

2018 MOHLTC Proposals for Increases to Base Funding

Existing/New Program Name and Standard	Description	Project Item and Cost	Risks/Impacts (of not receiving any or all of the funding)	Outcomes
<p>1. Quality Program (Foundational Standard)</p>	<p>This position would support the LGLDHU to meet the new Quality and Transparency requirements in the OPHS. The LGLDHU participated in the Continuous Quality Improvement (CQI) Locally Driven Collaborative Project (LDCP), and received a QI maturity rating of "emerging." The results of a staff survey completed through the CQI LDCP indicated that LGLDHU staff value CQI but lack the tools and skills to implement CQI in a systematic way. This position would build on the opportunity of staff buying in to CQI to implement the Quality and Transparency requirements (#8) that relate to integrating a culture of quality and continuous organizational self-improvement into the agency and its programs and services. The LGLDHU has developed a Quality and Accountability framework, but has not implemented the activities in the framework to-date. This position would lead the implementation of the LGLDHU Quality and Accountability framework, which would support the Quality and Transparency Requirements in the OPHS. This position would also provide leadership to pursue certification through Excellence Canada's 'Excellence, Innovation, and Wellness' Standard. The LGLDHU has had a partnership with Excellence Canada for 12 years, and has completed several training sessions through Excellence Canada. The existing relationship with Excellence Canada and training completed by management and staff provides an opportunity to pursue certification.</p> <p>The Quality and accountability Specialist will be responsible for:</p> <ul style="list-style-type: none"> -Development of a work plan to implement activities in the LGLDHU Quality and Accountability Framework -Delivery of training sessions for staff in QI tools and processes -Formation of a Quality Committee -Development of a stakeholder engagement strategy -Successful 'Bronze' certification through Excellence Canada's 'Excellence, Innovation, and Wellness' standard -Development of dashboards for all programs to measure program outcome indicators. 	<p>Quality and Accountability Specialist \$71,742 salary with benefits - \$90,394.92</p> <p>Administrative Assistant (0.5 FTE) (\$28,338.51) with benefits</p>	<p>Reduced ability to meet the Quality and Transparency requirements in the OPHS. As well, there is a risk that the LGLDHU would lack the capacity, and therefore be unsuccessful in implementing activities in the Quality and Accountability framework, or in pursuing certification through Excellence Canada.</p>	<p>Public health programs and services are modified to address issues related to program effectiveness. The public and community partners are aware of ongoing public health program improvements. Ongoing program improvements enhance client and community partner experiences and address issues identified through various means.</p>

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2. Immunization Education and Record Review (Immunization Standard)	<p>There are several new administrative processes that we have undertaken in order to deliver our programs according to the protocols and directions given to us by the Ministry. The additional staff person would provide us with more capacity to implement these changes.</p> <ul style="list-style-type: none"> Collecting JK Immunization Information: Schools no longer collect immunization records for us in February. We must wait until the fall (after the board imports data to initiate our process) to send out letter to all JK students during a time when we are also doing school clinics New Education Requirements – We must deliver parent sessions for those asking for a conscience exemption. In addition, we must provide school based education to students and parents to increase knowledge and confidence of immunizations. Daycare record review: We do not have the capacity to establish a formal day care strategy (similar to schools). New ICON promotion and check process: Additional work is required to build up support for and use of, and to maintain, this new record portal. 	<p>1.0 FTE RPN \$68,291.72 (with benefits) \$1500 - Travel \$1000 – Staff Development</p>	<p>Lack of information on immunization of children in licenced childcare putting children at risk and limiting our response in case of an outbreak. Parents lack knowledge on the importance of immunization and so don't immunize their children. Risk of VPD outbreaks.</p>	<p>Timely and effective detection and identification of children susceptible to vaccine preventable diseases, their associated risk factors, and emerging trends. Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario, and in accordance with the Immunization of School Pupils act and the Child Care and Early Years act, 2014. Increased public confidence in immunizations.</p>
3. Vision Screening (School Standard)	<p>The Health Unit does not currently do any work on vision screening. Extra staff will be needed to ensure the successful implementation of this new program according to the Vision Screening Protocol which will be released in 2018. Work will include:</p> <ul style="list-style-type: none"> Develop messaging for education, make new community partnerships, link with school board. Develop internal practice documents and process to support the implementation of the new protocol. Staff training on screening protocols. Link with community resources to support obtaining glasses for children in need. 	<p>1.0 PHN (\$102,705.26) with benefits \$3000 mileage \$1000 Staff Development Team Leader \$3640 1.0 FTE RPN \$68,291.72 (with benefits) \$3000 mileage \$1000 Staff Development 0.5 AA (\$28,338.51) with benefits, \$500 Staff Development</p>	<p>Without additional funding the Health Unit will not be able to fully implement the requirement for visual supports and vision screening.</p>	<p>The Board of Health and parents/guardians are aware of the visual health needs of school aged children.</p>

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4. Electronic Medical Record (Foundational Standard)	<p>The Health Unit has decided to purchase the IntraHealth EMR to replace its current paper based system for sexual health clinics, the needle exchange program and breastfeeding clinics. This will improve the quality of Public Health Practice with improved efficiency of clinics services across the six health unit sites. It will ensure confidentiality and security of the records that are currently being moved between sites. The funding requested is for the on-going costs of the licenses and the hosting of the EMR database offsite.</p>	<p>\$50,887</p>	<p>Without the EMR various areas of clinic work flow will continue to be slow and inefficient when using the current paper-based patient information system. The risk is high for privacy breaches as records are transferred between sites.</p>	<p>On-going program improvements enhance client and community partners experience and address issues identified through various means.</p>
5. Needle Exchange Program (Infectious and Communicable Disease Prevention and Control)	<p>In our region, there has been a substantial increase in needles being accessed by clients over the last 3 years. Increase in needles being returned to HU service sites have required additional contracts to ensure sharps disposal is done according to transportation of dangerous goods regulations. Overall costs were \$57,718 in 2017 and will very likely increase in 2018.</p>	<p>\$50,000</p>	<p>If needles are not available clients who use drugs may reuse needles increasing risk of Hep B, Hep C and HIV transmission.</p>	<p>The board of health shall use health promotion approaches regarding sexual practices and injection drug use to prevent and reduce exposures to sexually transmitted and blood-borne infections by collaborating with and engaging health care providers, community and other relevant partners, and priority populations.</p>

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<p>6. Cannabis Education (Substance Use and Injury Prevention)</p>	<p>The Health Unit participates with a number of community partners in promoting healthy substance use through work with Municipal Drug Strategies, School Boards and other coalitions. The new legalization of cannabis provides an opportunity to expand communication around safe cannabis use. The community has identified the need to:</p> <ul style="list-style-type: none"> • Increase knowledge of the research evidence around the impact of cannabis use; • Promote low risk cannabis guidelines; • Decrease stigmatization of use and encourage conversations about use; • Limit or reduce harm for new and established users; • Ensure that all users understand legal responsibilities and new criminal offenses; • Ensure home growers know how to safely grow, process, store, and dispose of their cannabis. <p>The funding would be used for the :</p> <ul style="list-style-type: none"> • Development of a workplan with community partners to implement activities • Delivery of information sessions for the community on cannabis use to support parents and influencers of youth to have the correct information available to them. • Support Municipal Drug Strategy groups in their work around safe cannabis use. 	<p>1.0 FTE PHN (\$102,705.26) with benefits \$2000 - Travel \$1000 – Staff Development</p>	<p>A reduced ability to meet the new Substance Use and Injury Prevention Standard in the OPHS given limitations in staff. Education for youth and influencers of youth should be a key component of awareness initiatives. The youth population is the most vulnerable as this legislation looms. This work with community partners around education and awareness around risk of cannabis use should start as early as possible with age-appropriate content, created with the input of youth, and delivered by trained facilitators.</p>	<p>Board of health programs and services are designed to address the identified needs of the community. Including priority populations, associated with the prevention of injuries, preventing substance use, and reducing harms associated with substance use. Community partners are aware of healthy behaviours associated with the prevention of injuries and substance use, which included reducing the harms associated with substance use. Community partners have knowledge of an increased capacity to act on the factors associated with the prevention of injuries, including healthy living behaviours, healthy public policy, and creating supportive environments. There is increased public awareness of the impact of risk and protective factors associated with injuries and substance use.</p>

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<p>7. Expanded STI & Immunization Services for At Risk Clientele (Infectious and Communicable Disease Prevention and Control)</p>	<p>The purpose of the proposal is to: 1) provide expanded STI testing/treatment and immunization services to high risk clientele currently attending Needle Syringe Program (NSP) satellite sites; and 2) to establish new partnerships to increase the number of satellite NSP sites with expanded services in hard to reach communities in LGL.</p> <p>Current HU sites/satellite sites identified the need to offer additional harm reduction services beyond NSP and naloxone, such as publically funded high risk immunization and sexually transmitted infection (STI) testing/treatment to priority population while they are accessing drug use supplies. Evidence demonstrates clients who access harm reduction services are more likely to participate in accessing these additional services if the healthcare provider coordinates access to the enhanced services.</p> <p>In response, a small pilot project with one community partner, Change Health Care, was implemented and has contributed to a significant number of clients receiving Hep A, Hep B, and Influenza immunization decreasing their risk of blood borne infections.</p> <p>The proposed funding would allow the expansion of STI testing/treatment and immunization to other Change Health Sites (Smith Falls & Carleton Place).</p> <p>There is also a significant community need to expand harm reduction services beyond the current six health unit sites into underserviced rural areas where clients who use drugs currently do not have access to sterile needles/syringes, other drug use equipment as well as education on safer drug use practices.</p> <p>Four additional NSP satellite sites will be established in collaboration with partners currently working in the areas. If possible, the sites will provide publicly funded vaccine as well as STI testing and treatment. This will also increase opportunities for referrals to addiction treatment, health and social services and community supports. The proposed funding would also be used to purchase a van to allow the nurses to effectively move from site to site while carrying the needed supplies.</p>	<p>1FTE Public Health Nurse (\$102,705.26) including benefits</p> <p>Mileage \$5,000</p> <p>1 Van (\$40,000)</p>	<p>If needles are not available clients who use drugs may be forced to reuse needles. Used needles increase risk of Hep B, Hep C and HIV transmission. Substance Use and Harm Reduction Guideline identifies that the needs to ensure that used needles are disposed of properly. HU is meeting a community need by performing this service.</p>	<p>Board of Health programs and services are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases.</p> <p>Priority populations have increased access to sexual health and harm reduction services and supports that prevent exposure to and transmission of sexually transmitted infections and blood-borne infections.</p> <p>Reduced transmission of infectious and communicable diseases.</p>

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8. Food Premise Inspections and Education (Food Safety)	<p>Amendments to Food Premises Regulation and Transparency/Disclosure Requirements require additional resources to implement including:</p> <ul style="list-style-type: none"> • Education of all operators in regulation changes (1131 operators) • Facilitate education of additional 75% of food handlers • Posting of inspection reports by operator (1131 reports) • Healthy Menu legislation monitoring requires an additional 1.5 hrs x 205 premises per year • For employees, additional training, monitoring for compliance, enforcement for all of the above 	<p>.5 FTE (960 hrs) \$800.00 mileage \$2000.00 program supplies \$1000.00 purchased service – room rental for food handler training</p>	<p>Will affect ability to inspect all premises as per protocols and comply with food handler certification and education of operators re changes.</p>	<p>Operators adequately educated in regulatory change affecting their operation. Staff are appropriately certified for food handling. Risks to public identified as premises are adequately inspected. Compliance achieved with Food Premises and Healthy Menus Legislation.</p>
9. Health Hazards (Healthy Environments)	<p>Additional resources are required to respond to the soon to be released Healthy Environments Protocol and Guidelines requirements with analysis, planning, prevention, implementation, training, monitoring for compliance, enforcement:</p> <ul style="list-style-type: none"> • Implementation of HIA policy/procedures (detection, identification and response to health hazards and associated health risks) <ul style="list-style-type: none"> ○ Expect 6 Health Impact Assessments – 4 weeks ○ Expect 5 Health Hazard Assessments – can be ongoing ○ Numerous zoning, official plan reviews in 3 counties/23 municipalities • Undertake a review of MOECC inventory abandoned hazardous waste sites as well as Highly Vulnerable Aquifers in our area of jurisdiction • Climate Change – Adaptation including assessment of health impacts related to climate change in LGLDHU • Radon Survey identified 37% residences above 200 Bq/m³ LGLDHU in Cross Canada Survey report – need to develop action plan and implement. <p>Additional resources are also needed to meet the Ministry’s Transparency Objective that requires public disclosure of all inspection reports beyond Food Premises for Routine Inspections, Complaints for pools and spas, recreational water facilities, public beaches, SDWS, Personal Service Settings, Tanning beds, recreational camps, child care centres, and may require operators to post inspection reports as well.</p>	<p>1.0 PHI (1,920 hours) \$950.00 mileage \$1000.00 program materials and supplies</p>	<p>Risk in not inspecting all impacted/involved premises. Reduced awareness of health hazards with possible public exposure. Reduced mitigation climate change impacts.</p>	<p>Health hazards assessed and followed up. Risks to public adequately identified and considered in terms of reducing exposures to health hazards and promoting a healthy natural and built environment. Result in more effective inspection and monitoring and public health interventions to reduce exposure to health hazards.</p>

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<p>10. Cost of Living Increase (All Standards)</p>	<p>While MOHLTC mandatory program funding has remained at zero, the Health Unit has had to incur cost of living increases in staff salaries and benefits for the last number of years. Negotiated settlements with local unions (CUPE and ONA) had seen 1.4% and 1.5% annual cost of living increases for the last several years and the same amount is given to non-union staff members. Also, the cost of benefit premiums to the Employer has increased over the last several years, with the latest increase from 2016 to 2017 being approximately 23%. These increasing costs have led to a deficit in the salaries and benefits budget of approximately \$430,000. This budget is managed on an annual basis by gapping of positions when they become vacant due to pregnancy/parental leave, Long-term Disability leaves. These vacancies occur in key public health positions, such as Public Health Nurses, and therefore impact on the capacity of the Health Unit to deliver mandatory requirements under the Ontario Public Health Standards.</p>	<p>\$ 430,000 to add to the salaries and benefits budget lines</p>	<p>The risk to the Health Unit of not receiving a cost of living increase to the base budget is that we will have to lay off our staff. The deficit is becoming too large to manage through gapping. Also there is a risk of losing municipal support to continue to contribute more money to offset the lack of increases in provincial funding. While laying off staff would be conducted in a way to minimize the impact, disinvestments in public health programs and services would need to occur and is a risk to the health of our residents.</p>	<p>Increased capacity of the Health Unit to meet the requirements in the Ontario Public Health Standards.</p>

2018 MOHLTC Proposals for One –Time Funding Increases

Existing/New Program Name and Standard	Description: Issues and/or opportunities addressed, populations served, relevant data, how relates to priorities	Project Item and Cost (i.e job title, salaries and benefits, materials, etc)	Risks/Impacts (of not receiving any or all of the funding)	Outcomes
<p>1. Program Planning, Evaluation, and Evidence-Informed Decision Making. NCCMT Workshop (Foundational Standard)</p>	<p>The OPHS and Foundational Standard in particular places an increased emphasis on Evidence-Informed Decision Making (EIDM). To support staff and build their capacity in all steps of EIDM, an EIDM capacity building workshop would be offered to staff with responsibilities for program planning. The National Collaborating Centre for Methods and Tools (NCCMT) offers group training to build capacity, and has found that building individual-level capacity is not enough to sustain EIDM in an organization. This request would bring facilitators from the NCCMT to the LGLDHU to host a 5-day workshop to build capacity using the NCCMT’s seven step model. Twenty key staff would be trained and will have increased knowledge of the NCCMT 7-step model amongst participants and be able to apply EIDM in 2019 program planning.</p>	<p>\$10, 000 for a 5-day workshop with 20 participants and 2 NCCMT facilitators</p>	<p>The risk is reduced capacity amongst LGLDHU staff to implement EIDM in their work.</p>	<p>Public health programs and services are reflective of local population health issues, the best available evidence, new public health knowledge, and adapted to the local context.</p>
<p>2. Family Transitions Triple P Training (Healthy Growth & Development)</p>	<p>In 2013, 88.0% of students responded that they lived with their natural mother in their main home which is down from 91.1% in 2009. Living with a stepfather increased to 14.9% in 2013 from 7.2% in 2009. A similar trend was observed with step mothers, where 4.9% of students reported living with a stepmother in 2013 compared to 2.6% in 2009.</p> <p>This funding will provide training for both health unit and community organizations to allow them to provide the Triple P Family Transitions Program to clients and community members.</p> <p>The Family Transitions Triple P program provides individual or group sessions for parents whose separation or divorce is complicating their parenting. It assists parents who need extra support to adjust and manage the transition from a two-parent family to a single-parent family. It focuses on skills to resolve conflicts with former partners and how to cope positively with stress.</p> <p>Parenting support for families experiencing separation and divorce is critical, as this experience is impacting on the mental health of those children.</p>	<p>\$20,000</p>	<p>Without this funding we would not be able to provide free training to community partners and parents will miss out on supports to help them provide a healthy environment for their children experiencing transitions in family life.</p>	<p>Community partners have knowledge of the factors associated with effective programs for the promotion of healthy growth and development, as well as managing the stages of the family life cycle. Individuals and families are aware of the factors associated with healthy growth and development, and the importance of creating safe and supportive environments that promote healthy growth and development.</p>

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3. New Vaccine Fridge (Immunization)	The vaccine fridge at the Smiths Falls office is 9 years old and has had numerous minor issues with alarms. This fridge handles a large volume of vaccine for Lanark County health care providers as well as health unit school and in house clinics. It is critical to replace it before major problems develop with loss of vaccine.	\$20,000	At risk for cold chain break and potential wastage of vaccines	Effective inventory management for provincially funded vaccines.
4. New Alarm System for all Vaccine Fridges (Immunization)	Recently we lost vaccine because the primary alarm system didn't work on the vaccine fridge. Our proposal is to add additional temperature alarms for the nine vaccine refrigerators to provide back-up security to prevent vaccine loss. It will give an additional warning independent of the fridge system with a probe placed inside the fridge.	\$480 for parts and installation/fridge X 9 fridges = \$4320 (quote received from Falcon)	Vaccine loss if the primary security system doesn't work.	Effective inventory management for provincially funded vaccines.
5. Infection Prevention and Control (IPAC) Training (Infectious and Communicable Disease Prevention and Control)	This funding would allow twelve management and staff to complete the Queen's University on-line course on Infection Prevention and Control (IPAC). Staff will have the knowledge, skills and abilities to respond appropriately to IPAC lapses and provide leadership and support to community partners and service sites in infection control and response to outbreaks. It will also support fully implementing PIDAC best practice guidelines for IPAC in Health Unit clinics on and off site. https://healthsci.queensu.ca/faculty-staff/cpd/programs/infection-prevention-control-online-course	12 x \$1500.00 = \$18,000	Without the course there will be less capacity to detect, identify and manage infection and protection control issues. There is a risk that staff will not feel confident to assess complicated IPAC lapses in the community.	Effective and efficient management and mitigation of public health risks associated with infection prevention and control lapses. Increased awareness and use of infection prevention and control practices in settings that are required to be inspected.
6. PHI Student (Safe Water, Food Safety)	The funding would provide a practicum to a fourth year public health student to meet their field training requirement for Certification. We provide a diverse field training program to the students, supported by a mentor and coach including: beach monitoring program; recreational water program; vector borne program; and food safety program. The student will be exposed to various public health programs; encouraged to become a self-confident, knowledgeable, and respectful Public Health Inspector. Nearing the end of their practicum, we expect the student to be able to conduct inspections in various programs, answer client calls, complete basic reports, all with the guidance of their mentor and their proven ability.	\$10,000	Without the PHI student support, PHI staff will carry these duties many of which are seasonal in nature, thus potentially having less time to complete other normalized work -year round high risk, medium risk premises.	Increased ability of public health inspectors to support implementation of the Safe Water, Food safety and Healthy Environments Standards.

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7. Ergonomic Workstations for Meeting Rooms	Currently, meeting rooms in Brockville and Smiths Falls cannot be set-up in an ergonomically-friendly way and do not meet the needs of Administrative Assistants taking minutes.	9 workstations x \$3,000 per station = \$27,000	Risks of not receiving the funding include ergonomic issues for staff that have to use these workstations frequently, and potential lost time due to injuries as a result.	Enhanced health and safety of the physical environment.
8. IT Security Assessment	The Health Unit information technology systems have not undergone a formal, comprehensive security assessment from an external service. Operational security testing would provide the Health Unit with a comprehensive assessment of our security posture, both externally and internally, and prioritized recommendations based on risks/vulnerabilities and issues discovered. Specific areas covered in the assessment include an external penetration test and a comprehensive network security assessment, which includes physical security audit, network management and monitoring and firewall implementation review, host security review and antivirus, malicious code and spyware review, and LAN and WAN infrastructure review.	\$19,950.00	Risk of not receiving the funding are being unable to complete the security assessment, and therefore, not knowing the potential security risks to the system and not being able to put in the best mitigation strategies.	To improve the security of the IT systems, and implement the best safeguards.