

MIDDLESEX-LONDON BOARD OF HEALTH Accountability Agreement Performance Indicator Targets		Ontario Median	Ontario Range	Your Baseline	MOHLTC Identified Targets				Board of Health Proposed Targets					
					Date: 23/12/2011				Date:					
					2012 Target	Rationale for 2012 Target	2013 Target	Rationale for 2013 Target	1		2	3	4	5
									Board of Health Accepts (Y/N)					
Indicator						2012	2013	2012 Target	Board of Health Rationale for 2012 Target	2013 Target	Board of Health Rationale for 2013 Target			
1	% of high risk food premises inspected once every 4 months while in operation Baseline Year: 2010	82%	15% - 100%	84%	100%	It is anticipated that with improvements to business practices and data quality, the board of health will be able to make significant improvements in 2012.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	Y	Y				
2	% of pools and public spas by class inspected while in operation Baseline Year: 2010	73%	0% - 100%	78%	≥ 85%	It is acknowledged that baseline results may be reflective of issues with data retrieval. It is anticipated that with improvements to business practices and data quality, the board of health will be able to make significant improvements in 2012.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	Y	Y				
3	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection Baseline Year: unavailable	cannot be established	cannot be established	cannot be established	100%	The target for this indicator is not negotiable. Baseline data is not available for this indicator. All boards of health are expected to complete the required inspections of high-risk SDWS as stated in the Ontario Public Health Standards.	100%	The target for this indicator is not negotiable. All boards of health are expected to complete the required inspections of high-risk SDWS as stated in the Ontario Public Health Standards.	Y	Y				
4	Time between health unit notification of a case of gonorrhoea and initiation of follow-up <i>This indicator measures the percentage of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days</i> Baseline Year: 2010	80%	0% - 100%	Cannot be established	100%	As a baseline cannot be established, a target has been established based on the requirements as stated in the Ontario Public Health Standards.	100%	All boards of health are expected to meet the requirements as stated in the Ontario Public Health Standards.	N	N	70%	This Health Unit deals with a large volume of STIs. For diagnosed cases that are not yet treated, follow-up is as soon as reported. Not all cases diagnosed by outside health care providers, can be followed up within 48 hours of the report being received.	70%	This Health Unit deals with a large volume of STIs. For diagnosed cases that are not yet treated, follow-up is as soon as reported. Not all cases diagnosed by outside health care providers, can be followed up within 48 hours of the report being received.
5	Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up <i>This indicator measures the percentage of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case</i> Baseline Year: 2010	94%	3% - 100%	Cannot be established	100%	iGAS is a serious disease that requires immediate follow-up. Historical data has also shown relatively low case counts for all boards of health. With improvements in business practices, it is anticipated that all boards of health will be able to initiate follow-up of all cases on the same day.	100%	iGAS is a serious disease that requires immediate follow up. Historical data has also shown relatively low case counts for all boards of health. With improvements in business practices, it is anticipated that all boards of health will be able to initiate follow-up of all cases on the same day.	Y	Y				

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6	DEFERRED: % of known high risk personal services settings inspected annually	n/a	n/a	n/a										
7a	% of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV) Baseline Year: 2010	0.1%	0.0% - 16.6%	0.0%	Maintain or improve current wastage rates Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Y	Y					
7b	% of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza) Baseline Year: 2010	2.7%	0.0% - 33.3%	1.2%	Maintain or improve current wastage rates Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Maintain or improve current wastage rates	Boards of health that are successful in meeting the requirements as stated in the Ontario Public Health Standards are required to maintain their results or improve.	Y	Y					
8	DEFERRED: % completion of reports related to vaccine wastage by vaccine type that is stored/ administered by other health care providers	n/a	n/a	n/a										
9a	% of school-aged children who have completed immunizations for Hepatitis B Baseline Year: 2009/10	80.3%	29.0% - 89.8%	78.4%	Maintain or improve current coverage rates Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	95.0%	Boards of health are required to improve immunization coverage and work towards achievement of National immunization coverage targets.	Y	N				75%	75% is a reasonable target given that over the past 3 years our vaccination rates have ranged from 72 to 78.5%. Some students are previously vaccinated so don't need vaccine, but we do not always have this information. The uptake of hepatitis B vaccine is in part not under our control.
9b	% of school-aged children who have completed immunizations for HPV Baseline Year: 2009/10	52.0%	1.7% - 65.0%	45.9%	Maintain or improve current coverage rates Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	90.0%	The target has been established to move all boards of health towards achievement of National coverage targets.	Y	N				50%	Given that over the past 3 years our vaccination rates have ranged from 46% to 51.5%, 50% is a reasonable target. We have made significant efforts to raise this rate in past years, with little success. The HPV vaccination rate is largely beyond our control.

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9c	% of school-aged children who have completed immunizations for meningococcus	86.7%	52.5% - 93.8%	87.1%	Maintain or improve current coverage rates	Due to the timing of the target negotiation process, it is acknowledged that significant performance improvement of school-based immunization programs in the 2011/2012 school year may not be achievable. As such, boards of health are required to maintain coverage rates or improve where possible.	90.0%	Boards of health are required to improve immunization coverage and work towards achievement of National immunization coverage targets.	Y	Y		We can meet these targets because a substantial proportion of our Grade 7 students were previously vaccinated with conjugate meningococcal C vaccine as part of a mass meningococcal campaign in 2001.		We can meet these targets because a substantial proportion of our Grade 7 students were previously vaccinated with conjugate meningococcal C vaccine as part of a mass meningococcal campaign in 2001.
Baseline Year: 2009/10														