



MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 052-19

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2019 September 19

PUBLIC HEALTH INSPECTOR PROGRAM REVIEW

Recommendation

It is recommended that Report No. 052-19 re: "Public Health Inspector Program Review" be received for information.

Key Points

- Public Health Inspectors ensure regulatory compliance to protect health in a variety of settings.
- A program review was conducted ([Appendix A](#)), which identified opportunities to improve efficiency and effectiveness of service delivery within public health inspection programs.
- Several key recommendations were developed and enacted through the 2019 budget process.

Background

Public Health Inspectors (PHIs) conduct inspections and perform investigations in the areas of food-serving premises, housing, recreational camps, personal service settings, institutional facilities, dental and medical offices, pools and spas, and drinking water systems. Inspectors provide education to operators and the public, ensure assisted compliance with health hazard regulations, and, if necessary, provide enforcement to help prevent the public from acquiring illness and/or disease through their interactions with these settings. At MLHU, PHIs also support work in environmental health policy development, and rabies and infectious disease control.

In 2016, Health Unit program teams were realigned in new divisions. Specifically, the reorganization saw the amalgamation and restructuring of the previous three Environmental Health teams (Food Safety; Safe Water and Rabies; and Health Hazard and Vector Borne Disease) into two new teams: the Food Safety and Healthy Environments (FSHE) team and the Safe Water, Rabies and Vector Borne Disease (SWRVBD) team. The previous Communicable Diseases team also had PHIs as part of its staffing complement. Communicable Diseases was renamed the Infectious Disease Control (IDC) team and continued to have embedded PHIs after the restructuring.

A program review of the service delivery model was performed to evaluate workload balance, compliance with the Ontario Public Health Standards (OPHS), information technology needs, and learning and development opportunities, as well as to identify required revisions to current policies and procedures (see [Appendix A](#)). An environmental scan examining other models of service delivery among comparator public health units (PHUs) was also conducted. Overall, the program was judged to be performing well and continuously meeting its provincially assigned accountability indicators. Areas for improvement were also identified, along with recommendations for changes to ensure the most effective and efficient model of service delivery.

Key Program Review Recommendations

Service Delivery Model

Three models of PHI service delivery were considered: “generalist,” “specialist,” and “hybrid.” The hybrid model reflects the status quo, where inspectors work in one of three different teams, creating groupings by area of focus, each including several different types of premises. They are assigned zones and perform inspections on all the premises within the area of focus (e.g., all restaurants and special events, or all pools and spas, as well as rabies). The generalist model would provide the most efficient use of resources by having each PHI perform inspections on all premises within their assigned zone but would have the disadvantage of decreasing specialized knowledge of inspection techniques for specific types of premises. The specialist model would provide the most effective service delivery by developing a highly specialized focus on specific service settings but could lower efficiency, as achieving workload balancing would be more difficult. It was decided to continue using the hybrid model, as it provides the most versatility while allowing for an efficient use of resources.

Workload Balance

Optimal time-on-task for completion of each inspector activity was established by comparing against comparator health units, known best practices, and inspector and manager recommendations. These times were then used to determine the total amount of inspection activity time and travel time required for each team, and then divided by the number of inspectors per team to determine the individual workload for each inspector. This exercise also provided an estimate of the required level of staffing for each team.

The program review identified a significant variance of 26% in workload balance between the three teams. The IDC team also faced increasing demands to investigate infection prevention and control (IPAC) complaints. To rectify the imbalance, one FTE was disinvested from the FSHE team and 0.5 FTE invested into the IDC team through the 2019 budget process. Low-risk food premises inspected by IDC inspectors were also reallocated to the FSHE team. These changes reduced the workload variance between teams to 6%, increased resources to respond to IPAC complaints, and preserved some capacity in the FSHE team to provide support to the other two teams during seasonal workload surges.

Inspection Zones

Each location subject to inspection was plotted using arc-GIS software to create zones with balanced inspection rosters for each team. These zones were designed to promote improved collaboration between inspectors on the three teams and to provide extra support where required. The new zones also helped to decrease travel requirements, thereby reducing mileage expenses for inspectors. Through these measures, it was possible to achieve an additional disinvestment of \$20,000 for travel expenses via the 2019 budget process.

Next Steps

The program teams will continue to implement further recommendations, including the development of new key performance indicators and enhancing quality assurance and continuous quality improvement activities. Findings and techniques from the program review will likely be helpful to identify alignment opportunities for public health inspection work among MLHU’s partners in the upcoming amalgamation.

This report was prepared by the Office of the Director, Environmental Health and Infectious Disease Division.



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