



STAFF REPORT ACTION REQUIRED

Compliance with the Ontario Public Health Standards

Date:	May 14, 2009
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

The Ontario Ministry of Health and Long-Term Care released the new Ontario Public Health Standards (OPHS) in November 2008. The OPHS and related Protocols are published pursuant to Section 7 of the Health Protection and Promotion Act, R.S.O. 1990, and establish the minimum level of public health services that Boards of Health in Ontario are required to provide. The new standards replace previous guidelines and establish an enhanced accountability and performance management framework within which programs and services are to be delivered by local public health units.

Toronto Public Health (TPH) recently undertook a preliminary compliance assessment to assess the compliance of current programs and services with the OPHS. The new standards represent a minimum benchmark while providing substantial scope for tailoring public health services to meet local population health needs. The purpose of this report is to inform the Board of Health of the preliminary results of the TPH compliance assessment.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Medical Officer of Health complete the assessment of TPH compliance with the Ontario Public Health Standards, adjust service and program delivery within existing resources where appropriate to achieve compliance, and report back on any outstanding areas of non-compliance requiring additional resources.

Financial Impact

There are no financial impacts arising from the adoption of this report.

DECISION HISTORY

At its meeting of January 19, 2009, the Board of Health received a staff report providing an overview of the OPHS. The Board endorsed a recommendation that the Medical Officer of Health report in May 2009 on the implementation of OPHS and associated Protocols, outlining how TPH will incorporate the new standards in strategic and service planning. (<http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-18198.pdf>)

ISSUE BACKGROUND

The OPHS came into effect in January 2009, replacing the previous Mandatory Health Programs and Services Guidelines (1997). The Standards were developed by the Ministry of Health and Long Term Care with substantial consultation and input from local public health unit staff across Ontario, including TPH. A subcommittee of the Board of Health also reviewed draft Standards with staff and provided input.

There are a total of fourteen standards in the OPHS: one foundational standard and thirteen program-specific standards. All standards are built on four underpinning principles that are intended to guide compliance assessment: need, impact, capacity, and partnership and collaboration. The program-specific standards are grouped under five areas: Chronic Disease and Injuries; Family Health; Infectious Diseases; Environmental Health; and Emergency Preparedness. Each standard is structured to contain four elements: an overall goal; societal outcomes; board of health outcomes; and specific compliance requirements. Many of the standards are supported by protocols that provide direction on how Boards of Health are to implement the specific requirements of a standard. Many of the protocols apply to more than one standard, and many of the standards apply to more than one TPH program area.

COMMENTS

Following the release of the OPHS, the Medical Officer of Health initiated a process to assess TPH compliance with the new standards. This involved the creation of a service planning workgroup with representatives from each directorate and the development of worksheets and templates that would serve as consistent division-wide tools for measuring program compliance. The workgroup identified a total of almost 900 components contained within the requirements and protocols against which program compliance has been assessed. Summary reports were produced for each program area identifying compliance status. This reporting process also collected information on those program areas that are not covered by the OPHS.

Areas of Compliance:

The results of this assessment process show that TPH is compliant with the vast majority of OPHS requirements.

Areas of Non-Compliance

A small number of program areas were identified as non-compliant. The following are examples of non-compliant programs:

- Emergency Planning and Preparedness program requires enhancements in comprehensive continuity of operations plans; 24/7 notification system; and annual staff training.
- Health Hazard Prevention and Management program requires enhancements to fully respond to all complaints alleging a health hazard.
- Vaccine Preventable Diseases program requires enhancement in three areas:
 - providing immunization to the general public and outreach to vulnerable groups
 - assessment of immunization status of children in licensed day nurseries
 - routine site inspections of some health care providers who handle vaccines

Following this initial assessment and the identification of non-compliant program areas, it is necessary to undertake a more detailed assessment to determine whether full compliance can be achieved by modifying programs within existing resource allocation, or whether additional resources will be required to achieve compliance. Programs which can achieve compliance within existing resources will be modified through the annual service planning process. Programs requiring new resources to achieve compliance will be detailed in a report to the Board of Health in the fall of 2009.

Areas Requiring Further Compliance Assessment

The compliance assessment process also identified challenges associated with program areas for which the OPHS documents do not provide a sufficient level of detail in order to define a specific, measurable minimum benchmark. This was particularly the case with programs and services within the Chronic Disease and Injuries and Family Health standards. Because of the uncertainty associated with defining compliance with a number of standards in these program areas, TPH will undertake further analysis of the requirements of compliance within the specific context of service planning for a number of programs that fall into this category.

In addition, as previously reported to the Board of Health, the current service levels and resource deployment in the Family Health program area are affected by the diversion of cost-shared program resources to support the 100% provincially funded Healthy Babies, Healthy Children program as a result of underfunding by the Ministry of Children and Youth Services (MCYS). The Healthy Family service delivery model is currently being

reviewed in order to more appropriately allocate program resources. This will allow resources to be applied to meet OPHS requirements. A more accurate assessment of compliance opportunities for these program areas will then be possible. A report on funding and service levels for Healthy Babies, Healthy Children and other MCYS-funded programs is planned for the June 2009 Board of Health meeting.

Conclusion

In view of the results of this preliminary compliance assessment of TPH programs and services, there are four basic findings to guide future work: very few programs are not in compliance and overall performance is strong; some of the programs not in compliance can be adjusted within existing resources to achieve compliance; some programs need further analysis to clarify compliance requirements and compliance levels; and additional work is needed in a small number of program areas to identify the scale of additional resources required to achieve compliance. The Medical Officer of Health will report back to the Board of Health in the fall of 2009 with a more complete assessment of compliance and recommendations for enhanced resources where required to achieve compliance.

The OPHS and related Protocols and other supporting resources are posted on the MOHLTC website at:

http://www.health.gov.on.ca/english/providers/program/pubhealth/oph_standards/ophs/index.html

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