



**Finance, Audit, Property and Risk Management Committee  
Report to the Board of Health**

**January 25, 2018**

The Finance, Audit, Property and Risk Management Committee met on January 11, 2018, and recommended that the Board of Health:

- Receive the 2017 Financial Statement as of Dec. 31, 2017 (see attached)
- Approve the 2018 Board of Health stipend for Directors based on the 2018 stipend rate of the United Counties of Leeds and Grenville.
- Receive the report about the Electronic Medical Record.

**RATE OF REMUNERATION**

Bylaw #1 states: 6.4 Remuneration - Each member shall be paid remuneration for attendance at Board meetings or for meetings held to do Board business according to the Act 49 (4), (10) and (11). The Health Promotion and Promotion Act states:

The rate of the remuneration paid by a board of health to a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

A review of the stipend rates for obligated municipalities is outlined below. Currently the Board stipend (\$85.07) is the same as the one from the United Counties of Leeds and Grenville – the municipality with the highest stipend rate. The stipend rate may change for the United Counties for 2018.

Table 1 –Stipend Rates for Elected Officials attending Municipal Meetings as of January 9, 2018

MUNICIPALITY	RATE
United Counties of Leeds and Grenville	\$85.07 half day \$170.16 full day
City of Brockville	No meeting stipend – Annual Honorarium
Town of Smiths Falls	Per diem (for elected officials or committee members only) \$135.00 per day for a maximum of three consecutive days for conferences/seminars/workshops or \$67.50 for half a day. Elected Officials and/or Committee members may receive the per diem for an annual maximum of 10 days. \$100.00 honorarium to be paid to elected officials who attend County Standing Committee Meetings
Town of Gananoque	No meeting stipend - Annual Honorarium
Town of Prescott	No meeting stipend – Annual Honorarium
Lanark County	\$75.00 for the first 4 hours and \$150 for full day

### **ELECTRONIC MEDICAL RECORD**

The Finance, Audit, Property, and Risk Management Committee received the following report about the importance of adding an Electronic Medical Record to support the clinic work at the Health Unit.

Health care over the past decade has seen significant innovation in client records management through the development of electronic medical records (EMR) software. Patient records were previously managed through a labour-intensive paper based system, but many clinics have migrated to cloud based software that is more secure and efficient. As the Leeds, Grenville and Lanark District Health Unit pushes towards innovation and operational efficiencies, a cloud based EMR system is a logical addition to clinical and program based care. Edward Jenner Public Health Consultants were hired to work with management and staff to review current client record collection processes, and conduct a review of several Electronic Medical Records (EMR) software.

#### Health Unit and the EMR

Confidentiality and privacy of personal health information is a standard that must be maintained with all client records. All health professionals have an ethical and legal responsibility to maintain the confidentiality and privacy of client health information obtained while providing care. The Personal Health Information Protection Act (PHIPA) permits the sharing of personal health information among health care team members to facilitate efficient and effective care. PHIPA requires that personal health information be kept confidential and secure. Having an EMR would protect privacy and confidentiality of personal health information.

Presently the health unit creates and stores hard copies of client records for most of the client-based programs. When records are needed in another site they must be transported by an employee. Controls have been put in place to reduce the identified risks with the transporting of client records between sites. Despite the existing mitigation strategies in place there have been some near misses with client records which have been documented by incident reports.

From a healthy workplace perspective there is tremendous stress placed on the staff member who has to transport the record between offices. Each staff member who takes on this task is very aware of the impact if personal health information becomes lost. Despite staff following all control measures there is still the potential for information to be lost if the staff member had an accident or if a situation occurred that forced them to detour from the direct route of transporting a chart from one office to another. The risk of personal health information being lost due to transporting client records between sites could be eliminated with an electronic medical record.

Storage of hard copy client records is also a challenge from a storage perspective. Despite having an excellent archiving process in place, many of the offices have limited space, which often requires the overflow of records to be returned to the Brockville office. This again requires the transportation of "boxes" of records between sites. With an EMR, the storage requirements would decrease over time and the space once used to store files could be utilized for other purposes.

Patient information breaches have occurred at other health units over the past few years and this method of transporting patient files physically creates a lot of opportunities for loss of information.

In 2013 the Peel Public Health Unit had an unencrypted SD card of patient information stolen. The breach included personal and health information of 18,000 area residents and highlighted the need for improved health information protection. Many health units have chosen to move to an EMR that has more secure measures in place for protecting personal information.

Another advantage of the EMR is that all client information would be available in "real time" and clients would not have to wait for their record to "catch up" to them. This would support good client service as identified in the health unit's Client Service Standards as well as the Registered Nurses Association Best Practice Guidelines for Person and Family Centered Care. Therapeutic relationships would also be enhanced as the client can enter important information into the EMR before the visit with the nurse so the nurse can focus on the current concern. The client would not have to repeat baseline information each time they visited the clinic. The nurse would have all the client data to support her decision making when providing care.

Cost efficiencies are also major benefits of moving to electronic software. The clinics that move to EMR systems require less storage for paper documents and save significant time categorizing, storing and finding patient charts. Client charting is completed faster by using chart templates and automated entry of individual information fields. Also, chart audits are completed more efficiently through some of the processes becoming automated and patient files being searchable in the software. The EMR also allows clients to book their own appointments saving administrative time. The program can be easily evaluated with specific indicators being tracked in an on-going way.

## Initial Deployment of the EMR

The proposed programs for initial deployment have been selected based on their need for an EMR and recommendations from other health units based on their experience.

### 1. Sexual Health Clinic

Sexual Health Clinics offer non-judgemental and youth-friendly information and support. Services provided are strictly confidential. All ages, genders and sexual orientations are welcome. All clinics are drop-in. Clients can talk to a Public Health Nurse about their sexual health needs and receive:

- Low-cost birth control
- Condoms at no cost
- Emergency contraceptive pill (Plan B)
- Pregnancy testing, counselling and referrals
- Pap tests (ages 25 and under)
- Sexually Transmitted Infection testing and treatment at no cost
- Counselling about relationships and sexual health decision-making
- Immunization if eligible (HPV, Hepatitis A, Hepatitis B)
- IUD and IUS prescriptions and insertions

### 2. Safe Works Program

Safe Works program has provided harm reduction services to community members across six Health Unit sites and Change Healthcare sites in Leeds, Grenville and Lanark. Smart Works offers three programs: Smart Gear Needle Syringe and Safer Inhalation Program, Revive Overdose Response (Naloxone), and the Safer Inhalation Program. The programs provide education, counselling and referrals to people who use substances. All services are walk-in during office hours.

### 3. Breastfeeding Clinic

The Breastfeeding Clinic provides new mothers and fathers with information and support to give them confidence to know their baby is breastfeeding well. Clinics are available weekly, at seven Health Unit locations by appointment or drop in with one on one consultation with a registered nurse that can include:

- Observation of a breast feed
- Opportunity to ask questions
- Guidance about infant feeding cues, frequency and length of breastfeeds, and signs of effective
- Breastfeeding strategies to assist with common breastfeeding challenges
- Assessment of the baby to ensure he/she is growing well and meeting normal growth and development milestones

## IntraHealth EMR

After an in-depth review of the available options for EMR software, the selected company is IntraHealth, an EMR company with a strong focus on public health programs. Their software is more elaborate in its functionality for public health than other available software, and very adaptable for the unique needs of each health unit program. IntraHealth is currently used by six other Ontario health units with more signing up, making it the most used EMR in Ontario public health. The other health units have created an IntraHealth working group where forms and resources are shared at monthly meetings.

Through an in-depth review of the available options for EMR software, IntraHealth proved to be an ideal choice over other companies. Their software is more elaborate in its functionality than other software and very adaptable for the unique needs of each health unit program. Also, every other EMR was developed in a clinic and then adapted after for other applications, whereas IntraHealth has been built as a community health care system that has been widely accepted in public health units. IntraHealth is currently used by six other Ontario health units with more signing up, making it the most used EMR out of any software company. The health units have also created an IntraHealth working group where forms and resources are shared at monthly meetings. This sharing provides our health unit access to a multitude of resources that will cut down on our development time and implementation of new program processes as the EMR is deployed.

Compared to other EMR companies, the selected software from IntraHealth has a higher initial set up cost, mostly due to the additional support provided to tailor the EMR to the health unit needs, and a lower annual ongoing fee. The EMR would be housed offsite decreasing the time and resources required by the IT team to support the system.

IntraHealth's EMR has numerous advanced functionalities to improve workflow in the health unit programs.

- For booking of appointments clients and staff can schedule and see appointments across multiple POS's (Places of Service). They can also allow clients to join a group appointment that can be used to book group program sessions.
- Staff can create a case which connects a client's file to a specific program (ex. Safe Works). Once a case type is selected this will apply the case specific privacy rules around data access, changes, viewing, etc. to the appropriate roles. For example - only Safe Works Nurses can see the Safe Works case notes for a specific client. Staff will see their case load in each of their cases and managers can also perform audits to review cases of all their staff.
- Once a visit begins the staff member can create an encounter for that visit. Staff can create detailed encounter notes against a client chart from within a case. They can choose a free form text encounter, typing templates, or forms for each encounter. Free text is just writing open notes with no template. Typing templates are semi structured templates that can be modified and shared with other users. Forms are fully structured forms that enforce mandatory data fields and track atomic level data elements for reuse throughout the EMR and for reporting purposes. Many custom forms and templates have already been created by other health units and are available for sharing in a provincial working group.

***Summary of Pricing Schedule for mandatory components***

- License Fee: \$63,125 for 25 users
- Project Fees:
  - Project management - \$24,000
  - Business analysis and software support - \$24,000
  - End-user configuration - \$12,000
  - Technical installation - \$8,000
  - Initial training cost - \$12,000
  - Go-live support - \$3,600
  - Total: \$83,600
- Travel Expenses: \$10,000
- **Total Year 1 Cost: \$156,725**

***Recurring Fees Ongoing Support and Maintenance includes***

- Maintenance and Version Assurance: \$12,625/year (\$1,052 monthly)
- Support (Full End User Support): \$11,362/year (\$946 monthly)
- Hosting: \$26,400/year (\$2,200 monthly)
- **Full annual cost year 2+: \$50,387/year (\$4,198.92 monthly)**

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January 25, 2018

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT			
General Public Health Program Programs			
STATEMENT OF EXPENSES			
Dec 31 2017			
	Board Approved Budget	Actual Dec 31 2017	% Rec'd
<b>REVENUE</b>			
Municipal Levies	\$ 3,038,085	\$ 3,038,085	100%
Ministry of Health PH Funding	6,839,300	\$ 6,839,300	100%
Ministry of Health - Other Base Funding Flowed	1,379,000	1,523,320	110%
Ministry of Health - one time funding		84,700	
Reserve - from 2016 surplus		72,461	
Influenza Grants	250	140	56%
Meningitis Grants	12,000	12,240	102%
HPV Grants	32,000	20,261	63%
Allocations Recovered	79,446	79,446	100%
Rental Income	14,899	14,889	100%
Food Handlers Course	13,000	17,858	137%
Interest Revenue	2,000	5,294	265%
Purchase/Sale Vaccine	50,000	67,920	136%
Sale of Contraceptives	30,000	25,395	85%
OHIP Revenue	10,000	8,454	85%
Ontario Works Revenue	19,000	18,855	99%
RNAO - BPSO	35,000	39,500	113%
Healthy Kids Community Challenge	56,241	92,518	165%
Triple P		18,750	
Other Revenue	2,500	14,799	592%
<b>TOTAL REVENUE</b>	<b>\$ 11,612,721</b>	<b>\$ 11,994,186</b>	<b>103%</b>
<b>EXPENSES</b>			
Salaries/Wages	8,074,912	\$ 8,133,592	101%
Benefits	2,018,728	1,958,723	97%
<b>TOTAL SALARIES/BENEFITS</b>	<b>\$ 10,093,640</b>	<b>\$ 10,092,315</b>	<b>100%</b>
Purchased Services	193,200	\$ 275,282	142%
Travel/Mileage/Training	332,610	335,520	101%
Materials & Supplies	630,541	661,324	105%
Building/Occupancy Costs	362,730	394,851	109%
<b>GENERAL OPERATING EXPENSES</b>	<b>\$ 1,519,081</b>	<b>\$ 1,666,976</b>	<b>110%</b>
<b>TOTAL EXPENSE</b>	<b>\$ 11,612,721</b>	<b>\$ 11,759,292</b>	<b>101%</b>
<b>SURPLUS (DEFICIT)</b>	<b>\$ 0</b>	<b>\$ 234,894</b>	