

Recovery Objective 4: Enhancing & Sustaining Positive Changes

Objective: To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.

Key Recommendations	UPDATE on IMPLEMENTATION - As of December 2021															
Tools & Resources																
<p>1. Continue and/or expand the use of the following software applications, and provide guidance, clarification of expectations, and education on their use and function:</p> <table border="0"> <tr> <td>MS Teams</td> <td>OneNote</td> <td>OTN</td> </tr> <tr> <td>Power Query</td> <td>One Drive</td> <td>SharePoint Excel</td> </tr> <tr> <td>Adobe Pro</td> <td>Dayforce</td> <td>CheckMarket</td> </tr> <tr> <td>Whisper</td> <td>E-Fax</td> <td>3CX</td> </tr> <tr> <td>Microsoft Lens</td> <td>WhatsApp</td> <td>Case and Contact Management Database</td> </tr> </table>	MS Teams	OneNote	OTN	Power Query	One Drive	SharePoint Excel	Adobe Pro	Dayforce	CheckMarket	Whisper	E-Fax	3CX	Microsoft Lens	WhatsApp	Case and Contact Management Database	<ul style="list-style-type: none"> • The use of all these applications has continued • Power Query has been instrumental in MLHU’s COVID-19 and vaccine reporting • Privacy concerns with the use of OneNote have been identified and are being addressed by a shift to increased use of SharePoint • For some of these software applications, expansion of use has occurred, while additional expansion of use with some of are still outstanding • Orientation and guidance documents have been developed for some of these tools with additional resources to be made available to more fully implement this recommendation
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<p>2. Expand the range of options to meet client and community partner needs for connecting virtually (e.g. MS Team (for clients), Zoom, WebEx, etc.), provide needed decision-making guidance regarding the use of virtual interactions, and update related policy.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan • The use of Zoom has been introduced for use in specific situations with approval, and has been launched in one program providing service to a prioritized population • Updated policy guiding decision-making and the use of OTN, Teams, WhatsApp, and Zoom completed 															
<p>3. Solve the outstanding issues experienced with 3CX or switch to a different application if unresolvable.</p>	<ul style="list-style-type: none"> • Work to address concerns with 3CX has continued, with some progress made through a large software update in November/December to deal with high call volumes 															
<p>4. Formalize the requirements, expectations and processes for remote-working staff to use MLHU equipment (e.g., monitors and office chairs) in home/remote locations, in alignment with the ABW (or commensurate) policy.</p>	<ul style="list-style-type: none"> • A new policy “5-210 Remote Work” was approved and posted in Sept 2021 to support remote work, including eligibility, approval, terms and conditions, and responsibilities • IT equipment necessary to accommodate remote working has been provided through the pandemic 															
<p>5. Enhance the use of technology to maintain/augment staff and community health and safety, and to support social connection within the organization.</p>	<ul style="list-style-type: none"> • This recommendation was included on MLHU’s provisional strategic plan, although it has been temporarily put on hold due to competing workload demands • Be Well virtual activities have been offered regularly to foster social connections in the organization • Weekly safety and wellness updates have been presented during weekly Town Hall sessions • Occupational Health and Safety will attend virtual team meetings, upon request, to address health and safety concerns • Introduced semi-virtual worksite inspections and virtual meetings for the Joint Occupational Health and Safety Committee (JOHSC) members 															

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Work Processes	
<p>6. Transition paper-based processes <i>wherever possible</i> to electronic processes. Update policies (e.g., use of e-signatures, mobile scanning and sending, financial transactions, etc.), and provide staff education, as needed.</p>	<ul style="list-style-type: none"> • Policy updates are outstanding and are planned for completion in 2022 • Most processes across the organization are electronically based • Paper processes have been used in situations of unscheduled or unexpected downtimes • Outstanding paper-based processes still need to be identified and addressed • Integration and implementation of Ministry databases has occurred for several COVID-19 programs (e.g., Salesforce, CCM tool, COVAX)
<p>7. Maximize interoperability of electronic processes and solutions (internally and externally) where possible.</p>	<ul style="list-style-type: none"> • This work has been put on hold at this time due to competing priorities • Advocacy with MCCSS for interoperability and efficiencies with ISCIS continues periodically
<p>8. Ensure staff are involved in the design and improvement of new and existing tools and processes.</p>	<ul style="list-style-type: none"> • Staff have been involved in some design and improvement of new and existing tools and processes; however, implementation of this recommendation has been limited due to redeployments and workload • In some cases, staff involvement has been more limited than it was prior to the pandemic • Throughout the year ahead, opportunities for staff involvement will be identified and implemented as much as possible; this recommendation may not be fully implemented until the pandemic is over
<p>9. Facilitate more collective and collaborative organizational work across teams, including the use of a shared workplan, to maximize knowledge and skills, consistency, efficiency, connections, and outcomes/impact.</p>	<ul style="list-style-type: none"> • This recommendation was incorporated into the goals outlined on MLHU’s provisional strategic plan • This recommendation continues to be challenging as many areas for potential collaboration are connected to public health work that is currently on hold • The Health Equity Team will pilot the development of a shared workplan over the year as teams are repatriated and return to normal operations • The COVID/IDC/Vaccine/VIP teams have collaborated extensively • The development of SharePoint sites has contributed to greater collaboration between teams
<p>10. Increase opportunities for senior leaders to work / interact directly with staff.</p>	<ul style="list-style-type: none"> • A senior leader covered for the Health Equity Team manager for several months, working directly with staff • The weekly Town Hall has provided regular opportunities for staff to make direct inquiries to senior leaders with immediate responses provided • Senior leaders have been present at vaccine clinics and worked with staff to plan mobile clinics • Periodic attendance at CCM Team huddles to check in with staff • Implementation of the MLHU provisional strategic plan goals have allowed for additional opportunities for senior leaders to collaborate with staff • Additional opportunities for senior leaders to work with staff will continue to be identified and implemented more intentionally

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11. Continue client and staff screening for illness prior to all in-person interactions.	<ul style="list-style-type: none"> This practice has continued from early in the pandemic to the present; however, this recommendation was referring to continuing this practice beyond the pandemic
12. Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.	<ul style="list-style-type: none"> This recommendation was included on MLHU's provisional strategic plan with leads identified; however, it has been temporarily deprioritized due to competing demands
13. Ensure back-up staff training and scheduling in place wherever needed.	<ul style="list-style-type: none"> With the introduction of a new leadership role, Associate Managers and Supervisors may provide some back-up for Managers, where appropriate Human Resources hired additional staff to support scheduling for Case and Contact Management and Mass Vaccination Clinic, with a focus on getting the right staff doing the right job Back-up training has occurred amongst program assistants in the Healthy Start division, and the division also has back-up scheduling for some program work
Communications	
14. Continue weekly live virtual Town Hall meetings through Microsoft Teams.	<ul style="list-style-type: none"> Weekly live virtual Town Hall meeting through MS Teams have continued throughout the duration of the pandemic, and the plan is to continue this indefinitely at this time
15. Ensure clear, consistent, and adequate communication from SLT to staff, including communication regarding organizational and SLT staffing changes.	<ul style="list-style-type: none"> The Board of Health and the Senior Leadership Team provided timely communication (through email and at the Town Hall) regarding the MOH's leave of absence, and the plan for acting MOH coverage Communication was provided regarding the onboarding of the current CEO The departure of a Director and the replacement of said Director was communicated through email and at a Town Hall Restructuring plans in Healthy Start were shared across the whole organization through email and at a Town Hall, including sharing a new org chart for the division Multiple updates regarding the PBMA process were communicated at Town Hall, including clarification of the various types of divisional reviews that would be undertaken Transition of programs from one SLT leader to another SLT leader communicated via email and at Town Hall
16. Regularly determine the appropriate frequency of team level communications and meetings/huddles in order to facilitate timely communication, staff cohesion and connectedness.	<ul style="list-style-type: none"> Leaders have been encouraged to consider and implement this recommendation, although no formal processes for promoting or reporting this have been put in place at this time; due to the frequency of change over the year, managers have communicated regularly with their teams Each SLT leader has regular management meetings where SLT updates are provided, and agendas with key points and decisions from SLT meetings are shared regularly with leaders post-SLT meetings
17. Maximize the use of the MLHU website for clients, community partners and staff, ensure it meets accessibility requirements, and keep it up to date.	<ul style="list-style-type: none"> COVID-19 and vaccine information has been updated very regularly (e.g., daily) throughout the pandemic, with a plethora of information, resources, links, guidance documents, and community resources included on the site

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	<ul style="list-style-type: none"> • Key areas of the Healthy Start website have been regularly updated and used as a primary place to refer clients for healthy growth and development information • Improvements were made to the web-based vaccine ordering process including all vaccines for Health Care Providers and other facilities such as Long-Term Care and Retirement Homes • Web-based submission process for out of province/country COVID-19 vaccines were developed • Programs that have been on hold have not updated or utilized the website
<p>18. Continue to ensure communication to all staff prior to media releases to the broader community (i.e., organizational changes, important public health developments).</p>	<ul style="list-style-type: none"> • All media releases have been communicated to all staff through email concurrently with the release to the broader community • Regular COVID-19 and vaccine updates have been provided by the MOH/AMOH/Acting MOH to MLT and/or all staff through email or Town Hall meetings
<p>19. Identify opportunities to enhance the use of social media in its various forms to appropriately support MLHU’s work.</p>	<ul style="list-style-type: none"> • Social media used for CCM and vaccine messages to our community e.g. isolation requirements, vaccine clinic hours, etc. • Social media messaging provided regulation messaging e.g. reopening Ontario regulation relevant to Environmental Health • Social media was used to support recruitment to vaccine clinics, various other positions, and MLHU’s inaugural Anti-Black Racism Advisory Group
<p>Human Resources</p>	
<p>20. Normalize the option to work remotely (with appropriate supporting policy and communication) in situations where operational, service delivery, and accountability requirements allow.</p>	<ul style="list-style-type: none"> • Remote work has continued throughout the pandemic wherever feasible • A remote work policy was developed to normalize remote work over the long-term
<p>21. Normalize flexible options for hours of work, in situations where operational, service delivery and accountability requirements allow.</p>	<ul style="list-style-type: none"> • A new Hours of Work policy allowing for employees to request ongoing schedule changes for personal reasons was released in 2021 to replace the Alternative Work Arrangements policy • Where operationally possible, flexible hours of work have been maintained throughout the pandemic • COVID-related work has not allowed for as much flexibility with work hours as is possible in some other programs • Human Resources has made every effort to accommodate staff preferences and/or availability and changes in scheduling requests, and to communicate schedules in a timely manner • Information was shared at Town Hall and via email regarding the ability to request flexible work arrangements during school closures and remote learning
<p>22. Explore opportunities for cross-training on other programs / teams / divisions to support surge capacity needs (e.g. CCM, immunization, tobacco cessation, clinical services, etc.).</p>	<ul style="list-style-type: none"> • Significant cross-training has occurred with redeployments to COVID and vaccine work throughout the pandemic • Healthy Start restructuring is expected to better support surge capacity needs within high-risk home visiting programs

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	<ul style="list-style-type: none"> • Capacity increased through expansion of vaccine distribution work to program assistants and logistics • Capacity expanded through cross-training of core clinical services work among clinical staff • Cross-training has occurred amongst several program assistants in Healthy Living to cover portfolios of staff members redeployed to COVID-19 efforts • Cross-training of several TEACH trained PHNs occurred to support the tobacco cessation program
23. Consider ongoing implementation of supervisors at MLHU, where appropriate, with clarity in role expectations and distinction from the manager role.	<ul style="list-style-type: none"> • Front-line leadership (supervisors, associate managers) have been incorporated permanently into org structures in the Healthy Start, Healthy Organization, and Environmental Health and Infectious Disease divisions through planning processes and PBMA, and will be considered during 2022 planning processes elsewhere in the organization (e.g., Healthy Living) • Steps to increase consistency in front-line leadership roles and expectations have been taken • Roles between leadership levels has been clarified, with the expectation that role clarity will evolve more fully over time • A feasible evaluation of the introduction of a front-line level of leadership will be undertaken in 2022
24. Ensure managers define and clarify work roles, provide coaching, and establish consistency of practices and workload, particularly during transitions	<ul style="list-style-type: none"> • Onboarding and orientation processes have been enhanced and refined, although continue to require additional development (particularly new leader onboarding) • This is a recommendation that still requires further planning and implementation work
25. Adopt, provide education and skill-building opportunities related to, and effectively implement, a performance management framework and approach.	<ul style="list-style-type: none"> • This recommendation was included in MLHU's provisional strategic plan; however, competing workload demands will delay initiation of work on this recommendation
26. Continue use of an HR Staff Hotline for reporting illness; permit staff to work from home if <i>mildly</i> symptomatic, ensuring that 'permit' is not interpreted as 'expect'.	<ul style="list-style-type: none"> • Use of the HR Staff Hotline to report illness has continued and incorporated as an expectation in the MLHU sick policy, with reminders on the process shared via email and at Town Hall • Clarification on working from home if mildly symptomatic was incorporated into MLHU's sick policy • Discussions occur between staff and their leader prior to decision to permit work either remotely or on site
Other Organizational Changes	
27. Structurally re-align the Population Health Assessment and Surveillance Team with the Program Planning and Evaluation Team, as part of a wholistic review of organizational restructuring.	<ul style="list-style-type: none"> • This recommendation has been implemented, with both the PHAST and PPE teams reporting to the same senior leader
28. Strengthen investment in comprehensive population health promotion (PHP) work (e.g., policy, community mobilization) and enhance organizationally coordinated and strategic approaches (e.g., mental health promotion, healthy eating, violence prevention).	<ul style="list-style-type: none"> • This recommendation has not yet been implemented due to continued focus on the pandemic • Anticipate the examination of this work, and the required resources to support it, will begin in late Q1/early Q2 2022

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29. Strengthen organizational capacity related to public health informatics (clinical and non-clinical) with focused, dedicated expertise.	<ul style="list-style-type: none"> • Additional informatics support was secured temporarily for 2022 through the PBMA process • Additional permanent informatics support has not yet been secured
30. Intentionally optimize roles, disciplines, knowledge/skills across the organization in alignment with public health mandate and core competencies.	<ul style="list-style-type: none"> • Healthy Start restructuring incorporated changes intended to optimize roles and disciplines • The introduction of permanent front-line leadership will optimize roles
31. Prioritize intentional, meaningful, and outcome-focused community partnerships, and ensure public health's role is clearly defined within each partnership.	<ul style="list-style-type: none"> • Although partnerships have been prioritized as a result of the pandemic, an intentional and comprehensive review and decision-making process regarding community partnerships across the organization has not yet been initiated
32. Prioritize MLHU strategic planning to support implementation of the vision and mission and assist with prioritization of public health work.	<ul style="list-style-type: none"> • A provisional strategic plan was developed in 2021 • The provisional strategic plan includes direction to engage stakeholders and develop a longer-term MLHU strategic plan • Healthy Start leadership team conducted planning and prioritization during 2020 and 2021 • Healthy Living has initiated planning and prioritization work in anticipation of repatriation of staff
33. Strengthen efforts to monitor and evaluate program impact and public health outcomes.	<ul style="list-style-type: none"> • An evaluation of vaccine clinic work is underway • Daily monitoring of COVID-19 cases and vaccine rates has been maintained throughout the pandemic and reported on the website dashboard • In 2022, work to determine the optimal structures, processes and roles for monitoring and evaluating public health practice will be undertaken, however, this work has not yet been initiated • An evaluation plan will be developed and implemented across the agency regarding the new front-line leadership role that has been introduced • The assessment of client experience was prioritized on the provisional strategic plan, however, has been temporarily deprioritized due to competing demands • Vaccine mobile clinic efforts have been driven by monitoring, surveillance, and evaluation data to maximize public health outcomes
34. Review service delivery times and adjust as necessary to ensure MLHU is meeting client needs.	<ul style="list-style-type: none"> • Service delivery times have been determined by client needs, staff availability, and COVID-19 demands • Intentional, widespread review of service delivery times will be possible once teams have returned to normal operations