MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 035-13

TO: Chair and Members of the Board of Health

FROM: Bryna Warshawsky, Acting Medical Officer of Health

DATE: 2013 March 21

OVERVIEW OF THE OFFICE OF THE MEDICAL OFFICER OF HEALTH

Recommendation

It is recommended that Report No. 035-13 "Overview of the Office of the Medical Officer of Health" be received for information.

Key Points

- The Office of the Medical Officer of Health consists of the following: The Medical Officer of Health and Chief Executive Officer; Communications; Privacy and Occupational Health and Safety; Special Projects; Emergency Preparedness and Administrative support. The Travel Clinic is also organizationally placed in the Officer of the Medical Officer of Health. Excluding the Travel Clinic, the Office of the Medical Officer of Health consists of 9.8 full-time equivalents.

- The roles of the Office of the Medical Officer Health span the entire Health Unit and have both program delivery and risk management functions in supporting the organization to meet requirements under the Ontario Public Health Standards, Ontario Public Health Organizational Standards and the Health Unit's Strategic plan.

General Description of the Office of the Medical Officer of Health:

The Office of the Medical Officer of Health provides key functions required by the Board of Health to ensure compliance with applicable legislation and regulations including the Ontario Public Health Standards and the Ontario Public Health Organizational Standard. It also supports the entire organization to achieve its Strategic Plan. This Service area consists of the following functions:

- The Medical Officer of Health and Chief Executive Officer
- Communications
- Emergency Preparedness
- Privacy and Occupational Health and Safety
- Special Projects
- Administrative support

The Travel Clinic is organizationally part of the Office of the Medical Officer of Health but functions entirely separately and is essentially a front-line service, so it is excluded from this analysis.

Several of the functions of the Office of the Medical Officer of Health are considered programmatic (e.g., provide direct programs and services as required in the Ontario Public Health Standards); these include parts of the roles of the Medical Officer of Health and of the Manager, Special Projects, as well as all of the roles of the Manager, Emergency Preparedness and the Manager, Communications as well as other communications functions. Parts of the Office of the Medical Officer of Health are involved in risk

management for the organization; this includes providing internal consultation to ensure the agency's compliance with the relevant privacy and occupational health and safety legislation, as well as parts of the communications and emergency preparedness functions.

This report provides an overview of the positions and budgets within the Office of the Medical Officer of Health (excluding the Travel Clinic) and provides a more detailed overview of the following functions:

A. Communications
B. Emergency Preparedness
C. Occupational Health and Safety Program
D. Privacy Program
E. Special Projects

With the recent announcement of the hiring of the Medical Officer of Health and Chief Executive Officer, this position and the 1.5 Executive Assistant positions that report to the Medical Officer of Health were assumed to be out of scope for the review of efficiencies and shared services being conducted by PricewaterhouseCoopers and so are not reviewed in detail in this report.

Budget Overview

The following outlines the staffing profile of the Office of the Medical Officer of Health (excluding the Travel Clinic).

1.0 Medical Officer of Health and Chief Executive Officer
1.0 Executive Assistant to the Medical Officer of Health
0.5 Executive Assistant to the Board of Health
1.0 Manager, Communications
1.0 Online Coordinator
1.0 Communications Assistant
1.0 Manager, Privacy, Occupational Health and Safety
0.5 Administrative Assistants to Privacy, Occupational Health and Safety
1.0 Manager, Special Projects
1.0 Manager, Emergency Preparedness
0.5 Administrative Assistant to Manager, Emergency Preparedness
0.3 Staff Immunization Nurse

9.8 Total Full Time Equivalents (FTEs)

Operating Budget

Expenditure Category	Amount	% of Budget
Personnel Costs	$ 1,142,796	87.16%
Administrative Expenses	44,900	3.42%
Purchased Services	72,966	5.57%
Materials & Supplies	22,570	1.72%
Furniture & Equipment	263	0.02%
Other Expenses	27,615	2.11%
Total Expenditures	$ 1,311,110	100.00%
Less: 100% MOHLTC	(207,017)	
Total Cost-Shared Expenditures (Net)	**$ 1,104,093**	

Note: Non-personnel costs include general agency advertising; web-site maintenance costs, Community Emergency Response Volunteer (CERV) costs; accreditation; and corporate records storage costs

A. Communications

Description of Services

The Health Unit's Communications Department consists of three full-time equivalents (the Manager, the On-Line Communications Coordinator, and the Communications Assistant). Communications' primary functions are to ensure effective communication to the public and to promote the Health Unit's image and profile as a leader in public health. The work of Communications can be both proactive and reactive depending on the nature of the situation at hand.

Communications works with teams in all service areas of the Health Unit in an effort to effectively deliver their messages to the community through advertising, marketing initiatives, media coverage, targeted interviews and promotional materials.

The work of the Communications Department includes:

- Identifying and briefing spokespeople to respond to media enquiries and/or interview requests.
- Working with teams and program areas to draft media releases about Health Unit initiatives, events and/or activities.
- Developing key messages and strategies with staff and teams to ensure effective communication of program and Service Area information and response to media questions.
- Working with teams and program areas to plan and/or host media events to raise awareness about significant Health Unit announcements.
- Fostering relationships with reporters and media representatives. This includes contacting reporters and journalists to focus attention on public health matters and/or story ideas.
- Identifying and contracting graphic design firms through a competitive process to provide graphic services to the Health Unit for a period of three years. Coordinating the development of the final design and execution of effective campaign materials and messages with contracted graphic services providers.
- Working with staff and teams to develop awareness and marketing campaigns that highlight Health Unit Programs and Services.
- Coordinating the production of Health Unit videos designed to deliver program information.
- Fostering relationships with print houses, promotion companies and others to ensure the delivery of effective marketing materials that are competitively priced.
- Developing advertising plans with teams and program areas in order to deliver Health Unit messages to target audiences in London and Middlesex County.
- Crisis communications; developing special messages to be used in emergency and/or special circumstances to deliver important public health messages to the community as effectively as possible.
- Developing and maintaining the Health Unit's social media channels (Twitter, YouTube and Facebook).
- Providing social media training opportunities for staff to enhance client/partner engagement and program awareness.
- Coordinating and overseeing the redevelopment of the Health Unit's main website, as well as the websites for DineSafe and tykeTALK. Liaising with web development firm to deliver the Health Unit's redeveloped website. Leading the website committee and coordinating the uploading and maintenance of the Health Unit's online content.
- Maintaining the Health Unit's corporate identity guidelines and working with teams and program areas to ensure consistent use of corporate logos and brand elements.

- Preparing speaking notes, background information and briefing materials for Health Unit spokespeople as required.
- Ensuring the streaming of the Middlesex-London Board of Health's monthly meeting to the Internet.

Target Populations

Communications mainly serves the teams and program areas that make up the Health Unit's three functional Service Areas (Oral Health Communicable Diseases and Sexual Health Services, Environmental Health and Chronic Disease Prevention Services and Family Health Services). The Department provides media and public relations, marketing, advertising and promotional support as well as website and social media support to these groups as required.

The wider Middlesex-London community is also an important audience for Communications. As it works with teams and Service Areas, Communications must consider the specific populations the messages are tailored to. Messages are crafted to address the needs of specific segments of the community, whether these segments are socio-economic, developmental, age-specific or related to other factors.

Another of Communications' audiences is made up of the Health Unit's partner agencies, governmental bodies, community organizations and municipalities. In these cases where partner groups are involved, messages tend to be crafted collaboratively such that they reflect common campaign and awareness goals and specific organizational requirements.

Key Performance Measures

Media reports - Communications regularly reports to the Board of Health on its media relations activities. These reports indicate the number of media enquiries in a given period and the number of stories that were generated as a result of these requests. In 2012, there were 1,389 media reports noting the involvement and activities of the Health Unit in the community, resulting in an average of 3.8 media stories about the Health Unit per day.

Media releases – Communications issued 51 media releases in 2012, many of which led to media coverage and community awareness of programs and services. The releases were developed collaboratively with program and team staff to deliver timely and important messages to the community.

Design projects – In 2012, Communications worked with teams, program areas and the Health Unit's four contracted design firms on the development of more than 45 different graphic design projects. These ranged from posters and brochures to marketing products, advertisements and trade show displays.

Video Production – Communications was involved in the development of 24 new Health Unit videos in 2012. These were created to raise awareness of issues related to parenting teenagers, sodium intake, LGTBQ, breastfeeding, Canada's Low Risk Drinking Guidelines and land use planning in London.

Annual Report – Communications led the development, writing, design and production of the Health Unit's 2011 Annual Report. It was delivered to the Board of Health at its June, 2012 monthly meeting.

Training - Throughout the year, Communications provides training opportunities to staff from the Health Unit's teams, programs and Service Areas, which cover a range of topics relevant to its work. These include key message development, interview techniques and simulated interviews, web writing, Content Management System (website administration tool) training and social media training. Training is provided in organized and informal settings and can be scheduled in advance or carried out on an as needed basis as requested.

B. Emergency Preparedness

Description of Services

Deemed a mandatory program in 2009 by the Ministry of Health and Long-Term Care, the Emergency Preparedness program consists of the Manager, Emergency Preparedness and a half-time Administrative Assistant. Periodically, university, college and high school students are recruited to further support the initiatives within the program.

The Emergency Preparedness program is responsible for ensuring that the Health Unit is prepared to respond to emergencies, including emergencies where public health is in charge of the response and emergencies where public health is supporting other responders. This is done through developing an emergency response plan, providing education and training to staff members, conducting annual emergency response exercises and twice annual tests of the emergency fan-out system, maintaining a core of trained volunteers (Community Emergency Response Volunteers or CERV), and working closely with external first response agencies. These strategies assist Health Unit staff members to respond to all types of emergencies. The Emergency Preparedness Program also assists the public in being prepared to respond to emergencies by conducting education sessions and providing public information.
During an emergency response, the Manager of Emergency Preparedness is responsible for assisting with coordinating and supporting the Health Unit's response, including supporting the Medical Officer of Health at the Community Control Group, which consists of the heads of municipal organizations.

Target Population

The Emergency Preparedness portfolio supports all staff internal to the Health Unit to prepare them for emergencies and the Health Unit's role in emergency response. As well, the Manager, Emergency Preparedness works closely with the municipalities and their first responder organizations. The Manager therefore has involvement with the eight municipalities in the Middlesex County Lower Tier, the Upper Tier and the City of London. The general public also receives direct services from the Emergency Preparedness program through education regarding preparing for emergencies.

Key Performance Measures

The following describe some of the key activities performed by the Emergency Preparedness Program and the Manager, Emergency Preparedness:

Legislative Requirements – The Manager, Emergency Preparedness is expected to be familiar with a range of legislation in order to ensure compliance with requirements in preparing for or responding to emergencies. Examples of the legislation includes: The Emergency Management and Civil Protection Act; the Ontario Public Health Standards-Emergency Preparedness Protocol; and aspects of the Health Protection and Promotion Act and Canadian Standards Association's ZZ1600-08 and Z94.4-11. The Emergency Preparedness components of the Accessibility for Ontarians with Disabilities Act (AODA) must also be met.

Internal Strategies – A major focus of the Emergency Preparedness Program is to raise awareness regarding emergency preparedness and response. To achieve this, a range of tools and training opportunities are employed. Some examples of the strategies, tool and/or educational opportunities developed by the Emergency Preparedness Program include:

- The adoption of the Emergency Colour Codes from the Ontario Hospital Association, which is recognized as best practice.

- "Determining Health in Emergencies", which is a recent collaborative project which focuses on outreach to nurses and clients involved in Well Baby Clinics, Ontario Early Years, Newcomer Health and Best Start in order to provide information and literature to clients of these programs.
- Initiatives to support breast feeding in evacuation centers, which is being done collaboratively with the Baby Friendly Initiative (BFI). As part of this program, all CERV members are being trained in the baby-friendly initiative, and kits and a new brochure targeted to breast-feeding mothers in an evacuation centre have been prepared for distribution to the County and City for the evacuation centres.
- Defibrillators for all Health Unit sites and annual awareness training to staff at lunch and learn classes.
- "Identifying suspicious packages" is an interactive workshop that is provided to the Health Unit's Administrative Assistants to encourage them to be diligent and aware of potentially dangerous mail or deliveries.
- "Scribe training" is offered bi-annually for Administrative Assistants involved in recording information during an emergency, as the techniques are very different than routine minute-taking.
- Development of the Winter Weather Protocol to provide guidance on how to manage Health Unit business when there are adverse weather conditions.
- Serving as a management representative on the Joint Occupational Health and Safety Committee (JOHSC).
- Development of the Respiratory Protection and Fit-Testing policy and program, which ensures that all staff and volunteers are fit-tested on the N95 respirator and that all Public Health Inspectors are also fit-tested on the P100 respirator.

Emergency Response Plan (ERP) - The Emergency Response plan provides the required information and procedures to support the Health Unit's response to internal and external emergencies. It also serves as a Business Continuity Plan to support the Health Unit's continued operations during an emergency. It is updated regularly as pertinent changes occur and is then produced and re-distributed every two years. A more concise version of the plan has been made available for public distribution and is available on the Health Unit's website. In addition, all relevant policies and fact sheets are reviewed for currency and practicality annually and are then distributed to community partners.

The Emergency Response Plan describes the Incident Management System (IMS), a best practice and internationally recognized standard which the province has now mandated to be the model used when managing a crisis. Annual exercises of emergency plans are legislated and the Emergency Response Plan addresses the style and manner by which the Health Unit conducts an exercise and/or participates in the municipal exercises. The Emergency Preparedness Program initiates a twice annual test of the telephone fan-out system to contact all staff and is now pursuing an automated version of the telephone fan-out system which will facilitate contacting each staff member by an automated telephone call, while collecting relevant data.

Systems that facilitate effective communications between organizations have been installed with the support of a grant from Enbridge Pipelines Inc. These consist of an Amateur Radio Station and a P25 system which permits common channel dialogue with emergency partners. The MLHU is the only health unit in Ontario to have a radio room with this type of equipment.

External Liaisons and Public Outreach – Emergency Preparedness supports the Medical Officer of Health at municipal Community Control Group meetings, which consist of the heads of the municipal agencies that are expected to respond in an emergency. In preparation for this type of response, there is also a requirement for the Manager, Emergency Preparedness to participate in all municipal planning committees and other related ad hoc committees (e.g. exercise design, incident management system, conservation management, farm safety, fire aid and relevant provincial committees).

At the suggestion of the Manager, Emergency Preparedness, Mutual Aid agreements are now in place among the public health units in Southwestern Ontario. As well, the Manager, Emergency Preparedness is the Chair of the Fanshawe College Emergency Preparedness Advisory Committee and is also the lead for the Ontario Emergency Planners at Health Units group.

Annually, the Health Unit hosts Critical Incident Stress Management training which is a sought after program designed to certify emergency and social service providers to support others who are traumatized by a crisis. As well, approximately 30 presentations on emergency preparedness are provided to civic groups each year, and other workshops are regularly held targeted to specific groups (clergy, non-governmental partners, long-term care facilities, children's groups and non-profit organizations). Each year the Emergency Preparedness Program creates awareness activities to support the federal Emergency Preparedness Week initiatives in May and also participates in the internationally recognized Emergency Response Day in Strathroy.

2012-2013 saw the recruitment and training of the seventh team of Community Emergency Response Volunteers (CERV), a group of volunteers specifically trained to assist in emergency response; this brings the total of emergency ready citizens to approximately 85. MLHU is the only health unit in Ontario to have such a team of volunteers standing at the ready to assist with immunization clinics or emergency situations.

C. Occupational Health and Safety Program

Description of Services

As part of organizational restructuring, the Health Unit's Occupational Health and Safety (OHS) program was formalized in June 2010. This transition provided for the naming of a Manager of Occupational Health and Safety (0.5 full-time equivalent - FTE) and the transfer of the Staff Immunization Program, with its 0.3 FTE casual Public Health Nurse, from the Communicable Diseases and Sexual Health Service Area to the OHS portfolio. The OHS program is also supported by a part-time Program Assistant, whose time is divided between the OHS (0.25 FTE) and the Privacy portfolios (0.25 FTE). Therefore, the total dedicated human resources to the Health Unit's OHS program is approximately 1.05 FTE.

While undesirable and unfortunate, incidents that may compromise employee health and safety have been experience by Health Unit staff members. In 2012, there were 38 employee-reported incidents that impacted, or had the potential to negatively impact, the health and safety of staff. These incidents range from slips, trips and falls; motor vehicle collisions; injuries related to poor ergonomic work design; illness resulting from poor indoor air quality; unwanted client innuendo/advances; employee involvement in domestically hostile situations; property damage and vandalism; and theft. In addition to the physical injuries that resulted from a number of these events, it is often difficult to measure the full cost of the negative psychological effects (e.g. poor employee morale) and lost productivity. Therefore, the primary purpose of the Occupational Health and Safety (OHS) program is to minimize, if not eliminate, the occurrence of workplace injury and illness. To achieve this goal, the OHS program is comprised of four key operational areas:

(1) **Facilitating the Health Unit's Compliance with Legislation and Administrative Policies**
Occupational Health and Safety (OHS) is directly responsible for the implementation of significant sections of six pieces of legislation. The Health Unit's compliance with relevant legislation is a requirement of the Ontario Public Health Organizational Standards (OPHOS). Compliance is also regularly monitored and/or enforced by the Ministry of Labour, the local Fire Department and the Ontario Council on Community Health Accreditation (OCCHA). Each year, at least one of these agencies reviews, inspects or assesses the Health Unit's compliance with one

or more of the following Acts. The examples of OHS work cited below represent one of the many legislative requirements that OHS fulfills for each law/regulation:

(a) *Occupational Health and Safety Act (OHSA), R. S. O. 1990*
OHS facilitates the effective operation of the agency's multi-site Joint Occupational Health and Safety Committee (JOHSC).

(b) *Fire Code, Ontario Regulation 213/07 made under the Fire Protection and Prevention Act*
OHS writes and enacts emergency evacuation plans for all Health Unit offices.

(c) *First Aid, Regulation 1101*
OHS coordinates and tracks CPR/First Aid certification for Health Unit staff.

(d) *Health Care Regulation, Regulation 67/93*
OHS leads regular review of all administrative health and safety policies.

(e) *Industrial Regulation, Regulation 851*
OHS conducts and coordinates monthly inspections of all Health Unit worksites. (See additional comments under item 2 (b) Incident and Risk Management, page 9 of this Report).

(f) *Workplace Hazardous Materials Information System (WHMIS), Regulation 860*
OHS facilitates and tracks annual WHMIS training for new and existing employees.

In addition to implementing the requirements of the above legislation, OHS assumes a role in promoting and supporting the fulfillment of other OHS-related legislation that are under the responsibility of other program areas within the Health Unit. Examples include:

(a) *Building Code, Ontario Regulation 350/06 (Operations)*
(b) *Needle Safety, Regulation 474 (The Sexual Health Clinics; Dental and Immunization clinical settings)*
(c) *Workplace Safety and Insurance Act (Human Resources)*

Occupational Health and Safety (OHS) must also lead the introduction and adoption of new and emerging amendments to occupational health and safety legislation. In the recent past, the Government of Ontario has introduced significant revisions to *The Occupational Health and Safety Act* (OHSA) with the passing of Bill 160 and Bill 168. Bill 160 was enacted to significantly enhance workplace safety culture by placing greater emphasis on prevention initiatives and mandatory standardized training. Prompted by the workplace murder of Laurie Dupont at Hotel Dieu Hospital in Windsor Ontario, Bill 168 amended the OHSA to make the response to domestic violence, workplace violence and harassment the statutory responsibility of all Ontario employers. Staff member reports of their involvement in domestically hostile environments and the Health Unit's OHSA requirement to protect the safety of these workers while they are at work is a relatively new, emotionally-charged and challenging responsibility that has been tested in the past year. The response to these types of situations requires significant time and attention from OHS in partnership with others in the Health Unit, potentially for a prolonged period of time.

(2) Incident and Risk Management

This operational area involves:

(a) Leading the organizational response and investigation into employee-reported concerns, injuries or incidents.

The Board of Health's exposure to risk and liability is significant within this operational area. This is due, in part, to the fact that employee-reported concerns are unpredictable, unscheduled, emerging events that require considerable time and resources to resolve. As an example, in February 2013, Occupational Health and Safety (OHS) led an in-depth investigation into employee-reported illnesses believed to be related to the demolition of a structure that was adjacent to one of the Health Unit offices.

All employee-reported health and safety concerns (average of 4-5 annually); panic/duress alarm usage (approximately 3-5 real events (versus false alarms) annually); employee-reported injuries (an average of 28-30 annually); and worksite incidents (i.e. property damage, vandalism and thefts) must be evaluated by Occupational Health and Safety (OHS) to determine what (if any) response and/or investigation is required.

(b) Leading the development and implementation of processes to ensure the timely recognition, assessment and control of workplace hazards (i.e. biological, chemical, physical, personal safety, etc.)

This is primarily achieved through joint management and Joint Occupational Health and Safety Committee (JOHSC) worker representative inspections of all Health Unit facilities each month. These inspections often identify areas for improved safety practices and gaps in preventative maintenance and operational issues that directly affect staff safety.

(3) Consultation, Education and Training

Occupational Health and Safety (OHS):

(a) Routinely advises and provides consultation to individual staff, teams, Managers, Directors and the Board of Health regarding occupational health and safety matters.
(b) Oversees, develops and delivers agency–wide training (i.e. to new and existing employees) regarding occupational health and safety.
(c) Leads or participates on internal committees with occupational health and safety relevance (e.g. Infection Prevention and Control Committee).
(d) Develops and interprets agency policy to staff, students and volunteers.

(4) Monitoring, Enforcement and Reporting

Occupational Health and Safety (OHS):

(a) Manages the promotion, implementation and monitoring of employee compliance with the Staff Immunization policy and program.
(b) Routinely monitors the status and progress of ongoing or unaddressed worksite inspection or employee-reported concerns.
(c) Reports, as required, to the Board of Health.
(d) Reports, as required, to the Medical Officer of Health and CEO.
(e) Reports, as required, to the appropriate regulatory authorities (e.g. Ministry of Labour or Workplace Safety and Insurance Board).

Target Population

The *Occupational Health and Safety Act* (OHSA) is founded on a concept known as the Internal Responsibility System (IRS) by Dr. James Ham. The IRS promotes the importance of all workplace parties having a role in and working cooperatively to ensure the health and safety of all staff. It follows,

then, that the target populations for the OHS program are all Health Unit workplace parties. That is, the Board of Health; the Medical Officer of Health/Chief Executive Officer; the Ontario Association of Nurses', Local 036; the Canadian Union of Public Employees, Local 101; Directors; Managers; and staff.

Key Performance Measures

While the following list is not exhaustive, it provides the key indicators of a successful OHS program:

- All workplace parties are aware of and exercise their roles and responsibilities under the *Occupational Health and Safety Act (OHSA).*
- Progress is made on the implementation of new legislative requirements (Bill 160 and Bill 168).
- Workplace hazards are identified, assessed and controlled.
- Staff members are compliant with the job-specific immunization requirements.
- An appropriate response is launched for employee injuries or incidents and the root causes for these occurrences are investigated (as appropriate), documented and addressed.
- Lost-time injury rates are reduced.
- Employee injury rates decrease.

Public Health-Specific Requirements

Occupational Health and Safety Act (OHSA) compliance is a requirement of most Ontario employers. However, in addition to the standard requirements of an Occupational Health and Safety (OHS) program, the varied context within which public health professionals' work, exposes them to a number of risks and hazards that are intrinsic to their occupational roles. For example,

- Staff working within clinical settings where infection control measures are paramount.
- Staff who work alone at non-traditional or remote worksite locations (i.e. home visits; malls; beach water inspections).
- *Health Protection and Promotion Act* and other legislated enforcement activities result in the potential for conflict to arise (e.g. premise inspections; Tobacco Enforcement Officers).
- One-on-one interactions where client aggression could manifest (e.g. receptionist roles, client interviews, etc.).

The OHS program must be cognizant of these risks and adapt program needs towards ensuring that processes are in place to mitigate these concerns.

D. Privacy Program

Description of Services

The Privacy program serves as a centralized resource for staff within the Health Unit, providing policy direction, consultation and guidance regarding the Health Unit's practices related to the collection, use, security, retention, disclosure and/or disposal of the personal health information of clients.

The Privacy program is administered by a Manager (0.5 full-time equivalent - FTE) (whose time is divided between this portfolio and the Occupational Health and Safety Program) and a Program Assistant who provides (0.25 FTE) hours in support of this program. Therefore, the total dedicated human resources to the Privacy program constitute 0.75 of an FTE.

There are four primary operational areas of the Privacy program:

(1) Compliance with Legislation and Administrative Policy

There are two privacy laws that are applicable to the records of the Health Unit: (1) the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), enacted in 1990; and (2) the Personal Health Information and Protection Act (PHIPA), enacted in 2004. To ensure that the Health Unit's information handling practices are compliant with these laws, the Privacy program implemented and administers three corporate privacy policies focused on confidentiality, access to information and the security of personally identifiable information.

The Privacy program also provides direct client services to individuals and agencies who submit requests for access to information that are protected by these two laws. The Privacy program must be involved in the administration of any requests that are received from the police, other enforcement/regulatory agencies (e.g. the Children's Aid Society); insurance companies; coroners; courts and tribunals, etc.

(2) Incident and Risk Management

Privacy incidents and breaches involve: client records stolen from employee vehicles; misdirected faxes; e-mails that have been sent to the wrong recipient; inappropriate verbal disclosures of sensitive information; lost USB memory sticks; or sensitive client information being inappropriately placed in recycling bins. The Privacy program leads the client notification and organizational response to these incidents.

(3) Consultation, Education and Training

Privacy staff provides consultation and advice in response to staff queries on matters related to the protection of privacy and confidentiality of client information. Awareness raising initiatives and the promotion of enhanced safeguards to protect confidential, personal and personal health information are paramount to the achievement of the Privacy program goals.

(4) Monitoring, Enforcement and Reporting

Privacy staff review and periodically audit the agency's privacy practices for consistency with legislative requirements and privacy best practices. Privacy staff identifies information handling practices that pose a risk to the organization and make recommendations for risk mitigation strategies.

Target Audience

The target audiences for the Privacy program are:

- The Board of Health and senior management, as it relates to their respective governance and risk management responsibilities;
- Staff members;
- Members of the public.

Key Performance Measures

- Staff are aware of and compliant with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information and Protection Act (PHIPA), and the Health Unit's privacy policies;
- Privacy risks identified, analysed, mitigated or formally accepted.
- Privacy incidents and breaches are managed appropriately.
- The number of privacy breaches decreases.

Public Health Specific Requirements

The amount of personally identifiable and sensitive information that the Health Unit collects from its clients is large, but necessary for the administration of public health programs and services. Beyond the traditional identifiers such as an individual's name, address and contact numbers, the Health Unit may also ask a client to disclose highly confidential information in order to provide the appropriate advice or public health intervention. Because of the type of information collected by the Health Unit, it is imperative that staff members take every reasonable measure to earn and maintain the trust of the client. Inappropriate disclosures of sensitive information, poor waiting room etiquette as it relates to client confidentiality and breaches of privacy damage the Health Unit's credibility and standing in the community. Without the client's trust, individuals who require Health Unit services may choose not to access them.

Privacy protection and timely access to information are fundamental rights that are often taken for granted until they are compromised. Vigilance and care in handling this information is particularly important in a public health context.

E. Special Projects

Description of Services

Special Projects consists of five areas of responsibility:

(1) Continuous Quality Improvement (CQI);
(2) Records management;
(3) Administrative policy review;
(4) Achieving the strategic directions, and;
(5) Special projects.

Special Projects consists of a full-time Manager, with the assistance of a Program Assistant hired on a contract basis, as needed. The Special Projects portfolio is in keeping with the 13th recommendation of the Capacity Review Committee (page 4 of the linked document): "every health unit should have a minimum of one quality and performance specialist to lead the implementation of local performance management activities, coordinate accreditation, manage reporting to the province and the public, and create a culture of continuous quality improvement".

The following provides more details about the five areas of responsibility for Special Projects:

- **Continuous Quality Improvement (CQI)** practices became a requirement for the Health Units in 2011 (via section 5 of the Accountability Agreement). This work includes monitoring and reporting on the 14 Accountability Agreement indicators, monitoring compliance with the Organizational Standards, as well as coordinating/supporting operational planning across all programs and services. CQI also includes maintaining accreditation status and assisting in the Ministry of Health and Long-Term Care's assessment of new indicators for monitoring public health. It is important to note that this work will be increasing, as the Ministry recently announced seven new groups to develop additional accountability indicators, as well as extensive accountability reports to be completed by Boards of Health.
- **Records management** includes coordinating the filing, storing and disposing of all electronic and paper records according to Organizational Standard 6.12. This includes monitoring the storage and retrieval of ~900 boxes of records offsite, an annual records disposal review, as well as orienting and training staff on the records management system.

- **Administrative policies and procedure review** includes the review of policies and procedures that affect the entire organization, including Board bylaws and policies. This work is done with the assistance of the Policy & Procedure Review Committee.
- **Strategic directions:** The Health Unit is required to have a strategic plan as per Organizational Standard 3.2. The 2012-2014 Strategic Plan focuses on six areas and is being accomplished via six Strategic Achievement Groups, which consist of Health Unit staff and some external advisors. The Manager, Special Project supports the work of these committees and provides quarterly performance reporting to the Directors Committee, and annual reporting to the Board of Health.
- **Special projects:** Special projects are determined by the Medical Officer of Health. Current special projects include coordinating the Health Unit's involvement in the Child & Youth Network's Family Centres around London and developing a draft Code of Conduct for the Board of Health.

Target Population

Special Projects supports the Medical Officer of Health and Health Unit programs and services. While most work is internal to the Health Unit, external work includes representing the Health Unit on provincial committees and advocating for its needs, and collaborating with the Health Unit's community partners, such as on the Child and Youth Network.

Key Performance Measures

The following describe key performance measures for 2012 which highlight the accomplishments of the Special Projects portfolio:

- Highest level of accreditation status achieved annually.
- All deadlines met on 2012 mid-year and annual Accountability Agreement indicators.
- Six Strategic Achievement Groups were assisted in achieving their outcomes in 2012 and all reporting targets to Directors Committee and Board of Health were met.
- Improved security, organization and decreased costs in transportation and storage of inactive records.
- Health Unit poised to deliver services in all Child and Youth Network's Family Centres.
- Drafted and presented draft Board of Health Code of Conduct.

Public Health Specific Service Requirements

Special Projects responsibilities are largely determined by the requirements set out by the Accountability Agreement and the Organizational Standards.

This report was prepared by Mr. Dan Flaherty, Manager, Communications; Ms. Pat Simone, Manager, Emergency Preparedness; Ms. Vanessa Bell, Manager, Privacy and Occupational Health and Safety; Mr. Ross Graham, Manager, Special Projects; and Dr. Bryna Warshawsky, Acting Medical Officer of Health.

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