

<https://www.healthunit.com/december-11-2014-minutes>AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, January 8, 2015 9:00 a.m.

- 1. DISCLOSURE OF CONFLICTS OF INTEREST**
- 2. APPROVAL OF AGENDA**
- 3. APPROVAL OF MINUTES – December 11, 2014**
- 4. BUSINESS ARISING FROM MINUTES**
- 5. NEW BUSINESS**
 - 5.1. 2015 Budget Process (001-15FFC)
- 6. CONFIDENTIAL (minute approval)**
- 7. OTHER BUSINESS**
 - 7.1. Next FFC Meeting –Thursday, January 29, 2015 at 9:00 a.m.
- 8. ADJOURNMENT**



PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2014 December 11 10:00 a.m.

COMMITTEE

MEMBERS PRESENT: Mr. David Bolton
Ms. Trish Fulton (Chair)
Mr. Marcel Meyer
Mr. Ian Peer

OTHERS PRESENT: Dr. Christopher Mackie, Medical Officer of Health and CEO
Mr. John Millson, Director, Finance and Operations
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)

Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
Ms. Diane Bewick, Director, Family Health Services & Chief Nursing Officer
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Mr. Al Edmondson, Member, Board of Health
Ms. Heather Lokko, Director, Oral Health, Communicable Disease & Sexual Health Services

At 10:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the Finance and Facilities Committee (FFC) meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Chair Fulton inquired if there were any disclosures of conflict of interest to be declared.

2. APPROVAL OF AGENDA

It was moved by Mr. Meyer, seconded by Mr. Bolton that the [AGENDA](#) for the December 11, 2014 Finance and Facilities meeting be approved with the addition of a verbal update under Business Arising from the Minutes about the Generator for 50 King Street.

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Bolton, seconded by Mr. Meyer that the [PUBLIC MINUTES](#) from the November 6, 2014 Finance and Facilities Committee Meeting be approved.

Carried

It was moved by Mr. Meyer, seconded by Mr. Bolton that the *CONFIDENTIAL MINUTES* from the November 20, 2014 in camera session of the Finance and Facilities Committee be approved.

Carried

4. BUSINESS ARISING FROM MINUTES

4.1. Generator for 50 King Street Premise

Dr. Mackie provided an update on the generator situation and new information that has become available about the electrical grid at 50 King, the costs of engineering diagrams, the history of outages at the building, and the limitations on siting of a generator.

After the discussion, it was agreed that this issue be tabled until further information is available about the long-term location of the Health Unit.

5. NEW BUSINESS

5.1. New Reserve Funds ([Report 047-14FFC](#))

Dr. Mackie assisted FFC members with their understanding of this report.

Discussion ensued about the risks associated with Reserve Funds and maintaining transparency with Health Unit funders.

It was moved by Mr. Peer, seconded by Mr. Bolton *that the Finance and Facilities Committee recommends that the Board of Health reaffirm the purpose of the existing Reserve / Reserve Funds attached as Appendix A of Report No. 047-14FFC.*

Carried

It was moved by Mr. Bolton, seconded by Mr. Peer *that the Finance and Facilities Committee recommends that the Board of Health Approve the establishment of a Technology & Infrastructure Reserve Fund as outlined in Appendix A of Report No. 047-14FFC.*

2 in favour; one against
Carried

It was moved by Mr. Bolton, seconded by Mr. Peer *that the Finance and Facilities Committee recommend that the Board of Health approves the establishment of an Employment Costs Reserve Fund as outlined in Appendix A of Report No. 047-14FFC and revised as follow:*

Employment Costs Reserve Fund – NEW /Draft

Purpose: Contributions are available to fund mitigation strategies to maintain services and/or alleviate the impact of growth of wages and/or employee benefits.

Fund Limit: \$200,000

Maximum Yearly Contribution: Annual contributions = \$200,000

Expected Contributions / Withdrawals for 2014: \$200,000 (Contribution)

Carried

6. CONFIDENTIAL

At 11:15 a.m., it was moved by Mr. Peer, seconded by Mr. Meyer *that the Finance and Facilities Committee move in camera to discuss a matter concerning an identifiable individual(s).*

Carried

At 11:35 a.m., it was moved by Mr. Peer, seconded by Mr. Meyer that the Finance and Facilities Committee return to a public forum and report that progress was made in a matter concerning an identifiable individual(s).

Carried

7. OTHER BUSINESS

The next scheduled meeting of the FFC is January 8, 2015 at 9:00 a.m.

8. ADJOURNMENT

At 11:40 a.m., it was moved by Mr. Bolton that the meeting be adjourned.

Carried

TRISH FULTON
Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2015 January 8

2015 BUDGET PROCESS

Recommendations

It is recommended:

- 1) *That the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Human Resources and Corporate Strategy attached as [Appendix A](#); and further,*
- 2) *That the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Information Technology, attached as [Appendix B](#); and further,*
- 3) *That the Finance and Facilities Committee review the 2015 Planning and Budget Templates for Oral Health, Communicable Disease and Sexual Health Services attached as [Appendix C](#); and further,*
- 4) *That the Finance and Facilities Committee report to the January 15, 2015 Board of Health meeting recommending that the Board of Health defer approval of these components of the 2015 budget until all budget proposals are available at the February 19, 2015 meeting of the Board of Health.*

Key Points

- The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit’s impact on public health in London and Middlesex.
- These proposals are being integrated into the 2015 budget documents.
- At each of the three Finance and Facility Committee meetings in January and February, the Committee will consider one or more of the 2015 Planning and Budget proposals.
- The Board of Health will consider the budget as a whole at the February 19, 2015 meeting.

The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit’s impact on public health in London and Middlesex. These proposals are being integrated into the 2015 budget documents. The Finance and Facility Committee will consider the budget proposals from each Service Area over its three meetings in January and February on the following schedule:

Date	Service Area
January 8	Oral Health, Communicable Disease and Sexual Health Services; Human Resources and Corporate Strategy; Information Technology
January 29	Office of the Medical Officer of Health; Finance & Operations; Family Health Services
February 12	Environmental Health and Chronic Disease Prevention; General Expenses and Revenues

The Planning and Budget documents attached to this report include enhanced budget information as well as substantial program-related information in order to allow the Finance and Facilities Committee and the Board of Health to make informed decisions about the 2015 budget. The documents attached represent the 2015 Planning and Budget proposals for each program area in Oral Health, Communicable Disease & Sexual Health Services; Human Resources & Corporate Strategy and Information Technology.

The Board of Health will consider the budget as a whole at the February 19, 2015 meeting. Additional information and analysis will be available regarding the overall budget at that time.

A handwritten signature in black ink, appearing to read 'C. Mackie', is positioned above the printed name.

Christopher Mackie, MD, MHSc
Medical Officer of Health

HUMAN RESOURCES & CORPORATE STRATEGY

HUMAN RESOURCES & LABOUR RELATIONS

SECTION A				
SERVICE AREA	Human Resources & Corporate Strategy	MANAGER NAME	Laura Di Cesare	DATE
PROGRAM TEAM	Human Resources & Labour Relations	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> • The HRLRS Team is comprised of the Human Resources, Library Services and Reception functions. • Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization. • The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle. • Library Services supports MLHU employees and is also one of 4 hub libraries in the province. • Reception Services

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>HUMAN RESOURCES:</p> <ul style="list-style-type: none"> • Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013 <p>LIBRARY:</p> <ul style="list-style-type: none"> • Foundational Standard – supports evidenced based program delivery and knowledge exchange

Program: Human Resources & Labour Relations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HUMAN RESOURCES

Human Resources responsibilities include all components related to an employee's "life-cycle" while at MLHU. These responsibilities include

- a) *Workforce Planning* (e.g. recruitment; succession planning; HR Metrics and reporting to support strategic and operational initiatives);
- b) *Workforce Engagement* (e.g. orientation; employee training and development initiatives; rollout of new agency-wide initiatives);
- c) *Workforce Maintenance* (e.g. Collective Agreement negotiations and grievance management; job design and evaluation; benefits and pension administration; performance management; policy development/administration); and
- d) *Workforce Separation* (e.g. management and administration of resignations, retirements and terminations).

COMPONENT(S) OF TEAM PROGRAM #2 - LIBRARY SERVICES

MLHU public health librarians develop and maintain print and electronic resources to serve the information needs of public health practitioners. They offer training and help with accessing and using the products and services of the library in addition to providing reference services, interlibrary loans, and bibliographic database searching. As part of the Shared Library Services Partnership (SLSP) launched by Public Health Ontario, the MLHU Library provides the same library services to 5 additional health units including Chatham-Kent Health Unit, Elgin-St. Thomas Public Health, Haldimand Norfolk Health Unit, Niagara Region Public Health, and Windsor-Essex County Health Unit.

COMPONENT(S) OF TEAM PROGRAM #3 – RECEPTION

Reception services provided includes, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street receptionists also provide coverage for the vaccine clerk.

2015 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
Component of Team #1 – Human Resources			
Employee Engagement Score	N/A	64% engaged/highly engaged 22% neutral	68%
Internal Client Satisfaction Survey	N/A	In progress	
Component of Team # - Library Services			
Internal Client Satisfaction Survey	N/A	In progress	
Combined MLHU and Shared Libraries Statistics			
% of reference questions acknowledged within 1 day and completed within a timeline agreed upon with the requestor for both MLHU and Shared Libraries	100%	99.34%	increase
% of Comprehensive Literature Searches completed within the 4 week Service Delivery Target	100%	95.10%	increase
% of Article Retrieval/document delivery completed within the 5 day Service Delivery Target	100%	97.44%	increase
% of Book delivery completed within the 10 business day Service Delivery Target	New Metric in 2014	98.04%	increase
Component of Team #3 - Reception			
Internal Client Satisfaction Survey	N/A	In progress	
% of calls completed within an average of 3 minutes	(Avg 80 calls/day) 100%	(Avg 85.5 calls/day) 100%	No change

2015 Planning & Budget Template

Program: Human Resources & Labour Relations

SECTION F		
STAFFING COSTS:	2014 TOTAL FTEs	2015 ESTIMATED FTEs
	9.4	8.68
Director	1.0	1.0
HR Officer	2.0	2.0
HR Coordinator	1.0	2.0
Administrative Assistant to the Director	0.5	0.0
Student Education Program Coordinator	0.5	0.5
Librarian	2.0	2.0
Program Assistant	2.4	1.18

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 685,893	\$ 677,391	\$ 699,095	\$ 656,360	(\$ 42,735)	(6.11)%
Benefits	147,275	160,886	166,362	147,219	(19,143)	(11.51)%
Travel	6,420	6,229	5,120	5,120	0	0.00%
Program Supplies	82,873	65,090	57,966	54,152	(3,814)	(6.58)%
Staff Development	5,500	9,888	6,557	66,557	91,557	1396%
Professional Services	20,000	20,265	11,800	36,800	25,000	212%
Furniture & Equipment	6,000	5,811	500	500	0	0.00%
Other Program Costs	12,569	5,632	5,722	5,722	0	0.00%
Total Expenditures	\$ 966,530	\$ 951,192	\$ 953,122	\$ 972,430	\$ 44,308	4.65%

Program: Human Resources & Labour Relations

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 798,033	\$ 803,774	\$ 843,122	\$ 887,430	\$ 44,308	5.26%
PHO – 100%	168,497	147,418	110,000	110,000	0	0.00%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 966,530	\$ 951,192	\$ 953,122	\$ 997,430	\$ 44,308	4.65%

SECTION I
KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015
<ul style="list-style-type: none"> Wellness Initiative – Design of a wellness platform that would assist in managing health costs and enhance the overall wellness and productivity of staff – Participation in the United Way Meeting the Standard Pilot Program for Mental Health In the Workplace Policy review and agency-wide coordination of a variety of policies and processes related to HR such as Workplace Violence & Harassment, attendance, flex time, etc. Employee Engagement Survey and Results follow-up Staff compensation education and release of 2014 Total Rewards Statements Collective Agreement education and Managing in a Unionized Environment Management Training AODA Phase II – Mandatory training and policy enhancement Launch of new Learning Management System (LMS) agency-wide Development of Additional Library HUB/Internet pages as well as an increase in services training

Program: Human Resources & Labour Relations

SECTION J

PRESSURES AND CHALLENGES

- Earning the trust and respect of employees and helping to build a positive culture and climate in which employees are energized and engaged after a tumultuous year
- A number of regulatory/mandatory training initiatives will compete for time from all employees which is limited by their day-to-day work assignments
- Ensuring change management, particularly communication, principles are utilized as we continue to modernize and implement a number of technological and operational changes this year (Time & Attendance, LMS, automated forms, etc.)
- Growing requests for evidence-informed program planning research

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following PBMA proposals have been included in the base program budget:

- (\$80,384) Reduction in Strathroy Office reception services
- \$ 60,000 Enhancement for corporate staff training and development
- \$ 42,622 Enhance and realign HR Coordination positions

The following One-time PBMA proposal have been included in this program budget:

- \$ 25,000 Enhancement for employee wellness initiatives
- \$ 25,000 Leadership and Management Development Program

Other changes over 2014 include:

- (\$43,800) Reduction with respect to the 2014 One-time proposal for 0.5FTE resources to implement strategic HR initiatives.

HUMAN RESOURCES & CORPORATE STRATEGY
PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

SECTION A

SERVICE AREA	Human Resources & Corporate Strategy	MANAGER NAME	Vanessa Bell	DATE
PROGRAM TEAM	Privacy and Occupational Health and Safety	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B

SUMMARY OF TEAM PROGRAM

The Health Unit's privacy and occupational health and safety programs facilitate compliance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA) and the Occupational Health and Safety Act. This is achieved by supporting the Board of Health and the Senior Leadership Team in the continued development and maturation of each program through the identification, monitoring and/or resolution of prioritized organizational risks. The program also supports service areas across the organization when specific issues respecting these areas arise.

SECTION C

ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

- Municipal Freedom of Information and Protection of Privacy Act
- Personal Health Information Protection Act
- Occupational Health and Safety Act
- Fire Prevention and Protection Act and the Fire Code
- Ontario Public Health Organizational Standards (OPHOS)
 - Item 6.2 re.: Risk Management;
 - Item 6.14 re.: Human Resources Strategy

Program: Privacy & Occupational Health & Safety – HRLR

SECTION D
COMPONENT(S) OF TEAM PROGRAM #1: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY
Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.
COMPONENT(S) OF TEAM PROGRAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY
Facilitate activities to enhance the Health Unit's compliance with applicable health and safety legislation and reduce the occurrence of health and safety risks and incidents.

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY			
# of privacy breach investigations	1	4	1
# of privacy breaches	1	0	0
# of access requests received and % completed within the required 30 days (PHIPA, MFIPPA)	45 (66%)	20 (70%)	75%
COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY			
# of hazards identified, and % resolved	70 (90 %)	27 (92%)	90%
% of staff who received the annual influenza vaccination	88% (as of February 4, 2014)	73% (December 30, 2014)	80%
% of staff provided with Workplace Violence Prevention Training	n/a	14%	76%
% of staff receiving mandatory OHS Basic Awareness training	n/a	24%	100%

2015 Planning & Budget Template

Program: Privacy & Occupational Health & Safety – HRLR

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	1.66	1.66
Program Manager	1.00	1.00
Program Assistant	0.50	0.50
Public Health Nurse	0.16	0.16

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 124,830	\$ 148,305	\$ 126,631	\$ 131,240	\$ 4,609	3.64%
Benefits	29,712	36,979	30,190	30,889	699	2.32%
Travel	1,000	1,161	3,000	3,000	0	0.00%
Program Supplies	3,648	2,059	3,208	3,208	0	0.00%
Staff Development	2,000	5,617	14,500	4,500	(10,000)	(68.97)%
Professional Services	12,500	5,597	23,000	8,000	(15,000)	(65.22)%
Furniture & Equipment	0	0	0	0	0	0.00%
Other Program Costs	660	660	660	660	0	0.00%
Total Expenditures	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%

Program: Privacy & Occupational Health & Safety – HRLR

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 174,350	\$ 200,378	\$ 201,189	\$ 181,497	(\$ 19,692)	(9.79)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Workplace Violence Prevention Training – continued
- 2014 Privacy Audit Recommendation Implementation
- Phase 2 of the Development of the Online Employee Incident Reporting Tool (e.g. SharePoint/workflows)
- Mandatory Basic Awareness OHS Training for Workers and Supervisors

SECTION J

PRESSURES AND CHALLENGES

- Volume of work in these portfolios remains challenging within existing resources.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

The following adjustment were made to the 2014 budget:

- (\$25,000) Reduction in One-time funding for Workplace Violence training. Offset by increase in central training budget.

HUMAN RESOURCES & CORPORATE STRATEGY
STRATEGIC PROJECTS

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

SECTION A				
SERVICE AREA	Human Resources & Corporate Strategy	MANAGER NAME	Jordan Banninga	DATE
PROGRAM TEAM	Strategic Projects	DIRECTOR NAME	Laura Di Cesare	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<ul style="list-style-type: none"> Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Operational planning support & CQI; (2) Records management; (3) Administrative policy review; (4) Supporting the achievement of the strategic directions, and; (5) Strategic projects.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> HPPA Compliance (manage Public Health Funding & Accountability Agreement compliance process) OPHS (Organizational Standards) PHIPA (Records Management)

Program: Strategic Projects – HRCS

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI

Activities in this component are intended to enhance service delivery and reduce organizational risk by (a) monitoring and reporting on the Accountability Agreement indicators; (b) monitoring compliance with the OPHS/Organizational Standards and other requirements; (c) supporting the activities of and participation on the Foundational Standard Community of Practice; and (d) applying QI approaches that will improve processes and reduce waste.

COMPONENT(S) OF TEAM PROGRAM #2 - RECORDS MANAGEMENT

Records management activities are intended to meet the OS requirements (6.12), as well as enhance service delivery and reduce organizational risk by (a) clarifying what records should kept and discarded (i.e., classification & retention schedule); (b) supporting staff to responsibly store and dispose of personal information and business records; (c) store records in a manner that protects privacy, and supports MLHU's ability to be transparent and prepared for legal action; (d) reducing the administrative burden associated with record keeping; and (e) reducing waste.

COMPONENT(S) OF TEAM PROGRAM #3 - ADMINISTRATIVE POLICY REVIEW

Administrative policy review activities support risk management and organizational effectiveness. These activities are intended to ensure policies are up-to-date and accessible (both in language and format), as well as developed in a manner that engages staff and capitalizes on available knowledge, whilst not increasing the administrative burden.

COMPONENT(S) OF TEAM PROGRAM #4 – STRATEGIC PLANNING

Activities in this component aim to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan as well as participating and supporting Strategic Achievement Workgroups to report their progress/performance to the Senior Team and the Board.

COMPONENT(S) OF TEAM PROGRAM #5 - STRATEGIC PROJECTS

Strategic projects are determined by the Director of Human Resources & Corporate Strategy, the MOH/CEO, and the Senior Leadership Team. Current projects include, but are not limited to: coordinating the Health Unit's Program Budgeting and Marginal Analysis; Employee Engagement; Board of Health Orientation; ERMS Messenger Service; and a Management and Leadership Development Program.

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014	2015 (estimate)
COMPONENT OF TEAM #1 ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI			
% of Accountability Agreement reporting deadlines achieved	100%	100%	100%
COMPONENT OF TEAM #2 RECORDS MANAGEMENT			
% of records kept for proper retention period (self-report, sample)	N/A	100%	100%
COMPONENT OF TEAM #3 ADMINISTRATIVE POLICY REVIEW			
% of policies that are up to date (have been reviewed in the past two years)	N/A	17.5%	30%
COMPONENT OF TEAM #4 STRATEGIC PLANNING			
Annual reporting to BOH on Strategic Planning progress	Y	Y	Y
COMPONENT OF TEAM #5 STRATEGIC PROJECTS			
Implementation and Progress Reporting for Major Projects:			Corporate Strategic Plan; PBMA; Management and Leadership Development Program; ERMS Messenger System; Employee Engagement

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	1.2	1.2
Program Manager	1.0	1.0
Program Assistant	0.2	0.2

2015 Planning & Budget Template

Program: Strategic Projects – HRCS

SECTION G						
EXPENDITURES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 87,151	\$ 90,639	\$ 99,101	\$ 99,101	\$ 0	
Benefits	20,937	21,310	24,150	24,150	0	
Travel	3,200	784	1,515	1,515	0	
Program Supplies	1,600	338	1,600	1,600	0	
Staff Development	0	292	441	441	0	N/A
Professional Services	4,800	6,149	4,800	6,100	1,300	27.08%
Furniture & Equipment	0	0	0	0	0	
Other Program Costs	6,461	2,068	2,380	2,380	0	
Total Expenditures	\$ 124,149	\$ 121,580	\$ 133,987	\$135,287	\$ 1,300	0.97%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 122,849	\$ 120,280	\$ 133,987	\$ 135,287	\$ 1,300	19.63%
MOHLTC – 100%	1,300	1,300				
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 124,149	\$ 121,580	\$ 133,987	\$ 135,287	\$ 1,300	0.97%

Program: Strategic Projects – HRCS

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Strategic plan launch and implementation - including launch of Mission, Vision, Values
- Review of MLHU's policy management program and recommendations
- Roll out a Leadership and Management Development Program
- Coordinate the Program Budgeting and Marginal Analysis process
- Utilization of the Emergency Response Management System "ERMS"

SECTION J

PRESSURES AND CHALLENGES

- Significant projects with organization wide implication require a great deal of change management to be exercised and understood.
- Capacity for strategic projects and organizational initiatives considering only 1.2 FTE and ongoing needs (i.e. records management, policy management, etc.)
- Many projects require cross-MLHU collaboration to meet deliverables. Challenges need to be managed in order to ensure optimum deliverables.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- \$1,300 increase in budgeted expenditures to reflect higher costs of off-site records retention

INFORMATION TECHNOLOGY SERVICES
INFORMATION TECHNOLOGY

Program: Information Technology

SECTION A				
SERVICE AREA	Information Technology	MANAGER NAME	Mark Przyslupski	DATE
PROGRAM TEAM	Information Technology	DIRECTOR NAME	John Millson	January 8, 2015

SECTION B
SUMMARY OF TEAM PROGRAM
Information Technology Services (I.T.) is a centralized service providing for the information technology needs of programs and staff at MLHU.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<ul style="list-style-type: none"> • Ontario Public Health Organizational Standards: <ul style="list-style-type: none"> ○ 3.2 Strategic Plan ○ 6.1 Operational Planning improvements ○ 6.2 Risk Management ○ 6.12 Information Management • Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) • Personal Health Information Protection Act (PHIPA)

Program: Information Technology

<u>SECTION D</u>	
COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS	
<ul style="list-style-type: none"> • Business analysis, project management, computer software selection/implementation. • Improving business processes to improve program delivery, improve efficiency or increase capacity. • Data analysis support for program evaluation. • “Standard” applications including e-mail, common desktop applications, web/intranet services, database services, telephone/voice applications etc. 	
COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE	
<ul style="list-style-type: none"> • Personal computers (desktop and laptop) and mobile devices. • Server computers, data storage, backup and backup power. • Wired and wireless network devices and physical cabling. • Inter-site network/data transmission and communication. • Internet and eHealth application access. • Telephony devices—telephone handsets, voicemail servers, phone switches, etc 	
COMPONENT(S) OF TEAM PROGRAM #3 SECURITY	
<ul style="list-style-type: none"> • Standards & policy development and documentation. • Data security technologies and approaches including encryption. • E-mail security/filtering. • Password policies and procedures. • Investigation and audit of various systems to ensure security of data. • Firewalls and remote access. 	
COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS	
<ul style="list-style-type: none"> • Helpdesk—client support. • Client Training. • Network logon account management. • Monitoring and responding to system problems. • Personal computer loading and configuration management. • Computer and software upgrades and deployment. 	<ul style="list-style-type: none"> • Security updates installation. • E-mail support and troubleshooting. • Technology asset tracking/management. • Preventative maintenance. • Data backup/restore. • Trending, budgeting & planning of future technology needs.

Program: Information Technology

SECTION E			
PERFORMANCE/SERVICE LEVEL MEASURES			
	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Applications			
Desktop Software/hardware upgrades and implemenations (Service Area/Program/Team)	3	6	same
Desktop Software/hardware upgrades and implementations (Organization Wide)	1	4	same
Major Training Initiatives	7	8	same
Component of Team #2 Infrastructure			
Application/Database backend system upgrades migrations and implementations (Service Area/Program/Team)	20	8	increase
Core backend infrastructure system hardware/software upgrades/migrations and implementations	4	11	decrease
Component of Team #4 Support & Operations			
Requests addressed by 1 st Level Helpdesk	67%	57%	increase
Resolution/closure within 2-5 days	63%	57%	increase
Resolution/closure within 5-10 days	77%	71%	increase
Resolution/closure within 10-20 days	85%	80%	increase

Program: Information Technology

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	8.5	9.06
Program Manager	1.0	1.0
Administrative Assistant	0.5	0.5
Business Analyst	1.0	1.0
Data Analyst	1.0	1.56
Network & Telecom Analyst	1.0	1.0
Server Infrastructure Analyst	1.0	1.0
Desktop & Applications Analyst	1.0	1.0
Helpdesk Analyst	1.0	1.0
Corporate IT Trainer	1.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 552,203	\$ 431,909	\$ 544,540	\$ 577,879	\$ 33,339	6.12%
Benefits	140,872	116,273	139,162	145,374	6,212	4.46%
Travel	3,500	970	3,500	2,500	(1,000)	(28.57)%
Program Supplies	8,000	6,989	8,000	6,500	(1,500)	(18.75)%
Staff Development	10,000	8,065	10,000	10,000	0	0.00%
Professional Services	28,300	38,417	48,300	45,300	(3,000)	(6.21)%
Furniture & Equipment	342,000	305,557	352,000	352,000	0	0.00%
Other Program Costs	5,538	4,526	5,538	3,038	(2,500)	(45.14)%
Total Expenditures	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%

Program: Information Technology

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%
MOHLTC – 100%						
MCYS – 100%						
User Fees						
Other Offset Revenue						
Total Revenues	\$ 1,090,413	\$ 912,706	\$ 1,111,040	\$ 1,142,591	\$ 31,551	2.84%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Implement enhancements to the MLHU IT infrastructure business continuity plan in an effort to significantly improve recover time objective.
- Phone system upgrade aimed at eliminating analog and digital system components. This will ensure continued system supportability and increased portability in light of a potential move.
- Replacement of remainder of desktop and a small portion of laptop hardware.
- Implement new Learning Management System which has provisions for training scheduling and tracking.
- Continue on the discovery path to Agency wide Electronic Client Record solution.
- Update 3-5 year capital plan.
- Major upgrade projects including: 1) the implementation of My Time, the web-based program to capture time and attendance tracking, 2) Implement SharePoint applications to support submission of program expenses, 3) GP Dynamics (Finance / HR system)

Program: Information Technology

SECTION J

PRESSURES AND CHALLENGES

- HedgeHog health inspection software will require an upgrade in early 2015 as it currently runs on a platform which will be out of support by May of 2015. We have, historically, had poor support from this vendor. As a result, we will be required to demonstrate extra vigilance and attention during the upgrade process.
- FRX Financial Reporting software will be facing similar supportability challenges and it's subsequent upgrade will be time sensitive as well.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Efficiencies (\$12,000)** – Various reductions in operating accounts based on experience.
- **Enhancement - \$41,904** – Data Analyst resources (0.56 FTE) to assist in effective decision making regarding population need, particularly with respect to the identification of priority populations and establishing and monitoring key performance indicators throughout the organization.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

**OFFICE OF THE ASSOCIATE DIRECTOR AND ASSOCIATE MEDICAL
OFFICER OF HEALTH**

SECTION A				
SERVICE AREA	Oral Health, Communicable Disease, and Sexual Health (OHCDSh)	MANAGER NAME	Heather Lokko	DATE
PROGRAM TEAM	Office of the Associate Medical Officer of Health (OAMOH)	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<p>In 2014, leadership of the Oral Health, Communicable Disease and Sexual Health (OHCDSh) Service Area underwent a transition, which related to the Office of the Associate Medical Officer of Health team. Until March 2014, the Associate Medical Officer of Health was also the Service Area Director. The two positions have been separated such that the Associate Medical Officer of Health provides medical leadership to both the OHCDSh Service Area and the Health Unit as a whole, while the Associate Director provides administrative leadership for the OHCDSh Service Area, in collaboration with the Associate Medical Officer of Health. In addition, the team includes the Program Assistant to the Associate Director, and an Epidemiologist. In 2015, a Program Evaluator will also join this team.</p> <p>The OAMOH team supports the activities of the entire OHCDSh Service Area. Oversight of the activities and staff of the OHCDSh service area, including program and service delivery, performance, human resources, and finance are provided by the Associate Director and the Associate Medical Officer of Health, and supported by the Program Assistant. The Epidemiologist provides consultation to OHCDSh and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Standards and associated protocols:</p> <ul style="list-style-type: none"> • Foundational Standards; • Infectious Diseases Prevention and Control; • Sexual Health, Sexually Transmitted Infections and Blood-borne Infections; • Tuberculosis Prevention and Control;

Program: Office of the Associate Medical Officer of Health – OHCDSh

- Vaccine Preventable Diseases;
- Child Health - Oral Health components;
- Food Safety - Food-borne illness components.

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Program Evaluation

A full-time, permanent Program Evaluator position will be added to the OAMOH team in 2015. To date, there has not been a Program Evaluator dedicated to the OHCDSh Service Area, so activities will include selecting the successful candidate, assessing the needs for program evaluation with the OHCDSh Service Area, and undertaking initial program evaluation activities. These activities will assist the staff and management of the OHCDSh Service Area to inform program planning, enhance evidence-informed decision-making, and support delivery of effective public health programs.

COMPONENT(S) OF TEAM PROGRAM #2: Program Planning Support

Epidemiological information and support is provided to the staff and management of the OHCDSh Service in order to establish the need for and impact of programs, as well as to inform planning and support the delivery of effective public health programs. Activities include accessing, analysing, and interpreting a variety of information, including:

- Data required to be reported to the Health Unit by community partners (e.g., reportable disease information, immunization information)
- Local, provincial and national surveillance and survey data
- Other data relevant to the work of public health

COMPONENT(S) OF TEAM PROGRAM #3: Surveillance and Population Health Assessment; Outbreak/Investigation Support

Some activities in this program area include:

- Supporting OHCDSh teams to monitor existing and new Accountability Agreement Indicators.
- Producing health status reports on topics related to the work of OHCDSh teams, e.g., *The Impact of Prescription and Non-Prescription Drug Use in Middlesex-London*
- Generating community surveillance reports, e.g., the *Community Influenza Surveillance Report*, which is issued weekly throughout the influenza surveillance season

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

- Providing epidemiological support for local, provincial and international disease outbreaks and investigations, e.g., investigation and follow up of local measles cases, local *E. coli* O157:H7 outbreak related to a larger provincial outbreak; Ebola virus outbreak in West Africa.

Indicators related to this component are reflected in the respective team program budget templates.

COMPONENT(S) OF TEAM PROGRAM #4: Research and Knowledge Exchange

This function includes education and consultation for staff members, community health providers and health professional students. Activities include teaching in Health Unit Community Medicine Seminars, supervising students, email update to health care providers, and guest lecturing at post-secondary institutions and conferences.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Program Evaluation			
# of Program Evaluation consultations provided	N/A	5	Increase
Component of Team #2 Program Planning Support			
# of ad hoc requests for epidemiological assistance to support evidence-informed program planning	N/A	25	Increase
Component of Team #3 Surveillance and Population Health Assessment; Outbreak/Investigation Support			
# of outbreak/investigations supported	N/A	10	Same
Component of Team #4 Research and Knowledge Exchange			
# of lectures and presentations	30	29	Same

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	3.8	4.8
Associate Medical Officer of Health	0.8	0.8
Associate Director	1.0	1.0
Program Assistant	1.0	1.0
Epidemiologist	1.0	1.0
Program Evaluator	0.0	1.0

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 491,491	\$ 546,539	\$ 511,208	\$ 663,231	\$ 152,023	29.74%
Benefits	103,226	107,753	108,712	125,644	16,932	15.58%
Travel	18,894	17,677	4,500	4,500		
Program Supplies	3,148	908	2,994	2,994		
Staff Development	3,612	2,557	2,000	2,000		
Professional Services	1,100	1,100	0	0		
Equipment & Furniture	42,432	36,021	8,750	8,750		
Other Program Costs	65,467	63,461	84,939	84,939		
Total Expenditures	\$ 729,370	\$ 776,016	\$ 723,103	\$ 892,058	\$ 168,955	23.37%

2015 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 326,368	\$ 309,121	\$ 333,278	\$ 435,633	\$ 102,358	30.71%
PHAC – 100%				6,600	6,600	N/A
MOHLTC – 100%	403,002	466,895	389,825	389,825		
MCYS – 100%						
User Fees						
Other Offset Revenue				60,000	60,000	N/A
Total Revenues	\$ 729,370	\$ 776,016	\$ 723,103	\$ 892,058	\$ 168,955	23.37%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Engage teams in program evaluation, develop systematic approach to build capacity regarding planning and evaluation, and implement evaluation plans
- Enhanced reporting in 2015 (e.g. TB report, daily surveillance report)

SECTION J

PRESSURES AND CHALLENGES

- Increased demands for epidemiologist time as a result of having both an AMOH and an Associate Director
- Having a dedicated program evaluator will increase the focus on program evaluation, which may require adjustment for the teams

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Allocation of Epidemiologist Salary to FoodNet Canada – (\$6,600)

The OHCD SH Epidemiologist currently provides support for FoodNet Canada-related activities at MLHU. This proposal would allocate 0.06 FTE (~2 hours per week) of the Epidemiologist salary to FoodNet Canada, as part of the funds MLHU invoices to the Public Health Agency of Canada for Site Coordinator salary and benefits, resulting in a net savings to the cost-shared budget.

Program Evaluator - \$86,500

OHCD SH is the only service area in the organization without a program evaluator, and a great deal of ongoing work needs to be done. This proposal would allow a program evaluator to engage and support teams with intentional and systematic planning efforts, evaluate various processes and outcomes, and build knowledge and skills among staff in the service area regarding planning and program evaluation.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
INFECTIOUS DISEASE CONTROL

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	MANAGER NAME	Tristan Squire-Smith	DATE:
PROGRAM TEAM	Infectious Disease Control	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
The goal of the Infectious Disease Control (IDC) Team is to prevent, reduce and control infectious diseases of public health importance in the community. The IDC Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of institutional settings for food handling and/or infection control practices; and education and consultative support to institutions and the general public. As well, the IDC Team assists in influenza (and community outbreak) immunization clinics and verifies that vaccines are handled properly through cold chain inspections at institutional settings.

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control <ul style="list-style-type: none"> • Food Safety Protocol (2013) • Infection Prevention and Control in Personal Services Settings Protocol (2008) • Infection Prevention and Control in Licenced Day Nurseries Protocol (2008) • Infection Prevention and Control Practices Complaint Protocol (2008) • Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008) • Infectious Diseases Protocol (2013) • Institutional/Facility Outbreak Prevention and Control Protocol (2008) • Risk Assessment and Inspection of Facilities Protocol (2008) • Tuberculosis Prevention and Control Protocol (2008) • Public Health Emergency Preparedness Protocol (2008)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Reportable Disease Follow-up and Case Management

The IDC team is responsible for following up certain reportable diseases (e.g. meningitis, hepatitis, tuberculosis, enteric diseases) to prevent or reduce spread to others and determine if an outbreak is occurring. Responses include counselling for the individual with the infection; counseling or specific medical interventions for their contacts, and coordination of specimen collection when necessary.

COMPONENT(S) OF TEAM PROGRAM #2 : Outbreak Management

The IDC Team is responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes) outbreaks as well as outbreaks in child care centres and in the community. Typical responses include coordinating with the affected institution to ensure best-practices are followed with respect to infection prevention and control measures, specimen collection and communications. As appropriate, specific preventive medications and/or vaccines are recommended and/or provided. The IDC Team also coordinates the local response to outbreaks that extend beyond the Middlesex-London jurisdiction.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

The IDC Team inspects institutional settings (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. The team inspects funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. In addition, the IDC Team conducts inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored. 2014 will be the second year that the team has achieved a 100% inspection completion rate.

COMPONENT(S) OF TEAM PROGRAM #4: Health Promotion / Education

The IDC Team engages in educational activities and provides consultative services to institutions and the public. The team answers questions from the public and Health Care Providers about infectious diseases on the telephone information line which operates during working hours. Further, a Public Health Nurse/Inspector provides on-call services on weekends and holidays. Educational workshops are provided for those who work in hospital and long term care/retirement home and child care settings. Updates on infectious diseases and infection control issues are sent via email distribution list on a regular basis.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up			
# of cases of reportable diseases followed-up <i>Totals consist of active tuberculosis, campylobacter, salmonella, E. Coli O157:H7, invasive Group A Streptococcus, hepatitis C, hepatitis A, influenza, listeriosis, West Nile Virus, legionella, Lyme disease</i>	731	1000	Same
IDC Team Component #2: Outbreak Management			
# of confirmed / potential outbreaks (OBs) managed <i>Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings</i>	175	170	Same
IDC Team Component #3: Inspections			
# of personal services settings (PSS) inspected / % inspection completion rate	612 / 100%	617 / 100%	Same
# low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected / Total # inspections / % inspection completion rate <i>High risk inspected once in each third of the year Medium risk inspected once in each half of the year Low risk inspected once per year</i>	7 / 9 / 135 / 430 / 100%	10 / 10 / 133 / 429 / 100%	Same
Component of Team #4: Food Handler Training			
# of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam	23 / 378 / 366	26 / 328 / 321	0 (FHT model changes)
Component of Team #5: Health Promotion & Education			
# of telephone consultations / # of email consultation / # of walk-in consultations	178 / 122 / 21	250 / 140 / 16	Same
# of presentations on infectious disease related topics (inclusive of presentations, meetings & displays).	29	75	Same

SECTION F		
	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	13.5	13.5
Program Manager	1.0	1.0
Program Assistant	1.0	1.0
Public Health Nurses	6.0	6.0
Public Health Inspectors	5.5	5.5

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,075,304	\$ 1,069,111	\$ 1,105,339	\$ 1,108,275	\$ 2,936	0.27%
Benefits	231,840	253,925	257,322	253,763	(3,559)	(1.38)%
Travel	12,354	14,788	13,253	13,253		
Program Supplies	16,941	6,185	6,813	6,813		
Staff Development	3,500	4,418	1,100	1,100		
Professional Services	6,450	9,131	9,500	9,500		
Furniture & Equipment		2,962				
Other Program Costs	19,541	19,201	6,525	6,525		
Total Expenditures	\$ 1,365,930	\$ 1,379,721	\$ 1,399,852	\$ 1,399,229	\$ (623)	(0.04)%

SECTION H

FUNDING SOURCES:

Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 610,169	\$ 623,960	\$ 631,827	\$ 617,973	\$ (13,854)	(2.19)%
PHAC – 100%				17,000	17,000	N/A
MOHLTC – 100%	755,761	755,761	768,025	761,256	(6,769)	(0.88)%
MCYS – 100%						
User Fees						
Other Offset Revenue				3,000	3,000	
Total Revenues	\$ 1,365,930	\$ 1,379,721	\$ 1,399,852	\$ 1,399,229	\$ (623)	(0.04)%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- IDC inspection disclosure website will go live for public viewing
- Complete review of all of IDC policies and procedures (inclusive of medical directives) will be completed
- IDC will continue to partner with Public Health Agency of Canada to be Ontario's Sentinel Site for the FoodNet Canada Enhanced Enteric Surveillance Program
- MLHU's IDC Team will partner again with Elgin St Thomas Public Health to co-host the yearly Infection Prevention and Control Workshop

SECTION J

PRESSURES AND CHALLENGES

- The funding for the 100% funded positions (7.5 FTEs) has not increased despite yearly incremental raises in wages & benefits.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Food Handler Training - \$23,000

This proposal would eliminate food handler training for the Infectious Disease Control team by shifting responsibility to the Environmental Health team and the delivery of select food handler training courses by the London Training Centre. Note: This proposal had included a reduction of 0.1 FTE administrative support, which on further analysis will not be feasible. An additional change to casual staffing will be able to realize the planned savings.

Revenue Generation from Infectious Disease Control Yearly Workshop - \$3,000

This proposal takes into consideration the revenue generated by the annual Infection Prevention and Control Workshop. Revenues are generated from attendee registration fees.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

VACCINE PREVENTABLE DISEASES

SECTION A				
SERVICE AREA	Oral Health, Communicable Diseases Sexual Health (OHCDSH)	MANAGER NAME	Marlene Price	DATE
PROGRAM TEAM	Vaccine Preventable Diseases	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing and updating students' immunization records as required by legislation; and providing education and consultation to health care providers and the general public about vaccines and immunization administration. The VPD Team also manages the distribution of publicly-funded vaccines to health care providers and inspects the refrigerators used to store publicly-funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage. The Team is also responsible for the investigation and follow-up of vaccine-related reportable diseases.</p>

SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION
<p>Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard</p> <ul style="list-style-type: none"> • Immunization Management Protocol (2013) • Infectious Diseases Protocol (2013) • Vaccine Storage and Handling Protocol (2014) • Immunization of School Pupils Act • Day Nurseries Act

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak)

- **Regular clinics:** Immunization clinics are held three days a week at the 50 King Street office and once a month at the Strathroy office for the general public; no Health Cards or appointments are required (although appointments are available at the 50 King Street office).
- **Influenza clinics:** Annual influenza vaccination clinics are held in the community although their numbers have decreased over time due to the availability of other community influenza vaccination clinics (e.g. pharmacies, health care providers, workplaces etc.).
- **Other clinics:** Clinics to update the vaccinations of refugees; clinics at targeted secondary schools with high proportions of at-risk populations; clinics to respond to community outbreaks or other arising issues.

COMPONENT(S) OF TEAM PROGRAM #2 Immunization Clinics (elementary schools)

Immunizations are provided in elementary school settings periodically throughout the school year for the following:

- **Grade 7:** Meningococcal and hepatitis B vaccines are provided to all Grade 7 students for whom consent is received.
- **Grade 8:** Human papillomavirus (HPV) vaccine is given to all Grade 8 female students for whom consent is received.

COMPONENT(S) OF TEAM PROGRAM #3 Implementation of Panorama Software System: Immunization and Inventory Tracking Modules

Panorama is a Pan-Canadian health surveillance software application intended to improve the tracking of immunizations and vaccines, for the purpose of enhancing optimal vaccine coverage. The immunization component was implemented at MLHU in July 2014 and continues into 2015; the vaccine inventory component is to be implemented mid-2015. The implementation of Panorama has required changing and integrating the business processes and policies related to both components.

COMPONENT(S) OF TEAM PROGRAM #4 Education and Consultation

Immunization information and advice is provided to health care providers and the public via email, the MLHU web site, and telephone. "Triage" is a telephone consultation service where Program Assistants provide a response to incoming inquiries when appropriate, or direct callers to a Public Health Nurse or Public Health Inspector for further information and/or consultation.

Clinical placements are provided to medical students and residents, and nursing students.

COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines

The Health Unit orders publicly-funded vaccines from the Ontario Government Pharmacy and health care providers order and pick-up these vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately:

- *Review of temperature logs:* Health care providers submit temperature logs to show that they are maintaining their vaccine storage refrigerators between 2° and 8°C (the required temperatures for safe storage of vaccines).
- *Review of ordering patterns:* Ordering patterns are assessed to ensure that health care providers are storing no more than a two-month supply of vaccines in their vaccine refrigerators.

COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up

Annual inspections are conducted for all health care providers' offices who order and store publicly-funded vaccines to ensure that the vaccines are being handled appropriately remain potent and are not being wasted. Locations include new and existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations are inspected by the Infectious Disease Control Team).

If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2° and 8°C, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.

COMPONENT(S) OF TEAM PROGRAM #7 Investigation and Follow-up of Vaccine-preventable Reportable Diseases

Reports of vaccine-preventable reportable diseases (e.g. measles, mumps, rubella, whooping cough, *Streptococcus pneumoniae*, chicken pox) are followed-up to determine the source of the disease acquisition (if possible) and identify anyone who was potentially exposed to the person who has the infection. This is done for the following purposes:

- *Prevention of transmissions:* To prevent transmission, follow-up for the person with the infection and their contacts may include education and counselling; recommendations to take antibiotics (chemoprophylaxis); recommendations for immunization; recommendations for isolation or quarantine; and/or advice to seek medical attention.
- *Reporting to the Ministry of Health and Long-Term Care:* The Ministry of Health and Long-Term Care is notified of the investigation through iPHIS, an electronic infectious disease database. This system allows for the analysis of information on these reportable diseases.

SECTION E**PERFORMANCE/SERVICE LEVEL MEASURES**

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Immunization clinics (regular, high risk populations, outbreak)			
# of client visits/ vaccines given at the Immunization Clinic	12, 207 / 16, 779	12,720/ 16,932	Increase
# of community influenza clinics / clients seen	10/ 3,739	5/ 1,155	Decrease
Component of Team #2 Immunization clinics (elementary and secondary schools)			
% of Grade 7 students who have received meningococcal vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	87%/ 2,959	93%/ 2,727	Same
% of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	89%/ 2,506	90%/ 3,508	Same
% of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics	58%, 1,310	55%/ 1,213	Same
Component of Team #3 Panorama software system implementation			
# of duplicate files resolved in immunization module	0 (Panorama not yet implemented)	9,000	Increase
# of files entered into immunization module (from backlog)	0 (Panorama not yet implemented)	0	Increase
# of staff training sessions and meetings (inventory control module)		4	Increase
Component of Team #4 Education and Consultation			
# of calls to Triage / # of consultations through incoming email	12,913 / 3,282	12,900/ 4,700	Same
Component of Team #5 Vaccine inventory and distribution of publicly- funded vaccines			
# of orders received from and processed for health care providers' offices	3,931	3,850	Same
Component of Team #6 Cold chain inspections and Incident Follow Up			
# of cold chain inspections / % completion (Accountability Indicator)	276 / 98%	299 / 99.7%	Same
# of cold chain incidents / cost of vaccine wastage	35 / \$63,985.	26/ \$71,000.	Uncertain
Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases			

# of reportable diseases reported and investigated / # confirmed (<i>measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox</i>)	126 / 36	120/ 34	Uncertain
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SECTION F		
	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	18.1	17.94
Program Manager	1.0	1.0
Public Health Nurses	7.1	7.5
Casual Nurses	2.6	2.14
Program Assistants	7.4	7.3

SECTION G						
EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,128,482	\$ 1,136,442	\$ 1,214,944	\$ 1,260,031	\$ 45,087	3.71%
Benefits	250,882	259,724	278,615	300,661	22,046	7.91%
Travel	13,830	9,166	12,500	12,200	(300)	(2.4)%
Program Supplies	96,900	346,288	296,200	296,200		
Staff Development	1,150	584	1,900	1,900		
Professional Services	19,143	2,295	4,200	4,200		
Equipment & Furniture	3,500	7,011	3,500	3,500		
Other Program Costs	5,068	7,312	9,948	9,948		
Total Expenditures	\$ 1,518,956	\$ 1,768,822	\$ 1,821,807	\$ 1,888,640	\$ 66,833	3.67%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease)	% increase (% decrease)

Cost-Shared	\$ 1,227,269	\$ 1,211,529	\$ 1,224,120	\$ 1,290,953	\$ 66,833	5.46%
MOHLTC – 100%	157,262	156,600	157,262	157,262		
MCYS – 100%						
User Fees	61,925	320,365	367,925	367,925		
Other Offset Revenue	72,500	80,328	72,500	72,500		
Total Revenues	\$ 1,518,956	\$ 1,768,822	\$ 1,821,807	\$ 1,888,640	\$ 66,833	3.67%

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Continued implementation of immunization module of Panorama
- Implementation of Panorama (vaccine inventory module)
- Planned program review to identify opportunities to enhance efficiency and effectiveness of immunization services.

SECTION J

PRESSURES AND CHALLENGES

- Resolution of duplicate files within Panorama (immunization module)
- Entry of files into immunization module from back log
- Completion of and integration of business processes and policies into current practice
- Implementation of vaccine inventory module within Panorama
- Implementation of revised Immunization of School Pupils Act

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

Reduction of Secondary Schools Immunizations (\$6,300)

Only 25% to 30% of eligible students choose to receive immunizations at secondary school clinics. This proposal would reduce the number of school clinics and focus on providing clinics at high priority schools that are identified as having vulnerable student populations. This would result in a 0.06 FTE reduction in Casual Nurse hours.

Decrease in Program Assistant at Triage (\$6,600)

The Triage Program Assistants (PA) answer calls from people calling into the Health Unit with Communicable Disease /Immunization

questions. This disinvestment proposes to decrease the Program Assistant time at Triage. This change would likely result in limited/no access to a live person through this line over the lunch hour most days of the week. These calls would be redirected to voicemail.

Program: Oral Health Program – OHCD SH

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

THE CLINIC AND SEXUAL HEALTH PROMOTION

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Program: Oral Health Program – OHCDSh

SECTION A				
SERVICE AREA	Oral Health, Communicable Disease and Sexual Health (OHCDSh)	MANAGER NAME	Shaya Dhinsa	DATE
PROGRAM TEAM	The Clinic and Sexual Health Promotion	DIRECTOR NAME	Heather Lokko	January 2015

SECTION B
SUMMARY OF TEAM PROGRAM
<p>The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality.</p> <p>The Clinic Team provides clinical services for the provision of birth control and the diagnosis and treatment of sexually transmitted infections. Needle Exchange Program services are also offered on a drop-in basis. All services are confidential, non-judgmental, client-focused and easily accessible. The Clinic staff also follows-up reportable sexually transmitted infections to prevent transmission to others. Sexual Health Clinics are offered at both 50 King St. in London and 51 Front St. in Strathroy. Needle Exchange Program services are offered at 50 King St in London and 51 Front St. in Strathroy, and also through partnership with Counterpoint and London Intercommunity Health Centre.</p> <p>The Sexual Health Promotion Team conducts educational sessions, designs sexual health campaigns and resources, and plans advocacy initiatives regarding topics including contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies. The Social Determinants of Health Public Health Nurse within the Team develops initiatives to address the determinants that impact health such as substance abuse, poverty, and literacy.</p>
SECTION C
ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION

Program: Oral Health Program – OHCD SH

Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)

- Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013)

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services

The Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for clients who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing, STI testing and treatment, and sexual health education. The Clinic sells low cost birth control and provides free treatment for sexually transmitted infections. IUD/IUS insertions are also now available.

COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction

The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and naloxone kits, and accepts used needles/syringes and other equipment. This program maintains anonymity of those accessing service. The needle exchange site at the Health Unit is a satellite site of the Counterpoint Needle Exchange program which is co-sponsored by the Regional HIV / AIDS Connection (RHAC), who administers the program, and the Health Unit, who provides the funds.

COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up

To prevent the spread of sexually transmitted infections, people with laboratory-confirmed sexually transmitted infections (chlamydia, gonorrhea, syphilis and HIV/AIDS) are reported to the Health Unit. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU Clinic), or by contacting the ordering health care provider (if the client was tested elsewhere). The nurse will ensure the client has been counselled and treated, and ask for contact information for the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.

COMPONENT(S) OF TEAM PROGRAM #4 Sexual Health Promotion (including Education)

The Sexual Health Promotion Team develops presentations, communication campaigns, resources and health fairs on various sexual health topics. Both the Sexual Health Promotion and Clinic Teams provide one-on-one telephone consultation to clients. Other sexual health promotion activities include:

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- Providing presentations, health fairs, clinic tours and answering sexual health questions from the community;
- Building successful sexual health campaigns using social media

COMPONENT(S) OF TEAM PROGRAM #5 Social Determinants of Health

The Social Determinants of Health Public Health Nurse works with internal and external partners to address the social factors that impact health and decrease barriers to accessing public health programs and services. The Social Determinants of Health Public Health Nurse will focus on injection drug use and harm reduction strategies.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

	2013	2014 (anticipated)	2015 (estimate)
Component of Team #1 Clinic Services			
% of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators)	100%	100%	100%
# of birth control pills dispensed (including emergency contraception)	31,917	29,340	Same (possible increase due to campaign)
Total visits to the Sexually Transmitted Infection (STI) Clinic	8,052	8,363	Same (possible increase due to campaign)
Total visits to the Family Planning Clinic	<ul style="list-style-type: none"> • London: 6,683 • Strathroy: 372 	<ul style="list-style-type: none"> • London: 6,474 • Strathroy: 225 	<ul style="list-style-type: none"> • London & Strathroy: Same (possible increase due to campaign)
Total visits for IUD/IUS insertions	N/A	220	Increase
# of new clients/ total visits for IUD/IUS insertions	Number of IUD/IUS not tracked as just began insertions	209/ 220	Increase (offering insertions more frequently and in a more integrated manner)
Component of Team #2 Harm Reduction			
Total visits to the Needle Exchange Program at Health Unit	992	600	Increase
Approximate # of needles and syringes distributed / returned	48,884 / 21,913	91,259 / 18,947	Increase

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Program: Oral Health Program – OHCD SH

to the Needle Exchange program at the Health Unit			
Component of Team #3 Sexually Transmitted Infection Follow-up			
# of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up	1,309 / 81 / 21 / 20	1,403 / 101 / 18 / 34 <i>Numbers not final yet</i>	Same
Component of Team #4 Sexual Health Promotion (including Education)			
Sexual Health Campaigns	Are You Doin' It; Add Your Colour; Clinic Promotion	STI Guinness Record Testing Campaign; Clinic Promotion materials; Add Your Colour Campaign	Expand STI Guinness Testing Campaign; Launch Clinic promotion materials and develop video
# of presentations, health fairs and clinic tours	121	59	Same
# of phone calls to sexual health line	n/a	17,090	Same
Component of Team #5 Social Determinants of Health			
Initiatives that were the focus of the Social Determinants of Health Public Health Nurse	Methadone Maintenance Best Practice Workgroup; Community Opioid Overdose Prevention initiative	In addition to 2014 initiatives; Municipal drug strategy; Staff education about Social Determinants of Health; Internal Health Equity Impact Assessment.	In addition to 2014 initiatives; Review role description of SDOH PHN; Partner with Community Drug Strategy Lead.

SECTION F	2014 TOTAL FTEs	2015 ESTIMATED FTEs
STAFFING COSTS:		
	18.3	18.6
Program Manager	1.0	1.0
Public Health Nurses	11.9	11.8
Health Promoter	1.0	1.5
Clinical Team Assistants	4.0	3.9
Program Assistant	0.4	0.4

SECTION G

2015 Planning & Budget Template

Program: Oral Health Program – OHCD SH

EXPENDITURES:						
Object of Expenditure	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Salary & Wages	\$ 1,246,366	\$ 1,126,894	\$ 1,275,572	\$ 1,333,676	\$ 58,104	4.56%
Benefits	282,151	275,767	300,683	315,173	14,490	4.82%
Travel	9,500	6,079	9,850	9,850		
Program Supplies	338,457	322,833	338,452	338,452		
Staff Development	4,500	2,672	4,500	4,500		
Professional Services	389,921	305,177	386,937	386,937		
Furniture & Equipment	2,504	4,360	2,504	2,504		
Other Program Costs	29,088	56,446	29,520	29,520		
Total Expenditure	\$ 2,302,487	\$ 2,100,228	\$ 2,348,018	\$ 2,420,612	\$ 72,594	3.09%

SECTION H						
FUNDING SOURCES:						
Object of Revenue	2013 Budget	2013 Actual	2014 Budget	2015 Draft Budget	\$ increase (\$ decrease) over 2014	% increase (% decrease) over 2014
Cost-Shared	\$ 1,584,048	\$ 1,366,197	\$ 1,647,266	\$ 1,708,256	\$ 60,990	3.70%
MOHLTC – 100%	433,439	431,602	415,752	427,356	11,604	2.79%
MCYS – 100%						
User Fees	285,000	284,676	285,000	285,000		
Other Revenue		17,753				
Total Revenues	\$ 2,302,487	\$ 2,100,228	\$ 2,348,018	\$ 2,420,612	\$ 72,594	3.09%

SECTION I						
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Program: Oral Health Program – OHCD SH

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2015

- Expand the STI Guinness Campaign to a large campaign for Southwest Ontario with other Health Units.
- Continue to enhance and promote The Clinic Services. Launch of “Top 10 Reasons to Get Tested” and develop Clinic Video.
- Complete Program Review for Sexual Health and implement changes to increase efficiencies and effectiveness.

SECTION J

PRESSURES AND CHALLENGES

- Changes resulting from the program review may vary in ease of implementation

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2015

- **Decrease Sexual Health Clinic Casual Public Health Nurses - \$9,300**

The Wednesday morning Family Planning Clinic has lower volumes compared to others and can be offered efficiently with just one physician and one Public Health Nurse (rather than 2 of each). This proposal looks at reducing one casual Public Health Nurse. This change is not expected to have any significant impact on client service or client experience.

- **Decrease Casual Clinic Assistant Hours - \$3,000**

This proposal would decrease casual Clinical Team Assistant (CTA) staffing by 0.1 FTE, by reducing the number of CTA's providing office support on Wednesday afternoons.

- **Community Drug Strategy Lead - \$37,800**

This proposal recommends investing in a Community Drug Strategy Lead to facilitate the development and implementation of a strategy based on Vancouver's Four Pillars Drug Strategy (harm reduction, prevention, treatment, enforcement).