

Recovery Objective 4: Enhancing & Sustaining Positive Changes

Objective: To identify changes to organizational and program structures and processes implemented during the pandemic response that could be advantageous from an organizational and/or client perspective and develop recommendations for sustained or enhanced implementation post-pandemic.

Key Recommendations		
Tools & Resources		
1. Continue and/or expand the use of the following software applications, and provide guidance, clarification of expectations, and education on their use and function:		
MS Teams	OneNote	OTN
Power Query	One Drive	SharePoint Excel
Adobe Pro	Dayforce	Check Market
Whisper	E-Fax	3CX
Microsoft Lens	WhatsApp	Case and Contact Management Database
2. Expand the range of options to meet client and community partner needs for connecting virtually (e.g. MS Team (for clients), Zoom, WebEx, etc.), provide needed decision-making guidance regarding the use of virtual interactions, and update related policy.		
3. Solve the outstanding issues experienced with 3CX or switch to a different application if unresolvable.		
4. Formalize the requirements, expectations and processes for remote-working staff to use MLHU equipment (e.g., monitors and office chairs) in home/remote locations, in alignment with the ABW (or commensurate) policy.		
5. Enhance the use of technology to maintain/augment staff and community health and safety, and to support social connection within the organization.		
Work Processes		
6. Transition paper-based processes <i>wherever possible</i> to electronic processes. Update policies (e.g., use of e-signatures, mobile scanning and sending, financial transactions, etc.), and provide staff education, as needed.		
7. Maximize interoperability of electronic processes and solutions (internally and externally) where possible.		
8. Ensure staff are involved in the design and improvement of new and existing tools and processes.		
9. Facilitate more collective and collaborative organizational work across teams, including the use of a shared workplan, to maximize knowledge & skills, consistency, efficiency, connections, and outcomes/impact.		
10. Increase opportunities for senior leaders to work / interact directly with staff.		
11. Continue client and staff screening for illness prior to all in-person interactions.		
12. Assess and refine decision-making practices across the organization to ensure decisions are made at appropriate levels, efficiency is maximized, and processes are clear.		
13. Ensure back-up staff training and scheduling in place wherever needed.		
Communications		
14. Continue weekly live virtual Town Hall meetings through Microsoft Teams.		
15. Ensure clear, consistent, and adequate communication from SLT to staff, including communication regarding organizational and SLT staffing changes		
16. Regularly determine the appropriate frequency of team level communications and meetings/huddles in order to facilitate timely communication, staff cohesion and connectedness.		
17. Maximize the use of the MLHU website for clients, community partners and staff, ensure it meets accessibility requirements, and keep it up to date.		
18. Continue to ensure communication to all staff prior to media releases to the broader community (I.e., organizational changes, important public health developments).		
19. Identify opportunities to enhance the use of social media in its various forms to appropriately support MLHU's work.		
Human Resources		
20. Normalize the option to work remotely (with appropriate supporting policy and communication) in situations where operational, service delivery, and accountability requirements allow.		
21. Normalize flexible options for hours of work, in situations where operational, service delivery and accountability requirements allow.		

Key Recommendations
Human Resources (continued)
22. Explore opportunities for cross-training on other programs / teams / divisions to support surge capacity needs (e.g. CCM, immunization, tobacco cessation, clinical services, etc.).
23. Consider ongoing implementation of supervisors at MLHU, where appropriate, with clarity in role expectations and distinction from the manager role.
24. Ensure managers define and clarify work roles, provide coaching, and establish consistency of practices and workload, particularly during transitions
25. Adopt, provide education and skill-building opportunities related to, and effectively implement a performance management framework and approach.
26. Continue use of an HR Staff Hotline for reporting illness; permit staff to work from home if <i>mildly</i> symptomatic, ensuring that 'permit' is not interpreted as 'expect'.
Other Organizational Changes
27. Structurally re-align the Population Health Assessment and Surveillance Team with the Program Planning and Evaluation Team, as part of a wholistic review of organizational restructuring.
28. Strengthen investment in comprehensive population health promotion (PHP) work (e.g., policy, community mobilization) and enhance organizationally coordinated and strategic approaches (e.g., mental health promotion, healthy eating, violence prevention).
29. Strengthen organizational capacity related to public health informatics (clinical and non-clinical) with focused, dedicated expertise.
30. Intentionally optimize roles, disciplines, knowledge/skills across the organization in alignment with public health mandate and core competencies.
31. Prioritize intentional, meaningful, and outcome-focused community partnerships, and ensure public health's role is clearly defined within each partnership.
32. Prioritize MLHU strategic planning to support implementation of the vision and mission and assist with prioritization of public health work.
33. Strengthen efforts to monitor and evaluate program impact and public health outcomes.
34. Review service delivery times and adjust as necessary to ensure MLHU is meeting client needs.