Niagara Region

Public Health and Emergency Services
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MEMORANDUM

PHD-C 02-2019

Subject: **Accountability Indicators**

Date: **May 5, 2019**

To: **Public Health and Social Services Committee**

From: **Diane Vanecko, Director, Organizational and Foundational Standards Division**

The Public Health Funding and Accountability Agreement, which sets out the obligations of the Board of Health (BOH) and the Ministry of Health and Long-Term Care (MOHLTC) contains a series of reporting requirements.

The Public Health Accountability Framework (see Appendix A) articulates the requirements to hold the Board of Health (BOH) accountable and transparent for the implementation of the Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (July 2018). Accountability across four domains (delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice) is supported by three measures:

1. Accountability documents which includes organizational requirements and the Ministry-BOH accountability agreement;
2. Planning documents which includes the BOH strategic plan and BOH annual service plan and budget submission; and
3. Reporting documents, which includes performance reports outlining program achievements/outcomes and an annual report defining delivery and compliance with various legislative requirements.

This memo outlines a component of the reporting documents: accountability indicators.

In 2017, the MOHLTC reduced the requirements to an essential set of monitoring indicators to minimize the impact of the release of the new Standards. Accountability indicators are set and reviewed annually by the MOHLTC. There are 15 monitoring indicators that are organized into two areas: health promotion and health protection that are based on the Standards. The two health promotion indicators focus on chronic disease and the 13 health protection indicators focus on food safety, water safety, infectious diseases, and vaccine preventable diseases. If targets are not achieved, Board of Health may be required to submit a performance report, outlining the cause of the issue and the steps that the Board of Health plan to undertake in order to improve performance.

Niagara Region Public Health complied with all 15 performance indicators for 2017, which are summarized below. The reporting period is January 1, 2017 to December 31, 2017 unless otherwise indicated.

Respectfully submitted and signed by

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Diane Vanecko, RN, BScN, MBA
Director, Organizational and Foundational Standards
Public Health & Emergency Services

2017 Year-End Indicator Summary Table: Health Promotion & Protection Indicators

#	Indicator	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance /Compliance Report Required
1.4	% of tobacco vendors in compliance with youth access legislation at the time of last inspection	Jan 1, 2017 – Dec 31, 2017	379	399	95.0%	Monitoring	No
1.7	% of tobacco retailers inspected for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)	Jan 1, 2017 – Dec 31, 2017	399	400	99.8%	Monitoring	No
2.1	% of high-risk food premises inspected once every 4 months while in operation	Jan 1, 2017 – Dec 31, 2017	932	932	100.0%	Monitoring	No
2.3	% of Class A pools inspected while in operation	Jan 1, 2017 – Dec 31, 2017	47	47	100.0%	Monitoring	No
3.1	% of personal services settings inspected annually	Jan 1, 2017 – Dec 31, 2017	725	725	100.0%	Monitoring	No
3.6	% of confirmed gonorrhea cases treated according to recommended Ontario treatment guidelines	Jan 1, 2017 – Dec 31, 2017	139	178	78.1%	Monitoring	No

#	Indicator	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance /Compliance Report Required
4.1	% of HPV vaccine wasted that is stored/administered by the public health unit	Jan 1, 2017 – Dec 31, 2017	40	9,232	0.4%	Monitoring	No
4.3	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection	Jan 1, 2017 – Dec 31, 2017	395	395	100.0%	Monitoring	No
4.4	% of school-aged children who have completed immunizations for hepatitis B	Jan 1, 2017 – Dec 31, 2017	3,193	4,534	70.4%	Monitoring	No
4.5	% of school-aged who have completed immunizations for HPV	Jan 1, 2017 – Dec 31, 2017	2,712	4,534	59.8%	Monitoring	No
4.6	% of school-aged children who have completed immunizations for meningococcus	Jan 1, 2017 – Dec 31, 2017	3,923	4,534	86.5%	Monitoring	No
4.7	% of MMR vaccine wastage	Jan 1, 2017 – Dec 31, 2017	573	7,500	7.6%	Monitoring	No
4.8	% of 7 or 8 year old students in compliance with the ISPA	Jan 1, 2017 – Dec 31, 2017	4,408	4,527	97.4%	Monitoring	No

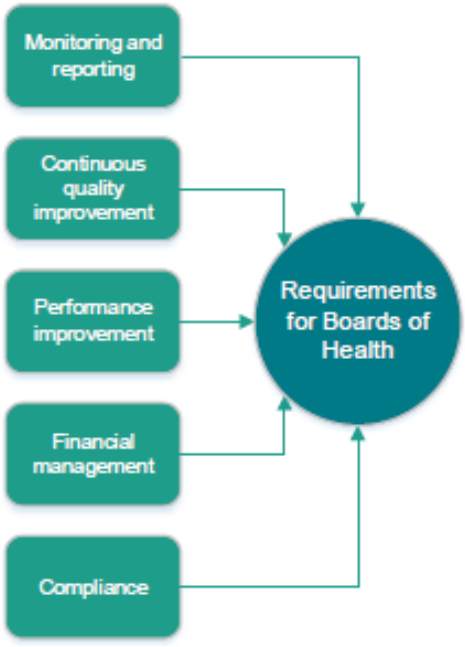
#	Indicator	Reporting Period	Numerator	Denominator	Performance	Target (%)/ Monitoring/ Baseline	Performance /Compliance Report Required
4.9	% of 16 or 17 year old students in compliance with the ISPA	Jan 1, 2017 – Dec 31, 2017	4,484	4,790	93.6%	Monitoring	No
4.10	% of influenza vaccine wasted that is stored/administered by the public health unit and healthcare providers	Jan 1, 2017 – Dec 31, 2017	8,841	139,420	6.3%	Monitoring	No

Appendix A: The Public Health Accountability Framework

The Accountability Framework is composed of four Domains

Domain	Delivery of Programs and Services	Fiduciary Requirements	Good Governance and Management Practices	Public Health Practice
Objectives of Domain	Boards of health will be held accountable for the delivery of public health programs and services and achieving program outcomes in accordance with ministry published standards, protocols, and guidelines.	Boards of health will be held accountable for using ministry funding efficiently for its intended purpose.	Boards of health will be held accountable for executing good governance practices to ensure effective functioning of boards of health and management of public health units.	Boards of health will be held accountable for achieving a high standard and quality of practice in the delivery of public health programs and services.

Organizational Requirements incorporate one or more of the following functions:



The Accountability Framework is supported by:

Accountability Documents	• **Organizational Requirements:** Set out requirements against which boards of health will be held accountable across all four domains. • **Ministry-Board of Health Accountability Agreement:** Establishes key operational and funding requirements for boards of health.
Planning Documents	• **Board of Health Strategic Plan:** Sets out the 3 to 5 year local vision, priorities and strategic directions for the board of health. • **Board of Health Annual Service Plan and Budget Submission:** Outlines how the board of health will operationalize the strategic directions and priorities in its strategic plan in accordance with the Standards.
Reporting Documents	• **Performance Reports:** Boards of health provide to the ministry regular performance reports (programmatic and financial) on program achievements, finances, and local challenges/issues in meeting outcomes. • **Annual Report:** Boards of health provide to the ministry a report after year-end on the affairs and operations, including how they are performing on requirements (programmatic and financial), delivering quality public health programs and services, practicing good governance, and complying with various legislative requirements.