software for the TCHIS project has been initiated but some acquisitions may come in after December.

The system, when implemented in 2005, will realize many benefits including: elimination of costs associated with supporting legacy systems; replacement of 30 incompatible and inadequate systems with a single database; reduction of risk of errors and omissions in the delivery of services; and capture of data consistently across the city for program planning, evaluation and overall management; and significantly improve the tracking, management and reporting of services and activities provided to Public Health clients.

(b) Integrated Public Health Information System (iPHIS)

This project was approved in 2003 and involves implementing a new information system that will replace systems that are over 10 years of age 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 the immunization status of 425,000 school children each year. This new system is also required to enable TPH to meet legislated provincial requirements. Health Canada is funding a project team to enhance and implement the Integrated Public Health Information System (iPHIS) which is valued at 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 as a pilot site. For Toronto Public Health to continue on the project in 2005, TPH is required to contribute some of the total resources required to enhance and implement the system.

The MOHLTC plans to implement iPHIS in phases with additional functionality being provided in each phase. The first phase involves implementing the outbreak management module in 2004. The second phase involves implementing a version which includes TB management functionality in 2005. The third phase involves implementing iPHIS version 7 which will offer additional functionality in 2006. New funds are required in 2005 and 2006 to support its enhancement and implementation.

Partnering with the MOHLTC and Health Canada in the implementation of this system will reduce the overall development costs, risk of failure, future enhancement costs, and

implementation timeline which would otherwise be much greater if undertaken alone. TPH expects to obtain an estimated \$7 million system with an investment of approximately \$2 million.

(c) Toronto Healthy Environment Information System (THEIS) – Mobile Roll-out

The results of the THEIS mobile computing pilot project, completed in 2002 indicated that most trips that the inspectors make to and from the office are not required with the use of mobile computing technology and that the overall inspection time will be reduced, thus increasing efficiency. The pilot also indicated that data integrity was improved and data was available faster to management and the public via the Internet. A total of \$674.0 thousand is required to complete the rollout of wireless technology to Healthy Environments inspection staff and managers. This rollout could occur over two years to help manage capital funding cash flow requirements.

Rollout of this program will assist Toronto Public Health to meet the provincially mandated inspection guidelines which are to inspect high risk food establishments three times per year, medium risk establishments twice per year and low risk food establishments once per year.

EMT has recommended this project to the 2005 operating budget based on unit cost capital thresholds and the eligibility of the costs for 55% provincial funding.

(d) Operational Planning System (OPS)

An Operational Planning System (OPS) and supporting infrastructure (i.e. process, guidelines, performance measures, program maps and logic models) is required to replace manual and costly processes used to prepare and monitor annual operating plans. This system will support the integration between the operational plans, budget plans and strategic plans. The system will also support a framework for accountability, systematic decision-making, rationalizing and allocating resources and executing activities directed at achieving the mission and goals of TPH including those embedded within the mandatory Health programs and service guidelines.

TPH has recognized that planning is central to the management process. An operational planning system will support the delivery of information required by management to help them run their programs better through the ability to: a) communicate goals and strategies through business drivers and performance measures; b) reduce risk by being able to validate plans, allocate resources for maximum business impact, and model and test business scenarios; c) tie strategies to operational plans and operational plans to budgets; d) continually assess and report on performance and how well goals and objectives are being met; and e) improve accountability at management and frontline levels, and promote transparency.

EMT has recommended this request for consideration to the 2005 Operating budget where the costs will be eligible for 55% provincial funding.

(e) Co-ordinated Access

The Co-ordinated Access project involves establishing contact centre operations, 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 and involves implementing enhanced corporate network and telecom technologies.

In 2003, the new TPH contact centre organization, operations, and information repository was established (called Toronto Health Connection) and enhanced in 2004. Implementation planning for 3-1-1 throughout the City began in 2004 which will involve enabling technologies to improve service quality to the public. The TPH Coordinated Access program is being considered in conjunction with the corporate 3-1-1 program to avoid duplications / conflicts in selection of enabling technologies and to achieve benefits as a result of economies of scale.

(2) Facilities – State of Good Repair:

The 2005 scheduled capital maintenance requirements are based on a Facilities and Real Estate 10-year building condition assessment prepared for eight facilities solely occupied by Toronto Public Health. The types of repairs that are identified in the study include Emergency Capital, Barrier Free/Equity, Sitework, Renovations, Mechanical & Electrical and Structural Building Envelope. This request continues the City's preventative maintenance program rather than reverting to a reactive program. It is anticipated that this program will considerably reduce health and safety risks.

EMT recommended the transfer of \$182 thousand for renovations to the 2005 Operating Budget.

(3) Summary of the 5 Year Capital Plan and Forecast:

TPH has prepared a preliminary five-year capital plan in support of the 2005 budget process. Estimates for projects starting in 2006 and thereafter, along with their priorities, will be reviewed and confirmed in 2005 to arrive at a definitive 5-year plan.

For the period 2006 to 2009, TPH has identified the following capital projects:

- (a) MOHLTC Mandatory Program Guidelines
- (b) Emergency Preparedness Support Systems
- (c) Future iPHIS
- (d) Adoption of Wireless Technology
- (e) Document Management TPH Implementation
- (f) TPH Data Warehouse
- (g) Web Based Systems
- (h) Dental Strategy & Implementation
- (i) Facilities – State of Good Repairs

These projects are described in Appendix 5, "Public Health 2006 – 2009 Capital Budget".

### Conclusions

The 2005 EMT Recommended Public Health Capital Budget proposes a total gross budget of \$3,655 thousand. Requests for projects totalling \$890 thousand gross have been transferred to the 2005 Operating Budget for consideration. It is expected that the forecast for 2005 capital spending will closely match the proposed plan, subject to uncontrollable events such as delays in getting the federal and provincial governments to deliver the required base system for iPHIS.

The projected requirement to fund the 2006-9 Capital Plan & Budget is \$24,425 thousand. This forecast for capital spending will be reviewed and submitted as part of the 2006 planning cycle.

### Contact:

Shirley MacPherson  
Acting Director, Support Services  
Toronto Public Health  
Tel: 416-392-7840  
Fax: 416-392-0713  
Email: [smacphe@toronto.ca](mailto:smacphe@toronto.ca)

Riyaz Kachra  
Manager, Finance  
Toronto Public Health  
Tel: 416-338-8106  
Fax: 416-392-7418  
Email: [rkachra@toronto.ca](mailto:rkachra@toronto.ca)

Dr. David McKeown  
Medical Officer of Health

### List of Attachments:

Appendix 1 – Public Health 2005 Capital Budget Submission  
Appendix 2 – Public Health 2005 FPD/EMT Recommended Changes  
Appendix 3 – Public Health 2005 Recommended Cash Flow & Future Year Commitment  
Appendix 4 – 2005 Project Description  
Appendix 5 – Public Health 2006-9 Capital Plan & Budget

## Appendix 1

### Toronto Public Health - 2005 Capital Budget Submission

2005 Capital Projects		Total Project Cost		2003 and Prior Carry Forward Resubmit		2005 Previous Commitment (\$2)		2005 New Requests (\$3, \$4, \$5)		TOTAL 2005 Cash Flow Request		2004 Carry Forward		Total Cash Flow (Incl 2004 C/Fwd)		Pre-Appr (Oct)
Project / Sub-Project Name (\$000's)	Cat *	Gross 1	Debt 2	Gross 3	Debt 4	Gross 5	Debt 6	Gross 7	Debt 8	Gross 9	Debt 10	Gross 11	Debt 12	Gross 13	Debt 14	Gross 15
<b>Carryforwards</b>																
Toronto Community Health Info. Sys.	4	7,473	0							0	0	1,473	1,473	1,473	1,473	
										0	0			0	0	
										0	0			0	0	
<b>Sub Total</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,473</b>	<b>1,473</b>	<b>1,473</b>	<b>1,473</b>	<b>0</b>
<b>2004 Previously Approved Commitments</b>																
Toronto Community Health Info. Sys.	4	7,473	0			1,070	251			1,070	251			1,070	251	
South Regional Animal Centre	4	1,032				0	-271			0	-271			0	-271	
										0	0			0	0	
										0	0			0	0	
<b>Sub Total</b>				<b>0</b>	<b>0</b>	<b>1,070</b>	<b>-20</b>	<b>0</b>	<b>0</b>	<b>1,070</b>	<b>-20</b>	<b>0</b>	<b>0</b>	<b>1,070</b>	<b>-20</b>	<b>0</b>
<b>New and Change in Scope</b>																
Public Health Info. Sys. (iPHIS)	2	628	283					628	283	628	283			628	283	
To.Healthy Info. Sys. Mobile Rollout	4	444	444					444	444	444	444			444	444	
Operational Planning System	4	264	264					264	264	264	264			264	264	
2005 Emergency Capital Repairs	3	150	150					150	150	150	150			150	150	
2005 Barrier Free / Equity	3	50	50					50	50	50	50			50	50	
2005 Renovations	1	76	76					76	76	76	76			76	76	
2005 Mechanical and Electric	3	56	56					56	56	56	56			56	56	
2005 Sitework	3	262	262					262	262	262	262			262	262	
2005 Structural Building Envelope	3	72	72					72	72	72	72			72	72	
										0	0			0	0	
<b>Sub Total</b>		<b>2,002</b>	<b>1,657</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,002</b>	<b>1,657</b>	<b>2,002</b>	<b>1,657</b>	<b>0</b>	<b>0</b>	<b>2,002</b>	<b>1,657</b>	<b>0</b>
<b>Total 2005</b>		<b>2,002</b>	<b>1,657</b>	<b>0</b>	<b>0</b>	<b>1,070</b>	<b>-20</b>	<b>2,002</b>	<b>1,657</b>	<b>3,072</b>	<b>1,637</b>	<b>1,473</b>	<b>1,473</b>	<b>4,545</b>	<b>3,110</b>	<b>0</b>
<b>Less GST rebate (Prev.Appvd.)</b>		<b>-27</b>														
<b>Total Adjusted Project costs</b>		1,975	1,657	Note: GST Rebate Adjustment is only on the project costs. All other amounts are reported net of GST.												

\*Category Index: (1) Health & Safety; (2) Legislated/ City Policy, (3) SOGR, (4) Service Improvement/Enhancement, (5) Growth Related

ovals Req.  
'04)

Debt  
16

0

0

0

0

## Appendix 2

### Public Health 2005 Capital Budget-FPD/EMT Recommended Changes

Description		Total Cash Flow		FPD / EMT Recommended Changes			Total 2005 EMT Recommended			
Project / Sub-Project Name (All amounts in \$000s)	Category	Gross \$	Debt \$	Gross \$	Debt \$	Comments / Issues	Gross \$	Provincial Revenue	TPH Savings	Debt \$
<b>Carryforwards</b>										
Toronto Community Health Info. Sys.	4	1,473	1,473	-	-		1,473			1,473
				-	-		-			-
<b>Sub Total</b>		<b>1,473</b>	<b>1,473</b>	<b>-</b>	<b>-</b>		<b>1,473</b>			<b>1,473</b>
<b>2005 Previously Approved Commitments</b>										
Toronto Community Health Info. Sys.	4	1,070	251	-	-		1,070		819	251
South Regional Animal Centre	4	-	(271)	-	-		-		271	(271)
				-	-		-			-
<b>Sub Total</b>		<b>1,070</b>	<b>(20)</b>	<b>-</b>	<b>-</b>		<b>1,070</b>		<b>1,090</b>	<b>(20)</b>
<b>New Projects</b>										
Public Health Info. Sys. (iPHIS)	2	628	283				628	345		283
To. Healthy Info. Sys. Mobile Rollout	4	444	444	(444)	(444)	Transfer to the operating budget	-			-
Operational Planning System	4	264	264	(264)	(264)	Transfer to the operating budget	-			-
2005 Emergency Capital Repairs	3	150	150				150			150
2005 Barrier Free / Equity audit	3	50	50	(50)	(50)	Transfer to the operating budget	-			-
2005 Renovations	1	76	76	(76)	(76)		-			-
2005 Mechanical and Electric	3	56	56	(56)	(56)	Transfer to the operating budget	-			-
2005 Sitework	3	262	262				262			262
2005 Structural Building Envelope	3	72	72				72			72
							-			-
<b>Sub Total</b>		<b>2,002</b>	<b>1,657</b>	<b>(890)</b>	<b>(890)</b>		<b>1,112</b>	<b>345</b>		<b>767</b>
<b>Total 2005</b>		<b>4,545</b>	<b>3,110</b>	<b>(890)</b>	<b>(890)</b>		<b>3,655</b>	<b>345</b>	<b>1,090</b>	<b>2,220</b>



## Appendix 4 2005 Capital Projects

### Information & Technology Projects:

#### Toronto Community Health Information System (TCHIS)

To implement a system that will provide customers with a centralized point of access to services and information, significantly improving the delivery, management, tracking and reporting of services and activities provided to Public Health clients. It will also provide a consistent city-wide method to efficiently track time and activity against staff resources and against the type of services provided to customers, facilitating the implementation of performance measures and quality improvement. This system will replace over 30 existing systems and support the timely, effective, appropriate, consistent and integrated delivery of community nursing and related professional program and services.

#### Integrated Public Health Information System (iPHIS)

A new information system (to replace systems that are 10 years of age or older) is critically required to support 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 Toronto Public Health (TPH) to meet minimum legislated provincial mandatory requirements. Health Canada is funding a project team to enhance and implement the Public Health Information System (iPHIS) (worth an estimated \$7 million) across Canada. The Ontario Ministry of Health and Long Term Care is supportive of implementing iPHIS. In order for TPH to fully participate on the project, TPH is required to contribute some of the total resources required to enhance and implement the system. The project is subdivided into 2 major phases each involving a pilot and rollout. The first phase involves communicable disease programs and the second involves immunization. The pilot for CD functionality has been completed in 2004 and iPHIS will be enhanced in a phased implementation ending 2006.

#### Operational Planning System (OPS)

A new Operational Planning System (OPS) and supporting infrastructure (i.e. process, guidelines, performance measures, program maps and logic models) is required to replace manual and costly processes used to prepare and monitor annual operating plans. This system will support the integration between the operational plans and the budget plans and between the operational plans and the strategic plans. The system will also support a framework for accountability, systematic decision-making, rationalizing and allocating resources and executing activities directed at achieving the mission and goals of TPH including those embedded within the mandatory Health programs and service guidelines.

#### 3-1-1 TPH Implementation

The purpose of this project is to implement coordinated access to Public Health program information and services in order to improve service to TPH customers. The Contact Centre sub-project will implement an organizational structure, an information repository and telephone technology. This project is critical in that it creates a Front Door for access to TPH programs and

services. It is linked to all the major TPH programs and systems particularly to the THEIS, Chameleon, TCHIS and iPHIS systems. Since the project touches on the corporate infrastructure (e.g. network and telecom), it has to fit within the ongoing CAO and corporate initiative for Customer Service Improvement. This project will leverage off and interface with the corporate 3-1-1 advanced technology environment in delivery of TPH programs and services to the public.

#### THEIS Mobile Rollout (Transferred to Operating Budget)

The Toronto Healthy Environments Information System computing pilot project was a success in terms of testing the viability of using mobile technology by Healthy Environments inspectors. Lessons learned and issues, such as the need to replace the piloted devices with improved technology and enhancing the system functionality, will be addressed in the next phase of the implementation. \$674.0 thousand is requested in 2005 to complete the rollout of wireless technology to Healthy Environments inspection staff and managers.

#### State of Good Repair – Facilities Projects:

##### Emergency Capital Repairs

The scope of work includes unforeseen emergency capital repairs to facilities occupied by Public Health, as identified through the Building Condition Assessment by Facilities and Real Estate. The amount in any particular budget year is based on previous year's actual emergency capital repair expenditure. Public Health spent 95% of the 132K budget in 2003. Of the 122K budget in 2004, Public Health has spent 2.8K as of August 13, 2004. However, the entire budget is expected to be fully utilized by year end.

##### Mechanical and Electrical

Replacement of high temperature refractory bricks on all walls and floor of the existing incinerator, as identified through the Building Condition Assessment by Facilities and Real Estate. The existing incinerator at the Animal Shelter at 146 The East Mall is a specialized equipment which requires replacement every 10 to 12 years. Minor repairs have been done on the refractory walls in the past, however, no records for complete replacement can be found. It is recommended that a complete overhaul of the refractory be scheduled in 2005, which would include removal and disposal of the cremation chamber and after chamber floor and walls. All existing refractory walls and floor are old, worn out and near the end of their useful expected life.

##### Sitework

Repavement of asphalt parking lot and construction of a ramp at front entrance at the Etobicoke Animal Shelter, 146 The East Mall, as identified through the Building Condition Assessment by Facilities and Real Estate. The front and back parking lot has many cracks and potholes. This project was deferred from 2004 to 2005. Some patching has recently been carried out to prevent injury. If this sub-project is not funded the perimeter grounds at the facilities would further deteriorate leading to ponding, trip hazards and safety concerns. Deferral of asphalt paving may compromise staff and public safety accessing the Public Health facilities.

### Barrier Free/Equity

Accessibility Audits at various Public Health sites are required to carry out barrier free audits as outlined in Accessibility Design Guideline adopted by City Council in May 2004. Any physically challenged members of the Public and/or staff accessing the Public Health buildings will require the buildings to be barrier free. The following sites require audits: 30 Northline Rd, 146 The East Mall, 1300 Sheppard Ave. W., 662 Jane St. and 524 Oakwood. Deferral of this project would result in Public Health buildings which are not universally accessible.

### Structural Building Envelope

The repair and restoration of the front entrance stonework at the Beatrice Lillie Health Centre, 1115 Queen St. West, as identified through the Building Condition Assessment by Facilities and Real Estate. The Beatrice Lillie Health Centre is classified as a heritage building and any required restoration work should be carried out to preserve it. Repairs must be carried out to avoid potential component deterioration that would result in structural integrity of the facility. Further deterioration of the stonework will result in more costly restoration work in the future.

### Renovations

Replacement of carpet at the Etobicoke Civic Centre, 1<sup>st</sup> and 4<sup>th</sup> Floor, space occupied by Public Health, as identified through the Building Condition Assessment by Facilities and Real Estate. High traffic areas by the public are rapidly deteriorating, starting to fray and lift. Funds are required for replacement of carpet in high traffic areas. Replacement is required as part of normal maintenance. Worn out finishes create an unacceptable work environment. If someone trips on a frayed or lifted edge and hurts himself/herself, the City would be held liable.

## Appendix 5

### PUBLIC HEALTH 2006 - 2009 CAPITAL BUDGET

Priority	Project Name	Description	Executive Sponsor(s)	2006	2007	2008	2009	Total Project Cost
<b>New (2006 onwards)</b>								
2	Intergrated Public Health Information System (2005)	IRIS and RDIS do not meet the needs of the CDC program. Health Canada is supporting the implementation of the iPHIS system across Canada. Health Canada and MOHLTC will support some of the costs to change the system to meet our Requirements so that it can be implemented.	Barbara Yaffe	\$1,195	\$0	\$0	\$0	\$1,195
	Future - Emergency Preparedness Support Systems	TPH needs a system to respond to an existing danger or to something that is threatening, or may threaten the health, safety, property and welfare of the community (ie. nuclear disaster, weather-related event, communicable disease outbreak). This project is to implement critical applications that have been identified as a result of Phase A of the Emergency Preparedness, Response and Recovery Project.	Ron de Burger/ Shirley MacPherson	\$645				\$645
	Future - Compliance with Revised MOHTLC Mandatory Program Guidelines	A revised set of MOHLTC guideline on Mandatory Programs for Health will be published in 2005. This will have impacts on TPH programs / services. Systems in support of these mandatory programs will need to be changed to support the revised guidelines with respect to information collection and reporting requirements. Additional systems may also be required to support new programs / services in the revised MOHLTC guidelines. In addition Bill 31 (Health Information Protection Act) becomes law November 1, 2004.	Donalda McCabe	\$842	\$515			\$1,357
	Future - Adoption of Wireless Technology	Public Health professionals and nurses require access to case information and nursing notes residing in TCHIS and document management systems. They require the ability to communicate via email while out in the field. Based on the results and lessons learned in the pilot to be conducted in 2005 as part of the CNCMS (now TCHIS) project, 340 and 230 devices will be rolled out in 2006 and 2007 respectively.	Donalda McCabe/ Ron de Burger/ Barbara Yaffe	\$3,153	\$1,965	\$376		\$5,494

**PUBLIC HEALTH 2006 - 2009 CAPITAL BUDGET**

Priority	Project Name	Description	Executive Sponsor(s)	2006	2007	2008	2009	Total Project Cost
	Future - Document Mgt. TPH Implementation	TPH in its course of providing services to the public maintains confidential information and medical records of clients. This project will analyze the business requirements of record retention / archival within the context of various legislations (such as MFIPPA, Privacy and Bill 31) applicable to TPH. Implementation using document mgt. tools will be based on findings from the analysis.	Shirley MacPherson	\$2,086	\$670	\$2,185	\$2,185	\$7,126
	Future - Dental Strategy & Implementation	This system will replace the Dental Program's eleven separate systems.	Hazel Stewart		\$190	\$1,040	\$1,040	\$2,270
	Future - Web-Based Systems	TPH needs to provide Web based services to the public and staff. The following are Web related major projects. (1) Smoking Cessation; (2) Web Based Learning; (3) TPH Web Site Re-design; (4) Streaming Media; (5) Canada Health Portal; (6) Web Content Mgt.	Shirley MacPherson	\$338				\$338
	Future - TPH Data Warehouse Project	The TPH Data Warehouse project is to support the devt. of an integrated information environment for TPH and to map all of its systems against the operational and financial reporting needs of programs/services areas, mgt. reporting, statistical analysis, performance measures tracking and ad hoc queries. The TPH Data Warehouse will link / extract / consolidate key information from all its systems to support the ways in which TPH access and use information; and, it will also incorporate in its design the principles stated in the Information Framework Report.	Fran Scott		\$4,000	\$1,500	\$500	\$6,000
<b>Sub-Total IT - New 2006 Onwards</b>				\$8,259	\$7,340	\$5,101	\$3,725	\$24,425

**PUBLIC HEALTH 2006 - 2009 CAPITAL BUDGET**

Priority	Project Name	Description	Executive Sponsor(s)	2006	2007	2008	2009	Total Project Cost
<b>Facilities (2006 and future years)</b>								
9	Sitework	State of Good Repair on facilities	Shirley MacPherson			\$91		\$91
3	Emergency Capital Repairs	State of Good Repair on facilities	Shirley MacPherson	\$144	\$147	\$150	\$153	\$594
10	Structural/Building Envelope	State of Good Repair on facilities	Shirley MacPherson		\$217		\$260	\$477
5	Renovations	Health & Safety	Shirley MacPherson		\$62	\$67		\$129
4	Barrier Free/Equity	State of Good Repair on facilities	Shirley MacPherson					\$0
8	Mechanical and Electrical	State of Good Repair on facilities	Shirley MacPherson	\$578	\$56	\$82	\$451	\$1,167
<b>SUB-TOTAL - FACILITIES</b>				<b>\$722</b>	<b>\$482</b>	<b>\$390</b>	<b>\$864</b>	<b>\$2,458</b>
<b>GRAND TOTAL</b>				<b>\$8,981</b>	<b>\$7,822</b>	<b>\$5,491</b>	<b>\$4,589</b>	<b>\$26,883</b>