

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health

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ACCOUNTABILITY AGREEMENTS: 2012 PERFORMANCE AND 2013 TARGETS

Recommendation

It is recommended that Board of Health members receive the 2012 Accountability Agreement Performance Indicators for information, and approve the 2013 targets.

Key Points

- The 2012 Accountability Agreement indicators identify some of the Health Unit's accomplishments in 2012.
- Staff members recommend that the proposed targets for 2013 be accepted.
- The Ministry of Health and Long-Term Care currently has seven working groups exploring possible additional indicators.

Background

Under section 5.2 of the 2011-2013 Public Health Accountability Agreement between the Middlesex-London Board of Health and the Ministry of Health and Long-Term Care (MOHLTC), the Board agreed to "use best efforts to achieve agreed upon Performance Targets... for the Performance Indicators specified..."

There are currently 17 performance indicators reflecting the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health. The first year of the agreement, 2011, collected baseline data for each indicator. The second and third years (2012 and 2013, respectively) report the Health Unit's performance against targets that were jointly negotiated and agreed upon by the Board and MOHLTC in 2012. Throughout the process, the Health Unit has submitted data for each indicator on-time, and collaborated with the MOHLTC to resolve any data quality issues.

2012 Performance – Year Two

On April 25, 2013, the MOHLTC published the Health Unit's performance on 9 of the 17 indicators (53%) for which data was available. Data (for all health units) was not reported on 8 of 17 indicators (47%) because of MOHLTC data quality issues. These included inspections of small drinking water systems and personal service settings, vaccination administration, youth smoking rates, falls and high-risk alcohol consumption.

The Health Unit met or exceeded performance targets on seven of the nine indicators reported. On two indicators, the Health Unit was below the negotiated target by 1% or less. The MOHLTC reported being pleased with the Health Unit's performance, and did not require follow-up reporting. See Table 1, [Appendix A](#).

2013 Targets – Year Three

On May 2, 2013 the MOHLTC notified the Health Unit that the Board now has the opportunity re-negotiate 2013 targets for some of the performance indicators. For other indicators, previously negotiated targets will continue to apply. Staff members have reviewed the proposed targets. All targets can be accomplished within existing program budgets. However, staff members are recommending a change to one indicator. If the completion rate for 3 inspections of high risk restaurants could be set at 90% rather than 100%, compliance may be increased for three reasons:

- First, when a high-risk restaurant has been inspected 3 times in a year, some operators may be less attentive to food safety practices knowing they won't be inspected again that year. With the proposed approach, the uncertainty of the timing of the third inspection may improve compliance.
- Second, the small amount of surplus staff time could be used to over-inspect certain restaurants (e.g. 4 times per year or more), again ensuring that an operator would have to maintain compliant food safety practices for the duration of the year.
- Third, the choice to inspect 2, 3 or 4 times could be made rationally based on the record of inspections in current and previous years, allowing more scrutiny of restaurants with poorer compliance and less scrutiny of restaurants that have proven that they maintain acceptable food safety practices.

Results would be monitored to identify impact of this new approach on compliance. See Table 2, [Appendix A](#) for the proposed targets.

Conclusion/Next Steps

The MOHLTC currently has seven working groups exploring possible additional indicators (each focused on a different public health program area). The Health Unit is represented on four of these working groups: Chronic disease prevention (Ms. Diane Bewick), tobacco (Mr. Ross Graham), prevention of injury & substance misuse (Ms. Mary Lou Albanese), and reproductive & child health (Dr. Maria Van Harten).

This report was prepared by Mr. Ross Graham, Manager, Special Projects.

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