

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Finance and Facilities Committee

50 King Street, London
Middlesex-London Health Unit – Room 3A
Thursday, December 7, 2017 9:00 a.m.

1. Disclosure of Conflicts of Interest

2. Approval of Agenda

3. Approval of Minutes – November 2, 2017

4. New Business

- 4.1 Blind Low Vision: Increased Budget Funding (041-17FFC)
- 4.2 MLHU – Cold Chain Incident (042-17FFC)
- 4.3 Certified Dental Assistant Staffing Model Changes (043-17FFC)
- 4.4 PBMA Final Approval (044-17FFC)

5. Other Business

- Next meeting: Thursday, January 25, 2018 at 9:00 a.m., Room 3A, 50 King Street, London

6. Confidential

The Finance and Facilities Committee will move in-camera to discuss matters regarding identifiable individuals and a proposed or pending acquisition of land by the Middlesex-London Board of Health.

7. Adjournment



**PUBLIC MINUTES
FINANCE & FACILITIES COMMITTEE
MIDDLESEX-LONDON BOARD OF HEALTH**
50 King Street, London
Middlesex-London Health Unit – Room 3A
2017 November 2, 9:00 a.m.

COMMITTEE

MEMBERS PRESENT: Ms. Trish Fulton
Mr. Jesse Helmer
Mr. Marcel Meyer
Mr. Ian Peer
Ms. Joanne Vanderheyden

OTHERS PRESENT: Ms. Maureen Cassidy, Board of Health Member
Dr. Christopher Mackie, Secretary-Treasurer
Ms. Lynn Guy, Executive Assistant to the Medical Officer of Health & CEO (Recorder)
Ms. Tammy Beaudry, Accounting and Budget Analyst
Mr. Jordan Banninga, Manager Strategic Projects
Mr. Joe Belancic, Manager Procurement and Operations

REGRETS:

At 9:00 a.m., Chair Fulton called the meeting to order.

DISCLOSURES OF CONFLICTS OF INTEREST

Chair Fulton inquired if there were any conflicts of interest. None were declared.

APPROVAL OF AGENDA

It was moved by Mr. Peer, seconded by Ms. Vanderheyden, *that the AGENDA for the November 2, 2017 Finance & Facilities Committee meeting be approved.*

Carried

APPROVAL OF MINUTES

It was moved by Mr. Helmer, seconded by Mr. Meyer, *that the MINUTES of the September 7, 2017 Finance & Facilities Committee meeting be approved.*

Carried

NEW BUSINESS

4.1 Activity Based Workspace (ABW) Equipment (Report No. 035-17FFC)

. The Health Unit is partway through the ABW pilot and it is apparent that the current repurposed equipment being used is not meeting the needs for these staff. In addition, capital budgeting for office equipment has not been practiced in the past, and there is currently a significant backlog of old equipment that needs to be replaced.

Mr. Banninga gave a brief overview of what an activity based workspace is and the benefits of having them, noting that workspace needed for staff has been reduced by about half.

Dr. Mackie noted the much of the current equipment is causing problems, not meeting needs, and falling apart. Purchasing universal chairs would enable anyone who happens to be in the office at any given time a good chair that will meet their needs. Adjustable tables are also beneficial. Dr. Mackie advised that the proposed funds would be coming out of 2017 funding.

Mr. Helmer noted the need for capital budgeting. Mr. Banninga noted that the chair inventory includes approximately 120 chairs that are over 10 years old and have no warranty, 97 chairs that are between 5-10 years old and that 63 chairs have been replaced in the last 5 years.

It is anticipated that the new chairs will cost about \$300.00 each and come with an excellent warranty.

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee:*

- a) *Receive Report No. 035-17FFC for information; and*
- b) *Approve the allocation of \$150,000 for Activity-Based Workspace Equipment.*

Carried

4.2 Enhanced Security Measures Update (Report No. 036-17FFC)

Dr. Mackie noted that there has been positive feedback on the trial of having a security guard on site during the day. He noted that the security guard that is currently working at the Health Unit is a good fit for the job and that he is able to interact with clients and staff in a reliable, professional manner. Dr. Mackie described the issues that made it necessary to hire a daytime security guard. Among other benefits, staff report feeling safer having the guard present when dealing with agitated clients.

It was moved by Ms. Vanderheyden, seconded by Mr. Peer, *that the Finance and Facilities Committee:*

- a) *Receive Report No. 036-17FFC for information; and*
- b) *Approve the extension of the uniformed daytime security guard contract to December 31, 2017; and*
- c) *Approve the proposed Security Procurement Parameters outlined in Appendix C*

Carried

4.3 Proposed Resource Reallocation For The 2018 Budget (Report No. 037-17FFC)

There was discussion on many of the proposals noted in the report, including:

Parking, why is it in the report since staff don't pay. Dr. Mackie noted that internal consultations are currently being done to see if it's feasible to have staff pay for a designated parking space at 50 King St.

Travel Clinic – Dr. Mackie noted that he is looking for Board of Health feedback as this is a controversial proposal. He noted that there are several other clinics in the London area that offers travel vaccines and information. He advised that the current mandate notes that PH needs to ensure that there is a travel clinic in the area, not necessarily provide travel clinic services. Dr. Mackie indicated that clients provide positive feedback on the travel clinic.

External fit-testing – Dr. Mackie provided an update, noting that costs were higher than expected and that 3M also provides this service.

Family Home Visitor efficiency – Dr. Mackie explained that Healthy Babies Healthy Children program has been operating without this position (Home Visitor) filled for some time, with no impact on the program.

Complaints and service requests – Dr. Mackie noted that the Health Unit needs to focus on the complaints that have significant PH impacts.

InMotion – The Health Unit will still continue to focus on healthy eating and activity.

Electronic Client Records – Attendees discussed problems when implementing ECR's elsewhere, and Dr. Mackie noted that the software would be tailored to meet the Health Unit's needs. Mr. Balencic noted that staff are continuing to investigate software options and will have more information when the report goes to the December Board of Health meeting.

Policy analyst and project management - Dr. Mackie advised that there is strong justification for both of these positions.

Needles – Discussion ensued about the fee for recovery approach as well as asking business owners to pick up and have health unit staff retrieve bins. Also discussed were emergency collections that the City should be able to invest time in. Some concern was noted in regards to peer-based syringe recovery, in that users may not seek counselling/training from RHAC and other organizations who are there to help them. It was noted that peers will not be distributing needles.

Child Health Team nurse –Triple P is not being utilized by all partners as it has some controversial aspects to it. Not as many parents are asking for face to face assistance.

Dr. Mackie noted that the PBMA proposals in this report don't yet balance the budget, and that there is additional work for management to do.

Chair Fulton and Mrs. Helmer noted their appreciation to staff for their work and submissions to the PBMA process.

It was moved by Mr. Helmer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee receive Report No. 037-17FFC for information:*

Carried

4.4 Q3 Financial Update and Factual Certificate (Report No. 038-17FFC)

Mr. Helmer asked if it was concerning that funding approval from the Ministry has not come yet. Dr. Mackie noted that the previously anticipated 1.5% increase is still noted in the budget, but will most likely not be received, but that the Ministry had indicated that the Health Unit would receive \$250,000 in funding for opioid-related work, which offsets this.

Mr. Helmer remarked on the substantial surplus and how it how it happened. Discussion regarding the unexpected position vacancies, retirements and parental leaves were part of the increase in surplus. It was further noted that from Q3 to Q4, many programs were anticipating hiring but coverage of vacancies caused a snowball effect which generated large gapping.

Mr. Helmer asked for a report from staff that outlines a better plan for internal vacancies, hiring and filling roles.

Dr. Mackie noted that the expected gapping dollar amount will be adjusted for 2018.

It was moved by Mr. Helmer, seconded by Marcel, *that the Finance & Facilities Committee receive Report No. 038- for information.*

Carried

OTHER BUSINESS

Next meeting: Thursday, December 7, 2017 at 9:00 a.m., Room 3A, 50 King Street, London

Ms. Vanderheyden asked if more work could be done on educating children at a younger age to the hazards of drugs in light of the current opioid crisis. She mentioned a “scared straight” type of approach. Dr. Mackie noted that preventing drug abuse is something that he personally thinks about everyday and agrees that there is a need for more. There is no evidence to indicate that the scared straight approach works, and in some cases, it increases youth drug use. The Nurse-Family Partnership helps build healthy children and families, and appears to be the best way to proceed with an upstream prevention approach.

CONFIDENTIAL

At 10:32 a.m., it was moved by Ian, seconded by Jesse, *that the Finance & Facilities Committee move in-camera to discuss matters regarding labour relations and proposed or pending acquisition of land by the Middlesex-London Board of Health.*

Carried

At 11:57a.m., it was moved by Mr. Meyer, seconded by Ms. Vanderheyden, *that the Finance & Facilities Committee return to public session.*

Carried

At 11:57 a.m. the Finance and Facilities Committee returned to public session.

ADJOURNMENT

It was moved by Mr. Helmer, seconded by Mr. Peer, *that the Finance & Facilities Committee adjourn the meeting.*

Carried

At 12:00 a.m., Chair Fulton *adjourned the meeting.*

TRISH FULTON
Chair, Finance & Facilities Committee

CHRISTOPHER MACKIE
Secretary-Treasurer



TO: Chair and Members of the Finance & Facilities Committee
FROM: Dr. Christopher Mackie, Medical Officer of Health
DATE: 2017 December 7

BLIND LOW VISION: INCREASED BASE BUDGET FUNDING

Recommendation

It is recommended that the Finance & Facilities Committee:

- 1) Receive Report No. 041-17FFC re: “Blind Low Vision Increased Base Budget Funding”; and*
- 2) Recommend that the Board of Health approve the revised Screening, Assessment and Intervention Team budget.*

Key Points

- On November 16, 2017, MLHU received a funding enhancement letter from the Ministry of Children and Youth Services.
- The enhancement provides for an annual base budget increase of \$16,153.
- The funding enhancement for 2017–18 of \$8,076 will start in December 2017 and will reflect the remaining four months of the fiscal year.

Background

The Health Unit has a signed Service Agreement with the Ministry of Children and Youth Services (MCYS) to undertake the role of lead agency for the Blind Low Vision Early Intervention Program (BLV). The program provides early intervention in Middlesex-London, Elgin, Oxford, Huron, Perth, Grey, Bruce and Lambton counties. Vision Loss Rehabilitation Ontario (VLRehab, formerly CNIB) is our contracted service provider for the BLV program. BLV provides intervention to approximately 100 children per year, from birth to school-age, who are blind or have low vision.

2017–18 MCYS Base Budget Funding Enhancement

On November 16, 2017, MLHU received a funding enhancement letter from the MCYS (see [Appendix A](#), attached). This enhancement provides for an annual base budget increase of \$16,153. The funding enhancement for 2017–18 of \$8,076 reflects the remaining six months of the fiscal year, and will begin in October 2017. The funding is to be used for the BLV program to enhance service capacity and help make the program more sustainable.

2017–18 Revised SAI Team Budget

An Amending Agreement to the revised Service Level Agreement is to be signed and returned to MCYS, with an updated budget, by November 30, 2017 (see [Appendix B](#), attached). Following a meeting with VLRehab to determine funding pressures, the BLV budget will be revised. VLRehab has recently become unionized in Ontario, and, as a result, salaries are increasing retroactively to July 2017. It is anticipated that the majority of the enhanced funding will be put toward salaries for Early Childhood Vision Consultants, as well as increased costs related to travel.

This report was prepared by the Screening, Assessment and Intervention Team, Healthy Start Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

Ministry of Children and
Youth Services

Early Child Development Branch

Strategic Policy and Planning
Division

3rd Floor
101 Bloor St. W.
Toronto ON M5S 2Z7

Tel: 416 327-7386
Fax: 416 326-0478

Ministère des Services
à l'enfance et à la jeunesse

Direction du développement de la petite enfance

Division des politiques et de la planification
stratégiques

3^e étage
101, rue Bloor Ouest
Toronto ON M5S 2Z7



November 16, 2017

Dr. Christopher Mackie
Medical Officer of Health
Middlesex-London Health Unit
50 King Street
London ON N6A 5L7

Dear Dr. Mackie:

I am pleased to inform you that the Southwest Blind-Low Vision Program (BLV) will receive an annual increase of \$16,153 to its current allocation of \$158,702. The funding enhancement will begin in quarter 3 of 2017-18 in the amount of \$8,076 which reflects the remaining six months of this fiscal 2017-18. This investment will enhance service capacity and will help address service pressures in BLV.

Please find attached a Transfer BLV Payment Amending Agreement to your 2016-17 Service Level Agreement. Please do the following:

- 1) Sign and date page 2 of the Agreement.
- 2) Attach an updated Budget schedule (Appendix 2 of the Amending Agreement) that reflects the enhanced funding for this fiscal 2017-18.
- 3) Return two signed hard copies of the Agreement by November 30, 2017 to:

Tiziana Scrocco
Senior Financial Analyst
Early Child Development Branch
Ministry of Children and Youth Services
101 Bloor Street West, 3rd Floor
Toronto, ON M5S 2Z7
Tiziana.Scrocco@ontario.ca

Please don't hesitate to contact me at stacey.weber@ontario.ca or 416-327-7386 if you have any questions.

Thank you for your ongoing commitment in making the BLV program a success in Ontario.

Sincerely,

A handwritten signature in black ink, appearing to read "Stacey Weber".

Stacey Weber
A/Director

- c. Lisa Butler, Manager, Early Child Development Branch
Mercedes Mompel, Program Consultant, Early Child Development Branch
Tiziana Scrocco, Sr. Financial Analyst, Early Child Development Branch
Susan DeSousa, Sr. Financial Analyst, Early Child Development Branch
Debbie Shugar, BLV Coordinator

This Amending Agreement No.1 effective as of the 1st day of November, 2017

B E T W E E N:

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Children and Youth Services**

(the “**Province**”)

- and -

Middlesex-London Health Unit

(the “**Recipient**”)

BACKGROUND

1. The Province and the Recipient entered into an agreement effective as of the 1 day of April, 2016 (the “**Agreement**”).
2. The Parties wish to amend the Agreement in the manner set out in this amending agreement (the “Amending Agreement No. 1”).

IN CONSIDERATION of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. Capitalized terms used but not defined in Amending Agreement No.1 (have the meanings ascribed to them in the Agreement.
2. Section 3.3 of the Agreement is deleted and replaced with the following:

3.3 (a) For fiscal 2017-2018 the Ministry shall provide \$166,778 (\$158,702+\$8,076) to the Recipient for the purpose of completing the Blind-Low Vision Project.

3.3 (b) The Ministry shall provide \$174,855 (\$158,702+\$16,153) to the Recipient for the purpose of completing the Blind-Low Vision Project.
3. Schedule “A” of the Agreement is deleted and replaced with Schedule “A”, attached to Amending Agreement No.1 as Appendix “1”.
4. Schedule “C2” of the Agreement is deleted and replaced with Schedule “C2”, attached to Amending Agreement No.1 as Appendix “2”.
5. The Agreement is amended to reflect that wherever the conjunction “; and”, “; or”, and/or “; and/or” is used before the last item on the list, and the last item on the list has been

deleted or one or more new items have been added at the end, the subject conjunction shall be deemed to have been moved to the penultimate item on the amended list.

6. This Amending Agreement No.1 shall be effective as of the first date written above.
7. Except for the amendments provided for in Amending Agreement No.1, all provisions in the Agreement shall remain in full force and effect.

The Parties have executed this Amending Agreement No.1 on the dates set out below.

**HER MAJESTY THE QUEEN IN RIGHT OF ONTARIO
as represented by the Minister of Children and Youth Services**

Name: _____ Date _____
Title:

Middlesex-London Health Unit

Name: _____ Date _____
Title:

Name: _____ Date _____
Title:

I/We have authority to bind the Recipient.

Appendix "I"

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 30th day of November, 2017.

Schedule "A" GRANT FUNDS PAYMENT SCHEDULE

Attached to and forming part of the Agreement entered into between the Province and the Recipient dated the 30th day of November, 2017.

The Ministry shall provide the Grant Funds according to the following schedule:

TP Payments by Fiscal Year 2017-18

Payment Date
November 30, 2017
December 15, 2017
December 29, 2017
January 15, 2018
January 31, 2018
February 15, 2018
February 28, 2018
March 15, 2018
March 29, 2018

Appendix "2"

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 30th day of November 2017.

Schedule "C2"
BLIND-LOW VISION PROGRAM BUDGET

Attached to and forming part of the Amending Agreement No.1 entered into between the Province and the Recipient dated the 30th day of November, 2017.

The Recipient shall expend the Grant Funds in accordance with the following budget.
[Insert budget]

TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Chris Mackie, Medical Officer of Health

DATE: 2017 December 07

MIDDLESEX-LONDON HEALTH UNIT (MLHU) COLD CHAIN INCIDENT

Recommendation

It is recommended that Report No. 042-17FFC re: “MLHU Cold Chain Incident” be received for information.

Key Points

- Proper vaccine storage and handling practices play an important role in ensuring the potency of vaccines and reducing waste.
- A cold chain incident occurred in one of fridges at MLHU due to a fridge failure and limitations in the design of the fridge alarm notification system.
- The incident has been investigated, and action has been taken to reduce the risk of future occurrence.

Background

Vaccines are sensitive biological substances that can lose their potency and effectiveness if exposed to temperatures (heat and/or cold) outside their required range, or when exposed to direct sunlight. For most vaccines, this range is +2 °C to +8 °C. Vaccines must be maintained in their range at every step of their movement, from manufacture to administration. This is commonly referred to as an “unbroken cold chain.” Failure to adhere to cold chain requirements may reduce vaccine potency, resulting in lack of protection against vaccine-preventable diseases and/or increased adverse reactions at the site of administration of the vaccine. Vaccines may be deemed wasted if they have been exposed to temperatures below +2 °C and/or above +8 °C, or if not used prior to the expiry date. Most vaccines are considered damaged if exposed to temperatures of 0 °C or below.

Health Units receive publicly funded vaccines from the Ontario Government Pharmacy, and are responsible for safe vaccine storage and handling as outlined in the Vaccine Storage and Handling Protocol, 2016. These requirements include:

- Using only purpose-built refrigerators to store vaccine inventory;
- Ensuring that all vaccine refrigerators are equipped with an alarm temperature monitoring system. The alarm must be either a voice or electronic message that will be telephoned or emailed to on-call staff. The alarmed temperature monitoring system must also have a back-up battery system in case of an electricity disruption;
- Ensuring regular maintenance of vaccine refrigerators at least once annually;
- Ensuring that all vaccine refrigerator batteries are replaced at least annually, or as otherwise required; and
- Checking and recording refrigerator temperatures (minimum, maximum, current) twice daily to ensure that temperatures remain between +2 °C and +8 °C.

MLHU follows the above requirements, and also conducts routine refrigerator maintenance on a semi-annual basis rather than just once per year.

MLHU Cold Chain Incident, October 6, 2017

On October 6, 2017, one of the vaccine fridges storing publicly funded vaccines malfunctioned, resulting in its temperature dropping rapidly below 0 °C. Since a fridge's temperature may rise temporarily when the door is opened for loading and unloading vaccines, there is a delay of forty minutes before the alarm is activated due to a temperature fluctuation. This delay prevents an alert being sent each time the door is opened. In this incident, the refrigerator's alarm was triggered as programmed, with a call sent to staff, but the fridge's temperature had dropped below freezing very quickly, before staff could be alerted to attend. A total of 6,070 doses of three different influenza vaccines were stored in this fridge at the time. The vaccine manufacturers were consulted to determine the viability of the three exposed vaccines. Two of the vaccine types were deemed wasted; however, the manufacturer provided data indicating that the third vaccine (500 doses) was stable under the temperatures experienced in the exposure. A total of 5,570 doses, with a value of \$44,560, was wasted. In accordance with Ministry of Health and Long-Term Care (MOHLTC) requirements, the cold chain incident has been reported to the Ministry (see [Appendix A](#)).

Remediation

Repairs to the fridge were completed, and the alarm was tested and found to be working properly. Temperatures in the fridge were then monitored for ten days and found to be consistently within the +2 °C to +8 °C range. The fridge was deemed safe to re-enter service, and is now being used again for vaccine storage. Although the alarm was tested and found to be working properly, it has been replaced, as it was an older model. Currently, the only alerting options available with the existing alarm system are to provide notification of a temperature fluctuation either immediately or following a forty-minute delay. The alarms have now been set to provide immediate notification when a fridge is out of its temperature range. Alternate alarm models, which may provide more alerting options and data tracking, will be investigated and purchased if deemed appropriate.

Health Units are also able to apply for one-time funding to purchase purpose-built refrigerators, as required. A one-time funding request to replace one of the older fridges was made earlier this year. This funding was recently approved by MOHLTC, and staff will be ordering the replacement fridge immediately.

Conclusion

Despite vaccine storage and handling guidelines being followed, a cold chain incident occurred in one of the vaccine fridges at MLHU and resulted in a loss of vaccine. Efforts continue to be taken to ensure that vaccines stored in the MLHU fridges are kept within the acceptable temperature range to maintain their safety and potency.

This report was prepared by the Vaccine Preventable Diseases Team, Environmental Health Infectious Diseases Division.



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

Enter information into the Vaccine Cold Chain Incident Exposure/Wastage Reporting System using the link below

www.phdapps.health.gov.on.ca/ColdChain2010/Login.aspx
Section A – Public Health Unit Information

 Name of public health unit Middlesex-London Date report completed (yyyy/mm/dd) 2017/10/10

 Report completed by
First Name Melissa Last Name Thompson

 Telephone Number 519-663-5317 ext. 2370 Email Address melissa.thompson@mlhu.on.ca
Section B – Premises Information

 Name of premises Middlesex-London Health Unit - basement

 Premises Contact
First Name Marlene Last Name Price Telephone Number 519-663-5317 ext. 2452 fridge
Premises type

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Physician office (FP solo) | <input type="checkbox"/> Community Health Centre | <input type="checkbox"/> Long-term care home | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Physician office (Ped solo) | <input type="checkbox"/> Correctional facility | <input type="checkbox"/> Nursing agency | <input type="checkbox"/> Retirement home |
| <input type="checkbox"/> Physician office (FP group) | <input type="checkbox"/> First Nations facility | <input type="checkbox"/> Occupational health | <input type="checkbox"/> School |
| <input type="checkbox"/> Physician office (Ped group) | <input type="checkbox"/> Hospital | <input checked="" type="checkbox"/> Public health unit | <input type="checkbox"/> Other |

 Client ID _____ Date of Most Recent Inspection (yyyy/mm/dd) 2017/July 4 Detected on Annual Inspection Date public health unit notified (yyyy/mm/dd) 2017/Oct 6
Section C – Incident Description

 Date and time of last known temperature consistently between +2°C to +8°C _____ Date (yyyy/mm/dd) 2017/oct 6 Time (hh:mm) 830

Date and time of incident Date (yyyy/mm/dd) <u>2017/oct 6</u>	Time (hh:mm) <u>230 pm</u>	Temperature at time of incident Minimum <u>-3.4°C</u>	Maximum <u>6.0</u>	Current <u>-3.4°C</u>
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 Estimated duration of exposure (hours) 2 For multiple incidents please describe the event including date and time of incident(s), temperature at time of incident(s) and estimated duration of exposure(s).

Event Information

- Power Failure: How long was the power disrupted _____
What was the cause of the disruption _____
What time of day was the disruption _____
- Fridge malfunction (e.g. sensor, compressor) Fridge 'cooler' not turning off
- Equipment malfunction (e.g. thermometer, alarm) _____
- Human Error (e.g. fridge door left open, fridge unplugged) _____
- Other (describe) _____

Section D – Actions Taken by Public Health Unit Staff

Request premises to forward the following to the public health unit as soon as possible:

- Copy of previous 2 weeks of temperature logs;
- Provide inventory of affected vaccines;
- Bag all vaccine and label "DO NOT USE" and move to the required storage conditions (monitored refrigerator or insulated container);
- Determine vaccine stability using the Canadian Provincial/Territorial Vaccine Stability Chart and report finding to premises;
- Advise premises to return expired and spoiled vaccine to the public health unit. Public health unit is to complete the Non-reusable (expired or spoiled) Vaccine Return Record
(Form 3150E – [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3150-64E-5/\\$File/3150-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3150-64E-5/$File/3150-64E.pdf));
- Toronto Public Health only – Advise premises to return expired and spoiled vaccine to OGPMS by completed the Non-reusable (expired or spoiled) Vaccine Return Record
(Form 3296-64E – [http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3296-64E-5/\\$File/3296-64E.pdf](http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/GetFileAttach/014-3296-64E-5/$File/3296-64E.pdf));
- Public health unit/premises must mark reusable vaccine to indicate an exposure to a cold chain incident and public health unit must advise premises to use exposed vaccine first.

Section E - Vaccine Inventory

Vaccine	Lot number	Number of doses	Expiry date (yyyy/mm/dd)	Previous exposure (✓ if yes)	Can be used (✓ if yes)	Comments	Price per dose	Value of returned vaccine(s)
Act-Hib®				<input type="checkbox"/>	<input type="checkbox"/>		\$42.41	
Adacel®				<input type="checkbox"/>	<input type="checkbox"/>		\$28.38	
Adacel®-Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$38.40	
Agriflu®				<input type="checkbox"/>	<input type="checkbox"/>		\$9.30	
Avaxim® Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$42.45	
Bexsero®				<input type="checkbox"/>	<input type="checkbox"/>		\$101.00	
Boostrix®				<input type="checkbox"/>	<input type="checkbox"/>		\$27.79	
Boostrix-Polio®				<input type="checkbox"/>	<input type="checkbox"/>		\$48.72	
Engerix B® Adolescent/Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$21.70	
Engerix B® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$10.46	
Fluad®				<input type="checkbox"/>	<input type="checkbox"/>		\$12.45	
Fluviral®	NS55A	4680	JUN 18	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$8.00	37 440
Fluzone®	U1825A6	890	2018 JUN 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		\$8.00	7120
Gardasil®				<input type="checkbox"/>	<input type="checkbox"/>		\$143.73	
Havrix® Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$44.61	
Havrix® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$22.31	
Imogam® Rabies				<input type="checkbox"/>	<input type="checkbox"/>		\$264.84	
Imovax® Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$43.37	
Imovax® Rabies				<input type="checkbox"/>	<input type="checkbox"/>		\$179.99	
Infanrix®-IPV				<input type="checkbox"/>	<input type="checkbox"/>		\$31.21	
Menactra®				<input type="checkbox"/>	<input type="checkbox"/>		\$110.00	
Menjugate®				<input type="checkbox"/>	<input type="checkbox"/>		\$89.00	
Menomune®				<input type="checkbox"/>	<input type="checkbox"/>		\$160.44	
MMR® II				<input type="checkbox"/>	<input type="checkbox"/>		\$30.50	
Pediacel®				<input type="checkbox"/>	<input type="checkbox"/>		\$51.24	
Pneumovax 23®				<input type="checkbox"/>	<input type="checkbox"/>		\$18.36	
Prevnar® 13				<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	
Priorix®				<input type="checkbox"/>	<input type="checkbox"/>		\$28.01	
Priorix-Tetra™				<input type="checkbox"/>	<input type="checkbox"/>		\$87.21	
ProQuad®				<input type="checkbox"/>	<input type="checkbox"/>		\$103.22	
RabAvert®				<input type="checkbox"/>	<input type="checkbox"/>		\$171.88	
Recombivax HB® Adolescent/Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$22.54	
Recombivax HB® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$11.40	
Recombivax HB® Renal				<input type="checkbox"/>	<input type="checkbox"/>		\$184.80	
Rotarix™				<input type="checkbox"/>	<input type="checkbox"/>		\$79.67	
Td Adsorbed				<input type="checkbox"/>	<input type="checkbox"/>		\$21.22	
Td Polio				<input type="checkbox"/>	<input type="checkbox"/>		\$60.22	
Tubersol®				<input type="checkbox"/>	<input type="checkbox"/>		\$15.45	
Vaqa® Adult				<input type="checkbox"/>	<input type="checkbox"/>		\$45.54	
Vaqa® Pediatric				<input type="checkbox"/>	<input type="checkbox"/>		\$22.77	
Varilix®				<input type="checkbox"/>	<input type="checkbox"/>		\$59.12	
Varivax III®				<input type="checkbox"/>	<input type="checkbox"/>		\$72.72	
Vaxigrip®				<input type="checkbox"/>	<input type="checkbox"/>		\$8.00	
				<input type="checkbox"/>	<input type="checkbox"/>			

Total Value of all Returned Vaccines **44,560**



TO: Chair and Members of the Finance & Facilities Committee

FROM: Dr. Christopher Mackie, Medical Officer of Health and CEO

DATE: 2017 December 07

CERTIFIED DENTAL ASSISTANT STAFFING MODEL CHANGES

Recommendation

It is recommended that the Finance & Facilities Committee receive Report No. 043-17FFC re: “Certified Dental Assistant Staffing Model Changes” for information.

Key Points

- With the closure of the Health Unit’s dental treatment clinic by year-end, the Healthy Smiles Ontario (HSO) budget was reviewed to consider how best to allocate resources to maximize preventive program reach and efficiency.
- Additional CDA support is required to increase the capacity of preventive services, assist HSO clients in finding a local dentist, and widen the reach of the Fluoride Varnish Program.
- These changes are cost-neutral with respect to the Health Unit’s budget, and will increase efficiency and impact.

Background

With the closure of the Health Unit’s dental treatment clinic by year-end, efforts were made to consider how best to allocate existing resources to maximize preventive program reach and efficiency. This represented an opportunity to review the HSO program guidelines, budget and current staffing model, and its ability to help the Health Unit meet its mandate to navigate HSO clients to local dental providers, and to offer and deliver preventive oral health services. Increasing the Oral Health Team’s certified dental assistant (CDA) staffing complement would support the proposed enhancements to HSO client navigation, preventive services delivery and the Fluoride Varnish Program (FVP).

Oral Health Navigation

Due to the closure of the Health Unit’s dental treatment clinic, increased navigational support is required to support the transition of patients from the former clinic to community dental services. Additionally, under the HSO Program, the Health Unit is mandated to provide oral health navigation services, including program enrolment, assisting clients to find dental services, and HSO case management. HSO-eligible clients identified through school screening or through direct contact with the Health Unit often require support in finding appropriate community dental care. Additional CDA support will increase the Health Unit’s capacity to engage in direct mail, telephone and face-to-face communications with current HSO clients to aid them in transitioning to community dental care, and to more effectively match future HSO-eligible clients with dentists in the community. Through timely, intentioned efforts to support HSO enrolment and to secure treatment services in the community, improved client navigation within the HSO program may also help to decrease the number of cases that require referral to the Children’s Aid Society due to oral health neglect.

Preventive Services

Health Units are mandated to provide dental screening in elementary schools under the Oral Health Assessment and Surveillance Protocol. Once children are identified as eligible for preventive oral health services, the HSO Program requires the Health Unit to notify families and provide assistance in accessing preventive oral health services. After the closure of the dental treatment clinic, resources that were directed toward treatment can be reallocated to increase the Health Unit's capacity to deliver preventive services at the clinic (e.g., teeth cleaning, sealants and fluoride varnish application). To maximize the preventive services clinic's reach, CDAs could contact families of eligible children, assess financial requirements and schedule preventive services within the clinic. Additional CDA support is required to follow up with eligible children identified at high-risk elementary schools and to support registered dental hygienists (RDHs) in providing preventive dental care.

Fluoride Varnish Program (FVP)

HSO allows the Health Unit to deliver other preventive programs and services, such as universal FVPs. In 2016, the Oral Health Team piloted an FVP in seven elementary schools and six daycares, which served 1,082 children. In each setting, two CDAs are responsible for fluoride varnish application. With additional CDA support, the FVP's reach and capacity could be enhanced, potentially offering the program to additional elementary schools, daycares and family centres within the City of London and the County of Middlesex. Partnerships have been initiated with the Munsee-Delaware and Chippewa of the Thames First Nation communities to provide preventive services in elementary schools, daycares and Early Years programs; however, additional resources are required to nurture these new relationships and to ensure that the Health Unit has adequate time and resources to support client navigation and case management.

CDA Staffing Recommendations to Support Proposed Program Enhancements

The dental treatment clinic budget had 2.0 FTE CDAs assigned to assist in the clinic's operations. A 1.0 FTE CDA position is currently vacant due to a retirement earlier this year, and will remain unfilled. To support the proposed enhancements, the remaining 1.0 FTE CDA position assigned to the dental treatment clinic budget would be reallocated to the HSO budget. The Health Unit's Oral Health Preventive Services budget also has a part-time 0.9 FTE CDA position whose primary responsibility, in addition to assisting the RDHs in delivering preventive health services, is to schedule services and administer parental consent requirements in schools, daycares and childcare facilities. To support the proposed enhancements outlined, the part-time 0.9 FTE CDA would be increased to 1.0 FTE (a 0.1 FTE increase) within the Health Unit's preventive services budget. This proposed change to the Health Unit's preventive services budget is cost-neutral, because the affected staff member currently receives a percentage in lieu of benefits on top of their wages, and is already enrolled in OMERS. These staffing changes will allow the Health Unit more effectively to meet mandated requirements under the Oral Health Assessment and Surveillance Protocol and HSO, and will support the Health Unit in increasing the FVP's capacity and reach.

This report was prepared by the Oral Health Team, Healthy Living Division.



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



TO: Chair and Members of the Finance & Facilities Committee
FROM: Dr. Christopher Mackie, Medical Officer of Health
DATE: 2017 December 7

2018 BUDGET – PBMA PROPOSALS

Recommendation

It is recommended that the Finance & Facilities Committee:

- 1) Approve [Appendix A](#), PBMA Disinvestments totaling \$711,535
- 2) Approve [Appendix B](#), PBMA Investments totaling \$237,977
- 3) Approve [Appendix C](#), PBMA One-time Proposals totaling \$153,473

Key Points

- There are a total of 24 Program Budgeting Marginal Analysis (PBMA) proposals are being recommended for inclusion in the 2018 budget.

Background

At the November 2, 2017 Finance and Facilities Committee (FFC) meeting, the members received Report No. 037-17FFC regarding Proposed Resources Reallocation for the 2018 Budget. The report outlined the process used to select the various Program Budgeting and Marginal Analysis (PBMA) proposals for consideration in the budget. The report was an information report which provided the FFC with an opportunity to review the selected proposals for investment and disinvestments, ask questions, and identify areas where they would like further information before final approval.

Proposed PBMA Disinvestment and Investment Opportunities

There are a total of 23 proposals being recommended by the Senior Leadership Team (SLT) for inclusion into the 2018 Health Unit budget, 15 disinvestments (totaling \$711,535) and 4 investments (totaling \$237,977) and 5 one-time proposals (totaling \$153,473). Descriptions of the proposals have been included for recommended disinvestments ([Appendix A](#)), recommended investments ([Appendix B](#)), and 3 one-time proposals ([Appendix C](#)).

Next Steps

With these changes, the MLHU 2018 budget is projected to be balanced. If approved, the recommended proposals will be incorporated into the 2018 budget which will be considered for final approval by FFC and the Board of Health in January 2018.

This report was prepared by the Corporate Services Division.

A handwritten signature in black ink, appearing to read 'C. Mackie'.

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

2018 PBMA Disinvestment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0018	Discontinuation of New Nurse Graduate Initiative	-\$ 32,700.00	0.00	0
CS	#1-0026	PSL/IHP Support to Finance	-\$ 10,000.00	0.00	0
EHID	#1-0017	Complaints and Service Requests (CSR) Investigation	-\$ 39,239.00	-0.40	-146
EHID	#1-0029	Travel Clinic	-\$ 13,614.00	0.00	-100
EHID	#1-0034	Eliminate external Fit-Testing	-\$ 12,182.00	-0.20	-39
FS	#1-0012	Discontinuation of Rapid Risk Factor Surveillance System	-\$ 41,788.00	0.00	-133
HL	#1-0016	Dental Consultant	-\$ 52,366.00	-0.25	-25
HL	#1-0019	In-Motion PHN	-\$ 106,686.00	-1.00	-53
HL	#1-0027	CYPT Travel Budget	-\$ 9,000.00	0.00	-5
HL	#1-0028	Child Health Team Nurse-Parenting	-\$ 100,940.00	-1.00	-85
HS	#1-0021	Family Health Clinic Closure	-\$ 95,698.00	-0.90	-23
HS	#1-0023	Dedicated RHT Support for HEIA's and PPE	-\$ 98,410.00	-1.00	-67
HS	#1-0024	Family Home Visiting	-\$ 66,512.00	-1.00	-56
HS	#1-0025	PHN Casual Budget Reduction	-\$ 10,000.00	-0.14	0
OMOH	#1-0031	Reduction in General Advertising – We're Here for You	-\$ 22,400.00	0.00	-118
		Total	-\$ 711,535.00	-5.89	-850

Disinvestment Descriptions

#1-0018 – Discontinuation of New Nurse Grad Initiative

The Nursing Graduate Guarantee was a MOHLTC initiative announced in 2007. Prior to 2015, the funding of the MLHU share was not formalized in the budget and variance funding was used. Since formalizing this into the annual budget (2015), the MOHLTC has changed the criteria in regards to Health Units guaranteeing full-time placement after the completion of the 26-week period. This condition cannot be met therefore it is proposed to cancel the MLHU participation in this initiative.

#1-0026 – PSL/IHP Support to Finance

Over the past number of years, the Finance Department has been providing financial analyst function to the Speech and Language Programs in return the 100% Ministry of Children and Youth Services program allocates \$10,000 to cover the resources. The finance department does not hire any external assistance for this work, so is proposing the money be used elsewhere.

#1-0017 – Complaints and Service Requests (CSR) Investigation

The proposal represents a 0.4 FTE disinvestment in public health inspector time by delivering a more risk-based approach to Complaints and Service Requests. This disinvestment proposal will seek to utilize a more structured and evidenced-informed risk assessment process, which will provide a response that is more reflective of the level of risk with lesser emphasis on historical routines. Many 'lower risk' complaints are followed up more for client service reasons which does not draw to a large extent on risk assessment. This new risk-based approach will seek to reduce the amount of time being spent by PHIs responding to health hazard complaints that are low risk / low priority and which could otherwise be addressed through off-site correspondence (telephone, email etc.).

#1-0029 – Travel Clinic

The Travel Clinic is hosted by MLHU and operated independently by Dr. David Colby. It provides pre-travel consultation and immunization to clients. This disinvestment represents the negotiation of a new agreement with the Travel Clinic at MLHU as it relates to the 0.6 FTE Program Assistant that is provided to support the clinic.

#1-0034 – Eliminate external Fit-Testing

Emergency Preparedness currently funds one staff person 0.2 FTE (1 day per week) and \$4000 in program supplies to provide a mask fit testing service for external agencies on a cost recovery basis. Over the past three years, the revenue generated by the initiative has not met the cost to run the program, (\$8625 shortfall in 2015 / \$9910 shortfall in 2016 / estimated to be \$12000-14000 over on 2017).

#1-0012 – Discontinuation of Rapid Risk Factor Surveillance System

We propose terminating our participation in the Rapid Risk Factor Surveillance System (RRFSS). The majority of modules support the areas of chronic disease and injury prevention and environmental health. Other areas of the health unit, for instance, those working with children and youth, those in Infectious Disease and Early Years do not regularly benefit from the results of this survey. In 2017 \$41,788 was spent for 1080 completed surveys of Middlesex-London residents for a 10-minute interview containing approximately 50 questions.

#1-0016 – Dental Consultant

MLHU with 4 other Health Units (Elgin, Lambton, Perth, and Huron) shared the services of a .7 Dental Consultant. MLHU received .25 FTE of time. The dental clinic will be closing at the end of the year. As a result of these significant changes in the Oral Health program support required for the oral health team can be provided by an AMOH and PHO.

#1-0019 – In-Motion PHN

Disinvestment of 1 FTE PHN “in Motion coordinator” position. This PHN position supports the year-round maintenance of in Motion work and implementation of the October in Motion Community Challenge. There is an opportunity for efficiency related to decreasing need for promotion and support of the in Motion campaign over the lifespan of the campaign: awareness of in Motion has increased and campaign processes and logistics are now well established. In Motion related work can be streamlined and absorbed into the existing physical activity promotion program work of the HCIP staff complement going forward. Reduced need for promotion due to maturity of the campaign.

1-0027 – CYPT Travel Budget

The purpose of this proposal is to disinvest \$9000 of annual travel budget money from the Child and Youth Program Teams. Specifically, \$5000 from YAT and \$4000 from CHT. Over the past 2 years, these teams have been significantly underspent on their travel budget. This is due to the way schools are now prioritized and assigned. For example, the school teams now service fewer schools on a regular basis but service higher needs school. Nurses are also now assigned to schools within a similar geographic location. These two factors have contributed to reduced mileage costs.

#1-0028 – Child Health Team Nurse-Parenting

This proposal is to disinvest a 1.0 FTE PHN relating to Parenting on the CHT. Triple P was initially a personnel resource intense program to implement. Many hours were invested coordinating staff training, promoting the program, scheduling classes and creating a database to track the program. The database is complete and in use, many staff are trained and at this time we will not be engaging in any new or additional Triple P training.

#1-0021 - Family Health Clinic Closure

In May 2017, a proposal was presented to the Finance and Facilities Committee (Report No. 022-17FFC) requesting to keep the Nurse Practitioner position full-time until the end of June with the recommendation of closing the Family Health Clinic at that time. This proposal was based on further consideration of the current context of primary care services in Middlesex-London and the need to align public health resources to ensure maximum impact within our mandate. The Finance and Facilities Committee approved this proposal and the Family Health Clinic was closed on June 30th, 2017.

1-0023 – Dedicated RHT Support for HEIA Assessments & Planning/Evaluation

It is proposed that the Reproductive Health Team reduce its PHN complement by 1.0FTE. Currently, a PHN role has been allocated to completing health equity impact assessments (HEIA's) and supporting the team's program planning and evaluation efforts. Organizational changes have resulted in this role being enhanced in a more systematic way across the HU through capacity building thus decreasing the need for this position. In addition, it has been determined that the organization will no longer focus on stand-alone HEIA's.

#1-0024 – Family Home Visitor Program Efficiency

We are proposing reducing the complement of Family Home Visitors (FHV) by 1.0 FTE. There is currently a 1.0 FTE FHV vacancy and it is proposed that this staffing complement change is achieved through attrition. A complement of 8 FHVs would result in FHVs completing an average of 12 home visits per week. Ministry of Child and Youth Services (MCYS) targets for the HBHC program, indicate that FHVs complete 13 home visits per week. Decreasing the number of FHV positions by 1.0 FTE allows us to maintain the capacity to function within this target.

1-0025 – PHN Casual Budget Reduction

The Early Years Team has a casual budget allocated to public health nurses to support program delivery in Infant Growth/Development and Breastfeeding Drop-ins, the Health Connection and early years work. The Reproductive Health Team has a casual budget allocated to prenatal teachers. Both programs have gained efficiencies and require less support from casual staff than previously.

1-0031 – Reduction in General Advertising – We're HERE for You Campaign

Disinvestment of the MLHU's "We're HERE for YOU" awareness campaign. While graphics and taglines would remain in use on the MLHU website and social media channels, there would no longer be paid advertising space for the campaign, including print, transit, billboard, and YouTube.

2018 PBMA Investment

Dept.	No.	Proposal	Value	FTE	Score
Cross-MLHU	#1-0035	Policy Analyst / Policy Consultant	\$ 80,000	1.00	250
CS	#1-0044	Project Management	\$ 98,160	1.00	200
CS	#1-0048	Corporate Services Restructuring	\$ 9,817	1.00	173
EHID	#1-0038	Leveraged Funding for Needle Recovery	\$ 50,000	-	222
		Total	\$ 237,977	3.00	845

Investment Descriptions

#1-0035 – Policy Analyst / Policy Consultant

The revised Ontario Standards for Public Health Programs and Services describe policy development as a core component of public health work. Involvement in various aspects of public policy development is also specifically mentioned in the Foundational Standards and the Chronic Diseases and Injury Prevention, Wellness and Substance Misuse Standard. MLHU currently has a gap in terms of experience working inside a policy environment. They would closely follow municipal and provincial developments in health and social services (with a minor focus on federal), and be able to offer policy advice on tight timelines across a wide range of healthy public policy issues. They would also provide strategic direction to communications function. There is additional consultation work to be done here, and as such, this amount would be for a partial year of the position.

#1-0044 – Project Management

Continued pressure to respond to changes in public health including the Ontario Standards for Public Health Programs and Services, Accountability Framework and the Expert Panel all add to the limitations currently experienced by the Strategic Projects portfolio and contribute to a project load that is already falling behind intended deliverables on the Balanced Scorecard. This organizational project management bottleneck and the ability to respond to the changing public health landscape could be alleviated with this investment.

#1-0048 – Corporate Services Restructuring

The Corporate Services Division was formed in January 2016 with the overall MLHU organizational structure project and combined IT, Finance, Privacy & Occupational Health and Safety, Strategic Projects and Human Resources into one Division. The initial goal of the alignment was for each team to find ways to collaborate with each other, recognizing the linkages the teams have to each other. After one year of working in the new structure, it was determined that some of the work needed to be realigned so that the right work was within the team and role that it fit with best. This restructuring accomplishes that realignment and allows for increased Corporate Services capacity to support our front-line services.

#1-0038 – Leveraged Funding for Needle Recovery

Currently the Ministry of Health and Long-Term Care's harm reduction program does not fund needle recovery. Within the Middlesex and London, there are numerous models of needle recovery including Needle Exchange sites, a Mobile Van, municipal staff who pick-up loose syringes in parks and parking lots, Downtown London Clean-up Crew, needle bins located across the most affected areas, and some

pharmacies. This proposal would and implement innovative needle recovery models that are in other cities and provinces, and adapt them to the concerns identified locally.

2018 PBMA One-Time Disinvestments/Investments (Proposed)

Dept.	No.	Proposal	Value	FTE	Score
CS Disinvestment	#1-0010	Computer Hardware Replacement (desktops) -	-\$ 20,000	0.00	-155
Cross-MLHU Investment	#1-0045	Associate Medical Officer of Health	\$ 98,765	0.40	257
CS Investment	#1-0041	Managed IT Services	\$ -	-3.00	219
FS Investment	#1-0001	Enhancing MLHU Program Evaluation Capacity	\$ 44,663	0.50	272
HL Investment	#1-0039	Health Promoter - Cannabis	\$ 30,045	0.40	203
		Total	\$ 153,473	-1.70	796

One-Time Disinvestments/Investments Descriptions

#1-0010 – Computer Hardware Replacement (desktops)

Current desktop hardware is sufficient for staff that only require desktops, the need to replace to ensure warranty is not necessary with easily replaceable parts and several spare units onsite while some desktops on the list that are under warranty replacement until 2019.

#1-0045 – Associate Medical Officer of Health (AMOH)

This proposal would provide part-time (0.4 FTE) temporary (one year) support to the Vaccine Preventable Diseases, Tuberculosis, Tobacco and Dental health program. In addition, the AMOH will support the Health Care Provider Outreach team and student/resident placements and be in the pool for AMOH calls. There has been a number of high-priority issues in Middlesex-London that require AMOH support: ongoing overlapping outbreaks of HIV, IGAS, Hepatitis C and endocarditis. Adding additional AMOH capacity will allow for more concerted efforts to address these outbreaks.

#1-0041 – Managed IT Services

The Health Unit has a traditional IT infrastructure that provides services across all of the health unit programs and staff. In addition to day-to-day maintenance and IT support, we are required by a number of regulations to protect the confidential personal information our clients. This proposal aims to augment our current technology offering with a Managed IT Services program that could manage the tasks of site assessment; network consistency; and site databases.

#1-0001 – Enhancing MLHU Program Evaluation Capacity

Due to the introduction of the Ontario Standards for Public Health Programs and Services (OSPHPS) and the Accountability Framework (AF) and enhance emphasis on program planning and evaluation, additional Program Evaluation capacity is required. An assessment of the current MLHU Program Evaluator complement suggests that additional Program Evaluator support is required to help MLHU meet its strategic priorities and to better meet the emerging accountabilities in the OPHPS and AF.

#1-0039 – Health Promoter - Cannabis

This investment is to support substance misuse prevention work for 2018, specifically cannabis. While the position will sit on the HCIP team, it will align with and support the work of CDPTC team (cannabis as it relates to smoking) and CH and YA teams (school based substance use prevention messaging) within the HL Division. The additional resource will provide needed support for the substance misuse prevention portfolio, notably as Canada is set to legalize recreational cannabis in July 2018.