Amending Agreement No. 4

Between:

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Health and Long-Term Care

(the "**Province**")

- and -

Middlesex-London Board of Health

(the "**Board of Health**")

WHEREAS the Province and the Board of Health entered into a Public Health Accountability Agreement effective as of the first day of January 2011 (the **"Accountability Agreement"**); and

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 4, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This Amending Agreement ("Amending Agreement No. 4") shall be effective as of the date it is signed by the Province.

2. Except for the amendments provided for in this Amending Agreement No. 4, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 4 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   [a] Deleting the Minister of Health Promotion and Sport and Ministry of Health Promotion and Sport everywhere in the Accountability Agreement where they appear.

   [b] Deleting Schedule A-3 (Program-Based Grants) and substituting Schedule A-4 (Program-Based Grants), attached to this Amending Agreement No. 4.

   [c] Deleting Schedule B-3 (Related Program Policies and Guidelines) and substituting Schedule B-4 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 4.

[d] Deleting Schedule C-2 (Reporting Requirements) and substituting Schedule C-3 (Reporting Requirements), attached to this Amending Agreement No. 4.

[e] Deleting Schedule D (Board of Health Performance) and substituting Schedule D-1 (Board of Health Performance), attached to this Amending Agreement No. 4.

The Parties have executed the Amending Agreement No. 4 as of the date last written below.

HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of **Health and Long-Term Care**

_____ _____
Name: Date
Title:

_____ _____
Name: Date
Title:

Middlesex-London Board of Health

I/We have authority to bind the Board of Health.

_____ _____
Name: Date
Position:

_____ _____
Name: Date
Position:

SCHEDULE A-4

PROGRAM-BASED GRANTS

Middlesex-London Board of Health			
Base Funding (1)			**2012 Approved Allocation**
Mandatory Programs (75%)			$15,099,198
AIDS Hotline (100%)			-
Chief Nursing Officer Initiative (100%)	# of FTEs	1.00	$116,699
Children In Need Of Treatment (CINOT) Expansion Program (75%)			$70,601
Enhanced Food Safety – Haines Initiative (100%)			$80,000
Enhanced Safe Water Initiative (100%)			$35,627
Healthy Smiles Ontario Program (100%)			$871,027
Infection Prevention and Control Nurses Initiative (100%)	# of FTEs	1.00	$86,569
Infectious Diseases Control Initiative (100%)	# of FTEs	10.50	$1,166,722
Needle Exchange Program Initiative (100%)			$234,991
Public Health Awareness Initiatives:			
Infection Prevention and Control Week (100%)			$8,000
Sexually Transmitted Infections Week (100%)			$7,000
World Tuberculosis Day (100%)			$2,000
Public Health Nurses Initiative (100%)	# of FTEs	2.00	$173,441
Sexual Information and Education Council of Canada (100%)			-
Small Drinking Water Systems Program (75%)			$23,900
Unorganized Territories (100%)			-
Vector-Borne Diseases Program (75%)			$461,967
Sub-Total			**$18,437,742**

One-Time Funding (1)			**2012 Approved Allocation**
Healthy Smiles Ontario - Capital (100%)			$510,000
New Purpose Built Vaccine Refrigerators (100%)	# of Fridges	1.00	$12,500
Panorama (100%) **(2)**			$289,381
Sub-Total			**$811,881**

Total	**$19,249,623**

(1) Base and one-time funding is approved for the 12 month period of January 1, 2012 to December 31, 2012, unless otherwise noted.

(2) One-time funding is approved for the 12 month period of April 1, 2012 to March 31, 2013.

SCHEDULE B-4

RELATED PROGRAM POLICIES AND GUIDELINES

BASE FUNDING:

B1. AIDS Hotline (Public Health Division (PHD))

Base funding for this initiative must be used for the establishment of a provincial AIDS hotline which all Ontarians across the province can access.

B2. Chief Nursing Officer Initiative (PHD)

Under the Organizational Standards, boards of health must designate a Chief Nursing Officer by January 2013. It is expected that the Chief Nursing Officer role will be implemented at a management level within the board of health reporting to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The presence of a Chief Nursing Officer in each board of health will enhance the health outcomes of the community at individual, group and population levels: through contributions to organizational strategic planning and decision making; by facilitating recruitment and retention of qualified, competent public health nursing staff; and enabling quality public health nursing practice. Furthermore, the Chief Nursing Officer articulates, models and leads the way towards a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer: Registered Nurse in good standing with the College of Nurses of Ontario; a Baccalaureate degree in nursing; a graduate degree in nursing, community health, public heath, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation (this will be reviewed in 2014); and, a minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and a member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

This initiative must create additional hours of nursing service (1.0 Full-Time Equivalent (FTE) minimum). Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Boards of health must confirm to the MOHLTC that a qualified Chief Nursing Officer has been designated and that a new public health nurse FTE has been established. In addition, boards of health must submit an annual year-end program report to the MOHLTC confirming the maintenance of the funded 1.0 nursing FTE and a year-end program report highlighting Chief Nursing Officer activities for the previous funding period.

B3. CINOT Expansion Program (Health Promotion Division (HPD))

The CINOT Expansion Program provides coverage for basic dental care for children 14 through 17 years in addition to general anaesthetic coverage for children 5 through 13 years. Boards of health must be in compliance with the Ontario Public Health Standards (OPHS) and the CINOT Protocol.

Boards of health must use the Oral Health Information Support System (OHISS) application to process all CINOT Expansion claims. Financial report data should align with expenditures as recorded in OHISS and reflected in Age Profile and Procedure Code Profile Reports for the period January 1st through December 31st.

Boards of health will not be permitted to transfer any projected CINOT Expansion Program surplus to their CINOT 0-13 year old budget.

B4. Enhanced Food Safety – Haines Initiative (PHD)

The Enhanced Food Safety – Haines Initiative was established to augment a board of health's capacity to deliver the Food Safety Program as a result of the Provincial Government's response to Justice Haines' recommendations in his report "Farm to Fork: A Strategy for Meat Safety in Ontario".

Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the OPHS. Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B5. Enhanced Safe Water Initiative (PHD)

Base funding for this initiative must be used for the sole purpose of increasing the board of health's capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

B6. Healthy Smiles Ontario Program (PHD)

The Healthy Smiles Ontario (HSO) program provides prevention and basic treatment services for children and youth, from low-income families, who are 17 years of age or under, and who do not have access to any form of dental coverage. The goal of HSO is to improve the oral health outcomes of children and youth in low-income families. HSO builds upon and links with existing public health dental infrastructure to expand access to dental services for children and youth.

The core objectives of the HSO Program are: Ontario-wide oral health infrastructure development; preventive and basic treatment services for the target population; and, oral health promotion.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services (both prevention and basic treatment) under the HSO program to children and youth in low-income families. Program expense categories include:

- Salaries, wages and benefits
  - Dental care providers – clinical
  - Administration
  - Oral health staff – non-clinical

- Fee-for-service delivery

- Administrative expenses which include: building occupancy, travel, staff training and professional development, material/supplies, office equipment, professional and purchased services, communication costs, other operating, and information and information technology equipment.

- Communication Costs for Marketing / Promotional Activities
  - Communication costs include marketing / promotional activities.
  - Funding used for marketing / promotional activities must not compromise front-line service delivery for current and future HSO clients.
  - Boards of health are responsible for ensuring promotional / marketing activities have a direct, positive impact on meeting the objectives of the HSO program.
  - Boards of health are reminded that HSO promotional / marketing materials approved by the MOHLTC and developed corporately are available for use by boards of health in promoting the HSO Program.
  - The overarching HSO brand and provincial marketing materials were developed by the MOHLTC to promote consistency of messaging, look and feel across the province. When promoting the HSO program locally, boards of health are requested to align local promotional products with the provincial HSO brand. When boards of health use the HSO brand, please liaise with the MOHLTC's Communications and Information Branch to ensure use of the brand aligns with provincial standards.

Operational expenses **not** covered within this program include: staff recruitment incentive / billing incentives; and, client transportation.

Other requirements of the HSO Program include:

- All revenues collected under the HSO program (including revenues collected for the provision of services to non-HSO clients) must be reported (i.e. revenue collected for CINOT, Ontario Works, Ontario Disability Support Program and other non-HSO programs).

- Boards of health must use OHISS to administer the HSO Program.

- Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds.

- Any significant changes to the MOHLTC-approved HSO business model, including changes to plans, partnerships, or processes, or otherwise as outlined in the board of health's MOHLTC-approved business case and supporting documents must be approved by the MOHLTC before being implemented.

- Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO program must be conducted according to relevant municipal procurement guidelines.

- Boards of health are responsible for ensuring value-for-money and accountability for public funds.

- Boards of health must ensure that funds are used to meet the objectives of the HSO program, with a priority to deliver dental services (both prevention and basic treatment) to HSO clients.

B7. Infection Prevention and Control Nurses Initiative (PHD)

The Infection Prevention and Control Nurses Initiative was established to support one (1) additional FTE Infection Prevention and Control Nurse for every board of health in the province.

Base funding for the initiative must be used for the creation of additional hours of nursing service (FTE) and for nursing salaries/benefits and cannot be used to support operating or education costs. The applicant must have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class), and must have or is committed to obtaining a Certification in Infection Control within three (3) years of beginning of employment.

The majority of the Infection Prevention and Control Nurses time must be spent on infection prevention and control activities. Boards of health are required to maintain this position as part of baseline nursing staffing levels.

B8. Infectious Diseases Control Initiative (180 FTEs) (PHD)

Boards of health are required to remain within both the funding levels and the number of FTE positions approved by the MOHLTC.

Base funding for this initiative must be used solely for the purpose of hiring and supporting staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance a board of health's ability to handle and coordinate increased activities related to outbreak management.

Staff funded through the Infectious Diseases Control Initiative is required to be available for redeployment when requested by the MOHLTC, to assist other boards of health with managing outbreaks and to increase the system's surge capacity.

B9. Needle Exchange Program Initiative (PHD)

Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the board of health's Needle Exchange Program.

Boards of health are required to submit Needle Exchange Program activity reports to the MOHLTC. Information regarding this requirement will be communicated to boards of health at a later date.

B10. Public Health Awareness Initiatives (PHD)

Infection Prevention and Control Week

Infection Prevention and Control Week occurs annually in October. Base funding for this initiative must be used for development, purchasing, and distribution of materials, and/or educational sessions to promote educational awareness during Infection Prevention and Control Week.

Expected outcomes include: increased public awareness of infection prevention and control principles; increased knowledge of infection prevention and control practices for service providers; and improved health of Ontarians. Appropriate use of funds include, but are not limited to: conducting public education sessions; honorarium for a speaker; creation and development of teaching aids and promotional items (e.g., fact sheets, pamphlets, etc.); distributing educational resources; media releases/articles, and poster displays to raise awareness in different settings.

Funds are not to be used for staff salaries and benefits, staff education (e.g., attendance at a conference) and for payment of staff professional fees/dues.

Boards of health are required to provide a written evaluation and provide a report back to the MOHLTC indicating the following: population targeted; tools/resources created; activities/events implemented; and, successes/challenges experienced.

In November of every year, the MOHLTC will facilitate a discussion with boards of health to share initiatives, tools created, etc. and implemented, as well as to plan for future Infection Prevention and Control Week initiatives.

Sexually Transmitted Infections Week

Sexually Transmitted Infections (STI) Week occurs annually in February. Base funding for this initiative must be used for promotion and educational purposes related to sexual health issues as well as promotion of local sexual health clinics and services. Funding must be used to develop, reproduce and distribute communication, promotion and educational materials that should be distributed widely to the public (e.g., electronic materials for a website, fact sheets, printed flyers and advertising in local media).

Funding cannot be used for staff education or to purchase clinic supplies with the exception of purchasing condoms to promote local sexual health clinics. The MOHLTC will not reimburse for items such as prizes/snacks to improve utilization of clinical services.

Boards of health are required to provide a written evaluation report to the MOHLTC indicating populations reached, activities implemented and successes and challenges faced during this educational event.

World Tuberculosis Day

World Tuberculosis (TB) Day occurs annually in March. The purpose of World TB Day is to build public awareness around the fact that TB remains an epidemic in much of the world today.

Base funding for this initiative must be used for the purchase of materials that will increase awareness and knowledge on the prevention and treatment of TB. Funding must be used for the development, reproduction and distribution of any new communication or educational materials and activities, specifically designed for World TB Day (e.g., electronic material for posting on websites; fact sheets; posters for health care practitioners, health care settings or other appropriate venues with the specific goal of TB education/awareness; printed flyers/brochures; educational/training events and materials, etc.).

The MOHLTC will not reimburse for items such as prizes and meals/snacks.

Boards of health are required to provide a written evaluation to the MOHLTC on how they measured the effects of their intervention.

B11. Public Health Nurses Initiative (PHD)

The Public Health Nurses Initiative was established to support salaries and benefits for two (2) new FTE public health nursing positions for each board of health.

Public health nurses with specific knowledge and expertise will provide enhanced supports to address the program and service needs of priority populations impacted most negatively by the social determinants of health in the board of health area.

Boards of health are required to adhere to the following: base funding for this initiative must be used for the creation of additional hours of nursing service (FTEs); boards of health must commit to maintaining baseline nurse staffing levels and creating two (2) new public health nursing FTEs above this baseline; base funding is for public health nursing salaries and benefits only and cannot be used to support operating or education costs; and, boards of health must commit to maintenance of, and gains towards, the 70% full-employment target for nurses. The applicant must be a registered nurse and must have or be committed to obtaining the qualifications of a public health nurse as specified under the Act.

To receive base funding for these positions, boards of health are required to sign back agreeing to the terms and conditions of the funding and provide proof of offer of employment including starting salary level and benefits for each FTE (per the

March 10, 2011 administrative letter).

Boards of health that are approved for funding for these public health nursing positions are required to submit an Annual Project Report due January 31st of each subsequent funding year. The Report should include the following: Number of Public Health Nursing FTEs, key achievements and activities related to the Public Health Nurses, and the impact of these Public Health Nurses on priority populations through the provision of programs and services. Other reports, as specified from time to time, may also be requested by the MOHLTC upon reasonable notice.

B12. Sexual Information and Education Council of Canada (PHD)

The Sexual Information and Education Council of Canada (SIECCAN) provides province-wide information services and consultation in the area of sexual health. Its service includes providing guidance and strategic advice to all boards of health, schools and social service agencies related to the implementation of effective sexual health education programming, policy and research. Funding for this initiative is provided to a selected board of health for SIECCAN.

B13. Small Drinking Water Systems Program (PHD)

Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the board of health; ensure system compliance with the regulation governing the small drinking water systems; and to ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

B14. Unorganized Territories (PHD)

Base funding must be used for the delivery of mandatory programs in unorganized territories (areas without municipal organization).

B15. Vector-Borne Diseases Program (PHD)

Funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

ONE-TIME FUNDING:

B16. Healthy Smiles Ontario – Capital (PHD)

One-time capital funds must only be used for the purchase of program dental equipment, necessary leasehold improvements and/or mobile dental clinics for development or

expansion of community dental infrastructure. Any changes to the MOHLTC-approved business case must be approved by the MOHLTC before being implemented.

Boards of health must enter into Service Level Agreements with any organization they partner with for purposes of delivering the HSO program. The Service Level Agreement must set out clear performance expectations and ensure accountability for public funds. For greater certainty, this condition also applies where a board of health may be providing funding for capital improvements to partnering organizations.

Any contract or subcontract entered into by the board of health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

B17. <u>New Purpose Built Vaccine Refrigerators (PHD)</u>

One-time funding must be used for the purchase of one (1) new 51 cubic foot (approximate) purpose-built vaccine refrigerator used to store publicly funded vaccines. The purpose-built refrigerator must meet the following specifications:

a. Interior
   - At least four fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless steel shelving;
   - Resistant to cleaning solutions;
   - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
   - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
   - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
   - Heavy duty, hermetically sealed compressors;
   - Refrigerant material should be R400 or equivalent;
   - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
   - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
   - Full view non-condensing, glass door(s), at least double pane construction;
   - Spring-loaded closures include ≥90º stay open feature and <90º self closing feature;
   - Door locking provision;
   - Option of left or right hand opening; and,
   - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
   - The thermostat should be set at the factory to +5°C with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer
   - A automatic temperature recording and monitoring device with battery backup;
   - An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;
   - The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
   - The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
   - Audible and visual warnings for over-temperature, under-temperature and power failure;
   - Remote alarm contacts;
   - Door ajar enunciator; and,
   - Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
   - Compressor mounted at top or bottom but not in rear.

h. Noise Levels
   - The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
   - Power supply must have a locking plug.

j. Castors
   - Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
   - Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
   - The warranty should include, from date of acceptance, a five (5) year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than twelve (12) hours after the service call was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
   - All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

B18. Panorama (Health Services I&IT Cluster and PHD)

One-time funding for this initiative must be used for costs incurred for the planning, preparation and deployment activities for Panorama.

All boards of health must use the funding toward Panorama Phase 1 (Immunization and Inventory modules) and for the planning activities for Panorama Phase 2 (Investigations and Outbreak modules) as noted below.

Specifically, one-time funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory modules) to:

- Develop subject matter experts at the local level;
- Prepare detailed gap/fit analysis and perform business process transformation planning;
- Initiate transformation of business processes based on analysis;
- Prepare detail-level analysis of data and technology readiness;
- Determine roles, access levels and reports;
- Test use-case scenarios using sandbox environment;
- Complete training needs assessment;
- Establish support and training processes;
- Plan for and perform immunization data cleansing in adherence with data standards as required by the MOHLTC;
- Prepare for implementation/deployment;
- Ensure appropriate privacy, security, and information management related analyses and training are planned and executed in accordance with: the Board of Health's obligations as a Health Information Custodian under the *Personal Health Information Protection Act*, other applicable law, and local business practices and processes;
- Assess required reports and other supporting systems at a local level;
- Fulfill all technology requirements; and,
- Provide human resources and support for the implementation/deployment. The categories of support are:
    - Business Practices and Change Management
    - Adoption and Deployment
    - Data Standards and Reporting

One-time funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically for:

- Assessment of business process and procedural readiness including high-level gap/fit analysis;
- Assessment and initiation of data cleansing activities in iPHIS in adherence with data standards as required by the MOHLTC; and,
- Assessments of required reports and other supporting systems implemented at a local level.

Those boards of health that have agreed to be *Builder and Early Adopter* partners must also use the funding toward the following activities for Phase 1 (Immunization and Inventory modules) and for the planning activities for Panorama Phase 2 (Investigations and Outbreak modules) as noted below.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 1 (Immunization and Inventory Management modules) specifically to:

- Continue with the transformation and improvements to business processes based on analysis;
- Identify and design common clinical business process and workflows;
- Determine and confirm configuration values, roles, access levels and reports;
- Develop use-case scenarios;
- Perform parallel test runs with selected samples as required;
- Prepare training plans;
- Establish lessons learned/best practices for the field; and,
- Perform alignment/integration/transformation assessment with local systems.

Builder and Early Adopter funding is allocated to all boards of health for Panorama Phase 2 (Investigation and Outbreak Management modules) specifically to:

- Detail gap/fit analysis and business process transformation planning;
  - Identify and design common clinical business process and workflows;
- Develop and test use-case scenarios using sandbox environment;
- Prepare training needs assessment and planning; and,
- Provide human resources and support for planning activities. The categories of support are:
  - Business Practices and Change Management
  - Adoption and Deployment
  - Data Standards and Reporting

Those boards of health that have agreed to be *Early Adopter* partners must also use the one-time funding toward the following activities:

- Participate as a Pilot board of health for the Panorama project for a) alignment activities for integration with other key systems and /or b) rollout of the Panorama Phase 1 (Immunization and Inventory modules) as identified by the project.

Boards of health are also required to produce a report outlining the results of the activities noted above.

OTHER:

B19. Vaccine Programs (PHD)

Funding on a per dose basis will be provided to boards of health for the administration of the following vaccines:

Influenza

The MOHLTC will continue to pay $5.00/dose for the administration of the influenza vaccine. In order to claim the Universal Influenza Immunization Program administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Meningococcal

The MOHLTC will continue to pay $8.50/dose for the administration of the meningococcal vaccine. In order to claim the meningococcal vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

Human Papilloma Virus (HPV)

The MOHLTC will continue to pay $8.50/dose for the administration of the HPV vaccine. In order to claim the HPV vaccine administration fee, boards of health are required to submit, as part of quarterly reports, the number of doses administered. Reimbursement by the MOHLTC will be made on a quarterly basis based on the information.

SCHEDULE C-3

REPORTING REQUIREMENTS

The Board of Health is required to provide the following reports/information in accordance with the direction provided in writing by the Province:

ONGOING REPORTING REQUIREMENTS			
Due Date	**Description of Item**	**From**	**To**
January 31	4th Quarter Financial Report (to December 31)	Board of Health	PHD
January 31	Project Report for Chief Nursing Officer Initiative	Board of Health	PHD
January 31	Project Report for Public Health Nurses Initiative	Board of Health	PHD
January 31	4th Quarter Report on Achievement of Performance Indicators for Prior Year	Board of Health	PHD & HPD
April 1	Program-Based Grants Budget Request	Board of Health	PHD
April 1	Apportionment of Board of Health Costs	Board of Health	PHD
April 1	Healthy Smiles Ontario Program Report	Board of Health	PHD
April 1	Implementation Plan for the Enhanced Food Safety – Haines Initiative	Board of Health	PHD
April 1	Implementation Plan for the Enhanced Safe Water Initiative	Board of Health	PHD
April 1	Valid Certificate of Insurance	Board of Health	PHD
April 30	1st Quarter Financial Report (to March 31)	Board of Health	PHD
June 30	Annual Settlement Report [1, 2]	Board of Health	PHD
July 31	2nd Quarter Financial Report (to June 30)	Board of Health	PHD
July 31	2nd Quarter Report on Achievement of Performance Indicators (to June 30)	Board of Health	PHD & HPD

ONGOING REPORTING REQUIREMENTS			
Due Date	**Description of Item**	**From**	**To**
October 31	3rd Quarter Financial Report (to September 30)	Board of Health	PHD
As Requested	Needle Exchange Program Activity Reports	Board of Health	PHD
As Requested	Infection Prevention and Control Week Report Back	Board of Health	PHD
As Requested	Sexually Transmitted Infections Week Report Back	Board of Health	PHD
As Requested	World Tuberculosis Day Report Back	Board of Health	PHD

ONE-TIME REPORTING REQUIREMENTS			
Due Date	**Description of Item**	**From**	**To**
April 30, 2013	Panorama Phase 1 Readiness Report	Board of Health	Health Services I&IT Cluster
As Requested	One-Time Funding Project Report Backs	Board of Health	PHD & HPD

Notes:

1. As of 2008, the MOHLTC has limited the re-evaluation of settlements to one year after the settlement results have been provided to the Board of Health.

2. The Audited Financial Statements must separately identify funding provided by PHD and HPD and include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each related program. This may be presented in separate schedules by program category or by separate disclosure in the notes to the Audited Financial Statements.

SCHEDULE D-1

BOARD OF HEALTH PERFORMANCE

PART A. PURPOSE OF SCHEDULE

To set out Performance Indicators to improve board of health performance and support the achievement of improved health outcomes in Ontario.

PART B. PERFORMANCE OBLIGATIONS

Definitions

1. In this Schedule, the following terms have the following meanings:

"**BOH Baseline**" means the result at a given time for a performance indicator that provides a starting point for establishing targets for future board of health performance and measuring changes in such performance.

"**Developmental Indicator**" means a measure of performance or an area of common interest for creating a measure of performance that requires development due to factors such as the need for new data collection, methodological refinement, testing, consultation, or analysis of reliability, feasibility or data quality before being considered to be added as a Performance Indicator.

FUNDING YEAR 2011 - OBLIGATIONS

1. The Province will:

   (a) Provide to the Board of Health technical documentation on the Performance Indicators set out in Table A including methodology, inclusions and exclusions for the Performance Indicators; and,

   (b) Provide the Board of Health with the values for the Performance Indicators set out in Table A.

2. **Both Parties** will,

   (a) By December 2011 (or by such later date as mutually agreed to by the Parties), establish appropriate BOH Baselines for all Performance Indicators;

   (b) Once BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

(c) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.

FUNDING YEARS 2012-13 - OBLIGATIONS

1. The Province will:

(a) Provide the Board of Health with values for the Performance Indicators set out in Table A.

2. **Both Parties** will,

(a) Establish appropriate BOH Baselines for Performance Indicators where required;

(b) Once remaining BOH Baselines are established, develop Performance Targets for 2012 and 2013 for the Performance Indicators outlined in Table A;

(c) By December 31, 2012 (or by such later date as mutually agreed to by the Parties), refresh Performance Targets for 2013 for the Performance Indicators outlined in Table A; and

(d) Collaborate on the development of Developmental Indicators for areas of mutual interest including, but not limited to:

(i) physical activity;
(ii) healthy eating and nutrition;
(iii) child and reproductive health;
(iv) comprehensive tobacco control; and
(v) equity.

Table A: Performance Indicators Based on Program Standards[2]				
INDICATOR	**Baseline**	**Performance Target**		
		2011[1]	**2012**	**2013**
1. % of high risk food premises inspected once every 4 months while in operation	84%	Establish Baseline	100%	100%
2. % of pools and public spas by class inspected while in operation	78%	Establish Baseline	≥ 85%	100%
3. % of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection	Cannot be established	N/A	100%	100%
4. Time between health unit notification of a case of gonorrhoea and initiation of follow-up *This indicator measures the percentage of confirmed gonorrhoea cases where initiation of follow-up occurred within 0-2 business days*	Cannot be established	Establish Baseline	70%	> 70%
5. Time between health unit notification of an Invasive Group A Streptococcal Disease (iGAS) case and initiation of follow-up *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.*	Cannot be established	Establish Baseline	100%	100%
6. % of known high risk personal services settings inspected annually	TBD	DEFERRED	DEFERRED	
7a. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (HPV)	0.0%	Establish Baseline	Maintain current wastage rate	Maintain current wastage rate
7b. % of vaccine wasted by vaccine type that is stored/administered by the public health unit (influenza)	1.2%	Establish Baseline	Maintain or improve current wastage rate	Maintain or improve current wastage rate
8. % completion of reports related to vaccine wastage by vaccine type that are stored/administered by other health care providers	TBD	DEFERRED	DEFERRED	

Table A: Performance Indicators Based on Program Standards[2]				
INDICATOR	**Baseline**	**Performance Target**		
		2011[1]	**2012**	**2013**
9a. % of school-aged children who have completed immunizations for Hepatitis B	78.4%	Establish Baseline	Maintain or improve current coverage rate	≥ 80.5%
9b. % of school-aged children who have completed immunizations for HPV *This indicator measures the percentage of school-aged girls who have completed immunizations for HPV*	45.9%	Establish Baseline	Maintain or improve current coverage rate	≥ 50.9%
9c. % of school-aged children who have completed immunizations for meningococcus	87.1%	Establish Baseline	Maintain or improve current coverage rate	90.0%
10. % of youth (ages 12-18) who have never smoked a whole cigarette	83.6%	Establish Baseline	N/A	85.3%
11. % of tobacco vendors in compliance with youth access legislation at the time of last inspection	96%	Establish Baseline	≥ 90%	≥ 90%
12. Fall-related emergency visits in older adults aged 65+ (rate per 100,000 per year)	5,826	Establish Baseline	N/A	Maintain or improve current rate
13. % of population (19+) that exceeds the Low-Risk Drinking Guidelines	33.4%	Establish Baseline	N/A	32.1%
14. Baby Friendly Initiative (BFI) Status (category)	Preliminary	Establish Baseline	Intermediate	Advanced

Notes:

1) BOH Baselines will be established for each Performance Indicator during Funding Year 2011, where possible. Reporting on Performance Targets will begin in Funding Year 2012.

2) Reporting on Organizational Standards and other items will begin in Funding Year 2012.