

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, January 14 2016 9:00 a.m.

1. DISCLOSURE OF CONFLICTS OF INTEREST

2. APPROVAL OF AGENDA

3. APPROVAL OF MINUTES – [December 3, 2015](#)

4. NEW BUSINESS

4.1 2016 Budget Process ([Report No. 01-16FFC](#))

5. CONFIDENTIAL

6. OTHER BUSINESS

6.1 2016 Proposed Finance and Facilities Committee Meeting Dates

6.2 Next meeting Thursday, January 28, 2016 at 9:00 a.m. Room 3A

7. ADJOURNMENT



PUBLIC MINUTES
Finance and Facilities Committee
50 King Street, Room 3A
MIDDLESEX-LONDON BOARD OF HEALTH
2015 December 3 9:00 a.m.

COMMITTEE

MEMBERS PRESENT: Ms. Trish Fulton (Committee Chair)
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden

OTHERS PRESENT: Mr. Jesse Helmer (listening via teleconference)
Dr. Christopher Mackie, Medical Officer of Health and CEO
Ms. Sherri Sanders, Executive Assistant to the Board of Health (Recorder)
Mr. Wally Adams, Director, Environmental Health and Chronic Disease Prevention Services
Ms. Tammy Beaudry, Accounting and Budget Analyst
Ms. Laura Di Cesare, Director, Human Resources and Corporate Strategy
Dr. Gayane Hovhannisyan, Associated Medical Officer of Health
Ms. Heather Lokko, Associate Director Oral Health, Communicable Disease & Sexual Health
Ms. Suzanne Vandervoort, Acting Director Family Health Services

At 9:00 a.m., Ms. Trish Fulton, Committee Chair, welcomed everyone to the meeting.

1. DISCLOSURES OF CONFLICT(S) OF INTEREST

Ms. Fulton inquired if there were any disclosures of conflict of interest to be declared. None were declared.

2. APPROVAL OF AGENDA

It was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the [AGENDA](#) of the December 3, 2015 Finance and Facilities Committee meeting be approved with the addition of a verbal update about pay equity as item 4.2.*

Carried

3. APPROVAL OF MINUTES

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the [MINUTES](#) from the November 5, 2015 Finance and Facilities Committee meeting be approved.*

Carried

4. NEW BUSINESS

4.1. 2016 Budget – PBMA Proposals ([Report No. 31-15FFC](#))

Dr. Mackie outlined Appendix D and E of the Report. Appendix D of Report No. 31-15FFC should read January 14, 2016 and not January 11.

Dr. Mackie also reviewed Appendix F re: The Business Case for Paying a Living Wage in response to a question about how the Health Unit would control that a living wage is actually paid to employees by a contractor, Dr. Mackie said that the Health Unit would build a relationship with the contractor to verify that all conditions are being met.

Dr. Mackie summarized the discussion by stating that indeed the definition of the living way includes accounting for benefits, that communications about living wage would include discussion about the business case, and that staff would bring a report in Q1 of 2016 updating the Committee and Board of Health on living wage-related activities in our region.

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance & Facilities Committee approve in principle PBMA investments totaling \$527,289 as identified in Appendix A to Report No. 31-15FFC.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Finance and Facilities Committee approve in principle PBMA one-time investments totaling \$206,953 as identified in Appendix B to Report No. 31-15FFC.*

Carried

It was moved by Mr. Peer, seconded by Ms. Vanderheyden *that the Finance and Facilities Committee approve in principle PBMA disinvestments totaling \$281,597 as identified in Appendix C to Report No. 31 – 15FFC.*

Carried

It was moved by Mr. Meyer, seconded by Mr. Peer *that the Confidential Minutes from the November 5, 2015 Finance and Facilities Committee meeting be approved.*

Carried

4.2 Pay Equity Update (Verbal Update)

Ms. Di Cesare provided an update about the pay equity with ONA. The pay equity plan was agreed upon by ONA and resulted in no changes to pay for positions within MLHU.

5. OTHER BUSINESS

The next scheduled meeting of the FFC is Thursday, January 14, 2016 at 9:00 a.m. in Room 3A.

6. ADJOURNMENT

At 10:35 a.m., it was moved by Ms. Vanderheyden, seconded by Mr. Meyer *that the meeting be adjourned.*

Carried

TRISH FULTON
Committee Chair

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee

FROM: Christopher Mackie, Medical Officer of Health

DATE: 2016 January 14

2016 BUDGET REVIEW – PART I

Recommendations

It is recommended:

- 1) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for Human Resources and Corporate Strategy attached as [Appendix A](#); and further,*
- 2) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for Finance & Operations Services attached as [Appendix B](#); and further,*
- 3) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for Information & Technology Services attached as [Appendix C](#); and further,*
- 4) *That the Finance and Facilities Committee receive the 2016 Planning and Budget Templates for the Office of the Medical Officer of Health attached as [Appendix D](#); and further,*
- 5) *That the Finance and Facilities Committee receive the 2016 Planning and Budgeting Templates for Oral Health, Communicable Disease and Sexual Health Services attached as [Appendix E](#); and further,*
- 6) *That the Finance and Facilities Committee report to the January 21, 2016 Board of Health meeting recommending that the Board of Health defer approval of these components of the 2016 budget until all budget proposals are available at the February 18, 2016 meeting of the Board of Health.*

Key Points

- The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit's impact on public health in London and Middlesex.
- These PBMA proposals are being integrated into the 2016 budget documents.
- At each of the three Finance and Facility Committee meetings in January and February, the Committee will consider one or more of the 2016 Planning and Budget proposals.
- The Board of Health will consider the budget as a whole at the February 18, 2016 meeting.

The Program Budgeting and Marginal Analysis (PBMA) process identified opportunities for disinvestments and investments in order to maximize the Health Unit's impact on public health in London and Middlesex. These proposals are being integrated into the 2016 budget documents. The Finance and Facility Committee will consider the budget proposals from each Service Area over its three meetings in January and February on the following schedule:

| Date | Service Area |
|-------------|---|
| January 14 | Human Resources and Corporate Strategy, Finance & Operations, Information Technology, Office of the Medical Officer of Health, and Oral Health, Communicable Disease and Sexual Health Services |
| January 28 | Family Health Services, Environmental Health and Chronic Disease Prevention, and General Expenses and Revenues |
| February 11 | FFC final review and recommendations |

The Planning and Budget documents attached to this report include enhanced budget information as well as substantial program-related information in order to allow the Finance and Facilities Committee and the Board of Health to make informed decisions about the 2016 budget. The documents attached represent the 2016 Planning and Budget proposals for each program area in Human Resources & Corporate Strategy; Finance & Operations, Information Technology, Office of the Medical Officer of Health, and Oral Health, Communicable Disease & Sexual Health Services.

The Board of Health will consider the budget as a whole at the February 18, 2016 meeting. Additional information and analysis will be available regarding the overall budget at that time.



Christopher Mackie, MD, MHSc, CCFP, FRCPC
Medical Officer of Health

HUMAN RESOURCES & CORPORATE STRATEGY

HUMAN RESOURCES & LABOUR RELATIONS

Program: Human Resources & Labour Relations

| SECTION A | | | | |
|---------------------|--------------------------------------|----------------------|-----------------|--------------|
| SERVICE AREA | Human Resources & Corporate Strategy | MANAGER NAME | Laura Di Cesare | DATE |
| PROGRAM TEAM | Human Resources & Labour Relations | DIRECTOR NAME | Laura Di Cesare | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| <ul style="list-style-type: none"> • The HRLRS Team is comprised of the Human Resources, Library Services, Reception functions and Corporate Training. • Our role is to provide value-added HR and OD strategies to our program partners that: identify and respond to the changing needs of the organization; builds communication between employees and management; and mitigates risk to the organization. • The HR department balances service and regulatory requirements with responsibility for supporting all phases of the Employment Life Cycle. • Library Services supports MLHU employees and is also one of 4 hub libraries in the province. • Reception Services • Corporate Training |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <p>HUMAN RESOURCES:</p> <ul style="list-style-type: none"> • Ontario Employment Standards Act, 2000; Labour Relations Act Ontario, 1995; Accessibility for Ontarians with Disabilities Act (AODA), 2005; Pay Equity Act, 1990; OHSA, 1990; Workplace Safety and Insurance Act, 1990, OMERS Act, 2006; Pension Benefits Act, 1990; Bill 32, 2013 <p>LIBRARY:</p> <ul style="list-style-type: none"> • Foundational Standard – supports evidenced based program delivery and knowledge exchange <p>CORPORATE TRAINING:</p> <ul style="list-style-type: none"> • Supports the delivery of mandatory legislated training. |

Program: Human Resources & Labour Relations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – HUMAN RESOURCES

Human Resources responsibilities include all components related to an employee's "life-cycle" while at MLHU. These responsibilities include

- a) *Workforce Planning* (e.g. recruitment; succession planning; HR Metrics and reporting to support strategic and operational initiatives);
- b) *Workforce Engagement* (e.g. orientation; employee training and development initiatives; rollout of new agency-wide initiatives);
- c) *Workforce Maintenance* (e.g. Collective Agreement negotiations and grievance management; job design and evaluation; benefits and pension administration; performance management; policy development/administration); and
- d) *Workforce Separation* (e.g. management and administration of resignations, retirements and terminations).

COMPONENT(S) OF TEAM PROGRAM #2 - LIBRARY SERVICES

MLHU public health librarians develop and maintain print and electronic resources to serve the information needs of public health practitioners.

They offer training and help with accessing and using the products and services of the library in addition to providing reference services, interlibrary loans, and bibliographic database searching. As part of the Shared Library Services Partnership (SLSP) launched by Public Health Ontario, the MLHU Library provides the same library services to 5 additional health units including Chatham-Kent Health Unit, Elgin-St. Thomas Public Health, Haldimand Norfolk Health Unit, Niagara Region Public Health, and Windsor-Essex County Health Unit.

COMPONENT(S) OF TEAM PROGRAM #3 – RECEPTION

Reception services provided includes, greeting and redirecting clients, switchboard operation and mail services. At 50 King Street receptionists also provide coverage for the vaccine clerk.

COMPONENT(S) OF TEAM PROGRAM #4 – CORPORATE TRAINING

Corporate Training supports and delivers employee training and development including technical training (software), government legislated, leadership development, and corporate learning.

Program: Human Resources & Labour Relations

| SECTION E | | | |
|---|----------------------------|---------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 | 2016 (estimate) |
| Component of Team #1 – Human Resources | | | |
| Employee Engagement Score | 64% engaged/highly engaged | 68% | Same or increased |
| Internal Client Satisfaction Survey | Initiated | 81% | Same or increased |
| Component of Team # - Library Services | | | |
| Internal Client Satisfaction Survey | Initiated | 70% | Same or increased |
| Combined MLHU and Shared Libraries Statistics | | | |
| % of reference questions acknowledged within 1 day and completed within an agreed upon timeline | 99.34% | 99.26% | Same or increased |
| % of Comprehensive Literature Searches completed within four weeks | 95.10% | 94.55% | Same or increased |
| % of Article Retrieval/document delivery completed within five days | 97.44% | 98.98% | Same or increased |
| % of Book delivery completed within ten days | 98.04% | 99.68% | Same or increased |
| Component of Team #3 - Reception | | | |
| Internal Client Satisfaction Survey | Initiated | 86% | Same or increased |
| % of calls to MLHU answered by Reception | (Avg. 85.5 calls/day) 12% | (Avg. 84 calls/day) 15.7% | Same |
| Component of Team #4 – Corporate Training | | | |
| Mandatory Training Initiatives | 8 | 9 | Same |
| % of completion of legislated mandatory training (AODA and OHSA) | n/a | 86% | Same or increased |

2016 Planning & Budget Template

Program: Human Resources & Labour Relations

| SECTION F | | |
|---------------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
| | 9.68 | 9.68 |
| Director | 1.0 | 1.0 |
| HR Officer | 2.0 | 2.0 |
| HR Coordinator | 2.0 | 2.0 |
| Student Education Program Coordinator | 0.5 | 0.5 |
| Librarian | 2.0 | 2.0 |
| Program Assistant | 1.18 | 1.18 |
| Corporate Trainer | 1.0 | 1.0 |

| SECTION G | | | | | | |
|---------------------------|-------------------|-------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 699,095 | \$ 656,493 | \$ 712,571 | \$ 702,247 | \$ (10,324) | (1.4%) |
| Benefits | 166,362 | 155,730 | 162,477 | 174,899 | 12,422 | 7.6% |
| Travel | 5,120 | 3,514 | 6,370 | 6,370 | | |
| Program Supplies | 68,376 | 63,386 | 52,377 | 52,377 | | |
| Staff Development | 6,557 | 5,465 | 91,557 | 106,557 | 15,000 | 16.4% |
| Professional Services | 11,300 | 8,318 | 36,300 | 66,300 | 30,000 | 82.6% |
| Furniture & Equipment | 500 | 730 | 500 | 500 | | |
| Other Program Costs | 5,722 | 5,804 | 5,972 | 5,972 | | |
| Total Expenditures | \$ 963,032 | \$ 899,440 | \$ 1,068,124 | \$ 1,115,222 | \$ 47,098 | 4.4% |

Program: Human Resources & Labour Relations

| SECTION H | | | | | | |
|--------------------------|--------------------|--------------------|---------------------|--------------------------|--|--|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared | \$ 843,122 | \$ 783,465 | \$ 960,649 | \$ 1,007,747 | \$ 47,098 | 4.9% |
| PHO – 100% | 119,910 | 115,975 | 107,475 | 107,475 | | |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 963,032 | \$ 899,440 | \$ 1,068,124 | \$ 1,115,222 | \$ 47,098 | 4.4% |

| SECTION I |
|---|
| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 |
| <ul style="list-style-type: none"> • Implementation of new organizational structure • Management Development Program – Management 360 assessments and coaching, Managing in a Unionized Environment Management Training • Meyers-Briggs Type Indicator internally facilitated sessions for team building • Comprehensive Well-being strategy and plan • Implementing the psychological standard for mental health, including management training • Rollout of new EAP Provider – communication plan and promotion of new services • Hosting the Association of Public Health Business Administrators (AOPHBA) annual conference in London in September • Policy review and agency-wide coordination of HR policies and processes, such as flex time, attendance, etc. • Full implementation of Learning Management System for processing online training and tracking staff development • Staff compensation education • Aligning library services more closely with the work of epidemiologists and program evaluators to support an evidence and practice-based planning framework for the health unit |

Program: Human Resources & Labour Relations

SECTION J

PRESSURES AND CHALLENGES

- Ensuring change management principles are utilized in the implementation of the new organizational structure
- Staffing and role changes within the Human Resources team and the re-branding of HR staff as business partners
- Building a relationship with the new Labour Relations Officer for CUPE
- Several mandatory training initiatives will compete for time from all employees which is limited by their regular work assignments
- Growing requests for the development of online training modules for staff training organization-wide
- Managing library service demands
- Managing the change of the librarians joining a newly created team within the health unit and developing strong bonds with the new team

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

The following PBMA proposals have been included in the base program budget:

- (\$10,000) Reduction in casual staff budget
- \$55,000 Comprehensive well-being program for staff

The following One-time PBMA proposal has been included in this program budget:

- \$40,000 Managing in a Unionized Environment - Leadership and Management Development Program

The following efficiencies have been implemented in the library program:

- Collaborative purchasing across the 4 SLSP libraries to enhance coverage and avoid duplication of journal titles
- Ordering journals directly from publishers rather than a subscription management intermediary to avoid administrative fees and possibly negotiate better pricing.

HUMAN RESOURCES & CORPORATE STRATEGY
PRIVACY AND OCCUPATIONAL HEALTH & SAFETY

2016 Planning & Budget Template

| SECTION A | | | | |
|---------------------|--|----------------------|-----------------|--------------|
| SERVICE AREA | Human Resources & Corporate Strategy | MANAGER NAME | Vanessa Bell | DATE |
| PROGRAM TEAM | Privacy and Occupational Health and Safety | DIRECTOR NAME | Laura Di Cesare | January 2016 |

| SECTION B |
|--|
| SUMMARY OF TEAM PROGRAM |
| <p>The Health Unit's privacy and occupational health and safety programs facilitate compliance with the requirements of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), the Personal Health Information Protection Act (PHIPA) and the Occupational Health and Safety Act. This is achieved by supporting the Board of Health and the Senior Leadership Team in the continued development and maturation of each program through the identification, monitoring and/or resolution of prioritized organizational risks. The program also supports service areas across the organization when specific issues respecting these areas arise.</p> |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <ul style="list-style-type: none"> • Municipal Freedom of Information and Protection of Privacy Act • Personal Health Information Protection Act • Occupational Health and Safety Act • Fire Prevention and Protection Act and the Fire Code • Ontario Public Health Organizational Standards (OPHOS) <ul style="list-style-type: none"> - Item 6.2 re.: Risk Management; - Item 6.14 re.: Human Resources Strategy |

Program: Strategic Projects – HRLR

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY

Facilitate activities to enhance the Health Unit's compliance with the applicable privacy laws and reduce the occurrence of privacy risks and incidents.

COMPONENT(S) OF TEAM PROGRAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY

Facilitate activities to enhance the Health Unit's compliance with applicable health and safety legislation and reduce the occurrence of health and safety risks and incidents.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

| | 2014 | 2015 | 2016 (estimate) |
|---|----------------------------|--|---|
| COMPONENT OF TEAM #1 : MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK - PRIVACY | | | |
| # of privacy breach investigations | 4 | 1 | 1 |
| # of privacy breaches | 0 | 1 | 0 |
| # of access requests received and % completed within the required 30 days (PHIPA, MFIPPA) | 20 (70%) | 29 (79%) | 30 (80%) |
| COMPONENT OF TEAM #2: MONITORING LEGISLATIVE COMPLIANCE AND ORGANIZATIONAL RISK – OCCUPATIONAL HEALTH AND SAFETY | | | |
| # of hazards identified, and % resolved | 27 (92%) | 66 (89)% | Same |
| % of staff who received the annual influenza vaccination | 73% (December 30, 2014) | 73% (as of December 7, 2015) | Same or increased |
| % of staff provided with mandatory OHS Training for Workplace Violence (WV and Domestic Violence (DV)) | 14% | 100% - Groups highest risk for WV 90% - All staff on WV / DV Policy 100% - Mandatory Basic Awareness Training for Managers | 100% - Mandatory Basic Awareness Training for Workers |

2016 Planning & Budget Template

Program: Strategic Projects – HRLR

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 1.66 | 1.5 |
| Program Manager | 1.00 | 1.00 |
| Program Assistant | 0.50 | 0.50 |
| Public Health Nurse | 0.16 | 0* |

* Staff Immunization Program to be transferred to the Vaccine Preventable Disease Team.

| SECTION G | | | | | | |
|------------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 126,631 | \$ 133,692 | \$ 131,240 | \$ 133,176 | \$ 1,936 | 1.5% |
| Benefits | 30,190 | 28,072 | 30,889 | 32,121 | 1,232 | 4.0% |
| Travel | 3,000 | 2,398 | 3,000 | 3,000 | | |
| Program Supplies | 3,208 | 2,083 | 3,208 | 3,208 | | |
| Staff Development | 14,500 | 14,158 | 4,500 | 4,500 | | |
| Professional Services | 23,000 | 22,055 | 8,000 | 8,000 | | |
| Furniture & Equipment | 0 | | 0 | | | |
| Other Program Costs | 660 | 863 | 660 | 660 | | |
| Total Expenditures | \$ 201,189 | \$ 203,321 | \$ 181,497 | \$ 184,665 | \$ 3,168 | 1.8% |

Program: Strategic Projects – HRLR

| SECTION H | | | | | | |
|---|--------------------|--------------------|--------------------|--------------------------|--|--|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared | \$ 201,189 | \$ 203,321 | \$ 181,497 | \$ 184,665 | \$ 3,168 | 1.8% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 201,189 | \$ 203,321 | \$ 181,497 | \$ 184,665 | \$ 3,168 | 1.8% |
| SECTION I | | | | | | |
| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 | | | | | | |
| <ul style="list-style-type: none"> • Safety Planning: development and delivery of training curriculum for Managers responding to internal domestic violence disclosures; • Workplace Violence Program Sustainability: <ul style="list-style-type: none"> ○ identification and training of internal “Level 1” instructor for new employees and/or two-year refresh(majority of staff); ○ identification of certified Level 2 (external instructor) for new employees and two-year refresh (high-risk job categories) • Ergonomics Education and Awareness Program. • Orient MLHU to the proposed amendments to the <i>Personal Health Information Protection Act</i> under Bill 119. • Promoting the adoption of a process to assess the privacy impact of all new initiatives that involve the collection, use and disclosure of personal or personal health information. | | | | | | |
| SECTION J | | | | | | |
| PRESSURES AND CHALLENGES | | | | | | |
| <ul style="list-style-type: none"> • Volume of work within these portfolios remains challenging within existing resources. • Significant organizational change projected for 2016 | | | | | | |
| SECTION K | | | | | | |
| RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016 | | | | | | |
| <ul style="list-style-type: none"> • None | | | | | | |

Program: Strategic Projects – HRLR

HUMAN RESOURCES & CORPORATE STRATEGY
STRATEGIC PROJECTS

| SECTION A | | | | |
|---------------------|--------------------------------------|----------------------|-----------------|--------------|
| SERVICE AREA | Human Resources & Corporate Strategy | MANAGER NAME | Jordan Banninga | DATE |
| PROGRAM TEAM | Strategic Projects | DIRECTOR NAME | Laura Di Cesare | January 2016 |

| SECTION B |
|--|
| SUMMARY OF TEAM PROGRAM |
| <ul style="list-style-type: none"> Strategic Projects (SP) provides support across MLHU programs and services. The portfolio consists of five areas of responsibility: (1) Operational planning support & CQI; (2) Records management; (3) Policy development & review; (4) Strategic planning and implementation of strategic priorities, and; (5) Strategic projects. |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <ul style="list-style-type: none"> HPPA Compliance (manage Public Health Funding & Accountability Agreement compliance process) OPHS (Organizational Standards) PHIPA (Records Management) |

Program: Strategic Projects – HRLR

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 - OPERATIONAL PLANNING SUPPORT & CQI

Activities in this component are intended to enhance service delivery and reduce organizational risk by (a) monitoring and reporting on the Accountability Agreement indicators; (b) monitoring compliance with the OPHS/Organizational Standards and other requirements; (c) supporting the activities of and participation on the Foundational Standard Community of Practice; and (d) applying QI approaches that will improve processes and reduce waste.

COMPONENT(S) OF TEAM PROGRAM #2 - RECORDS MANAGEMENT

Records management activities are intended to meet the OS requirements (6.12), as well as enhance service delivery and reduce organizational risk by (a) clarifying what records should kept and discarded (i.e., classification & retention schedule); (b) supporting staff to responsibly store and dispose of personal information and business records; (c) store records in a manner that protects privacy, and supports MLHU's ability to be transparent and prepared for legal action; (d) reducing the administrative burden associated with record keeping; and (e) reducing waste.

COMPONENT(S) OF TEAM PROGRAM #3 - POLICY DEVELOPMENT & REVIEW

Policy development and review takes an in depth look at existing administrative policies to: 1) determine if a policy is still needed or if it should be combined with another administrative policy; 2) determine whether the purpose and goal of the policy is still being met; 3) determine if changes are required to improve the effectiveness or clarity of the policy and procedures; and 4) to ensure that appropriate education, monitoring and ongoing review of the policy is occurring. This program is consistent with MLHU's commitment to providing a consistent approach to effective, open and supportive systems of governance and management.

COMPONENT(S) OF TEAM PROGRAM #4 – STRATEGIC PLANNING

Activities in this component aim to advance the expressed strategic priorities of the Health Unit Board and Staff. This includes the planning, development, launch and implementation of a Middlesex-London Health Unit strategic plan and balanced scorecard as well as participating and supporting workgroups associated with the strategic priorities and reporting on the progress/performance to the Senior Leadership Team and the Board of Health.

COMPONENT(S) OF TEAM PROGRAM #5 - STRATEGIC PROJECTS

Scoping and implementation of strategic projects and initiatives as determined by the Director of Human Resources & Corporate Strategy, the MOH/CEO, and the Senior Leadership Team. Current projects include, but are not limited to: coordinating the Health Unit's Program Budgeting and Marginal Analysis; Employee Engagement; Board of Health Orientation and Self-Assessment; ERMS Messenger Service; Organizational Structure and Location (non-structural considerations and future location analysis).

2016 Planning & Budget Template

Program: Strategic Projects – HRLR

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| SECTION E | | | |
|---|--------|---|--|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 | 2016 (estimate) |
| COMPONENT OF TEAM #1 ACCREDITATION, OPERATIONAL PLANNING SUPPORT & CQI | | | |
| % of Accountability Agreement reporting deadlines achieved | 100% | 100% | 100% |
| COMPONENT OF TEAM #2 RECORDS MANAGEMENT | | | |
| % of records kept for proper retention period (self-report, sample) | 100% | 100% | 100% |
| COMPONENT OF TEAM #3 ADMINISTRATIVE POLICY REVIEW | | | |
| % of policies that are up to date (have been reviewed in the past two years) | 17.5% | 30% | 50% |
| COMPONENT OF TEAM #4 STRATEGIC PLANNING | | | |
| Annual reporting to BOH on Strategic Planning progress | Annual | Annual | Semi-annual |
| COMPONENT OF TEAM #5 STRATEGIC PROJECTS | | | |
| Implementation and Progress Reporting for Major Projects: | | Corporate Strategic Plan; PBMA; Management and Leadership Development Program; ERMS Messenger System; Employee Engagement | Organizational Structure and Location, PBMA, Strategic Plan Balanced Scorecard, Employee Engagement, Other projects as identified. |

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 1.2 | 1.2 |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 0.2 | 0.2 |

2016 Planning & Budget Template

Program: Strategic Projects – HRLR

| <u>SECTION G</u> | | | | | | |
|-------------------------|-------------|-------------|-------------|-------------------|-------------------------------------|-----------------------------------|
| EXPENDITURES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 99,101 | \$ 94,853 | \$ 99,101 | \$ 95,043 | \$ (4,058) | (4.1)% |
| Benefits | 24,150 | 23,985 | 24,150 | 21,525 | (2,625) | (10.9)% |
| Travel | 1,515 | 970 | 1,515 | 1,515 | | |
| Program Supplies | 1,600 | 563 | 1,600 | 1,600 | | |
| Staff Development | 441 | 445 | 441 | 441 | | |
| Professional Services | 4,800 | 5,621 | 6,100 | 6,100 | | |
| Furniture & Equipment | 0 | 0 | 0 | | | |
| Other Program Costs | 2,380 | 1,726 | 2,380 | 2,380 | | |
| Total Expenditures | \$ 133,987 | \$ 128,164 | \$135,287 | \$ 128,604 | \$ (6,683) | (4.9)% |

| <u>SECTION H</u> | | | | | | |
|-------------------------|-------------|-------------|-------------|-------------------|-------------------------------------|-----------------------------------|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared | \$ 133,987 | \$ 128,164 | \$ 135,287 | \$ 128,604 | \$ (6,683) | (4.9)% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 133,987 | \$ 128,164 | \$ 135,287 | \$ 128,604 | \$ (6,683) | (4.9)% |

Program: Strategic Projects – HRLR

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Collaboration on a program planning and evaluation framework incorporating strategic priorities and balanced scorecard components as well as continuous quality improvement tools.
- Implementation of organizational structure changes, location analysis and relocation planning.
- Key policy revisions including: Jordan's Principle and Code of Conduct.
- Implementation of the Strategic Plan Balanced Scorecard and associated metrics and reporting.

SECTION J

PRESSURES AND CHALLENGES

- Strategic Projects serves in an organization-wide role with 1.2 FTEs available to move forward initiatives. Prioritization of projects is necessary as there are many potential organization initiatives that could be done, but capacity must be allocated to the ones with the greatest organizational need.
- Many of the projects tasked to Strategic Projects require cross-MLHU collaboration and change management to be employed. These challenges need to be managed effectively to ensure successful task completion.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- None

FINANCE AND OPERATIONS

FINANCE AND OPERATIONS

Program: Finance & Operations

| SECTION A | | | | |
|---------------------|----------------------|----------------------|--------------|--------------|
| SERVICE AREA | Finance & Operations | MANAGER NAME | John Millson | DATE |
| PROGRAM TEAM | Finance & Operations | DIRECTOR NAME | John Millson | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| <ul style="list-style-type: none"> This service provides the financial management required by the Board of Health to ensure compliance with applicable legislation and regulations. This is accomplished through providing effective management and leadership for financial planning, financial reporting, treasury services, payroll administration, procurement, capital assets, and contract management. This service provides value through protecting the Health Unit's financial assets, containing costs through reporting and enforcement of policy, systems and process improvements, developing and implementing policies and procedures, and providing relevant financial reporting and support to the Board. This service also provides oversight for the health unit "Operations" which include facility management type services such as furniture and equipment, leasehold improvements, insurance and risk management, security, janitorial, parking, on-site and off-site storage and inventory management, and the management of all building leases and property matters. |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| The following legislation/regulations are relevant to the work performed in Finance & Operations: Health Protection & Promotion Act, Ontario Public Health Organizational Standards, Income Tax Act, Ontario Pensions Act, PSAB standards, and other relevant employment legislation. |

Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL SERVICES

Financial Planning:

- Develop long term funding strategies for senior management and Board of Health and provide ongoing monitoring.
- Develop, monitor and report annual operating budgets. Health Unit programs are funded through a complex mix of funding. The majority (approx.. 72%) of the services are funded through cost-sharing where by the Board of Health approves the operating budget, the ministry provides a grant, and the remaining amount is requested from the City of London and Middlesex County on a proportionate of population basis. The remaining programs and services are funded 100% by the province, whereby the Board of Health approves an operating budget based on a predetermined grant from the province. Many programs have different budget formats and timelines which provide challenges in budget preparation and planning.
- Manage two annual audits including preparation of consolidated financial statements for both programs with a December 31st year end and those with a March 31st year end.
- Prepare quarterly financial statements for external stakeholders including the City of London, and various ministry departments. In terms of ministry quarterly reporting the formats differ between ministries and programs adding to the complexity of generating the reports.
- Prepare the various annual settlements for the ministry funded programs and services.
- Prepare monthly and quarterly reports for internal stakeholders to ensure financial control and proper resource allocations.

Treasury Services:

- Accounts payable processing includes verifying payments, issuing cheques, reviewing invoices, and ensuring proper authorizations exist for payment. This also includes verifying and processing corporate card purchases, employee mileage statements and expense reports.
- Accounts receivable processing includes reviewing and posting invoices, monitoring and collections activities.
- Cash management function includes processing cash payments and point of sale transactions, and preparing bank deposits. This also includes minor investment transactions to best utilize cash balances.
- General accounting includes bank reconciliations, quarterly HST remittances, general journal entries, monthly allocations.

Insurance & Risk Management:

- Purchase appropriate and adequate insurance and draft contractual conditions for third party contracts to protect the human, physical and financial assets of the health unit.
- Request insurance certificates required for various funding agreements and contracts.

Program: Finance & Operations

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 – FINANCIAL SERVICES

Payroll Administration:

- Performs payments to employees including salary and hourly staff. This includes accurate data entry and verification of employee and retiree information including employee set-up and maintenance.
- Process mandatory and voluntary employee deductions, calculating and processing special payments and retroactive adjustments.
- Set up and maintain the payroll system in compliance with collective agreements and legislative requirements for all pay, benefits, deductions and accruals.
- Statutory Payroll Reporting – in order to comply with payroll legislation. This includes Records of Employment (ROEs), T4, T4A, WSIB, EHT, OMERS annual 119 Report.
- Prepare and remit payments due to third parties resulting from payroll deductions and employer contributions within strict deadlines to avoid penalties and interest. Payments are reconciled to deductions or third party invoices.
- Administers employee paid Canada Savings Bond program, where staff can purchase bonds through payroll deductions.

Procurement:

- Provide accurate and timely procurement advice to internal programs and services (customers).
- Procurement of goods and services in a fair, transparent, and open manner through Request for Tenders, Quotes, and Proposals, and at all times ensuring value for money.
- Participates in the Elgin Middlesex Oxford Purchasing Cooperative (EMOP) to enhance or leverage procurement opportunities to lower costs.
- Utilize and participate in provincial contracts such as courier, photocopier, and cell phone providers to lower costs to the programs and services.
- Performs general purchasing and receiving activities for program areas.

Capital Asset Management:

- Tangible Capital Assets – ongoing processes for accounting of capital assets and ensuring compliance with PSAB 3150.
- Ensures the proper inventory and tracking of corporate assets for insurance and valuation purposes.

Contracts & Agreements:

- Contract management including various agreements to ensure the Health Unit is meeting its obligations and commitments. Contracts and agreements are reviewed for program effectiveness and Board of Health liability.

2016 Planning & Budget Template

Program: Finance & Operations

COMPONENT(S) OF TEAM PROGRAM #2 – OPERATIONS

- Space planning – liaison with program areas to ensure facilities meet program requirements. This may involve leasehold improvements, furniture and equipment purchasing, and relocation of employees.
- Coordinates management response to monthly Joint Occupational Health & Safety Committee (JOHSC) inspection reports.
- Manages the three main property leases including renegotiations and dispute resolution (50 King Street, 201 Queens Ave in London, and 51 Front Street in Strathroy)
- Security – manages and maintains the controlled access and panic alarm systems, and the after-hours security contract.
- Custodial Services – manages and maintains the contract for janitorial services for two locations. This includes day-time and evening cleaning for the 50 King Street office.
- Manages and maintains both on-site and off-site storage facilities, keeping track of supplies, equipment and corporate records.
- Performs general facility maintenance including minor repairs, disposal of bio-hazardous materials, meeting room set-up and take-downs.

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

| | 2014 | 2015 (anticipated) | 2016 (estimate) |
|--|-----------|-----------------------|--------------------|
| Component of Team #1 Financial Services | | | |
| Number of manual journal entries per FTE | 2,649 | 2,500 | 2,000 |
| Number of vendor invoices paid/processed per FTE | 9,326 | 8,500 | 7,000 |
| Number of MLHU invoices prepared/processed per FTE | 348 | 400 | 400 |
| Number of direct deposits processed (payroll) | 9,127 | 9,000 | 9,000 |
| Number of manual cheques (payroll) issued | 18 | 12 | 12 |
| Number of competitive bid processes | 27 | 25 | 30 |
| Component of Team #2 Operations | | | |
| Number of meeting room set-up/take-downs | 160 | 160 | 160 |
| Average time to set-up/take-down meeting room | 1.8 hours | 1.8 hours | 1.8 hours |

2016 Planning & Budget Template

Program: Finance & Operations

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|--|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 8.5 | 8.0 |
| Director | 1.0 | 1.0 |
| Administrative Assistant to the Director | 0.5 | 0.5 |
| Accounting & Budget Analyst | 1.0 | 1.0 |
| Accounting & Payroll Analyst | 1.0 | 1.0 |
| Accounting & Administrative Assistants | 3.0 | 2.5 |
| Procurement and Operations Manager | 1.0 | 1.0 |
| Receiving & Operations Coordinator | 1.0 | 1.0 |

| SECTION G | | | | | | |
|------------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salaries & Wages | \$ 571,335 | \$ 572,465 | \$ 588,264 | \$ 572,805 | \$ (15,459) | (2.63)% |
| Benefits | 147,242 | 153,093 | 150,120 | 150,844 | 724 | 0.48% |
| Travel | 2,900 | 1,944 | 2,900 | 2,900 | | |
| Program Supplies | 3,620 | 2,812 | 3,620 | 3,620 | | |
| Staff Development | 1,500 | 1,094 | 1,500 | 1,500 | | |
| Professional Services | 104,755 | 13,837 | | | | |
| Furniture & Equipment | | 730 | | | | |
| Other Program Costs | 3,480 | 1,954 | 3,480 | 3,480 | | |
| Total Expenditures | \$ 834,832 | \$ 747,929 | \$ 749,884 | \$ 735,149 | \$ (14,735) | (1.96)% |

2016 Planning & Budget Template

Program: Finance & Operations

| SECTION H | | | | | | |
|--------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared | \$ 802,475 | \$ 715,572 | \$ 717,527 | \$ 735,149 | \$ 17,622 | 2.46% |
| MOHLTC – 100% | 32,357 | 32,357 | 32,357 | | (32,357) | (100.0)% |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 834,832 | \$ 747,929 | \$ 749,884 | \$ 735,149 | \$ (14,735) | (1.96)% |

| SECTION I |
|---|
| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 |
| <ul style="list-style-type: none"> Working with the Organizational Structure & Location (OSL) Committee, complete the location analysis and assist in the relocation planning. Implement new organizational structure in the various financial and operations systems. Assist in the smooth transition to Health Smiles 2.0 as the province uploads the payment of dental claims. Investigate and implement a procurement module to enhance management of commitments and purchase requisitions. Review and revise the procurement policy with including the Living Wage initiative if approved by the Board. Replace FRx reporting system (internal management reports) which is at its “End of Life” and is not supported any longer by Microsoft. Continue implementation of process efficiencies/improvements through development of SharePoint processes. Update both the internal and external website to provide high-level financial information. |

Program: Finance & Operations

SECTION J

PRESSURES AND CHALLENGES

- Low growth in 100% provincial programs continues to place pressure on programs.
- Any location decisions will require financial analysis and resources.
- “Patients First – A proposal to strengthen patient-centred health care in Ontario” – will have implications to public health with formalizing links with the Southwest LHIN. Early indication is that funding for public health will be transferred to the LHINs.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- No PBMA proposals for consideration.
- MOHLTC has moved to 3rd party dental claims administration therefore health units are no longer responsible for paying for dental claims. This will eliminate 0.5 FTE position and \$32,357 in funding.

INFORMATION TECHNOLOGY SERVICES
INFORMATION TECHNOLOGY

| SECTION A | | | | |
|---------------------|------------------------|----------------------|------------------|--------------|
| SERVICE AREA | Information Technology | MANAGER NAME | Mark Przyslupski | DATE |
| PROGRAM TEAM | Information Technology | DIRECTOR NAME | John Millson | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| Information Technology (IT) Services is a centralized service providing for the information technology needs of the programs and staff of MLHU. |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <ul style="list-style-type: none"> • Ontario Public Health Organizational Standards: <ul style="list-style-type: none"> ○ 3.2 Strategic Plan ○ 6.1 Operational Planning improvements ○ 6.2 Risk Management ○ 6.12 Information Management • Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) • Personal Health Information Protection Act (PHIPA) |

Program: Information Technology

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 APPLICATIONS

- Business analysis, project management, computer software selection/implementation.
- Improving business processes to improve program delivery, improve efficiency or increase capacity.
- “Standard” applications including e-mail, common desktop applications, ministry specific applications, web/intranet services, database services, telephone/voice applications etc.

COMPONENT(S) OF TEAM PROGRAM #2 INFRASTRUCTURE

- Personal computers (desktop and laptop) and mobile devices.
- Server computers, data storage, backup and backup power.
- Wired and wireless network devices and physical cabling.
- Inter-site network/data transmission and communication.
- Internet and eHealth application access.
- Telephony devices—telephone handsets, voicemail servers, phone switches, etc

COMPONENT(S) OF TEAM PROGRAM #3 SECURITY

- Standards & policy development and documentation.
- Data security technologies and approaches including encryption.
- E-mail security/filtering.
- Password policies and procedures.
- Investigation and audit of various systems to ensure security of data.
- Firewalls and remote access.

COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS

- | | |
|---|---|
| <ul style="list-style-type: none"> • Helpdesk—client support. • Network logon account management. • Monitoring and responding to system problems. • Personal computer loading and configuration management. • Computer and software upgrades and deployment. | <ul style="list-style-type: none"> • Security updates installation. • E-mail support and troubleshooting. • Technology asset tracking/management. • Preventative maintenance. • Data backup/restore. • Trending, budgeting & planning of future technology needs. |
|---|---|

Program: Information Technology

| SECTION E | | | |
|--|-------------|-------------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Applications | | | |
| Desktop Software/hardware upgrades and implemenations (Service Area/Program/Team) | 6 | 5 | Same |
| Desktop Software/hardware upgrades and implementations (Organization Wide) | 4 | 4 | Same |
| Component of Team #2 Infrastructure | | | |
| Application/Database backend system upgrades migrations and implementations (Service Area/Program/Team) | 8 | 9 | Same |
| Core backend infrastructure system hardware/software upgrades/migrations and implementations | 11 | 13 | decrease |
| COMPONENT(S) OF TEAM PROGRAM #4 SUPPORT & OPERATIONS | | | |
| Requests addressed by 1 st Level Helpdesk | 57% | 82% | Same |
| Resolution/closure within 2-5 days | 57% | 72% | Same |
| Resolution/closure within 5-10 days | 71% | 84% | Same |
| Resolution/closure within 10-20 days | 80% | 92% | Same |

Program: Information Technology

| SECTION F | | |
|--------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
| | 8.1 | 8.5 |
| Program Manager | 1.0 | 1.0 |
| Supervisor | 1.0 | 1.0 |
| Administrative Assistant | 0.5 | 0.5 |
| Business Analyst | 1.0 | 1.0 |
| Data Analyst | 1.6 | 2.0 |
| Network & Telecom Analyst | 1.0 | 1.0 |
| Desktop & Applications Analyst | 1.0 | 1.0 |
| Helpdesk Analyst | 1.0 | 1.0 |

| SECTION G | | | | | | |
|---------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 544,540 | \$ 538,700 | \$ 521,668 | \$ 571,819 | \$ 50,151 | 9.6% |
| Benefits | 139,162 | 134,093 | 130,116 | 150,718 | 20,602 | 15.9% |
| Travel | 3,500 | 849 | 2,500 | 2,500 | | |
| Program Supplies | 8,000 | 4,637 | 6,250 | 6,250 | | |
| Staff Development | 10,000 | 3,203 | 8,750 | 8,750 | | |
| Professional Services | 48,300 | 28,355 | 45,300 | 45,300 | | |
| Furniture & Equipment | 352,000 | 366,675 | 394,000 | 352,000 | (42,000) | (10.7%) |
| Other Program Costs | 5,538 | 4,257 | 2,788 | 2,788 | | |
| Total Expenditures | \$ 1,111,040 | \$ 1,080,769 | \$ 1,111,372 | \$ 1,140,125 | \$ 28,753 | 2.6% |

Program: Information Technology

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|--------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| Cost-Shared | \$ 1,111,040 | \$ 1,080,769 | \$ 1,111,372 | \$ 1,140,125 | \$ 28,753 | 2.6% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 1,111,040 | \$ 1,080,769 | \$ 1,111,372 | \$ 1,140,125 | \$ 28,753 | 2.6% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Microsoft Office upgrade to version 2016
- Email infrastructure upgrade to version 2016
- Wireless Services RFP
- Virtualization of the telephony infrastructure
- Change to the topology of the HedgeHog health inspection software to improve efficiency in the short term
- Internet Explorer browser upgrade
- Continuation of business continuity planning and implementation

SECTION J

PRESSURES AND CHALLENGES

- Activities related to the organization structure changes and location analysis
- Discovery process to identify a potential replacement for the HedgeHog health inspection system as it does not seem to meet our needs and poses continues supportability challenges

Program: Information Technology

- Implementing the 5-year capital plan within current resource allocation with potential requirement to access funds in the Technology & Infrastructure Reserve Fund

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- Enhancements – 0.4 FTE Data Analyst - to increase the internal capacity to create and process data.

Note: In 2015, the corporate trainer position was moved to Human Resources & Corporate Strategy.

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
OMOH & TRAVEL CLINIC**

| SECTION A | | | | |
|---------------------|--|----------------------|------------------|---------------|
| SERVICE AREA | Office of the Medical Officer of Health (OMOH) | MANAGER NAME | Dr. Chris Mackie | DATE |
| PROGRAM TEAM | Office of the Medical Officer of Health (OMOH) | DIRECTOR NAME | Dr. Chris Mackie | January, 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| Provides support to the Board of Health and Board Committees as well as overall leadership to the Health Unit, including strategy, planning, budgeting, financial management and supervision of all Directors, OMOH Managers, OMOH administrative staff, and the travel clinic. |

| SECTION C |
|--|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| Health Promotion and Protection Act <ul style="list-style-type: none"> • Overall compliance • Requirement to have a full time medical officer of health. Ontario Public Health Standards: <ul style="list-style-type: none"> • Foundational Standard • Organizational Standard |

Program: Office of the Medical Officer of Health (OMOH)

| |
|--|
| SECTION D |
| COMPONENT(S) OF TEAM PROGRAM #1 - Overall Leadership and Strategy |
| <ul style="list-style-type: none"> Developing and renewing strategy in partnership with the Board of Health and the Senior Leadership Team Ensuring decisions are guided by relevant research (“evidence-informed”) |
| COMPONENT(S) OF TEAM PROGRAM #2 - Financial Management |
| <ul style="list-style-type: none"> Developing and implementing annual budget in partnership with the Director of Finance and the Senior Leadership Team |
| COMPONENT(S) OF TEAM PROGRAM #3 - Board of Health Support |
| <ul style="list-style-type: none"> Preparing materials for meetings of the Board of Health and Board Committees Providing Secretary/Treasurer functions Ensuring implementation of decisions of the Board of Health |
| COMPONENT(S) OF TEAM PROGRAM #4 – Travel Immunization Clinic Service Contract |
| <ul style="list-style-type: none"> Monitors and oversees the Travel Immunization Clinic service contract |

| | | | |
|--|--|-------------------------------|----------------------------|
| SECTION E | | | |
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| COMPONENT OF TEAM #1 - OVERALL LEADERSHIP | | | |
| Strategic Plan Progress | 77% Completed 15% In Progress 8% Delayed | 100% On Track or Completed | 100% On Track or Completed |
| COMPONENT OF TEAM #2 - FINANCIAL MANAGEMENT | | | |
| Budget Change – Municipal Funding | 0% | 0% | 0% |
| Year-End Variance | <1% | <1% | <1% |
| COMPONENT OF TEAM #3 - BOARD OF HEALTH SUPPORT | | | |
| Board of Health Members Satisfied or Very Satisfied with Meeting Process (timeliness and quality of materials and support during meetings) | 90% | 91% | Maintain or Improve |

2016 Planning & Budget Template

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|---|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 3.1 | 2.9 |
| Medical Officer of Health & Chief Executive Officer | 1.0 | 1.0 |
| Executive Assistant | 1.5 | 1.3* |
| Program Assistant (Travel Clinic) | 0.6 | 0.6 |

* 0.2 FTE work transferred to other service areas

| SECTION G | | | | | | |
|---------------------------|-------------------|-------------------|-------------------|-------------------|-------------------------------------|-----------------------------------|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 413,128 | \$ 435,201 | \$ 417,423 | \$ 401,316 | \$ (16,107) | (3.86)% |
| Benefits | 87,510 | 94,414 | 89,651 | 88,050 | (1,601) | (1.79)% |
| Travel | 7,000 | 3,294 | 6,000 | 6,000 | | |
| Program Supplies | 10,448 | 2,098 | 8,448 | 8,448 | | |
| Staff Development | 3,300 | 3,060 | 5,300 | 5,300 | | |
| Professional Services | 19,400 | 16,274 | 16,400 | 16,400 | | |
| Furniture & Equipment | | 730 | 10,000 | 5,000 | (5,000) | (50.0)% |
| Other Program Costs | 13,932 | 4,079 | 13,932 | 13,932 | | |
| Total Expenditures | \$ 554,718 | \$ 559,150 | \$ 567,154 | \$ 544,446 | \$ (22,708) | (4.00)% |

2016 Planning & Budget Template

Program: Office of the Medical Officer of Health (OMOH)

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|--------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| Cost-Shared | \$ 490,846 | \$ 491,786 | \$ 508,133 | \$ 480,425 | \$ (22,708) | (4.47)% |
| MOHLTC – 100% | 58,872 | 62,468 | 54,021 | 54,021 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 5,000 | 4,896 | 5,000 | 5,000 | | |
| Total Revenues | \$ 554,718 | \$ 559,150 | \$ 567,154 | \$ 539,446 | \$ (22,708) | (4.00)% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Strengthening and implementing the MLHU Strategic Plan
- Championing implementation of new organizational structure
- Leading through process of identifying and analyzing options for future London location
- Supporting development and implementation of new planning and evaluation framework
- Continuing to advance MLHU's work with municipal partners on social determinants of health such as poverty

SECTION J

PRESSURES AND CHALLENGES

- Balance of internal and external demands
- Transition to administrative relationship with LHIN

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

- Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles (\$0, 0 FTE) – this modification, which combines the two roles into one, will include a reallocation of specific work, budget and FTE that had previously been associated with OMOH and Communications, to other areas.

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
COMMUNICATIONS**

Program: Communications – OMOH

| SECTION A | | | | |
|---------------------|---|----------------------|------------------|---------------|
| SERVICE AREA | Office of the Medical Officer of Health | MANAGER NAME | Dan Flaherty | DATE |
| PROGRAM TEAM | Communications | DIRECTOR NAME | Dr. Chris Mackie | January, 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| Acts as an internal Media Relations, Advertising, Marketing, Graphic Design and Communications agency for the Health Unit. Role is to promote and enhance the MLHU brand and profile as a public health leader in London and Middlesex County, and across Ontario. This is done through a communications support program that includes: strategic and risk communications initiatives, media relations support and training, the development and coordination of targeted advertising, marketing and promotional campaign materials; development and maintenance of the website, online content and social media channels. In 2016, Communications will also coordinate the MLHU's Healthcare Provider Outreach program to streamline communication with healthcare providers in London and Middlesex County. |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| OPHS Organizational Standard (Communications strategy), as well as the Communications and Health Promotion aspects of most other standards. |

Program: Communications – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 MEDIA RELATIONS

Media Relations enhances public awareness of MLHU programs and services and their value to London and Middlesex County residents. Communications issues periodic media releases, which highlight program initiatives, services, announcements and achievements. The team also responds to media requests and works with staff to prepare spokespeople for interviews. Communications also assists in developing key messages, Q&As, media lines, backgrounders and other resources as necessary.

COMPONENT(S) OF TEAM PROGRAM #2 ADVERTISING AND PROMOTION

Advertising and Promotion support agency initiatives and services through campaign materials and marketing products (graphics, posters, videos, audio files, displays, marketing and/or promotional products etc.) and the placement of advertising in print, broadcast, online and/or display media. The Marketing Coordinator coordinates the development of campaign materials. Communications staff work in collaboration with program team members and MLHU-contracted design firms to develop appropriate and effective resources as needed. Campaigns are developed in consultation with Health Unit teams, focusing on target audience, demographics, program goals and budget. Communications coordinates advertising bookings and liaises with contracted graphic design firms as necessary.

COMPONENT(S) OF TEAM PROGRAM #3 ONLINE ACTIVITIES

Communications maintains, updates and coordinates all MLHU online activities. The goal of online activities is to provide credible, up-to-date public health information to local residents through www.healthunit.com as well as other online resources, such as www.dinesafemiddlesexlondon.ca (food premises disclosure website – re-designed in 2015), www.healthunit.com/inspections (public pools and spas; Personal Service Settings and tattoo shops inspections disclosure website – launched in 2015) and www.iparent.net (Triple P, parenting workshops, resources, etc.). Additional opportunities for interaction with MLHU clients and community members are provided through the MLHU's social media channels (Twitter, Facebook, YouTube). A new program-managed Twitter account (@MLTeens through which PHNs and staff support students, families and secondary schools in London and Middlesex) was launched in 2015. Additional web-based activities include online contests, response to user comments and feedback posted on social media, as well as responding to feedback and inquiries sent to the MLHU via the "health@mlhu.on.ca" email account.

COMPONENT(S) OF TEAM PROGRAM #4 GRAPHIC SERVICES PROCUREMENT

Communications enters into three-year non-exclusive service agreements with local graphic design agencies to provide marketing and design services to the MLHU. The current agreements (with Keyframe Communications, Kreative! Advertising and Si Design) were signed in October 2014 and expire in October, 2017. Although four service providers had signed the most recent agreements, one contract was ended when Jason Micallef of Imantis Advertising was hired as the MLHU's Marketing Coordinator. Jason has since provided some in-house graphic design support to MLHU teams. The need for marketing and design support is expected to remain as strong in 2016.

Program: Communications – OMOH

COMPONENT(S) OF TEAM PROGRAM #5 MLHU ANNUAL REPORT

Communications drafts the MLHU's Annual Report drawing on the knowledge of service areas and teams for content which includes notable achievements and highlights from the previous year. The Annual Report is produced in an online format and is available for download through the MLHU website (www.healthunit.com/annual-reports) making it easily available at any location with Internet access. Hard copy versions of the any of the MLHU's previous Annual Report may be printed directly from the online pdf versions as needed.

COMPONENT(S) OF TEAM PROGRAM #6 STAFF RECOGNITION

Communications coordinates the planning of the MLHU's Annual Staff Day event. The Staff Day Planning Committee is chaired by the Communications Manager and includes representation from all Service Areas. Staff Day celebrates MLHU's achievements from the current year, acknowledges staff contributions and presents awards to staff for their years of service.

COMPONENT(S) OF TEAM PROGRAM #7 HEALTHCARE PROVIDER OUTREACH

This new component of the program will see the MLHU's Healthcare Provider Outreach coordinator work as a member of the Communications Team, ensuring consistency of message, dissemination of program and service information and providing a feedback mechanism for healthcare providers about MLHU services, programs and initiatives.

2016 Planning & Budget Template

Program: Communications – OMOH

| SECTION E | | | |
|--|--|--|--|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 | 2016 (estimate) |
| COMPONENT OF TEAM #1: MEDIA RELATIONS | | | |
| Media stories | 950 | 868 | 800 (est.) |
| COMPONENT OF TEAM #2: ADVERTISING AND PROMOTION | | | |
| Campaigns | <ul style="list-style-type: none"> - Bus & transit shelter ads - Billboards - Radio ads - Print ads - YouTube ads - Facebook ads | <ul style="list-style-type: none"> - We're HERE for YOU - Sun Safety - iParent - inMotion, - Booster Seats - Lyme Disease - West Nile Virus (billboards, buses, transit shelters, print, YouTube) | Continued development of <i>We're HERE for YOU</i> , iParent, etc. Other campaigns to be developed in consultations with Service Area teams. |
| Social Media metrics | FB: 2.6m impressions AdTube: 23,838 views; 209,311 impressions Twitter: 2,280 tweets; 1,823 new followers | Facebook: 5.0m impressions AdTube: 86,897 views; 1,028,918 impressions Twitter: 4,213 Tweets; 1,750 new followers | Same or greater |
| COMPONENT OF TEAM #3: ONLINE ACTIVITIES | | | |
| Enhancements to online presence | On-going development & improvement to websites and social media; creation of new online resources and content; increasing capacity among staff. | <ul style="list-style-type: none"> - New disclosure websites for PSSs, Pools & Spas, and overhaul of DineSafe website - Investigating new social media platforms; creation of MLTeens Twitter account. - Capacity building at the team level. - More than 50 new videos on the MLHU YouTube channel. | On-going quality assurance work on the MLHU website and development of social media presence; investigation of new platforms; development of overhauled online prenatal registration system. |

2016 Planning & Budget Template

Program: Communications – OMOH

| SECTION F | 2014 TOTAL FTEs | 2015 ESTIMATED FTEs |
|--|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 3.3 | 3.2 |
| Program Manager | 1.0 | 1.0 |
| Online Communications Coordinator | 1.0 | 1.0 |
| Program Assistant | 0.8 | - |
| Marketing Coordinator | 0.5 | 0.5 |
| EA to Communications and the Board of Health | - | 0.7 |

| SECTION G | | | | | | |
|------------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 231,740 | \$ 217,131 | \$ 241,161 | \$ 239,714 | \$ (1,447) | (0.6)% |
| Benefits | 56,712 | 54,955 | 60,916 | 62,415 | 1,499 | 2.46% |
| Travel | 1,485 | 1,024 | 1,485 | 1,485 | | |
| Program Supplies | 73,260 | 76,488 | 42,660 | 42,660 | | |
| Staff Development | 1,165 | 300 | 1,165 | 1,165 | | |
| Professional Services | | | | | | |
| Furniture & Equipment | 1,400 | 786 | 650 | 650 | | |
| Other Program Costs | 15,360 | 15,505 | 15,360 | 15,360 | | |
| Total Expenditures | \$ 381,122 | \$ 366,189 | \$ 363,397 | \$ 363,449 | \$ 52 | 0.01% |

Program: Communications – OMOH

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------------------------|-----------------------------------|
| Cost-Shared | \$ 381,122 | \$ 366,189 | \$ 363,397 | \$ 363,449 | \$ 52 | 0.01% |
| MOHLTC – 100% | | | | | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | | | | |
| Total Revenues | \$ 381,122 | \$ 366,189 | \$ 363,397 | \$ 363,449 | \$ 52 | 0.01% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Phase three of the “We’re HERE for YOU” Agency Awareness Campaign (spring, summer and fall);
- Increased effort to seek out and promote stories about the MLHU’s programs, services and activities;
- Continued enhancement of the MLHU’s Social Media presence;
- Potential to increase role of the Marketing Coordinator;
- Enhance knowledge of Communications’ role and communicate processes effectively to staff members;
- Review of Corporate Graphic Standards;
- Strengthening of the Healthcare Provider Outreach program as a result of the organizational structure review.

SECTION J

PRESSURES AND CHALLENGES

- Continued decreases in media opportunities in London and Middlesex County have created greater challenges to obtaining coverage of MLHU stories and announcements (as evidenced by the reduced number of MLHU-related stories in the traditional media in 2015). This includes Bell Media staff reductions (including the elimination of CTV London’s Health Reporter and Steve Garrison’s position at NewsTalk 1290 CJBK, both of which provided numerous opportunities to tell MLHU stories), and newsroom changes at Blackburn Radio.
- New organizational structure in 2016 may create pressures for Communications.

Program: Communications – OMOH

- Addition of the Healthcare Provider Outreach Coordinator to the Communications Team. This will provide additional opportunities to communicate information about MLHU programs and services with a primary audience.
- Expected increase in demand for in-house design and marketing support.

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Modify the Executive Assistant to the Board of Health and Program Assistant for Communications Roles (\$0, 0 FTE) – this modification, which combines the two roles into one, will include a reallocation of specific work, budget and FTE that had previously been associated with OMOH and Communications, to other areas.

**OFFICE OF THE MEDICAL OFFICER OF HEALTH
EMERGENCY PLANNING**

Program: Emergency Planning – OMOH

| SECTION A | | | | |
|---------------------|---|----------------------|------------------------|--------------|
| SERVICE AREA | Office of the Medical Officer of Health | MANAGER NAME | Patricia Simone | DATE |
| PROGRAM TEAM | Emergency Preparedness | DIRECTOR NAME | Dr. Christopher Mackie | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| This program ensures that the Health Unit can effectively respond to public health emergencies and emergencies with public health impacts, and monitors, assesses and responds to urgent public health matters. The program also works with neighbouring stakeholders to achieve strong sustainable emergency planning while strengthening the capacity to monitor and respond to urgent public health threats, and also develops proactive and preventive strategies for urgent threats and emergencies. |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <ul style="list-style-type: none"> • Emergency Management & Civil Protection Act, R.S.O. 1990, c. E. 9. • Ontario Public Health Standards – Public Health Emergency Preparedness Protocol (2015), Requirements #1 to #8. • Canadian Standards Association – Z94.4-11 “Selection, use and care of respirators” • Occupational Health and Safety Act and Regulations, R.S.O. 1990 • 2015 Fire Code • Dangerous Goods Transportation Act, R.S.O. 1990 • Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC) • Health Protection and Promotion Act, R.S.O. 1990, c. H. 7 • Incident Management System (IMS) for Ontario Doctrine, 2008 • MLHU Policy # 8-051, “Respirator Protection – Fit-testing”. |

Program: Emergency Planning – OMOH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1 AWARENESS, EDUCATION, TRAINING AND EXERCISE

- a) Recruit, maintain databases, train, educate citizens to register for Community Emergency Response Volunteers (CERV) who in emergency situations will be mobilized to support the work efforts of MLHU staff. CERV are valuable resources in potential mass immunization clinics and are trained to assist in shelter management situations.
- b) Attendance at an average of six fairs annually leverages opportunities for risk populations to gain literature and education on emergency planning practices.
- c) Oversees the Fit-testing Program for MLHU staff, volunteers and fee for service model to public ensuring compliance with MLHU Policy # 8-051 “Respirator Protection – Fit-testing”, CSA Z94.4-11 “Care and Use of Respirators” and best practices of Ministry of Labour orders.
- d) Oversees the Designated Officer Program ensuring first responder agencies comply with the Exposure of Emergency Service Workers to Infectious Diseases Protocol (MOHLTC).

COMPONENT(S) OF TEAM PROGRAM #2 DETERMINANTS OF HEALTH/OUTREACH TO VULNERABLE SECTOR IN EMERGENCIES

- a) Consult with and support visiting home nurse teams, infection control networks, and infant and early years staff on emergency planning practices and products for home use.
- b) Consult with and support NGO’s and victim support teams to reach high risk clients.
- c) Ensure public health representation on city and municipal and stakeholder planning groups ensuring evacuation preparedness.
- d) Implement Health Equity Impact Assessment
- e) Add updated ‘Breastfeeding in Emergencies’ brochure to website and translate to Large Print and Braille

SECTION E

PERFORMANCE/SERVICE LEVEL MEASURES

| | 2014 | 2015 | 2016 (estimate) |
|--|-------------|-------------|----------------------------|
| COMPONENT OF TEAM #1 ASSESS HAZARDS AND RISKS | | | |
| a) External Emergency Planning meetings with community stakeholder groups | 75 | 75 | 70-75 |
| b) Printed material production, distribution and/or presentations to community partners. | 34 | 35 | 35-45 |
| COMPONENT OF TEAM #2 EMERGENCY RESPONSE PLAN/BUSINESS CONTINUITY | | | |
| Update of Emergency Response Plan (ERP) | Ongoing | Ongoing | Ongoing |

2016 Planning & Budget Template

Program: Emergency Planning – OMOH

| COMPONENT OF TEAM #3 EMERGENCY NOTIFICATION | | | |
|--|----------------|---------------------------|-----------------------------|
| Testing of and Use of Notification systems | Systems tested | committee to install ERMS | *Systems tested on schedule |
| COMPONENT OF TEAM #4 EDUCATION AND TRAINING | | | |
| Community Emergency Response Volunteers (CERV) available | 165 | 185 | response from 100 |
| Number of clients fit-tested in public clinics | 623 | 800 | 900 |
| COMPONENT OF TEAM #5 PROMOTING EMERGENCY PLANNING OUTREACH | | | |
| Provision of 'kit' items to health unit clients, and presentations to external agencies. | 24 | 20-30 | 20-30 |

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| TOTAL | 1.7 | 1.7 |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 0.7 | 0.7 |

| SECTION G | | | | | | |
|------------------------------|--------------------|--------------------|--------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 118,461 | \$ 127,689 | \$ 122,444 | \$ 124,726 | \$ 2,282 | 1.86% |
| Benefits | 27,873 | 29,999 | 28,640 | 29,488 | 848 | 2.96% |
| Travel | 3,750 | 2,770 | 3,000 | 3,000 | | |
| Program Supplies | 13,648 | 22,382 | 13,648 | 13,648 | | |
| Staff Development | 1,250 | 1,925 | 1,250 | 1,250 | | |
| Professional Services | | | | | | |
| Furniture & Equipment | | | | | | |
| Other Program Costs | 7,190 | 23,266 | 12,190 | 12,190 | | |
| Total Expenditures | \$ 172,172 | \$ 208,031 | \$ 181,172 | \$ 184,302 | \$ 3,130 | 1.73% |

Program: Emergency Planning – OMOH

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------------------------|-----------------------------------|
| Cost-Shared | \$ 30,462 | \$ 43,772 | \$ 35,225 | \$ 38,355 | \$ 3,130 | 8.88% |
| MOHLTC – 100% | 126,710 | 126,710 | 130,947 | 130,947 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | 15,000 | 37,549 | 15,000 | 15,000 | | |
| Total Revenues | \$ 172,172 | \$ 208,031 | \$ 181,172 | \$ 184,302 | \$ 3,130 | 1.73% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Updating of EP/CERV/Fit-testing/DO web pages
- Creation of emergency/social media monitoring protocol
- Reassessment of municipal evacuation centres through public health lens
- Recruit key personnel for input into emergency exercise in June, (mass vaccination scenario)
- Rewrite MLHU Fire Plan, seek approval from SLT and dispense
- Write Transportation of Dangerous Goods Policy
- Recruit and begin to train new CERV team, for September 2016
- Complete 3 new brochures: Safe Food Handling, Automated External Defibrillators, Colour Code Nomenclature Course

SECTION J

PRESSURES AND CHALLENGES

- Program being moved into a different work group will likely require additional meetings and risk scheduling conflicts
- Encouraging the IMS team to complete level 200 training

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

None

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

**OFFICE OF THE ASSOCIATE DIRECTOR
AND
ASSOCIATE MEDICAL OFFICER OF HEALTH**

| SECTION A | | | | |
|---------------------|--|----------------------|---------------|--------------|
| SERVICE AREA | Oral Health, Communicable Disease, and Sexual Health (OHCDSh) | MANAGER NAME | Heather Lokko | DATE |
| PROGRAM TEAM | Office of the Associate Director and the Associate Medical Officer of Health | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B | | | | |
|--|--|--|--|--|
| SUMMARY OF TEAM PROGRAM | | | | |
| <p>Oversight of program and service delivery, performance, human resources, and finance are provided by the Associate Director, with program and medical expertise provided by the Associate Medical Officer of Health. The Associate Medical Officer of Health provides leadership/support to both the OHCDSh Service Area and the EHCDP Service Area. The team - an Administrative Assistant to the Associate Director, an Epidemiologist and a Program Evaluator - report to the Associate Director.</p> <p>This team supports the activities of the entire OHCDSh Service Area. The administrative assistant supports the Associate Director and the work of the service area. The Epidemiologist provides consultation to OHCDSh and the Health Unit as a whole for surveillance, population health assessment, research and knowledge exchange, and program planning, while the Program Evaluator supports teams in the service area with planning and evaluation.</p> | | | | |

| SECTION C | | | | |
|--|--|--|--|--|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION | | | | |
| <p>Ontario Public Health Standards and associated protocols:</p> <ul style="list-style-type: none"> • Foundational Standards; • Infectious Diseases Prevention and Control; • Sexual Health, Sexually Transmitted Infections and Blood-borne Infections; • Tuberculosis Prevention and Control; • Vaccine Preventable Diseases; • Child Health - Oral Health components; • Food Safety - Food-borne illness components. | | | | |

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Program Planning and Evaluation

Epidemiological information and support is provided to the staff and management of the OHCD SH Service in order to establish the need for and impact of programs, as well as to inform planning and support the delivery of effective public health programs. Activities include accessing, analysing, and interpreting a variety of information, including:

- Data required to be reported to the Health Unit by community partners (e.g., reportable disease information, immunization information)
- Local, provincial and national surveillance and survey data
- Other data relevant to the work of public health

A full-time Program Evaluator position was added to this team in 2015. The Program Evaluator assesses the needs for program evaluation with the OHCD SH Service Area, provides planning and evaluation consultation to the teams, and facilitates/ participates in planning and program evaluation activities. These activities assist front-line staff /managers, by informing program planning, enhancing evidence-informed decision-making, and supporting delivery of effective public health programs.

COMPONENT(S) OF TEAM PROGRAM #2: Surveillance and Population Health Assessment; Outbreak/Investigation Support

Some activities in this program area include:

- Supporting OHCD SH teams to monitor existing and new Accountability Agreement Indicators.
- Producing health status reports and evaluation/review reports on topics related to the work of OHCD SH teams
- Generating community surveillance reports, e.g., the *Community Influenza Surveillance Report*, which is issued weekly throughout the influenza surveillance season
- Providing epidemiological support for local, provincial and international disease outbreaks and investigations, e.g., investigation and follow up of local measles cases, local *E. coli* O157:H7 outbreak related to a larger provincial outbreak; Ebola virus outbreak in West Africa.

Indicators related to this component are reflected in the respective team program budget templates.

COMPONENT(S) OF TEAM PROGRAM #3: Research and Knowledge Exchange

This function includes education and consultation for staff members, community health providers and health professional students. Activities include teaching in Health Unit Community Medicine Seminars, supervising students, providing email updates to health care providers, and guest lecturing at post-secondary institutions and conferences.

2016 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

| SECTION E | | | |
|---|-------------|-------------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Program Planning and Evaluation | | | |
| # of Program Evaluation consultations provided | 5 | 5 | Increase |
| # of ad hoc requests for epidemiological assistance to support evidence-informed program planning | 25 | 26 | Increase |
| Component of Team #3 Surveillance and Population Health Assessment; Outbreak/Investigation Support | | | |
| # of outbreak/investigations supported | 10 | 9 | Same |
| Component of Team #4 Research and Knowledge Exchange | | | |
| # of lectures and presentations | 29 | 31 | Same |

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|-------------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 4.8 | 5.0 |
| Associate Medical Officer of Health | 0.8 | 1.0 |
| Associate Director | 1.0 | 1.0 |
| Program Assistant | 1.0 | 1.0 |
| Epidemiologist | 1.0 | 1.0 |
| Program Evaluator | 1.0 | 1.0 |

2016 Planning & Budget Template

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION G

EXPENDITURES:

| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|-----------------------|-------------|-------------|-------------|-------------------|-------------------------------------|-----------------------------------|
| Salary & Wages | \$ 339,105 | \$ 349,418 | \$ 491,128 | \$ 535,765 | \$ 44,637 | 9.09% |
| Benefits | 75,930 | 75,340 | 92,862 | 126,161 | 33,299 | 35.86% |
| Travel | 2,500 | 7,310 | 2,500 | 2,500 | | |
| Program Supplies | 2,994 | 731 | 2,994 | 2,994 | | |
| Staff Development | 2,000 | 2,144 | 2,000 | 2,000 | | |
| Professional Services | | | | | | |
| Equipment & Furniture | | | | | | |
| Other Program Costs | 83,419 | 107,350 | 83,419 | 83,149 | | |
| Total Expenditures | \$ 505,948 | \$ 542,293 | \$ 674,903 | \$ 752,839 | \$ 77,936 | 11.55% |

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|----------------------|-------------|-------------|-------------|-------------------|-------------------------------------|-----------------------------------|
| Cost-Shared | \$ 333,278 | \$ 330,589 | \$ 435,633 | \$ 513,569 | \$ 77,936 | 17.89% |
| PHAC – 100% | | | 6,600 | 6,600 | | |
| MOHLTC – 100% | 172,670 | 172,670 | 172,670 | 172,670 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | 39,034 | 60,000 | 60,000 | | |
| Total Revenues | \$ 505,948 | \$ 542,293 | \$ 892,058 | \$ 752,839 | \$ 77,936 | 11.55% |

Program: Office of the Associate Medical Officer of Health – OHCD SH

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Program planning and evaluation support will be prioritized for the TB program

SECTION J

PRESSURES AND CHALLENGES

- Reorganizing as part of the Foundational Standard team will present both opportunities and challenges

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Associate Medical Officer of Health Enhancement - \$36,000

The Associate Medical Officer of Health (AMOH) position includes leadership roles in implementing evidence-based practices and ensuring delivery of quality programs. There is a high demand for these roles, including needs that sometimes go unmet due to limited AMOH time (0.8 FTE). This demand will be increasing with the implementation of the new strategic plan. There is also a need to have full-time backup for the MOH. This proposal would increase the AMOH role from 0.8 FTE to 1.0 FTE.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
VACCINE PREVENTABLE DISEASES

| SECTION A | | | | |
|---------------------|---|----------------------|---------------|--------------|
| SERVICE AREA | Oral Health, Communicable Diseases Sexual Health (OHCDSh) | MANAGER NAME | Marlene Price | DATE |
| PROGRAM TEAM | Vaccine Preventable Diseases | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| <p>The Vaccine Preventable Diseases (VPD) Team focuses on reducing or eliminating the incidence of vaccine preventable diseases. This is achieved by providing immunization clinics in school, community and clinic settings; reviewing and updating students' immunization records as required by legislation; and providing education and consultation to health care providers and the general public about vaccines and immunization administration. The VPD Team also manages the distribution of publicly-funded vaccines to health care providers and inspects the refrigerators used to store publicly-funded vaccines to ensure that vaccines are being handled in a manner that maintains their effectiveness and reduces or prevents vaccine wastage. The Team is also responsible for the investigation and follow-up of vaccine-related reportable diseases.</p> |

| SECTION C |
|--|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <p>Ontario Public Health Standards (OPHS): Vaccine Preventable Diseases Standard</p> <ul style="list-style-type: none"> • Immunization Management Protocol (2013) • Infectious Diseases Protocol (2013) • Vaccine Storage and Handling Protocol (2014) • Immunization of School Pupils Act • Child Care and Early Years Act |

| SECTION D |
|---|
| COMPONENT(S) OF TEAM PROGRAM #1 Immunization Clinics (regular, high risk populations, outbreak) |
| <ul style="list-style-type: none"> • Regular clinics: Immunization clinics are held once a month at the Strathroy office and three days a week at the 50 King Street office for the general public; no Health Cards or appointments are required (although appointments are available at the 50 King Street office). • Other clinics: Clinics to update the vaccinations of refugees and to respond to community outbreaks are offered when needed. |

Program: Vaccine Preventable Disease – OHCDSh

| |
|--|
| <p>COMPONENT(S) OF TEAM PROGRAM #2 School-Based Immunization Clinics</p> <p>Immunizations are provided in school settings periodically throughout the school year for the following:</p> <ul style="list-style-type: none"> • Grade 7: Meningococcal and hepatitis B vaccines are provided to all Grade 7 students for whom consent is received. • Grade 8: Human papillomavirus (HPV) vaccine is given to all Grade 8 female students for whom consent is received. • High School: Vaccines required under the revised Immunization of School Pupils Act are offered to eligible students. |
| <p>COMPONENT(S) OF TEAM PROGRAM #3 Screening and Enforcement</p> <p>The immunization records of students in elementary and secondary schools are reviewed and parents/guardians are contacted if information is missing; students may be suspended from school if the information or an exemption affidavit is not obtained. Assessment and suspension requirements under the Immunization of School Pupils Act (ISPA) will be prioritized for the 7 and 17 year olds in the 2015-2016 school year due to logistical challenges associated with Panorama implementation and recent additions to the vaccination requirements in ISPA.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #4 Education and Consultation</p> <p>Immunization information and advice is provided to health care providers and the public via email, the MLHU web site, and telephone. “Triage” is a telephone consultation service where Program Assistants provide a response to incoming inquiries when appropriate, or direct callers to a Public Health Nurse or Public Health Inspector for further information and/or consultation.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines</p> <p>The Health Unit orders publicly-funded vaccines from the Ontario Government Pharmacy and health care providers (HCP) order and pick-up these vaccines from the Health Unit. During the ordering process, the following steps are undertaken to ensure that vaccines are handled appropriately: 1) HCP’s submit temperature logs to show they are maintaining their vaccine storage refrigerators between 2° and 8°C; and 2) ordering patterns are assessed to ensure that HCP’s are storing no more than a two-month supply of vaccines.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #6 Cold Chain Inspection and Incident Follow-up</p> <p>Annual inspections are conducted for all health care providers’ offices who order and store publicly-funded vaccines to ensure the vaccines are being handled appropriately, remain potent, and are not wasted. Locations include new/existing health care provider offices, nursing agencies, pharmacies and workplaces (additional locations inspected by the Infectious Disease Control Team). If there is a power failure or problem with the refrigerator storing publicly-funded vaccines such that temperatures have gone outside the required 2° and 8°C, the Health Unit will provide advice on whether these vaccines can still be used or must be returned as wastage.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #7 Investigation and Follow-up of Vaccine-preventable Reportable Diseases</p> <p>Reports of vaccine-preventable reportable diseases (e.g. measles, mumps, pertussis, etc.) are followed-up to determine the source of disease acquisition and identify anyone who was potentially exposed to the infected person. This is done for the following purposes:</p> <ul style="list-style-type: none"> • <i>Prevent transmission:</i> Follow-up for the person with the infection and their contacts may include education and counselling; recommendations for chemoprophylaxis, immunization, isolation, and/or advice to seek medical attention. • <i>Report to the Ministry:</i> The Ministry of Health and Long-Term Care is notified of the investigation through iPHIS, an electronic infectious disease database. This system allows for the analysis of information on these reportable diseases. |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

| SECTION E | | | |
|--|------------------------------------|------------------------------------|----------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Immunization clinics (regular, high risk populations, outbreak) | | | |
| # of client visits/ vaccines given at the Immunization Clinic | 12,722 / 16, 964 | 17,000/ 22,000 | same |
| Component of Team #2 School-based Immunization clinics | | | |
| % of Grade 7 students who have received meningococcal vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics | 71%/ 3,001 | 70%/ 3,000 | same |
| % of grade 7 students who have completed the two-dose series of hepatitis B vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics | 89%/ 2,564 | 90%/2600 | same |
| % of grade 8 female students who completed the three-dose series of HPV vaccine in that school year (accountability indicator) / # of students vaccinated at school-based clinics | 55%, 1,213 | 55%/ 1,200 | same |
| Component of Team #3 Screening and Enforcement | | | |
| % of 7 year olds and 17 year olds who have up to date immunization for tetanus, diphtheria, pertussis and polio | N/A due to Panorama implementation | N/A due to Panorama implementation | 95% |
| % of 7 year olds and 17 year olds who have up to date immunization for measles, mumps and rubella | N/A due to Panorama implementation | N/A due to Panorama implementation | 95% |
| % of 7 year olds and 17 year olds who have up to date immunization for meningococcal disease | N/A due to Panorama implementation | N/A due to Panorama implementation | 95% |
| Component of Team #4 Education and Consultation | | | |
| # of calls to Triage / # of consultations through incoming email | 12,600 / 4,488 | 14,000/ 5,500 | same |
| Component of Team #5 Vaccine Inventory and Distribution of Publicly-Funded Vaccines | | | |
| # of orders received/processed for health care providers' offices | 3,793 | 3,800 | same |
| Component of Team #6 Cold chain inspections and Incident Follow Up | | | |
| # of fridges storing publicly funded vaccine that received an annual inspection / % completion (accountability Indicator) | 401 / 99.8% | 400/100% | same |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

| | | | |
|---|----------------|---------------|-----------|
| # of cold chain incidents / cost of vaccine wastage | 35 / \$63,985. | 35/ \$65,000. | uncertain |
| Component of Team #7 Investigation and follow up of vaccine-preventable reportable diseases | | | |
| # of reportable diseases reported and investigated / # confirmed (measles, mumps, rubella, whooping cough, S. pneumonia and chicken pox) | 141 / 56 | 150/ 60 | uncertain |

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 17.94 | 17.94 |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurses | 7.5 | 7.5 |
| Casual Nurses | 2.14 | 2.14 |
| Program Assistants | 7.3 | 7.3 |

| SECTION G | | | | | | |
|---------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 1,303,817 | \$ 1,321,877 | \$ 1,474,317 | \$ 1,412,911 | \$ (61,406) | (4.17)% |
| Benefits | 293,127 | 302,933 | 340,303 | 345,994 | 5,691 | 1.67% |
| Travel | 14,500 | 13,575 | 14,200 | 12,200 | (2,000) | (14.08)% |
| Program Supplies | 97,768 | 186,222 | 302,268 | 276,768 | (25,500) | (8.44)% |
| Staff Development | 1,900 | 1,480 | 1,900 | 1,900 | | |
| Professional Services | 1,800 | 1,306 | 1,800 | 1,800 | | |
| Equipment & Furniture | 12,250 | 14,601 | 12,250 | 3,500 | (8,750) | (71.43)% |
| Other Program Costs | 7,800 | 7,723 | 7,800 | 6,280 | (1,520) | (19.49)% |
| Total Expenditures | \$ 1,732,962 | \$ 1,849,717 | \$ 2,154,838 | \$ 2,061,353 | \$ (93,485) | (4.34)% |

2016 Planning & Budget Template

Program: Vaccine Preventable Disease – OHCDSh

| SECTION H | | | | | | |
|--------------------------|---------------------|---------------------|---------------------|--------------------------|----------------------------------|--------------------------------|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) | % increase (% decrease) |
| Cost-Shared | \$ 1,224,120 | \$ 1,112,014 | \$ 1,339,953 | \$ 1,305,723 | \$ (34,230) | (2.55)% |
| MOHLTC – 100% | 374,417 | 374,417 | 374,460 | 361,205 | (13,255) | (3.54)% |
| MCYS – 100% | | | | | | |
| User Fees | 61,925 | 278,581 | 367,925 | 321,925 | (46,000) | (12.5)% |
| Other Offset Revenue | 72,500 | 84,705 | 72,500 | 72,500 | | |
| Total Revenues | \$ 1,732,962 | \$ 1,849,717 | \$ 2,154,838 | \$ 2,061,353 | \$ (93,485) | (4.34)% |

| SECTION I |
|---|
| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 |
| <ul style="list-style-type: none"> • Screening and suspension of students under the Immunization of School Pupils Act remains • Implementation of expanded vaccine requirements in the revised Immunization of School Pupils Act (ISPA) • Continued implementation of Panorama |

| SECTION J |
|---|
| PRESSURES AND CHALLENGES |
| <ul style="list-style-type: none"> • Duplication resolution for Panorama • Full implementation of ISPA will require ongoing additional Ministry funding, which is not certain |

| SECTION K |
|--|
| RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016 |
| <ul style="list-style-type: none"> • No PBMA proposals for the VPD team. Salary reductions are related to reduction in Panorama implementation funding. • Program supplies and User Fees both reducing due to less Zostavax activity and TB skin testing |

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
INFECTIOUS DISEASE CONTROL

| SECTION A | | | | |
|---------------------|---|----------------------|----------------------|--------------|
| SERVICE AREA | Oral Health, Communicable Diseases Sexual Health (OHCDSh) | MANAGER NAME | Tristan Squire-Smith | DATE: |
| PROGRAM TEAM | Infectious Disease Control | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| The goal of the Infectious Disease Control (IDC) Team is to prevent and control infectious diseases of public health importance in the community. The IDC Team provides the following programs and services: reportable disease follow-up and case management; outbreak investigation and management; inspections of institutional settings for food handling and/or infection control practices; and education and consultative support to institutions and the general public. As well, the IDC Team assists in influenza (and community outbreak) immunization clinics and verifies that vaccines are handled properly through cold chain inspections at institutional settings. |

| SECTION C |
|--|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| Ontario Public Health Standards (OPHS): Infectious Diseases Prevention and Control <ul style="list-style-type: none"> • Food Safety Protocol (2013) • Infection Prevention and Control in Personal Services Settings Protocol (2008) • Infection Prevention and Control in Licenced Day Nurseries Protocol (2008) • Infection Prevention and Control Practices Complaint Protocol (2008) • Exposure of Emergency Service Workers to Infectious Diseases Protocol (2008) • Infectious Diseases Protocol (2013) • Institutional/Facility Outbreak Prevention and Control Protocol (2008) • Risk Assessment and Inspection of Facilities Protocol (2008) • Tuberculosis Prevention and Control Protocol (2008) • Public Health Emergency Preparedness Protocol (2008) |

Program: Infectious Disease Control – OHCDSh

SECTION D

COMPONENT(S) OF TEAM PROGRAM #1: Reportable Disease Follow-up and Case Management

The IDC team is responsible for following up certain reportable diseases (e.g. meningitis, hepatitis, tuberculosis, enteric diseases) to prevent or reduce spread to others and determine if an outbreak is occurring. Responses include counselling for the individual with the infection; counseling or specific medical interventions for their contacts, and coordination of specimen collection when necessary.

COMPONENT(S) OF TEAM PROGRAM #2 : Outbreak Management

The IDC Team is responsible for responding to institutional (i.e. hospital, long-term care facility, retirement homes) outbreaks as well as outbreaks in child care centres and in the community. Typical responses include coordinating with the affected institution to ensure best-practices are followed with respect to infection prevention and control measures, specimen collection and communications. As appropriate, specific preventive medications and/or vaccines are recommended and/or provided. The IDC Team also coordinates the local response to outbreaks that extend beyond the Middlesex-London jurisdiction.

COMPONENT(S) OF TEAM PROGRAM #3: Inspections

The IDC Team inspects institutional settings (i.e. hospitals, long term care facilities, retirement homes) and child care centres to ensure safe food handling practices. The team inspects funeral homes and personal services settings (e.g. spas, nail salons, barber shops and tattoo/piercing premises) to ensure appropriate infection control practices are being implemented, and provides consultative support regarding infection control practices as needed. In addition, the IDC Team conducts inspections of vaccine handling practices (cold chain inspections) in hospitals, long-term care facilities and retirement home settings where publicly-funded vaccines are stored.

COMPONENT(S) OF TEAM PROGRAM #4: Health Promotion / Education

The IDC Team engages in educational activities and provides consultative services to institutions and the public. The team answers questions from the public and Health Care Providers about infectious diseases on the telephone information line which operates during regular business hours. Further, a Public Health Nurse/Inspector provides on-call services on weekends and holidays. Educational workshops are provided for those who work in hospital and long term care/retirement home and child care settings. Updates on infectious diseases and infection control issues are sent via email distribution list on a regular basis. The IDC team is working towards offering a TB-specific workshop for front-line physicians for the first time in 2016.

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCD SH

| SECTION E | | | |
|--|----------------------------|-------------------------------|-----------------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| IDC Team Component #1: Reportable Disease Management/Case & Contact follow-up | | | |
| # of cases of reportable diseases followed-up <i>Totals consist of active tuberculosis, campylobacter, salmonella, E. Coli O157:H7, invasive Group A Streptococcus, hepatitis C, hepatitis A, influenza, listeriosis, West Nile Virus, legionella, Lyme disease</i> | 1,000 | 1,000 | Same |
| IDC Team Component #2: Outbreak Management | | | |
| # of confirmed / potential outbreaks (OBs) managed <i>Totals consist of enteric and respiratory outbreaks in hospitals, long term care facilities, retirement homes, child care centers and other community settings</i> | 170 | 180 | Same |
| IDC Team Component #3: Inspections | | | |
| # of personal services settings inspected / % inspection completion rate | 617 / 100% | 620 / 100% | Same |
| # low risk food premises inspected / # medium risk food premises inspected / # high risk food premises inspected / Total # inspections / % inspection completion rate | 10 / 10 / 133 / 429 / 100% | 10 / 10 / 130 / 420 / 100% | Same |
| Component of Team #4: Food Handler Training | | | |
| # of Food Handler Training (FHT) sessions / # of participants / # of participants that passed exam | 26 / 328 / 321 | 0 (FHT model changes) | Will not report on this indicator |
| Component of Team #5: Health Promotion & Education | | | |
| # of telephone consultations / # of email consultation / # of walk-in consultations | 250 / 140 / 16 | 189 / 86 / 12 | Same |
| # of presentations on infectious disease related topics (inclusive of presentations, meetings & displays). | 75 | 27 | Same |

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|--------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 15.5 | 15.5 |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 1.0 | 1.0 |
| Public Health Nurses | 7.0 | 7.0 |
| Public Health Inspectors | 6.5 | 6.5 |

| SECTION G | | | | | | |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 1,105,339 | \$ 1,098,620 | \$ 1,182,467 | \$ 1,234,454 | \$ 51,987 | 4.40% |
| Benefits | 257,322 | 253,637 | 273,804 | 298,519 | 24,715 | 9.03% |
| Travel | 13,253 | 15,593 | 13,253 | 13,253 | | |
| Program Supplies | 3,105 | 3,889 | 3,105 | 3,105 | | |
| Staff Development | 1,100 | 8,383 | 1,100 | 1,100 | | |
| Professional Services | 9,500 | 17,132 | 9,500 | 9,500 | | |
| Furniture & Equipment | | 571 | | | | |
| Other Program Costs | 10,233 | 15,465 | 9,708 | 9,708 | | |
| Total Expenditures | \$ 1,399,852 | \$ 1,413,290 | \$ 1,492,937 | \$ 1,569,639 | \$ 76,702 | 5.14% |

2016 Planning & Budget Template

Program: Infectious Disease Control – OHCDSh

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|-----------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| Cost-Shared | \$ 631,827 | \$ 645,265 | \$ 617,560 | \$ 692,681 | \$ 75,121 | 12.16% |
| PHAC – 100% | | | 111,121 | 112,702 | 1,581 | 1.42% |
| MOHLTC – 100% | 768,025 | 768,025 | 761,256 | 761,256 | | |
| MCYS – 100% | | | | | | |
| User Fees | | | | | | |
| Other Offset Revenue | | | 3,000 | 3,000 | | |
| Total Revenues | \$ 1,399,852 | \$ 1,413,290 | \$ 1,492,937 | \$ 1,569,639 | \$ 76,702 | 5.14% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Expansion of disclosure website to include all PSS inspections
- Health promotion specific to TB to local physicians (looking to host a TB workshop that will provide credits for attendance)
- Exploration of intake/triage model within the new division and across the organization, which may have implications for the IDC team
- Collaboration with the program evaluator to examine the TB program
- Potential to streamline the liaison with the City to include at-home tattoo operator licensing inspections

SECTION J

PRESSURES AND CHALLENGES

- Increasing numbers of TB cases (active & latent)
- New organizational structure creates opportunities and challenges, particular regarding the PHI role on IDC.

Program: Infectious Disease Control – OHCD SH

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Public Health Nurse for Tuberculosis - \$50,000 (One-Time Investment)

Despite the Infectious Disease Control Team's workload redistribution process, further Public Health Nurse (PHN) time dedicated to tuberculosis (TB) clinics is needed.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES
THE CLINIC & SEXUAL HEALTH PROMOTION

| SECTION A | | | | |
|---------------------|--|----------------------|---------------|--------------|
| SERVICE AREA | Oral Health, Communicable Disease and Sexual Health (OHCDSH) | MANAGER NAME | Shaya Dhinsa | DATE |
| PROGRAM TEAM | The Clinic & Sexual Health Promotion | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B |
|--|
| SUMMARY OF TEAM PROGRAM |
| <p>The goals of the Sexual Health Team are to 1) prevent or reduce the burden of sexually transmitted infections and blood-borne infections, and 2) promote health sexuality. The team provides clinical sexual health services and needle exchange program services. Services are confidential, non-judgmental, client-focused and easily accessible in both London and Strathroy. The team conducts follow-up on reportable sexually transmitted infections. They raise awareness, provide education, and/or engage in advocacy on topics such as contraception, pregnancy testing and options, healthy sexuality, sexual orientation, sexually transmitted infections (STIs), and harm reduction strategies.</p> <p>The Community Drug Strategy Lead facilitates the development of a community drug strategy in London and Middlesex County, working collaboratively with a broad range of stakeholders.</p> <p>The Social Determinants of Health Public Health Nurses work to address the determinants that impact health, such as poverty, and support the work of the agency-wide Health Equity workgroup to enhance internal individual and organizational capacity to embed health equity in all our programs and services.</p> |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| <p>Ontario Public health Standards: Sexual Health, Sexually Transmitted Infections, and Blood-borne Infections (including HIV)</p> <ul style="list-style-type: none"> Sexual Health and Sexually Transmitted Infections Prevention and Control Protocol (2013) |

| SECTION D |
|------------------|
|------------------|

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

| |
|---|
| <p>COMPONENT(S) OF TEAM PROGRAM #1 Clinic Services</p> <p>The Clinic offers both Family Planning and Sexually Transmitted Infections (STI) Clinics for clients who need low cost birth control, morning after pill, cervical cancer screening, pregnancy testing, STI testing and treatment, and sexual health education. The Clinic sells low cost birth control and provides free treatment for sexually transmitted infections. IUD/IUS insertions are also available.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #2 Harm Reduction</p> <p>The Needle Exchange Program provides clean needles/syringes and other injection equipment such as safer inhalation and the award-winning Naloxone program, and accepts used needles and other equipment. This program maintains anonymity of those accessing service. The needle exchange site at the Health Unit is a satellite site of the Counterpoint Needle Exchange program which is co-sponsored by the Regional HIV / AIDS Connection (RHAC), who administers the program, and the Health Unit, who provides the funds.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #3 Sexually Transmitted Infection Follow-up</p> <p>Laboratory-confirmed cases of sexually transmitted infections (chlamydia, gonorrhea, syphilis and HIV/AIDS) are reported to the Health Unit. A Public Health Nurse begins the follow-up process by contacting the client (if they were diagnosed at an MLHU Clinic), or by contacting the ordering health care provider (if the client was tested elsewhere). The nurse will ensure the client has been counselled and treated, and ask for contact information for the clients' sexual contacts and/or encourage the client to notify their own contacts. Case contacts are encouraged to be tested and treated either at an MLHU STI clinic or at another health care provider. Information on the client and their contacts are entered into the MOHLTC's electronic Integrated Public Health Information System (iPHIS) database.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #4 Awareness and Education</p> <p>The team develops presentations, communication campaigns, resources and health fairs on various sexual health topics, as well as one-on-one telephone consultation to clients. Other sexual activities include:</p> <ul style="list-style-type: none"> • Providing presentations, health fairs, clinic tours and answering sexual health questions from the community; • Building successful sexual health campaigns using social media |
| <p>COMPONENT(S) OF TEAM PROGRAM #5 Community Drug Strategy</p> <p>Engaging the Community to identify a comprehensive and co-ordinated approach to more effectively reduce the harms of substance use for everyone in Middlesex-London. The community drug strategy will set a common direction and priorities, share knowledge and best practices, clarify roles and responsibilities, ensure accountability and identify concrete actions for intersectoral collaboration. In 2016, it is expected that this program will be shifted to the Healthy Communities Team in the Healthy Living division.</p> |
| <p>COMPONENT(S) OF TEAM PROGRAM #6 Social Determinants of Health</p> <p>The health unit has 2.0 FTE Social Determinants of Health Public Health Nurses working with internal and external partners to address the factors that impact health and to decrease barriers in accessing public health programs and services. The SDOH Public Health Nurses supports the efforts of the MLHU-wide Health Equity Work Group (previously the 'SAG') to enhance individual and organizational capacity to embed health equity into all programs and services. Previously, 1.0 FTE was situated in FHS and 1.0 in OHCDSh. In 2016, both SDHO PHN's will be reporting to the Chief Nursing Officer and will have a separate PBT going forward.</p> |

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

| SECTION E | | | |
|--|---------------------------------|----------------------------------|--|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 Clinic Services | | | |
| % of Gonorrhea case follow-up initiated in 0-2 business days to ensure timely case management. (Accountability indicators) | 100% | 100% | 100% |
| # of birth control pills dispensed (including emergency contraception) | 29,340 | 26,300 | Same |
| Total visits to the Sexually Transmitted Infection (STI) Clinic | 8,363 | 8,200 | Increase |
| Total visits to the Family Planning Clinic | London: 6,474 Strathroy: 225 | London: 5, 300 Strathroy: 225 | Same/decrease |
| Total visits for IUD/IUS insertions only / total visits for IUD/IUS insertions, consults, removals and follow-up | 220/Not tracked | 170/530 | Same |
| Component of Team #2 Harm Reduction | | | |
| Total visits to the Needle Exchange Program at Health Unit | 600 | 1,390 | Increase |
| Approximate # of needles and syringes distributed / returned to the Needle Exchange program at the Health Unit | 91,259 / 18,947 | 139,380 / 62,220 | Increase |
| Component of Team #3 Sexually Transmitted Infection Follow-up | | | |
| # of chlamydia / gonorrhea / syphilis / HIV/AIDS reported and followed-up | 1,403 / 101 / 18 / 34 | 1,366 / 147 / 17/ 36 | Same |
| Component of Team #4 Awareness and Education | | | |
| Sexual Health Campaigns | 3 | 3 | Same |
| # of presentations, health fairs and clinic tours | 59 | 59 | Same or decrease |
| # of phone calls to Public Health Nurse for sexual health info | 4525 | 16,847 | Same/Increase |
| Component of Team #5 Community Drug Strategy | | | |
| Development of a Community Drug Strategy | N/A | Lead hired; process launched | Finalize strategy; start to implement |

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|----------------------------------|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 18.6 | 18.5 |
| Program Manager | 1.0 | 1.0 |
| Public Health Nurses (permanent) | 10.8 | 10.6 |
| Health Promoter | 1.5 | 1.5 |
| Clinical Team Assistants | 3.9 | 3.9 |
| Program Assistant | 0.4 | 0.5 |

| SECTION G | | | | | | |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 1,275,572 | \$ 1,211,675 | \$ 1,329,909 | \$ 1,365,810 | \$ 35,901 | 2.70% |
| Benefits | 300,683 | 307,012 | 318,966 | 330,561 | 11,595 | 3.64% |
| Travel | 9,850 | 6,086 | 9,850 | 9,850 | | |
| Program Supplies | 345,552 | 298,026 | 345,552 | 345,552 | | |
| Staff Development | 4,500 | 3,570 | 4,500 | 4,500 | | |
| Professional Services | 384,341 | 303,820 | 513,034 | 588,034 | 75,000 | 14.62% |
| Furniture & Equipment | 2,504 | 2,855 | 2,504 | 2,504 | | |
| Other Program Costs | 28,564 | 144,938 | 25,016 | 25,016 | | |
| Total Expenditure | \$ 2,351,566 | \$ 2,277,982 | \$ 2,549,331 | \$ 2,671,827 | \$ 122,496 | 4.81% |

2016 Planning & Budget Template

Program: The Clinic & Sexual Health Promotion – OHCDSh

SECTION H

FUNDING SOURCES:

| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
|--------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| Cost-Shared | \$ 1,647,266 | \$ 1,477,655 | \$ 1,719,844 | \$ 1,842,340 | \$ 122,496 | 7.12% |
| MOHLTC – 100% | 415,752 | 415,752 | 544,487 | 544,487 | | |
| MCYS – 100% | | | | | | |
| User Fees | 288,548 | 260,510 | 285,000 | 285,000 | | |
| Other Revenue | | 124,065 | | | | |
| Total Revenues | \$ 2,351,566 | \$ 2,277,982 | \$ 2,549,331 | \$ 2,671,827 | \$ 122,496 | 4.81% |

SECTION I

KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016

- Continued implementation of recommendations of team Program Review.
- Moving the Community Drug Strategy forward using the Four Pillars approach which is a co-ordinated, comprehensive approach that balances public health and order to create a safer and healthier community.
- Merge “Top 10 Reasons to Get Tested” campaign with STI Guinness campaign part 2 to post-secondary schools
- Teen Pregnancy Prevention Strategies Rapid Review with MLHU KB’s between Jan-Jun 2016 as part of McMaster/NCCMT’s Knowledge Broker Mentoring Program.
- Collaborating with Young Adult Team to enhance sexual health services to client’s in secondary schools.

SECTION J

PRESSURES AND CHALLENGES

- Changes resulting from the program review continue to be implemented and vary in ease of implementation.

Program: The Clinic & Sexual Health Promotion – OHCDSh

SECTION K

RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016

Reduce Casual Public Health Nursing in the Sexual Health Clinic (\$16,427)

A program review of Sexual Health Clinic Services was completed in 2015 with recommendations identified. One of the recommendations is to change the scope of the clinic to align more completely with our public health mandate. It is anticipated that this change will reduce the number of clients accessing service in our family planning clinics and as a result, there is less need for casual PHN support in the clinic.

Increase in Administrative Assistant Support for the Sexual Health Team \$6,249

This proposes that a Program Assistant would be available to support Sexual Health Programming at MLHU for an additional 0.1 FTE, to bring the PA support for the team to a total of 0.5 FTE. This proposed enhancement would benefit MLHU's Sexual Health Programming in a number of ways, and will result in greater effectiveness and efficiencies for the Sexual Health Promotion Team and the Sexual Health Team manager.

Funding Support for Counterpoint Needle Program at Regional HIV/AIDS Connection \$75,000

This proposal would allow the Health Unit to maintain service provision at current levels. Services specific to Counterpoint Needle Exchange Program would continue to be provided by RHAC, but would be funded by MLHU rather than by RHAC's other funding sources on an in-kind basis. Resources in this proposal would also result in an increase in service, specifically the provision of weekend needle exchange outreach services.

ORAL HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH SERVICES

ORAL HEALTH PROGRAM

| SECTION A | | | | |
|---------------------|--|----------------------|-------------------|--------------|
| SERVICE AREA | Oral Health, Communicable Diseases, Sexual Health (OHCDSh) | MANAGER NAME | Chimere Okoronkwo | DATE |
| PROGRAM TEAM | Oral Health | DIRECTOR NAME | Heather Lokko | January 2016 |

| SECTION B |
|---|
| SUMMARY OF TEAM PROGRAM |
| The overall goal of the Oral Health Team is to enable an increased proportion of children to have optimal oral health. The Team achieves this through identifying those at risk of poor oral health outcomes and ensuring they have appropriate information, education and access to oral health care (both treatment and essential clinical preventive health services). |

| SECTION C |
|---|
| ONTARIO PUBLIC HEALTH STANDARD(S), RELEVANT LEGISLATION OR REGULATION |
| Ontario Public Health Standards (OPHS) addressed include: Child Health, Foundational Standard. <ul style="list-style-type: none"> • Children in Need of Treatment (CINOT) Protocol (2008) • Oral Health Assessment and Surveillance Protocol (2008) • Preventive Oral Health Services Protocol (2008) • Protocol for the Monitoring of Community Water Fluoride Levels (2008) |

| SECTION D |
|---|
| COMPONENT(S) OF TEAM PROGRAM #1 School Oral Health Screening |
| School screening is completed in all elementary schools for students in Junior Kindergarten, Senior Kindergarten, and Grade 2 (and also by parental request). A Dental Hygienist, with the support of a Dental Assistant, checks children’s teeth to determine whether they have urgent dental needs, such as cavities. Follow-up with those identified with dental needs is completed to ensure dental care (treatment and prevention) is provided. For those who cannot afford dental care or who are receiving Ontario Works, publicly-funded treatment is offered at the 50 King Street Dental Office or at a community dental office under Healthy Smiles Ontario (HSO). |
| COMPONENT(S) OF TEAM PROGRAM #2 Monitoring, Reporting and Quality Improvement |
| Oral health trends and the associated risk factors within the community are monitored and reported in the Annual Oral Health Report. The intended outcomes include the classification of schools according to different risk ratings, which determine if additional grades |

2016 Planning & Budget Template

Program: Oral Health – OHCDSh

should receive screening, and the adjustment of programs and services in response to observed trends. Evidence-informed interventions are pilot tested when programs and services are adjusted.

COMPONENT(S) OF TEAM PROGRAM #3 Oral Health Promotion

Information and education on oral health topics, such as brushing, flossing, healthy eating, and first dental visits are delivered in school and community-based settings, as well as via the website, email and telephone.

COMPONENT(S) OF TEAM PROGRAM #4 Clinical Services

The 50 King Street Dental Office offers a full dental clinic that provides a range of treatment (e.g., fillings and extractions) and preventive services (e.g., cleaning, sealants and fluoride). Treatment and preventive services are provided to children registered with the publicly-funded dental program, Healthy Smiles Ontario. Preventive services are also provided to children who cannot afford this type of care from a community dentist. Adults can also receive cleanings at the Dental Office for a small fee if they are on Ontario Works or have children in the Healthy Smiles Ontario Program.

COMPONENT(S) OF TEAM PROGRAM #5 Fluoride Varnish

Fluoride strengthens teeth to prevent and repair cavities. The level of fluoride in community water is reported to the dental consultant at the Health Unit, for monitoring purposes. Regular application of fluoride varnish is an evidence-based preventive strategy that can positively impact oral health outcomes, particularly in high risk settings. The team will continue to pilot the delivery of fluoride varnish programs in selected high risk schools, determine how to most effectively scale up the pilot, and proceed with further implementation. Fluoride varnish programming is also being introduced to childcare settings and other appropriate venues.

COMPONENT(S) OF TEAM PROGRAM #6 Processing of Dental Claims

Based on the program design of the new integrated Healthy Smiles Ontario (HSO) program which will be funded 100% by the Province, it is expected that processing of dental claims by health units will be discontinued as of February 2016.

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Program: Oral Health – OHCD SH

| SECTION E | | | |
|--|---------------|-------------------------------|-------------------------------|
| PERFORMANCE/SERVICE LEVEL MEASURES | | | |
| | 2014 | 2015 (anticipated) | 2016 (estimate) |
| Component of Team #1 School Screening | | | |
| # of eligible students screened / % of eligible school children screened | 15,797 / 84% | 16,171 / 83% | Increase |
| Percent of publicly-funded schools screened (Accountability Indicator) | 100% | 100% | Same |
| % of children screened that are identified as requiring urgent care / preventive services (cleaning, sealants, fluoride varnishes) | 4.0% / 9.9% | 3.9% / 10.7% | Same/Decrease |
| Component of Team #2 Monitoring, Reporting and Quality Improvement | | | |
| % of schools classified as “High Risk” / % of schools classified as “Medium Risk” based on dental screening in Grade 2 students. | 11.2% / 9.6% | 11% / 12% | Same / Decrease |
| % of children absent during the school-based dental screening program / % of children excluded from school based screening | 6.1% / 10.7% | 6% / 11% | Decrease |
| Component of Team #3 Oral Health Promotion | | | |
| # of oral health presentations | 65 | 25 | Same |
| Component of Team #4 Clinical Services | | | |
| # of CINOT clients / # of clients on other publicly-funded programs | 220 / 450 | 200 / 400 | Same (except all will be HSO) |
| # of eligible clients who received preventive services (cleaning, sealants, fluoride varnish) | 550 | 450 | Increase |
| Component of Team #5 Fluoride Varnish | | | |
| # of high-risk children who receive fluoride varnish through pilot program | 106 | 400 | Increase |
| Component of Team #6 Processing the dental claims | | | |
| # of HSO / CINOT claims processed | 3,500 / 1,500 | 3,800 / 1,000 | N/A |
| % of HSO / CINOT claims processed within the relevant time frame. | 80% / 30% | 80% / 50% | N/A |

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Program: Oral Health – OHCDSh

| SECTION F | 2015 TOTAL FTEs | 2016 ESTIMATED FTEs |
|---|------------------------|----------------------------|
| STAFFING COSTS: | | |
| | 15.7 | 16.05 |
| Dental Consultant (0.80 shared among five health units) | 0.4 | 0.25 |
| Program Manager | 1.0 | 1.0 |
| Program Assistant | 0 | 0.5 |
| Dentist | 1.0 | 1.0 |
| Dental Hygienists | 4.8 | 4.8 |
| Dental Assistants | 5.0 | 5.0 |
| Dental Claims Analyst | 1.0 | 1.0 |
| Dental Claims Assistants | 2.0 | 2.0 |
| Health Promoter | 0.5 | 0.5 |

| SECTION G | | | | | | |
|------------------------------|---------------------|---------------------|---------------------|--------------------------|--|--|
| EXPENDITURES: | | | | | | |
| Object of Expenditure | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Salary & Wages | \$ 1,060,034 | \$ 1,055,283 | \$ 1,088,204 | \$ 1,096,371 | \$ 8,167 | 0.75% |
| Benefits | 237,705 | 245,581 | 254,495 | 271,728 | 17,233 | 6.77% |
| Travel | 24,900 | 20,390 | 21,900 | 21,900 | | |
| Program Supplies | 76,576 | 53,508 | 84,356 | 84,356 | | |
| Staff Development | 5,800 | 10,317 | 5,800 | 5,800 | | |
| Professional Services | 874,999 | 894,740 | 1,001,588 | 520 | (1,001,068) | (99.95)% |
| Furniture & Equipment | 18,600 | 16,395 | 18,600 | 18,600 | | |
| Other Program Costs | 29,305 | 20,358 | 26,680 | 26,680 | | |
| Total Expenditures | \$ 2,327,919 | \$ 2,316,572 | \$ 2,501,623 | \$ 1,525,955 | \$ (975,668) | (39.0)% |

2016 Planning & Budget Template

Program: Oral Health – OHCDSh

| SECTION H | | | | | | |
|-------------------------|---------------------|---------------------|---------------------|---------------------|-------------------------------------|-----------------------------------|
| FUNDING SOURCES: | | | | | | |
| Object of Revenue | 2014 Budget | 2014 Actual | 2015 Budget | 2016 Draft Budget | \$ increase (\$ decrease) over 2015 | % increase (% decrease) over 2015 |
| Cost-Shared | \$ 1,213,025 | \$ 1,127,306 | \$ 1,216,814 | \$ 821,214 | \$ (395,600) | (32.51)% |
| MOHLTC – 100% | 751,567 | 826,567 | 907,956 | 327,888 | (580,068) | (63.88)% |
| MCYS – 100% | | | | | | |
| User Fees | 242,084 | 237,714 | 247,145 | 247,145 | | |
| Other Offset Revenue | 121,243 | 124,985 | 129,708 | 129,708 | | |
| Total Revenues | \$ 2,327,919 | \$ 2,316,572 | \$ 2,501,623 | \$ 1,525,955 | \$ (975,668) | (39.0)% |

| SECTION I |
|--|
| KEY HIGHLIGHTS/INITIATIVES PLANNED FOR 2016 |
| <ul style="list-style-type: none"> Continued expansion of the school-based fluoride varnish program for Pre-Kindergarten, Junior Kindergarten, Senior Kindergarten, and Grades 1 & 2 children in selected schools. Pilot implementation of dental screening and the provision of fluoride varnish to children 0 – 4 years of age in daycare settings, pre-school programs and other childcare settings. Implementation of a number of strategies to address the shortfall in the Dental Clinic. |

| SECTION J |
|--|
| PRESSURES AND CHALLENGES |
| <ul style="list-style-type: none"> Deficit in the Dental Clinic due to continued shortfall in revenue receipts in contrast to increasing costs. Uncertainty surrounding the implementation of the newly integrated Healthy Smiles Ontario (HSO) program. |

| SECTION K |
|--|
| RECOMMENDED ENHANCEMENTS, REDUCTIONS AND EFFICIENCIES FOR 2016 |
| <p>Program Assistant Support for the Oral Health Team - \$31,242</p> <p>Due to HSO 2.0, funding is no longer available for program administrator support required for the Oral Health Team. This investment of January 2016</p> |

Program: Oral Health – OHCDSH

0.5 FTE Program Assistant will enable the team to continue to effectively and efficiently provide programs and services to our community. This position will support the Oral Health team to follow up on clients of the school-based dental screening program by completing clients' records, corresponding with parents/guardians, and preparing documentation for Children's Aid Society (CAS) referrals, as well as scheduling appointments, overseeing inventory and equipment maintenance, and maintaining records.

Eliminate Involvement in Dental Claims Administration

There are a number of ministry changes that will impact the Oral Health team – specifically the move to 3rd party dental claims administration. With the move to HSO 2.0, health units will no longer be responsible for dental claims submission and this proposal would allow for a 0.15FTE reduction in Dental Consultation support (to sustain 0.25FTE dental consultant at MLHU).

Reductions in Professional Services and related revenues is due to HSO 2.0 and health units no longer processing dental claims.