

Toronto Public Health

City Manager Recommended 2015 Operating Budget & 2015 – 2024 Capital Budget and Plan

Budget Committee Presentation
January 26, 2015



Agenda

- 2015 – 2024 Staff Recommended Capital Budget & Plan
- 2015 City Manager Recommended Operating Budget
- Recommended Service Levels
 - Service Performance and Service Levels
 - Issues, Opportunities and Priority Actions



**Staff Recommended
2015 – 2024 Capital Budget and Plan**



Capital Overview

- The Toronto Public Health (TPH) 2015-2024 Capital Budget and Plan is comprised of information technology projects and does not include any physical assets
- TPH implements IT solutions to meet needs of our diverse services which includes AIDS and sexual health clinics, chemical tracking, food inspections, maternal and infant care programs, dental clinics, and infectious disease tracking and reporting.
- The 10-Year Capital Budget and Plan request will provide funding for seventeen Information and Technology (IT) projects that support improvement of service delivery with the development and enhancement of systems while complying with Provincial mandatory reporting requirements

TPH IT Strategic Goals and Objectives

- TPH's five IT Strategy goals are supported by eighteen strategic objectives:

TPH IT Strategic Goals



TPH IT Strategic Objectives



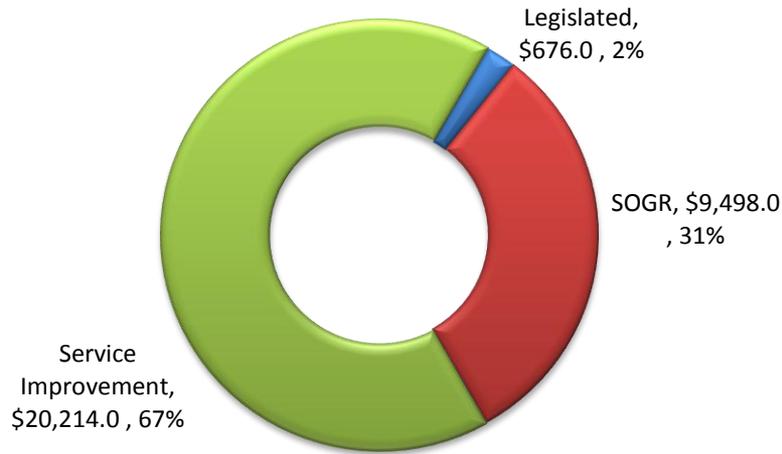
TPH IT Strategic Initiatives

Objectives	Key Projects
Provide staff access to business applications and information while in the community	<ul style="list-style-type: none"> • HF/HL Point of Care • CDC Wireless Rollout • Healthy Environment Inspection Mobile • Mobile Enablement
Increase analytical capability and management information quality to improve service decision making	<ul style="list-style-type: none"> • Datamart Data Warehouse Phase 2 and 3 • Geographic Information Enablement
Facilitate staff and community knowledge sharing and team based productivity	<ul style="list-style-type: none"> • Collaboration • Community Collaboration
Provide public with access to information through mobile and web channels	<ul style="list-style-type: none"> • Mobile Enablement • Public eLearning
Improve business processes and information sharing through process redesign, automation and system integration	<ul style="list-style-type: none"> • Infectious Disease Control Information System • Electronic Medical Records • Dental and Oral Health Info System • Staff Scheduling • Document & Records Management System
Enhance or replace critical business applications that have reached their end of life	<ul style="list-style-type: none"> • PH Systems State of Good Repair • Inspection Management • Infectious Disease Control Information System

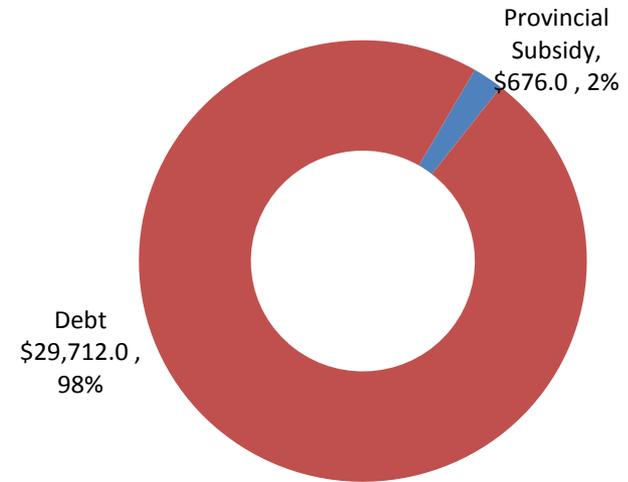
2015 – 2024 Staff Recommended Capital Budget and Plan

Capital Spending by Program and Funding Sources 2015-2024 Capital Budget and Plan

Where the Money Goes \$30,388 Thousand

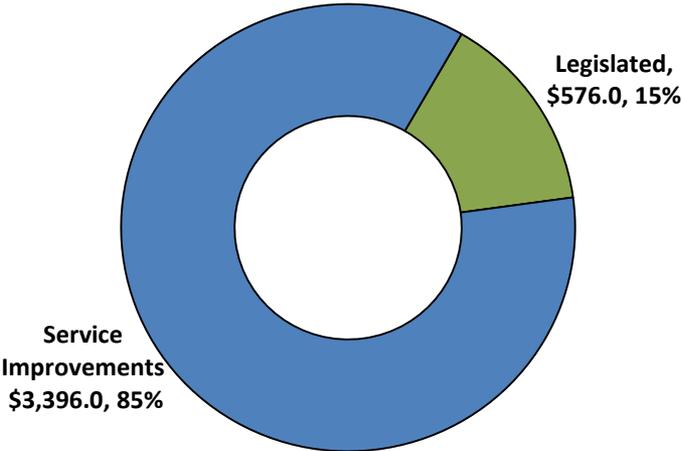


Where the Money Comes From \$30,388 Thousand

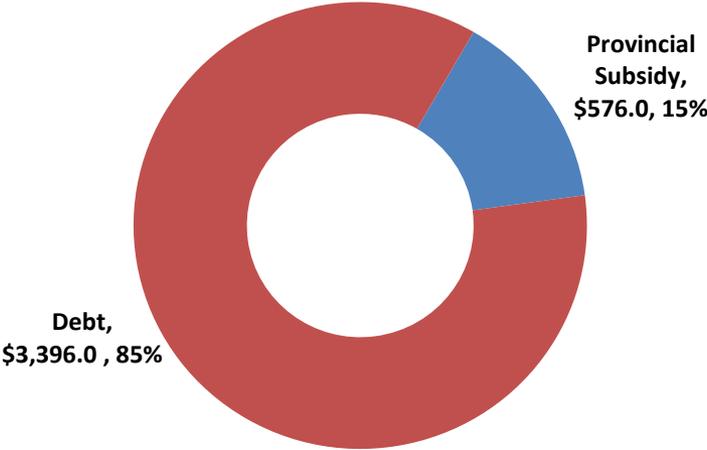


Capital Spending by Program and Funding Sources - 2015 Capital Budget

Where the Money Goes
\$3,972 Thousand



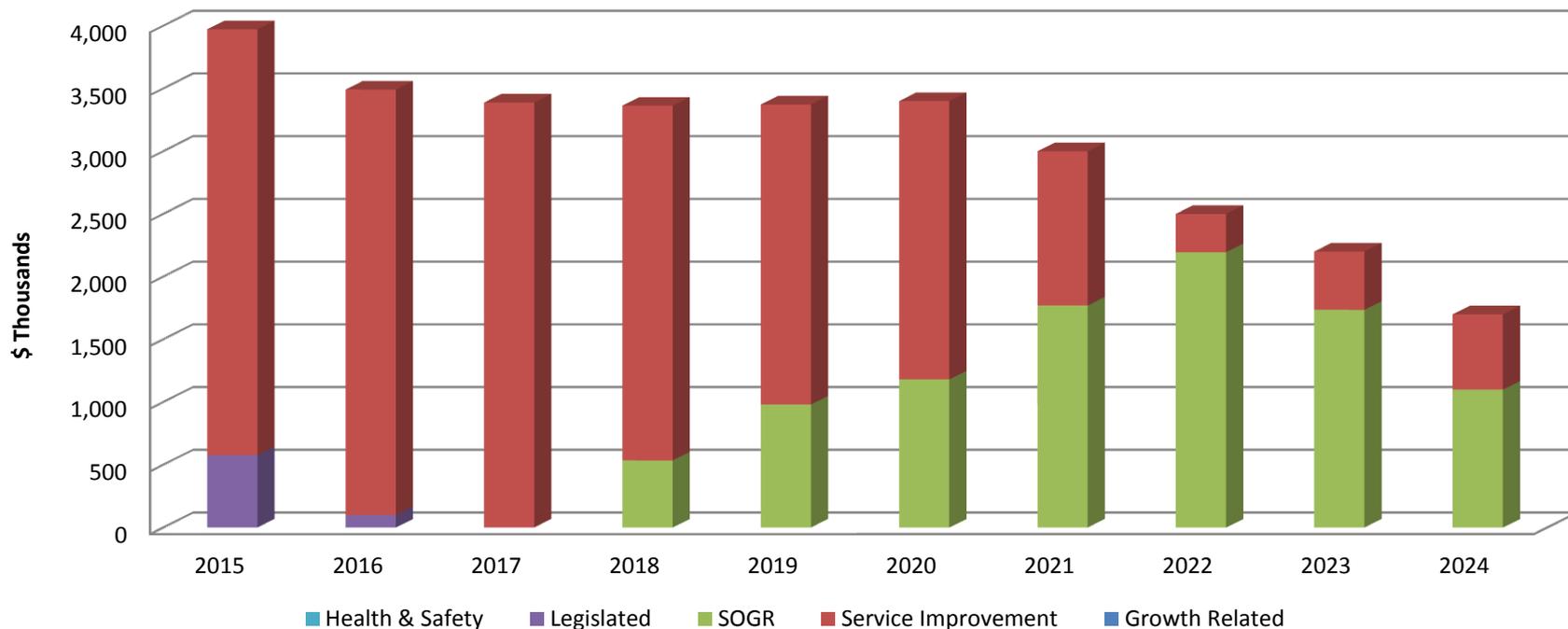
Where the Money Comes From
\$ 3,972 Thousand



2015 – 2024 Capital Plan by Expenditure Category

	2015-2024 Capital Bduget and Plan by Project Category									
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Health & Safety	0	0	0	0	0	0	0	0	0	0
Legislated	576	100	0	0	0	0	0	0	0	0
SOGR	0	0	0	535	981	1,181	1,770	2,195	1,736	1,100
Service Improvement	3,396	3,392	3,388	2,828	2,392	2,219	1,230	305	464	600
Growth Related	0	0	0	0	0	0	0	0	0	0

2015-2024 Capital Plan by Category



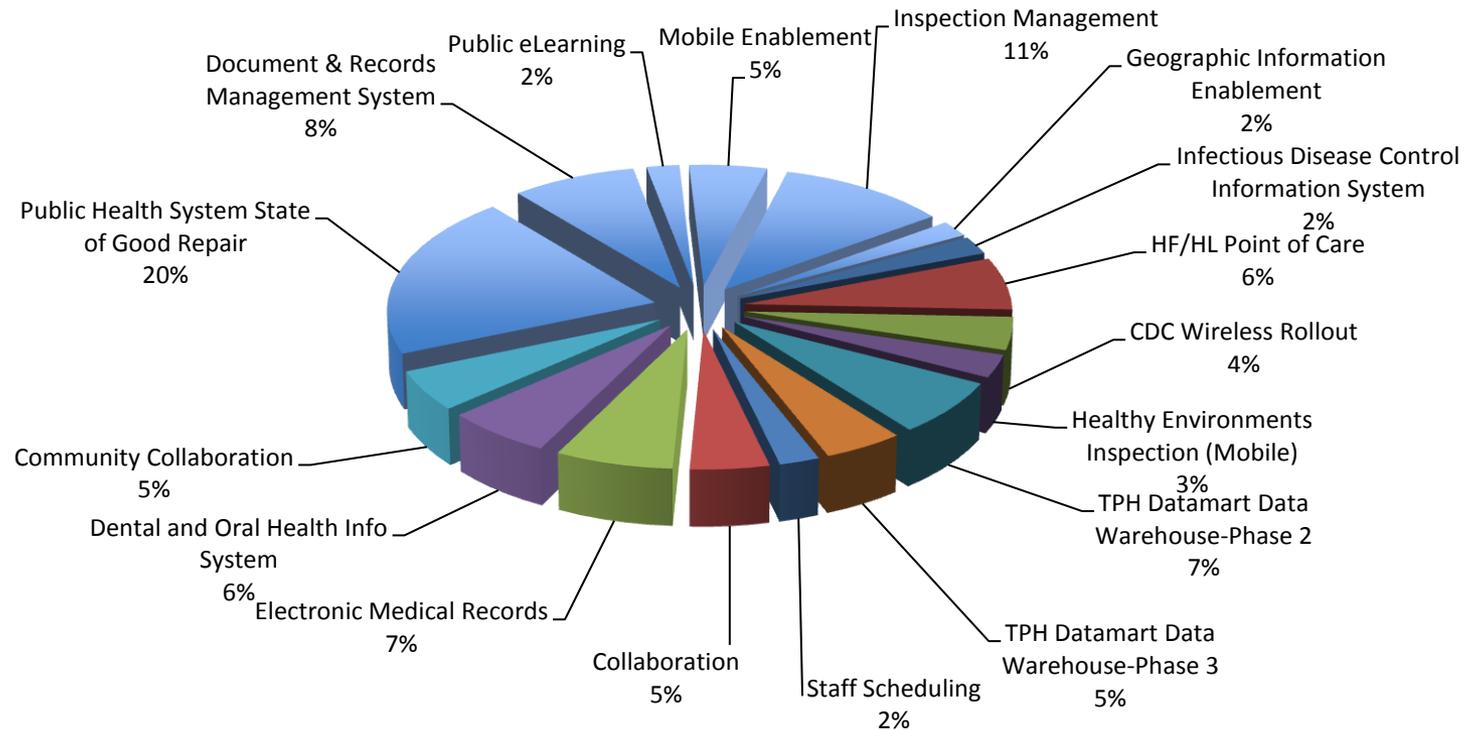
Issues for 2015 and Beyond

- There is an increased demand by the public to be able to access government services and information over the Internet.
- The majority of Public Health staff, including nurses, and public health professionals work out of the office more than half their time but must continually return to the office or contact office staff by telephone to access information in computer systems. Service delivery and reporting is enhanced with the introduction of mobile technology.
- Providing reliable client/patient information and management information for service and decision-making in an accurate, easy and timely way.
- Some critical business systems have reached their end of life due to technical obsolescence and inability to satisfy new legislation/business requirements and will need to be enhanced or replaced.
- Decreasing funding targets from 2020 to 2024 will impact service delivery and TPH's ability to provide continuous quality improvement by utilizing new technology as an enabler.

Capital Spending by Program

2015 – 2024 Capital Budget and Plan

Breakdown of \$30.388 Million 10 Year Capital Budget and Plan





**City Manager Recommended
2015 Operating Budget and Plan**



Legal Responsibilities & Program Requirements

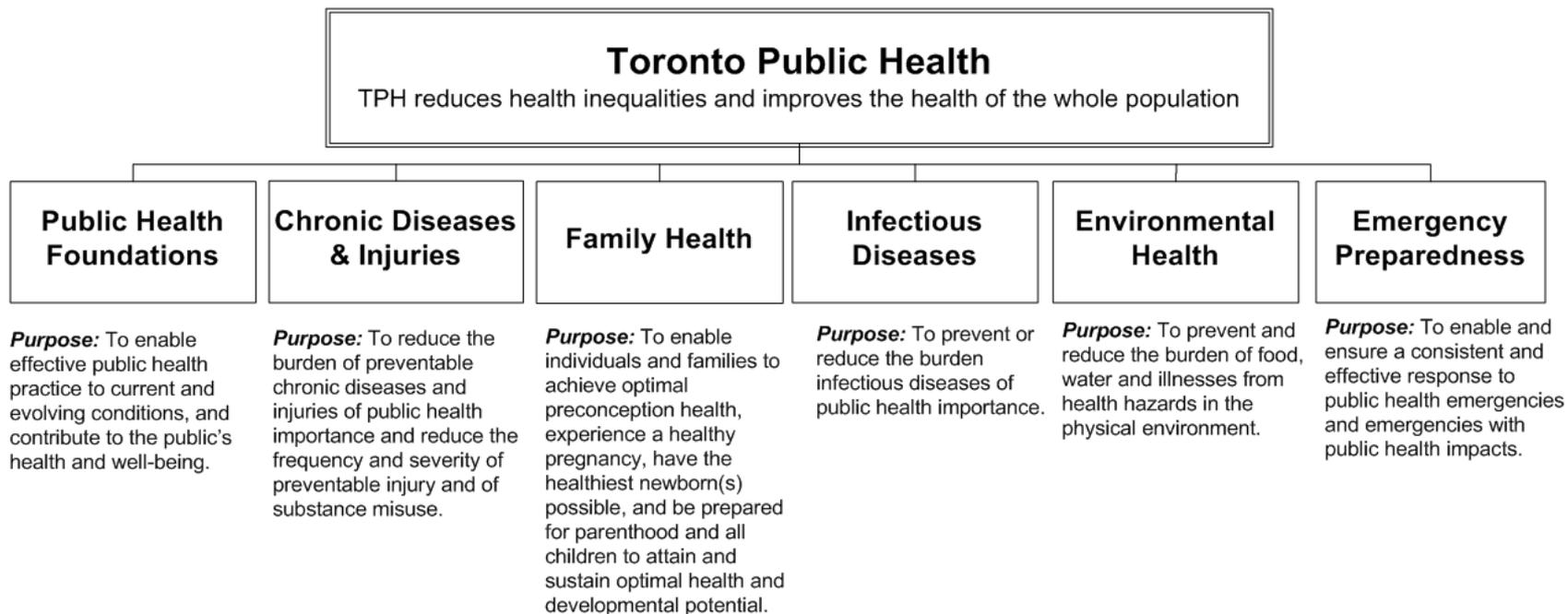
Provincial Public Health Service Mandate:

- Ontario Health Protection and Promotion Act (HPPA)
- Ontario Public Health Standards
- Provincial Accountability Agreement

Implications of Provincial Cost Sharing

- Every \$1 of the City's investment in Public Health leverages \$3 of Provincial funding

2015 Program Map



2015 Service Deliverables

- **Infectious Diseases**
 - ✓ Ensure services are available 24/7 to respond to reports of infectious disease requiring an immediate public health response
 - ✓ Respond to approximately 34,000 cases of reportable/communicable diseases
- **Environmental Health**
 - ✓ Complete 32,000 food safety inspections of food premises
 - ✓ Complete 5,000 inspections of pools and recreational facilities
- **Emergency Preparedness**
 - ✓ Participate and contribute to health sector and municipal planning for the 2015 Pan/Parapan American Games

2015 Service Deliverables

■ Chronic Diseases and Injuries

- ✓ Reach 60% (~217,000) of children/youth in Toronto schools with CDIP initiatives building positive health behaviours (healthy eating, active living, tobacco use prevention, UVR/sun safety, and injury prevention)
- ✓ Engage 6,160 adults in 146 walking promotion pedometer lending programs, promoting through libraries, workplaces, and community sites

■ Family Health

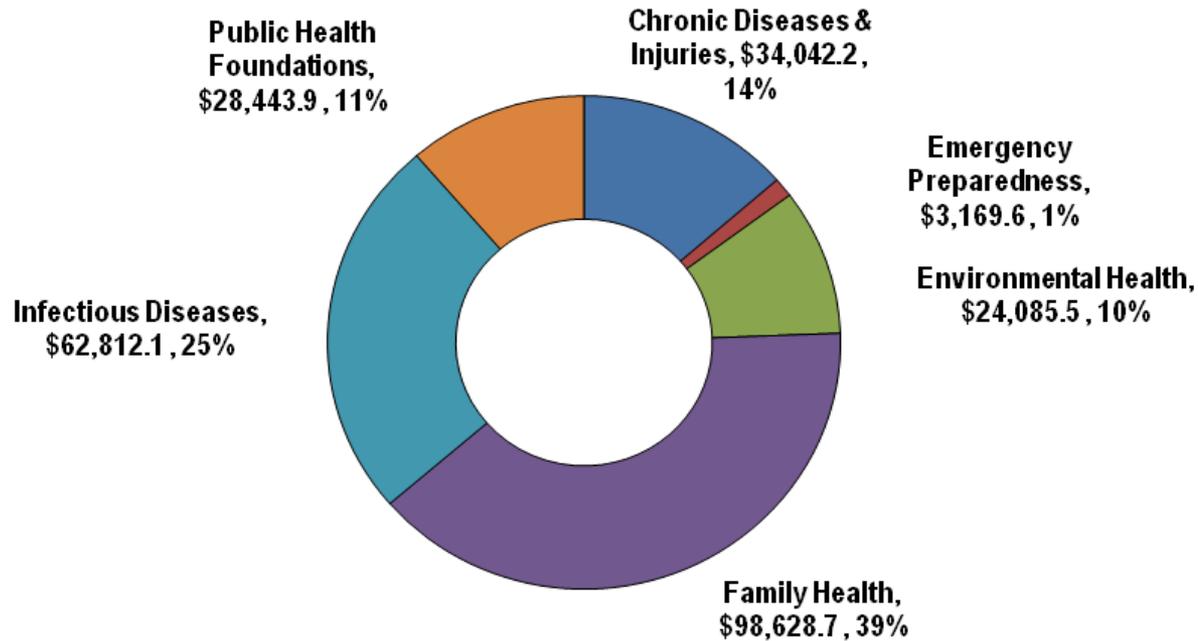
- ✓ Deliver group prenatal education to 2,200 pregnant women at the Canada Prenatal Nutrition Program
- ✓ Pilot Healthy Babies Health Children / Infant Hearing Program Screening Model in hospitals

■ Public Health Foundations

- ✓ Implement and conduct analysis of Toronto Public Health Student Survey
- ✓ Conducted analysis of 5 year trends related to income and health inequalities

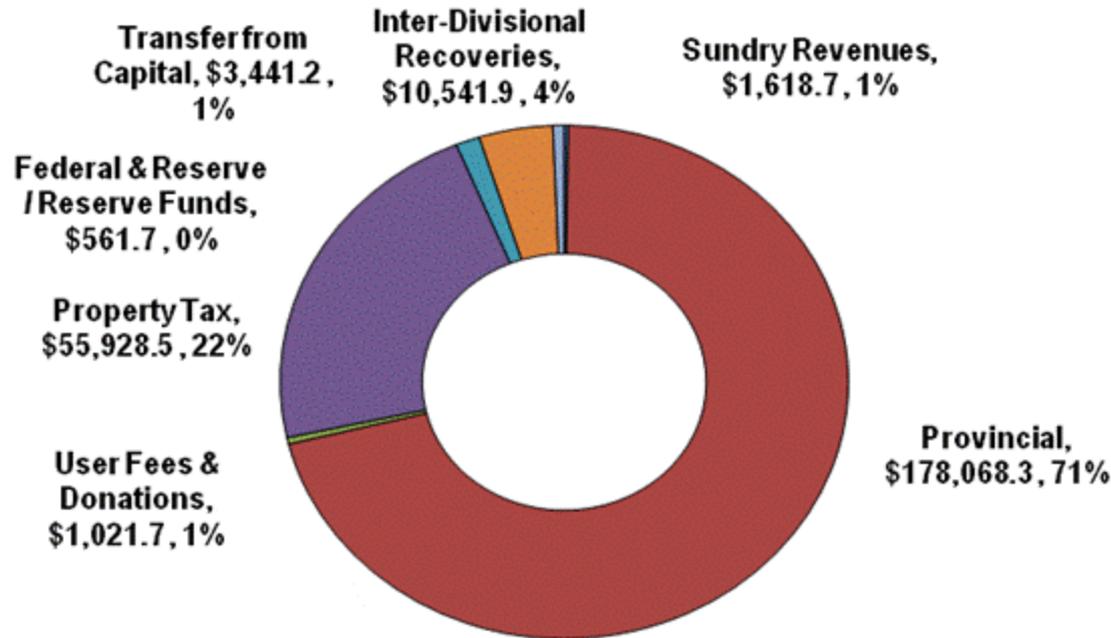
City Manager Recommended Gross Operating Budget - Where the Money Goes

\$251,182.0 Thousand



City Manager Recommended Operating Budget - Where the Money Comes From

\$251,182.0 Thousand



City Manager Recommended 2015 Net Operating Budget

(\$000s)	2014 Budget		2015 Budget		Change from 2014 Over (Under)			
	Gross	Net	Gross	Net	Gross		Net	
					\$	%	\$	%
Chronic Diseases & Injuries	41,546	9,550	34,042	9,231	(7,504)	(18.1%)	(318)	(3.3%)
Emergency Preparedness	3,003	721	3,170	749	167	5.6%	28	3.8%
Environmental Health	24,651	5,566	24,085	5,502	(565)	(2.3%)	(65)	(1.2%)
Family Health	91,001	19,352	98,629	16,251	7,627	8.4%	(3,101)	(16.0%)
Infectious Diseases	68,114	13,479	62,812	13,429	(5,302)	(7.8%)	(50)	(0.4%)
Public Health Foundations	19,317	6,314	28,444	10,767	9,127	47.2%	4,453	70.5%
TPH Total	247,632	54,982	251,182	55,929	3,550	1.4%	946	1.7%

Net Operating Budget and City Manager Changes - 5 Year Overview

	Approved Budget					Rec'd Base
	2010	2011	2012	2013	2014	2015
Approved Net Budget (\$000's)	44,167.6	44,777.2	47,915.2	50,406.5	54,982.2	55,509.1
Net Change	348.4	609.6	3,138.0	2,491.3	4,575.7	526.9
% Change from Prior Year	0.8%	1.4%	7.0%	5.2%	9.1%	1.0%
Approved Complement	1,929.20	1,937.99	1,886.15	1,873.73	1,877.03	1,870.58
Net Change	21.1	8.8	(51.8)	(12.4)	3.3	-6.5
% Change in Staff Complement	1.1%	0.5%	-2.7%	-0.7%	0.2%	-0.3%

Key Changes:

2010 Changes

- 41 100% Provincially Funded permanent Dental Healthy Smiles Ontario permanent positions added, 25 100% Provincially Funded Nursing Graduate temporary positions deleted

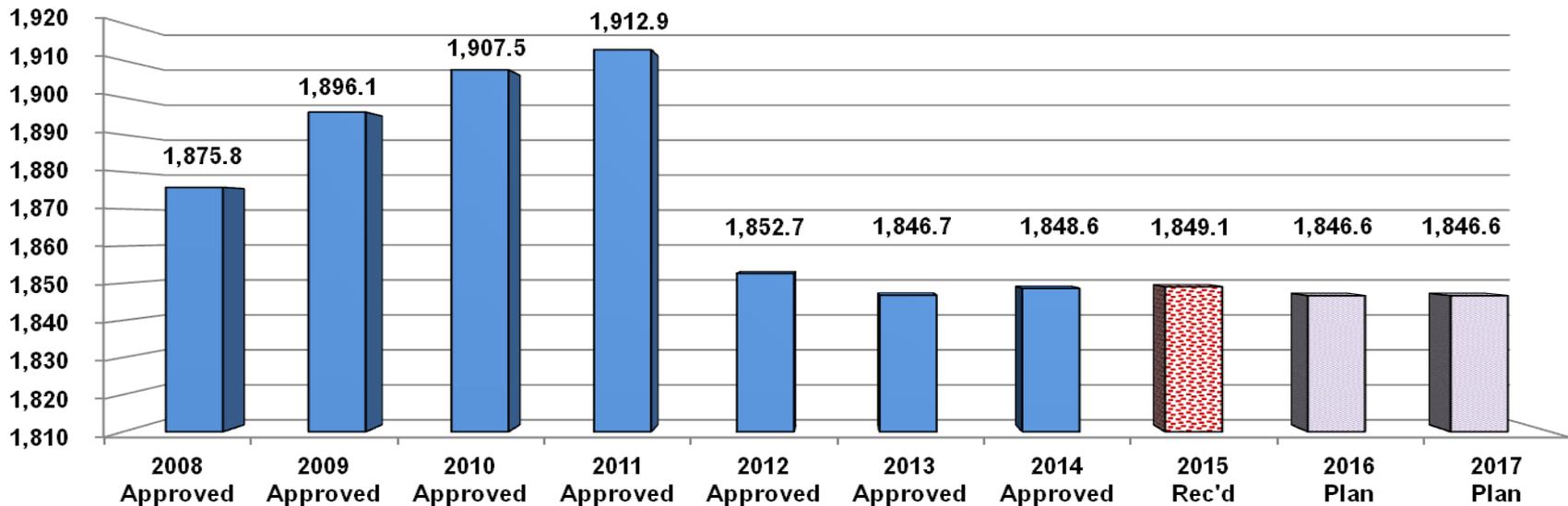
2012 Changes

- Achieved reduction target partially through the reduction of 58.25 positions
- Transfer of AIDS and Drug Prevention CPIP Grants to Cost Shared TPH Funding – Savings of \$1.8M to the City and Student Nutrition Program – \$3.8M Gross / Net

2014 Changes

- Budget includes: new & enhanced projects that maximize Provincial revenue for Preventing Childhood Obesity, Enhancement to STI Prevention for 12 positions and an increase of \$1,154 thousand gross and \$289 thousand net ;
- Budget increases for Year 2 of the Student Nutrition Program \$1,771 thousand gross and net

Staffing Trend *(Excludes Capital Positions)*



Key Points:

- Net reduction of 58.25 positions in 2012 to meet reduction target
- 2014 includes 12 position increase for Preventing Childhood Obesity and Enhancements to Sexually Transmitted Infection offset by reductions in Healthy Babies / Healthy Children
- 2015 Request includes temporary increase 0.42 positions for Pan Am / Parapan Am Games

2015 Recommended Operating Budget: Key Drivers

(In \$000s)	2015 Rec'd Base Budget
Gross Expenditure Changes	
Prior Year Impacts	
Annualizations	126.9
Economic Factors	
Corporate Economic Factors	3.6
Toronto Urban Health Fund (2.25%)	14.8
Sexual Health Clinic Service (2.25%)	12.9
Rental Increases	19.0
COLA and Progression Pay	
COLA	750.3
Progression Pay	196.8
Step Increase	34.1
Benefits Adjustment	(99.3)
Gapping increases	(56.4)
Other Adjustments	(144.7)
Service Changes	
Line By Line Review	(30.0)
Change in Funding for Low Income Dental Program to 100%	(283.2)
Total Changes	545.1
Revenue Changes	
IDC/IDR	10.9
User Fees	7.3
Total Changes	18.2
Net Expenditures	526.9

City Manager Recommended New / Enhanced Service Priorities

Description	2015 Recommended			Net Incremental Impact			
	Gross Expenditures	Net Expenditures	New Positions	2016 Plan		2017 Plan	
				Net Expenditures	# Positions	Net Expenditures	# Positions
Enhanced Services Priorities							
Toronto Urban Health Fund	150.0	37.5					
Student Nutrition Program - Inflation	381.9	381.9		269.2		328.5	
Sub-Total	531.9	419.4	-	269.2	-	328.5	-
New Service Priorities							
(a) New Services							
2015 Pan Am Games - Operations	205.9	-	1.5	-	(1.5)		
Sub-Total	205.9	-	1.5	-	(1.5)	-	-
Total	737.8	419.4	1.5	269.2	(1.5)	328.5	-

Additional Board of Health Recommendations

Maximize Provincial Revenue through:

- Implement Day Nursery Immunization to meet Provincial Standards (\$192.4 thousand gross / \$48.1 thousand net)
- Reducing Adverse Impacts from Climate Change on Health (\$125.6 thousand gross / \$31.4 thousand net)

Other service enhancements (City Programs):

- Student Nutrition Program Enhancement (\$963.7 thousand gross and net)
- Student Nutrition Program Expansion (\$555.5 thousand gross and net)

BOH Recommended vs. City Manager Recommended 2015 Operating Budget

Description (\$000s)	BOH Recommended			2015 Recommended Operating Budget			Additional Net Changes	City Manager Comments
	Position Change	Gross Exp.	Net Expense	Position Change	Gross Exp.	Net Expense		
	#	\$	\$	#	\$	\$		
2014 Approved Budget	1,874.4	246,258.6	52,764.2	1,874.38	246,258.6	52,764.2		Includes one-time funding of \$87 thousand for Infant Hearing, VPD and Diabetes Prevention and changes to provincial base funding (\$13) thousand for Aids Hotline, Nursing Quality Practice, Infection Prevention Control and Social Determinants.
In Year Adjustments	2.65	1,302.2	2,218.0	2.65	1,373.6	2,218.0		
2014 Adjusted Approved Budget	1,877.03	247,560.8	54,982.2	1,877.03	247,632.2	54,982.2		
Base Changes:								
Base Expenditure Changes								
<i>Prior Year Impacts</i>	(1.00)	325.0	133.2	(1.00)	325.0	133.2		Includes 2014 New annualizations and 100% Funded Program adjustments Reversal of one-time funding and annualization of base funding for the above in-year adjustments.
Changes to 100% Funded Programs due to announced funding					(254.1)			
Impact of Capital Changes	(10.40)	(678.4)		(5.37)	(286.0)			2014 Capital Carry Forwards with 5.03 capital positions of \$392 thousand gross and \$0 net
<i>COLA, Progression Pay, Step Increase, Benefits, Gapping and Starting Salary Adjustment</i>		2,758.3	674.7		2,758.3	674.7		
<i>Economic Factors - Non Payroll</i>		211.3	50.3		211.3	50.3		
<i>IDC / IDR</i>		194.3	(10.9)		194.3	(10.9)		
<i>Other Base Changes</i>	1.00	84.1		1.00	84.1			
<i>Pan Am Games - Base</i>	-	-		(1.08)	(113.7)			Funding for the Tobacco-free Pan Am Games initiative was reduced.
Base Revenue Changes								
<i>User Fees</i>		12.9	(7.3)		12.9	(7.3)		
Base Savings								
<i>Change in funding for LIPD from Cost Shared to 100%</i>			(283.2)			(283.2)		
<i>Salary and Non-Salary Reductions</i>		(120.0)	(30.0)		(120.0)	(30.0)		
Sub-Total	(10.40)	2,787.5	526.9	(6.45)	2,812.0	526.9		
2015 Recommended Base Budget	1,866.63	250,348.3	55,509.1	1,870.58	250,444.2	55,509.1		
New & Enhanced								
<i>Toronto Urban Health Fund</i>		150.0	37.5		150.0	37.5		
Reducing Health Impacts from Climate Change	1.00	125.6	31.4				(31.4)	Not recommended due to affordability.
Day Nursery Immunization	2.00	192.4	48.1				(48.1)	Not recommended due to affordability.
Sub-Total	3.00	468.1	117.0	-	150.0	37.5		
BOH Recommended Table 1 Total	1,869.63	250,816.4	55,626.1	1,870.6	250,594.2	55,546.6		
Other New & Enhanced								
<i>Pan Am Games -2015 Operations</i>	1.50	205.9		1.50	205.9			
<i>Pan Am Games - Base</i>	(1.08)	(87.2)						
<i>Student Nutrition Program (SNP)</i>		381.9	381.9		381.9	381.9		
<i>Inflation</i>		963.7	963.7				(963.7)	Not recommended
SNP Enhancement		555.5	555.5				(555.5)	Not recommended
Total New & Enhanced	3.42	2,487.9	2,018.1	1.50	737.8	419.4	(1,598.7)	
2015 Recommended Operating Budget	1,870.05	252,836.2	57,527.2	1,872.08	251,182.0	55,928.5	(1,598.7)	

User Fee Changes - Highlights

- User Fees have increased by inflation of 2.2%
- Increases in user fees reduce the revenue recovery from the Province so for every \$1 increase in user fees, TPH only receives \$0.25 in additional revenue

2016 and 2017 Plans

Description (\$000s)	2016 - Incremental Increase					2017 - Incremental Increase				
	Gross Expense	Revenue	Net Expense	% Change	# Positions	Gross Expense	Revenue	Net Expense	% Change	# Positions
Known Impacts:										
Fringe Benefits & Gapping	337.2	242.5	94.8	0.17%	-	329.7	251.7	78.0	0.14%	-
Progression Pay & Step Increases	249.5	186.8	62.7	0.11%	-	202.0	152.5	49.5	0.09%	-
Step Increases	318.3	245.2	73.1	0.13%	-	-	-	-	0.00%	-
Annualization	10.9	10.9	-	0.00%	-	-	-	-	0.00%	-
Capital Project Delivery	(1,414.9)	(1,414.9)	-	0.00%	(18.36)	157.5	157.5	-	0.00%	0.7
Adjustment to One-Time Funding	(164.5)	(164.5)	-	0.00%	-	-	-	-	0.00%	-
Reversal of Pan Am Games	(380.2)	(380.2)	-	0.00%	(2.42)	-	-	-	0.00%	-
Sub-Total	(1,043.6)	(1,274.2)	230.6	0.41%	(20.78)	689.1	561.6	127.5	0.23%	0.7
Anticipated Impacts:										
SNP Inflation Increase	269.2	-	269.2	0.48%	-	328.5	-	328.5	0.58%	-
IDC Increases	18.8	16.6	2.2	0.00%	-	19.0	14.2	4.7	0.01%	-
Economic Factors	-	-	-	0.00%	-	4.6	0.2	4.3	0.01%	-
User Fees	-	22.5	(22.5)	-0.04%	-	-	23.0	(23.0)	-0.04%	-
Sub-Total	288.0	39.2	248.9	0.44%	-	352.0	37.4	314.6	0.56%	-
Total Incremental Impact	(755.6)	(1,235.0)	479.4	0.86%	(20.8)	1,041.1	599.0	442.1	0.78%	0.7



2015 Recommended Service Levels



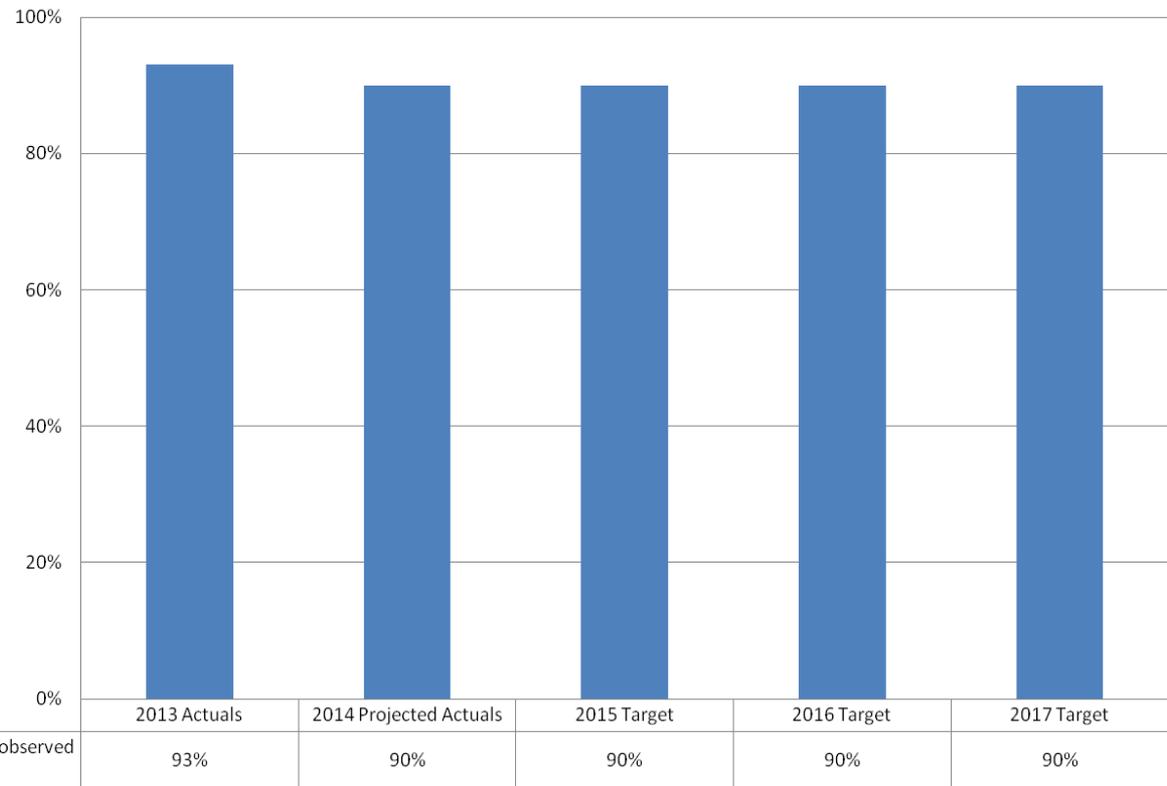
2015 Key Service Levels - Infectious Diseases

Service Level Description	2012	2013	2014	2015
Infectious Disease Prevention & Control				
Assessment and Surveillance - % of received infectious diseases notifications assessed annually	100%	100%	100%	100%
Sexual Health, STIs, Blood-borne Infections				
Health Protection - % of confirmed Chlamydia, gonorrhoea, syphilis and HIV cases investigated annually	100%	100%	100%	100%
Health Promotion and Policy Development - % of TB clinics and provincial correctional facilities receiving PHN services annually	100%	100%	100%	100%
Vaccine Preventable Diseases				
Disease Prevention - % of grade 7 and 8 public schools provided HPV, meningococcal and Hepatitis B vaccine	100%	100%	100%	100%
Rabies Prevention & Control				
Disease Prevention - % of reported animal bites responded to 24/7	100%	100%	100%	100%

Service Performance – Infectious Diseases

Percentage (%) of eligible TB clients who are placed on DOT

- The TB program strives to have 90% of clients on DOT.
- During DOT, staff meet with clients 3-7 times per week utilizing both community and video DOT or a combination of both strategies based on client need and available staff resources.
- Ninety percent (90%) is a realistic target as although it is best practice DOT cannot be mandated legally.



Issues, Opportunities, and Priority Actions - Infectious Diseases

■ Service Issues

- ✓ Achieving new Personal Service Setting (PSS) inspection requirements
- ✓ Achieving mandatory provincial requirements for 3 new school vaccines while implementing new provincial immunization information system

■ Service Opportunities

- ✓ Enhancing PSS disclosure web-site and consumer/worker education
- ✓ Implementing catch-up vaccination clinics for high school students

■ Priority Actions to address Issues and Opportunities

- ✓ Continuing full implementation of PSS By-Law (last phase July 1, 2015)
- ✓ Enhancing student assessment reliability using new immunization database
- ✓ Responding to provincial Auditor General's report on immunization program

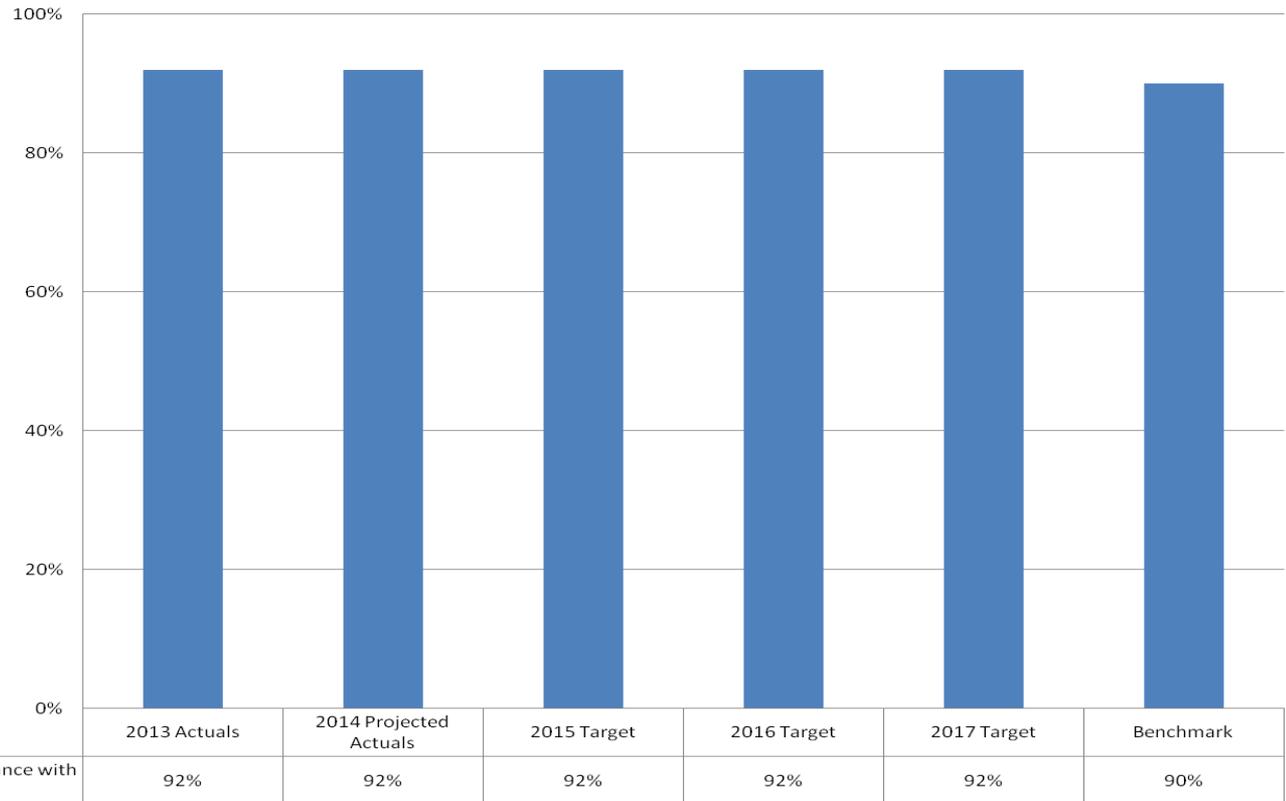
2015 Key Service Levels – Environmental Health

Service Level Description	2012	2013	2014	2015
Safe Water				
Disease Prevention/Health Protection - % indoor and outdoor Class A Pools inspected annually	100%	100%	100%	100%
Food Safety				
Disease Prevention/Health Protection - % of high risk food premises inspected annually	100%	100%	100%	100%
Health Hazard Prevention & Management				
Disease Prevention/Health Protection - # of days per year with 24/7 availability to receive and respond to alleged health hazards reports	366	365	365	365

Service Performance – Environmental Health

Percentage (%) of high risk food premises in compliance with Food Premises Regulation

- The goal of the Food Safety program is to reduce the incidence of food-borne illness by activities including preventing the sale or distribution of food unfit for human consumption.
- Food establishments are required to be in compliance with the food premises regulations and other related legislation.
- High-risk' is a designation set by the Province of Ontario. There are three categories 'High', 'Moderate', and 'Low'. Health Units are mandated to inspect 'High-risk' premises three times per year (once every 4 months) as they are more likely to contribute to food-borne illness. We therefore measure and track compliance rates within high risk establishments to determine the need for any additional food safety strategy.
- The standard is to maintain compliance at 90%.



Issues, Opportunities, and Priority Actions

- Environmental Health

■ Service Issues

- ✓ Inspecting large number of food premises as mandated and monitoring special events
- ✓ Investigating additional complaints required by SCPA legislation (i.e. tanning beds)
- ✓ Maintaining required mandatory inspections and postings for recreational water facilities, pools, spas

■ Service Opportunities

- ✓ Additional funding to support TPH services during the Pan/Parapan Am Games
- ✓ Additional Program Based Grants process for student Public Health Inspectors

■ Priority Actions to address Issues and Opportunities

- ✓ Realigning resources to meet expanded requirements
- ✓ Engaging student Public Health Inspectors to conduct inspections of lower risk premises

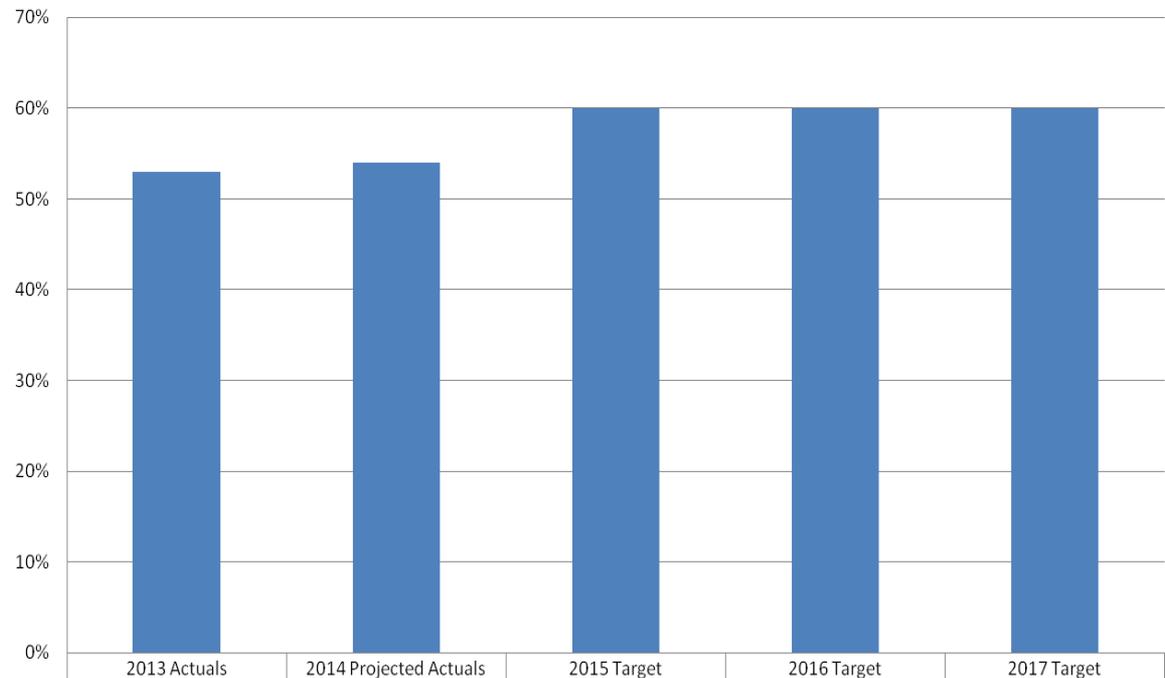
2015 Key Service Levels - Chronic Diseases and Injuries

Service Level Description	2012	2013	2014	2015
Chronic Disease Prevention				
Health Protection - % of tobacco enforcement related complaints responded to	100%	100%	100%	100%
Prevention of Injury & Substance Misuse				
Health Promotion and Policy Development - # of children and youth reached in the community with peer-led substance misuse prevention programs	40000	41000	41000	43000
Health Promotion and Policy Development - % of Toronto TDSB/TCDSB schools with a TPH PHN School Liaison	100%	100%	100%	100%

Service Performance - Chronic Diseases and Injuries

Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources

- TPH strives to provide at least 60% of municipally funded SNPs with a TPH Registered Dietitian (RD) consultation.
- With enhanced funding for SNP, the number of sites will increase incrementally from 688 in 2013, to 769 in 2016; RD staff complement remains unchanged.
- TPH focuses efforts on newer schools and those that have not met nutrition standards in the past.



■ Percentage (%) of municipally funded student nutrition programs (SNPs) receiving menu analysis, nutrition education, food skills/literacy training and referral to community support resources

Issues, Opportunities, and Priority Actions - Chronic Diseases and Injuries

■ Service Issues

- ✓ Addressing healthy weights in high need elementary schools
- ✓ Reaching newcomers and high need groups with services
- ✓ Educating older adults on falls prevention

■ Service Opportunities

- ✓ Expanding services in libraries to meet high need groups
- ✓ Building service provider capacity for falls prevention work with older adults

■ Priority Actions to address Issues and Opportunities

- ✓ Into Kids' Health – building school and community partnerships and engaging families to address healthy weights in children
- ✓ Developing health zones in libraries serving priority neighbourhoods
- ✓ Providing the Step Ahead falls prevention training to service providers

2015 Key Service Levels – Family Health

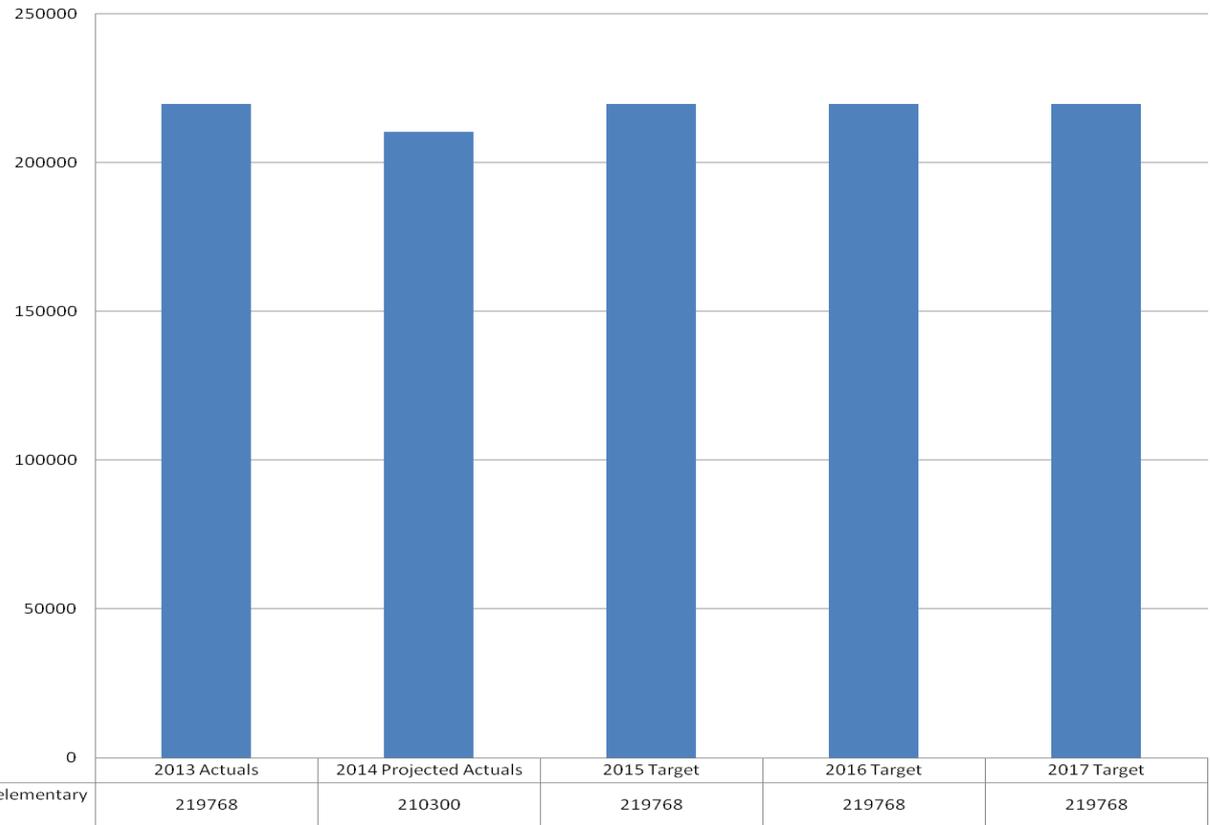
Service Level Description	2012	2013	2014	2015
Child Health				
Toronto Preschool Speech and Language System - % of newborns born in Toronto hospitals screened for hearing loss annually	95%	95%	95%	95%
Reproductive Health				
Health Promotion and Policy Development - % of Toronto birth hospitals receiving breast feeding initiation liaison support	100%	100%	100%	100%

Service Performance – Family Health

Number (#) of children screened by Dental staff in elementary schools

- Due to combination of factors including ongoing staffing shortages since 2012, implementation of new MOHLTC electronic system and school closures of Toronto, the number of elementary school children screened in 2013 was lower than projected.

- The number of children screened by Dental staff in elementary schools is expected to remain stable at the 2013 levels as the number of schools is not expected to increase and the overall impact of the integration of all 6 provincial dental programs might influence the dental screening program in elementary schools.



Issues, Opportunities, and Priority Actions

– Family Health

■ Service Issues

- ✓ Maintaining required 90% screening rate for newborn hearing and child development risk
- ✓ Maintaining services to high risk families given HBHC provincial funding freeze
- ✓ Meeting projected 10% increase for children and youth dental screening services in the next 2 to 3 years

■ Service Opportunities

- ✓ Increased 2015 provincial Preschool Speech and Language funding
- ✓ Enhancing screening and service co-ordination through Children with Special Needs Strategy
- ✓ Increasing efficiency through using on-line, point-of-care documentation

■ Priority Actions to address Issues and Opportunities

- ✓ Implementing improved PSL service delivery model
- ✓ Automating and centralizing program referral and registration to improve service quality
- ✓ Engaging with partners on screening and service co-ordination

2015 Key Service Levels – Emergency Preparedness

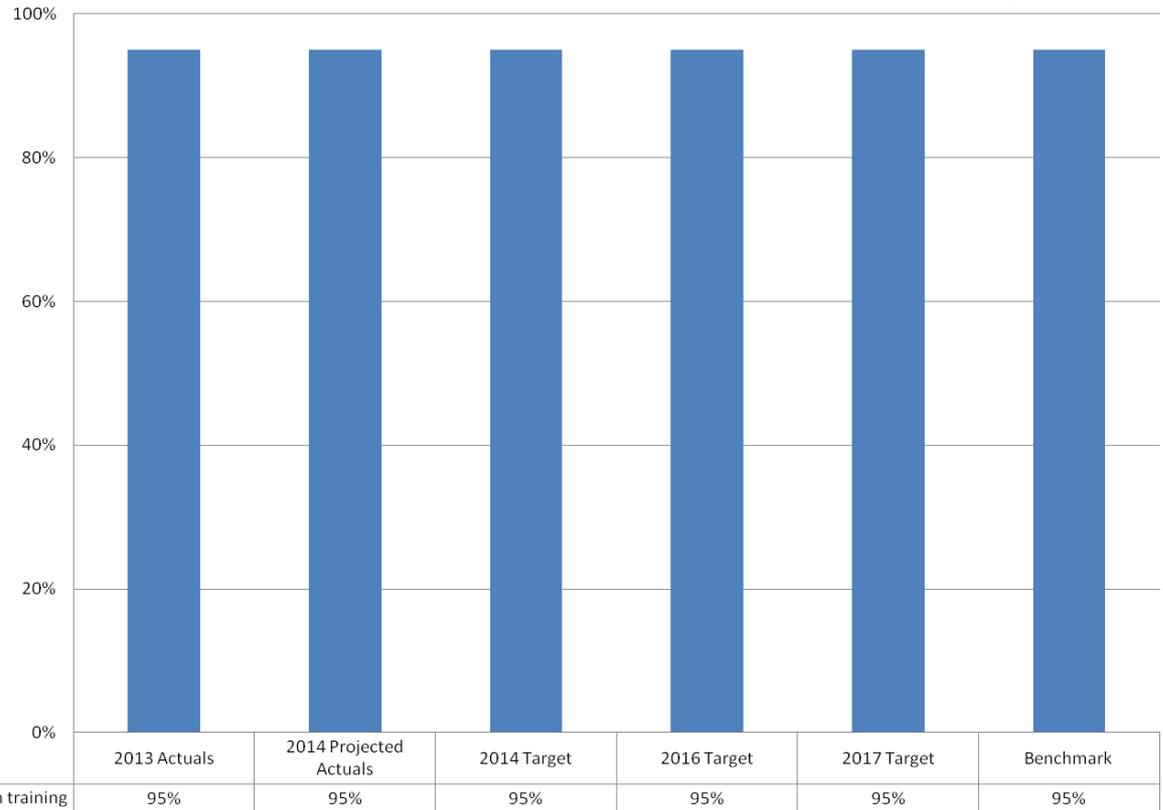
Service Level Description	2012	2013	2014	2015
Public Health Emergency Preparedness				
Health Protection - % of non-union staff up-to-date on IMS Function Specific Training	90%	90%	90%	90%

Service Performance – Emergency Preparedness

Percentage (%) of non-union up-to-date in IMS and function training

95%
Benchmark

- The City of Toronto adopted the Incident management System to organize and coordinate responses to emergencies across City Divisions.
- TPH assigns all non-union staff to a response function and provides one-day function-specific training for all.
- To maintain a state of preparedness, we work to maintain a 95% completion rate at all times.



Issues, Opportunities, and Priority Actions

– Emergency Preparedness

■ Service Issues

- ✓ Response integration (City of Toronto and Health Sector)
- ✓ Vulnerable populations in emergency response

■ Service Opportunities

- ✓ Pan/Parapan American Games emergency preparedness planning (City of Toronto, Ministry of Health and Long-Term Care)
- ✓ Coordinated City planning for vulnerable populations

■ Priority Actions to address Issues and Opportunities

- ✓ Participating actively in LHIN, MOHLTC, Office of Emergency Management working groups

Thank You

