

**Board of Health Briefing Note  
February 28, 2019**

**Finance, Audit, Property and Risk Management Committee**

**INVESTMENT ACCOUNT MANAGEMENT**

Mr. Derrick Dixon from the Graham-Dixon Group/BMO Nesbitt Burns, our new Investment Manager, reviewed the current investment portfolio and advised that BMO Nesbitt Burns is making changes to align to the health units needs and what is acceptable as far as ethically sound investment options. The proposed portfolio illustration along with the portfolio snapshot was discussed. This is a balanced income type portfolio with an average return of 5-7% in the long term. The mandate is to maintain capital.

**BOARD STIPEND**

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).

Board of Health Policy V-05-Attendances at meetings states:

Effective January 16, 2014 the meeting stipend rate will be paid to eligible Board members (the Chair and provincial appointees), as per the schedule for attendances at: a regular or special meeting of the Board; a committee meeting; and a business meeting on behalf of the Board.

The schedule in the current Policy V-05 states that the remuneration rate is based on the current rate being paid by the United Counties of Leeds and Grenville.

It was reasonable in the past to adopt the United Counties meeting stipend rate as it was the highest rate among all obligated municipalities which were in a similar range. The situation has changed for 2019. The United Counties of Leeds and Grenville Council reviewed its remuneration last fall. Canada Revenue Agency has eliminated the 1/3 tax exemption on their honorariums/per diem, and therefore Council increased their stipend amount to compensate for the loss of the exemption. Council will also be entitled to a 1.75% increase to these rates, if passed in February. In 2018, Board stipends were paid at the rate of \$88.07. If the Board were to adopt the United Counties of \$110.11 per half day this would be an increase of 25%.

An alternative is to change the wording in Policy V-05 (see attached revised Policy) to reflect the wording in the Health Protection and Promotion Act which 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).

The Board of Health 2018 budget included \$8,000.00 for Board stipends. There was a total of \$8,807.01 spent in 2018, for a deficit of \$807.01. The budget for Board stipends was not increased in 2019, so any increase to the Board stipend rate would result in a deficit for 2019. A 2019 review of the stipend rates for obligated municipalities indicates that Lanark County pays \$75/half day meeting and Smiths Falls pays \$67.50/half day meeting. The other municipalities have an annual honorarium. The Committee recommends that the current Board stipend rate of \$88.07 per meeting be maintained in 2019.

**RECOMMENDATION**

- That Board of Health Policy V-05 be revised to reflect the wording in the HPPA (see attached)
- The Board stipend for 2019 be the same as 2018.

LEEDS, GRENVILLE AND LANARK DISTRICT HEALTH UNIT	
<b>BOARD OF HEALTH MANUAL</b>	
Title/Subject: Attendances for Meetings and Conferences	Original Date: November 29, 1989
Policy Number: V-05-0	Revision Date: Sept. 20, 2018
Approved by: Board of Health	Reviewed Date: Sept. 20, 2018
Signature: Original Signed	
Reference: HUAM V-315, 375	

Policy:

Attendances:

1.1. Board Meetings:

- 1.1.1. Board meeting dates are determined annually, following the election of officers. The Board meetings are scheduled from January through December, however meetings in July and August are at the call of the Board Chair.
- 1.1.2. Board members are expected to advise the Executive Assistant of the Board prior to the holding of a meeting of their non-attendance, and of their wishes with respect to any agenda items.
- 1.1.3. Board members are expected to attend meetings regularly and participate. Responsibilities of members are:
  - 1.1.3.1. To listen attentively and show respect to others,
  - 1.1.3.2. To come prepared and read materials before the meeting,
  - 1.1.3.3. To bring their perspective to the discussion,
  - 1.1.3.4. To support the decisions of the group outside the committee.
- 1.1.4. Where a member having received due notice of such meetings has neglected, without consent of the Board Chair, to attend three consecutive meetings of the Board, the Board Chair shall write to the Municipality/Province who appointed such member and request that the Municipality/Province terminate the appointment of such member and appoint a new member in his/her place and stead.
- 1.1.5. Attendance records shall be forwarded to the respective municipalities at the end of the calendar year.
- 1.1.6. Effective January 16, 2014 the meeting stipend rate will be paid to eligible Board members (the Chair and provincial appointees), as per schedule for attendances at:
  - 1.1.6.1 a regular or special meeting of the Board
  - 1.1.6.2 a committee meeting
  - 1.1.6.3 a business meeting on behalf of the Board
- 1.1.7. The Board Chair (or provincial appointee delegate) will be paid one half of the meeting stipend rate when he/she is required to attend an official function not covered in paragraph one, that has been approved by the Board or Medical Officer of Health.
- 1.1.8. Eligible Board members will be paid a Board stipend for additional work on a specific project approved by the Board or a Board Committee outside of the meeting time, upon recommendation of the Board Chair, Vice Chair and/or Committee Chair. (payment will be one stipend amount per 3 hours of work)
- 1.1.9. All Board members, except the Board Chair, who are elected officials of municipal councils will not be entitled to receive a meeting stipend rate for attendances.
- 1.1.10. The meeting stipend rate will be adjusted annually, effective January 1<sup>st</sup> and will be reviewed annually by the Board of Health. The rate of 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.
- 1.1.11. Other Meetings:
- 1.1.12. When the Chair or provincial appointees are required to attend a meeting other than the Regular Board of Health Meeting by teleconference or videoconference, remuneration will be paid according to the time spent on the call.

1.2. Conferences/Conventions/Workshops, ALPHA Directors Meetings:

- 1.2.1. Board members are encouraged to attend appropriate conferences and conventions and will prepare a report to the Board giving a brief overview of the topics discussed at the conference.
  - 1.2.1.1. Board members may attend a conference/workshop with Board approval. The meeting stipend rate for provincial appointees is per the schedule.
    - 1.2.1.2. Municipal members on the Board of Health will be reimbursed for mileage and conference expenses related to Board work if they are not reimbursed by their municipality.
- 1.2.2. Registration will be prepaid by the Health Unit.

1.2.3. The most efficient method of travel arrangements will be pre-paid by the Health Unit. If a personal vehicle is used the Health Unit will reimburse mileage at 52 cents per kilometre up to 400 kilometres return. A rental car should be used for distances greater than 400 kilometres return.

1.2.4. Meals will be reimbursed with receipts to a maximum of \$50 per day.

1.2.5. Board members are encouraged to minimize expenses where possible.

### 1.3 .Ministry Meetings:

1.3.1. The Board Chair or designate will represent the Board at any meetings requested by provincial or municipal government officials.

### 1.4 Mileage:

1.4.1. Travel allowance for all Board members will be paid at the same rate that Health Unit non-union employees are reimbursed for business kilometres driven on a personal vehicle.

1.4.2. Parking expenses for all Board members may be reimbursed.

### 1.5. Financial Matters:

1.5.1. The meeting stipend rate will not apply for any financial matters, which require the signature of a signing officer.

## **Schedule**

### **Stipend and Remuneration Rates**

#### 1. Meeting Stipend Rate for Board Chair and provincial appointees:

The meeting stipend rate will be \$75.27 effective January 1, 1991

- \$77.52 effective January 1, 2002
- \$79.85 effective January 1, 2003
- \$82.25 effective January 1, 2004
- \$84.72 effective January 1, 2005
- \$87.26 effective January 1, 2006
- \$89.88 effective January 1, 2007
- \$83.61 effective January 1, 2016
- \$85.07 effective January 1, 2017\*
- \$88.07 effective January 1, 2018

\* Note: Municipal appointees are remunerated by their municipalities.

#### 2. Conference/Workshop:

a) The meeting stipend rate will be twice the meeting rate.

b) The kilometre reimbursement will be 52 cents per kilometre, effective April 1, 2013.

#### 3 Teleconference or Videoconference (other than Regular Board of Health meeting):

Time:

30 – 60 minutes - \$30

60-120 minutes - \$60

120 minutes or greater - \$88.07

#### Procedure:

1. The Business Manager will forward to the Municipalities, at the calendar year end, an attendance list of members regarding Board or Board subcommittee meetings.
2. After a meeting Board members must complete the Attendance Record and Kilometre Form (ADM-\*/\*-BRD-005) for reimbursement.
3. The Committee Attendance Record Sheet is to be given to the Executive Assistant of the Board at the end of the meeting.
4. After a conference, seminar etc. Board members will complete the Statement of Expense Form for reimbursement of expenses.
5. The Business Manager will arrange payment at the end of each month.

## **ROOF REPAIR BROCKVILLE BUILDING**

The flat roof rubber membrane at the Brockville site has deteriorated significantly over the last few years to the point where there has been substantial leaking in some of the second floor offices, in particular, in the west and north wings and in the south facing hall. This has damaged a number of ceiling tiles as well as drywall in the ceiling. In addition, some staff had to recently be moved to different locations within the building to work while the wet carpets were cleaned and dried and ceiling tiles replaced or removed and buckets put out to catch the water.

The Health Unit hired Eastern Engineering to do a visual flat roof inspection in August of 2018. They provided a report with recommendations and a budgetary estimate for replacing the rubber membrane (\$34,300). This did not include soft costs and other amounts for items such as consultant's fees, building permit fees, abatement costs, etc. They also made note that standing water on the roof could contribute to the leaks and that an additional drain should be added to the existing roof drains. This was not included in the budgetary estimate and could cost an additional \$10,000.

The Health Unit can apply to the Community Infrastructure Renewal Fund through the Ministry of Health and Long-Term Care in order to obtain funding for capital infrastructure projects. The 2018-2019 Guidelines and timelines for the fund have not yet been released. The Health Unit intends to put in an application for the roof repairs to the fund; however due to the serious condition of the roof and the unknown nature of whether provincial funding would be received, a request is being made to the Board for use of the municipal reserve to pursue the necessary steps to be taken to repair the roof now.

### **Recommendation**

- That the Board of Health approve the use of up to \$50,000 from the municipal reserve in order to complete the necessary repair/replacement of the rubber roof membrane, as well as recommended repairs of related parts of the roof at the Brockville Health Unit site.
- That an application be made to the Community Infrastructure Renewal Fund through the Ministry of Health and Long-Term Care in order to obtain funding for the roof repair.

## **MOHLTC BASE ONE TIME AND FUNDING REQUESTS**

The MOHLTC has provided an opportunity for Boards of Health to submit proposals for increases to our base budget (up to five) and requests for one time funding. If funded, these proposals will increase our ability to meet the Ontario Public Health Standards and this rationale is outlined in the attached Tables 1 and 2.

### **Recommendation**

- That the Board of Health approve the submission of the base funding and one time requests as outlined in Table 1 and 2.

Submitted by:

Shani Gates, Director, Quality, Corporate, and Information Service Department  
Jackie Empey, Business Manager  
Paula Stewart MOH/CEO  
February 28, 2019

**Table 1 - 2019 Annual Service Plan Proposals for Increases to Base Funding**

Existing/New Program Name and Standard	Description: Issues and/or opportunities addressed, populations served, relevant data, how relates to priorities	Project Item and Cost	Risks/Impacts (of not receiving any or all of the funding)	Outcomes
<p>1. Effective Public Health Practice Standard; Quality and Transparency Requirements – Increased CQI Capacity</p>	<p>This position would support the LGLDHU to meet the Quality and Transparency requirements in the OPHS Foundational Standards. 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 QI but lack the tools and skills to implement QI in a systematic way. This position would build on the opportunity of staff buying in to CQI to implement the Quality and Transparency requirements in the OPHS.</p> <p>The LGLDHU is developing a Continuous Quality Improvement Framework, and an Excellence Committee to support the implementation of activities in the framework. This position would provide leadership to the Excellence Committee, and leadership in the implementation of QI activities. The LGLDHU is also pursuing certification with Excellence Canada, and this position would lead the certification process.</p> <p>The LGLDHU has developed a set of Client Service Standards, but these Standards require updating, and a review to align with the requirements for measuring client, community, community partner and stakeholder experience. This position would lead the review, revision, and implementation of the LGLDHU's Client Service Standards and</p>	<p><b>Quality and Accountability Specialist</b> Full-time, permanent</p> <p>Master's prepared</p> <p>\$66,429 salary, plus 28% for benefits , total \$85,029</p>	<p>The LGLDHU will be unable to fund a 1.0 FTE Quality Specialist without the funding requested. The impact of not funding the position would be a 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 related to quality and transparency, and unsuccessful in pursuing certification through Excellence Canada.</p>	<p>The LGLDHU expects to achieve the following outcomes:</p> <ul style="list-style-type: none"> <li>-Development of a Quality Improvement Framework</li> <li>-Development of a work plan to implement activities in the LGLDHU Quality Improvement Framework</li> <li>-Delivery of training sessions for staff in QI tools and processes, and support for staff to implement the tools and processes</li> <li>-Formation of an Excellence Committee</li> <li>-Successful 'Bronze' certification through Excellence Canada's 'Excellence, Innovation, and Wellness' standard</li> <li>-Renewal and implementation of LGLDHU's Client Service Standards</li> </ul>

	approach to measurement of client, community, community partner, and stakeholder experience.			
2 Effective Public Health Practice Foundational Standard; Communication requirements for social media	This position would support the LGLDHU to meet the Research, Knowledge Exchange, and Communication requirement #7 related to using social media in board of health communications in the OPHS. As well, this position would support the LGLDHU to meet communication requirements throughout the OPHS that reference increasing public awareness and providing public health information to a variety of clients and stakeholders. The LGLDHU has developed a social media strategy, with support and guidance from Public Health Ontario (PHO). The social media strategy was recently approved by the senior leadership team, and outlines goals for increased use of social media, and increased engagement with clients on social media. The working group that developed the strategy identified a lack of capacity as the biggest barrier to implementing activities in the strategy. Staff are increasingly interested in engaging with clients on social media, which requires additional support and capacity beyond traditional communication activities. This increased demand exceeds the current capacity within the LGLDHU communications team to provide leadership and support to implement the social media strategy. This position would build on the work that has	<b>Social Media Specialist:</b> Full-time, permanent  College prepared  \$50,299.85 salary, plus 28% benefits, total \$64,384	The LGLDHU will be unable to fund a 1.0 FTE Social Media Specialist without the funding requested. The impact of not funding the position would be a reduced ability to implement the LGLDHU social media strategy, and a reduced social media presence for the LGLDHU. There is a risk that programs and services will have less effective communication with clients, and less capacity to respond to and engage with clients on social media.	The LGLDHU expects to achieve the following outcomes: -Development of a work plan to implement activities identified in Social Media Strategy -Leadership in the implementation of activities related to social media -Completion of training sessions for staff, and ongoing support for staff to integrate social media into their communication activities -Increased followers on existing LGLDHU social media platforms -Increased use of social media in all OPHS program standards

	<p>been completed to-date on the social media strategy, and would ensure the successful implementation of activities identified to enhance the LGLDHU's use of social media. Increased capacity to use social media and engage with clients on social media, will support the LGLDHU is providing client-centred and responsive service.</p>			
<p>3. Effective Public Health Practice Foundational Standard; Quality and Transparency Requirements – Increase IT capacity</p>	<p>The Health Unit requires more personnel to support the development and improvement of electronic systems to support quality and transparency requirements. These systems include:</p> <ul style="list-style-type: none"> <li>• Development of an Electronic Clinical Record: Clinical records are currently paper based and reside in different Health Unit sites. This system would allow access to all clients' records from different sites.</li> <li>• Improvements and changes to Health Space: Support the changes that are happening in 2019. Health Space is moving to a web based model and will require data transition from local SQL database to web based storage.</li> <li>• Windows 7 will reach End of Life (EOL) in January of 2020 and Microsoft will no longer provide updates. We need to transition approximately 100 computers to a new operating system by end of year.</li> <li>• Email systems and email archiving systems are out of date and scheduled for replacement. We have been working at these upgrades for over 30 months but seem to always get moved off this project and onto 'more important' things.</li> </ul>	<p><b>IT Specialist</b> Full-time, permanent  College prepared  \$63,877 salary, plus 28% benefits, total \$81,763</p>	<p>The LGLDHU will be unable to fund the position without the funding requested. The impact of not funding the position would be risks for not meeting client needs. Need for redundancy, support for the Computer Systems Specialist role. Current IT team capacity is meeting operational demands, but is not sufficient to cover project work, including the development and implementation of new systems.</p>	<p>The LGLDHU expects to achieve the following outcomes: -Completion of an Electronic Clinical Record will achieve access to Client Clinical records in all sites, enhance the client experience, reduce need for physical transport of client records and thereby reduce the risk for privacy incidents in transport client records -Improved transparency of inspection results, through Health Space will support the public in making evidence informed choices -Updated systems with Windows 7 EOL. -Updated email server technology.</p>

<p>4. Food Safety Safe Water Healthy Environments Program Standards</p> <p>Achieve applicable regulatory requirements</p>	<p>The Health Unit requires an additional Public Health Inspector for the following:</p> <ul style="list-style-type: none"> <li>• Food Premises Reg. 493/17 now expands to home based food premises estimate 300<sup>1</sup> additional premises (an increase of 24% and most will be high risk at the start) requiring inventory, education, inspection/assessment</li> <li>• Public Pools and Spas 69 11 Class A 58 Class B Spas 10 – operator training is now required under protocol associated with Reg. 565 a training course will have to be planned and implemented</li> <li>• Personal Services Settings (286) such as salons, esthetics, piercing and tattooing parlours – <b>new</b> regulations Reg. 136/18 and ticketing options – operator awareness and education is required</li> <li>• Tanning Beds 14 now requires routine inspections, not just by complaint under <i>Skin Cancer Prevention Act</i></li> <li>• Recreational Camps Reg. 503/17 - 10 (1000s of campers) – IPAC, food safety, health hazards, Recreational Camp Waterfront safety plans at opening presented to PHI</li> <li>• Licensed Child Care Settings 60+ /licensed <b>home</b> day care centres – changes include more focus on infection control along with other inspections food safety, health hazards and other (Part VIII OBC Act)</li> <li>• Small Drinking Water Systems Reg. 319 500 – required to provide educational opportunities to operators and incident follow-up such as ground, water and indoor air contamination</li> </ul>	<p><b>Public Health Inspector</b> full time position</p> <p>Certified PHI with approved degree/s \$70,375.74 plus 28% for benefits, total \$90,080.94</p>	<p>The LGLDHU will be unable to fund a 1.0 FTE PHI without the funding requested. The impact of not funding the position would be a reduced ability to meet the new inspection requirements in the protocols previously listed and a reduced ability to respond to complaints in a timely fashion.</p> <p>If inspections are not up-to-date, then the InSight Disclosure System is not up to date, which causes confusion/uncertainty to the public and a lack of veracity to our disclosure program.</p>	<p>The LGLDHU expects with the help of this additional PHI in a generalized position to increase capacity for:</p> <ul style="list-style-type: none"> <li>- education,</li> <li>-assessments/inspections</li> <li>-ensure food safety plans for the new home based food premises</li> <li>- assist in the education programs and follow up for various Food Safety, Safe Water and Healthy Environment activities to help operators achieve understanding and compliance with the changed legislation</li> </ul>
---	---	---	---	--

<sup>1</sup> In consultation with SPHIs



<p>5. School Health Program Standard; Vision Screening</p>	<p>The Child Visual Health and Vision Screening Protocol will require an extensive draw on our resources. Extra staff will be needed to ensure the successful implementation of this new program according to this Protocol. Work will include:</p> <ul style="list-style-type: none"> <li>-Coordination and delivery of vision screening in our area school.</li> <li>-Staff training on screening protocols.</li> <li>-Link with community resources to support obtaining glasses for children in need.</li> </ul>	<p><b>1.0 FTE RPN</b>          \$68,291.72 (with benefits)</p> <p>\$3000 mileage          \$1000 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.          Parents lack knowledge on the importance of vision screening.</p>	<p>Outcomes include:</p> <ul style="list-style-type: none"> <li>-parents/guardians will be aware of the visual health needs of school aged children.</li> <li>-timely and effective detection and identification of children with vision problems.</li> </ul>
--	--	--	--	---

**Table 2 - 2019 Annual Service Plan Proposals for One –Time Funding**

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
1. Effective Public Health Practice foundational Standard; Quality and Transparency requirements – Excellence Canada certification	The OPHS Quality and Transparency requirements include a requirement for the “use of external peer reviews, such as accreditation.” The LGLDHU has a membership with Excellence Canada, and has used their ‘Excellence, Innovation and Wellness Standard’ as a framework for the LGLDHU 2019-2022 Strategic Plan for Organizational Excellence. As part of the process in developing the Strategic Plan, the LGLDHU completed an assessment of gaps and opportunities against the Bronze and Silver requirements in the Excellence, Innovation and Wellness Standard. The LGLDHU is ready to begin the process of pursuing certification at the Bronze level.	<p><b>Excellence Canada Certification</b>  <b>\$18 800 total</b>, including:</p> <ul style="list-style-type: none"> <li>• \$15 800 for certification</li> <li>• \$3 000 for verifier’s expenses</li> </ul>	The LGLDHU will be unable to pursue certification with Excellence Canada without additional funding. This will impact the ability of the LGLDHU to meet the OPHS requirement for external peer review.	The LGLDHU expects to achieve the following outcomes: -Completion of submission -Completion of verification with Excellence Canada -Certification of the LGLDHU at the Bronze level
2. Administration – Dayforce System Migration	The current Health Unit human resources and payroll (HRP) platform will not be supported by Ceridian beyond December 31, 2019. The Health Unit is scheduled to migrate the current HRP platform to the new Dayforce system, starting in April, 2019, with a launch date of July, 2019.  Dayforce is a “comprehensive, modern cloud platform for managing the employee lifecycle”. The Health Unit is migrating to the	<b>Dayforce Migration</b> <b>\$13, 985.40</b> is one-time fee to migrate to new system	The one-time costs for the migration are not available in the Health Unit’s 2019 operating budget. If funding is not received from the MOHLTC, the Health Unit will need to pursue other options for funding. As the current payroll system will not be functional after	Dayforce is a comprehensive system that will help the Health Unit realize numerous HR and payroll efficiencies. There is an activity reporting component that will track staff time spent in programs and interventions to provide information for MOHLTC budgets and quarterly reports. Capacity to download into the current accounting

	standard modules, including HCM (core elements and HR and Self-Service), Payroll, Time and Attendance, Benefits and HCM Education Package.		December, the Health Unit would not be able to pay its employees starting January 2020.	system will increase efficiency. Regular software upgrades (2 per year) will keep the system up-to-date with not additional costs.
3. Effective Public Health Practice Foundational Standard IT training	<p>IT staff are currently implementing changes to the Health Unit's Virtual Environment and Email Servers. Hands on training is required for IT staff in order to ensure an effective and efficient transition, continuity of operations, and reduction of consultant costs.</p> <p><b>3 Courses would be pursued: VMWare, ESXI and VCentre</b> The course vSphere, ESXi and vCenter Virtualization (VMware Training) explores every aspect of server virtualization using VMware technologies.</p> <p><b>VMWare View Training: Install, Configure &amp; Manage</b> The course provides participants with a comprehensive introduction to the various features of VMWare View.</p> <p><b>Exchange Server Administration Course:</b> The training includes installation as well as Exchange server configuration of message boxes, distribution lists, calendar services, connectors, &amp; more. The course also discusses high availability, fault tolerance, performance tuning, disaster recovery &amp; security as it relates to Exchange server in the enterprise.</p>	<p><b>\$12,775 Total Server 2016 Training:</b></p> <p>3 Courses would be taken: VMWare, ESXI and VCentre – 5 Day Course \$3,500</p> <p>VMWare View Training: Install, Configure &amp; Manage – 5 Day Course \$3,500 x2 staff</p> <p>Exchange Server Administration Course – 5 Day Course \$2,275</p>	<p>The LGLDHU IT staff will continue to experience difficulty supporting staff as we grow our virtual environment. Troubleshooting problems will continue to take longer than it should with staff becoming frustrated and other operational needs will be left unsupported.</p>	<p>We will learn to use tools designed to assist in the design and rollout and troubleshooting of virtual environment builds. Learning points include 'best practice' and industry standards.</p> <p>-This VMware essentials course will provide IT staff with the basic and advanced knowledge and skills to successfully implement a production VMware based virtualization infrastructure.</p> <p>-VM View training will provide knowledge and certification for staff to install, configure, maintain and tune VMWare View based desktops.</p> <p>-Exchange Server Administration increases knowledge to plan, install, secure &amp; maintain a corporate Exchange server.</p>

<p>4. Effective Public Health Practice Foundational Standard; Immunization Program Standard; Sexual Health Program Standard</p> <p>Electronic Clinical Record Development</p>	<p>LGLDHU’s clinical records are all paper records stored in 6 different sites which create challenges when running clinics and clients show up at different sites. The computer equipment in our clinic areas doesn’t meet the requirements for infection control</p> <p>Paper client files will be converted into an electronic file management system in FileHold to allow staff to access all clients in one system regardless of the clinic site they attend. This forms and workflow process will be supported by a FileHold consultant working with clinical staff.</p> <p>9 computers will be replaced in clinic areas with medical grade computers, keyboards, mice, monitors and ergonomic workstations. Also, computers will be installed in the clinic waiting room areas for clients to electronically complete ‘client data’ and ‘health survey’ forms.</p>	<p><b>\$59,155</b></p> <p>Consulting costs are \$36,400. Cost to replace 9 computers is \$15,255. Cost of computers for waiting rooms is \$7,500.</p>	<p>Risks to loss of client files during transport and subsequent risk of privacy breach will continue. Infection control standards in clinical spaces will not be met without proper computer equipment, which poses risks to clients and risk of complaints.</p>	<p>The LGLDHU expects to achieve the following outcomes: -Completion of an Electronic Clinical Record will achieve access to Client Clinical records in all sites, enhance the client experience, reduce need for physical transport of client records and thereby reduce the risk for privacy incidents in transport client records</p>
<p>5. Food Safety Healthy Environments Rabies Safe Water Infectious Diseases</p> <p><i>Increasing efficiency and effectiveness in the continuum of enforcement of</i></p>	<p><b>Enforcement Training for Public Health Inspectors.</b> The public health inspectors (PHI) have not had an opportunity to receive enforcement training for over 10 years. The HU PHIs have regulatory authority for a wide variety of regulations under the Health Protection and Promotion Act. In the last year Modernization of Environmental Health legislation and the initiation of new regulations</p>	<p>16 PHIs held in the LGLDHU area to reduce travel costs</p> <p>Potential contract with CIPHI – Ontario Branch [Canadian Institute of Public Health Inspectors] to provide the work shop via recognized/effective professionals providing similar training to other HU</p>	<p>The field inspectors require updating on the modernized regulations, graduated enforcement approaches/options. Due to retirements there will be new PHIs requiring this training as well.</p> <p>Without this requested</p>	<p>LGLDHU expects to achieve the following outcomes: Environmental Health and Infectious Diseases staff will</p> <ul style="list-style-type: none"> <li>- Have increased competency in regulatory practice</li> <li>- Be up to date in current progressive enforcement practices including collaborative</li> </ul>

<p><i>applicable environmental health regulations – reducing community exposure to CD and protection from chemical and safety hazards</i></p>	<p>such as the Personal Services Regulations, Reg. 136/18 resulted in significant changes in regulatory requirements and tickets under the Provincial Offences Act for these pieces of legislation. The department had 3 retirements recently which reduces corporate memory in this key area of PHI practice. The retirements result in new PHIs into LGLDHU area of jurisdiction. Enforcement training at this time is timely, a priority and appropriate. Propose a 2 day work shop aimed at PHI enforcement requirements under the new and Modernized regulations - Food Premises Regulations Reg 493/17; Personal Service Settings Regulations; Recreational Camps Regulations; and changes relating to Public Pool Reg. 565 related protocols and Small Drinking Water Regulations Reg. 318. The workshop will cover pertinent issues relating to enforcement and the achievement of compliance. Objectives of Work Shop:</p> <ol style="list-style-type: none"> <li>1. To update LGLDHU PHIs professional practice in continuum of progressive enforcement.</li> </ol> <p>Workshop Goals include:</p> <ol style="list-style-type: none"> <li>1. Orientation to current progressive enforcement practices</li> <li>2. Review of Technical Aspects A – Orders, Summons, Tickets, hearings</li> </ol>	<p>in Western Ontario. To be held in a LGLDHU meeting room to reduce costs. 16 PHIs@ \$500.00 = 2 day workshop <b>Total: \$8,000.00</b></p>	<p>funding the PHIs will not be as up to date in enforcement practices as they could be. This could lead to less effectiveness in inspections and inefficiencies such as too many reinspections and premises failing between the cracks.</p>	<p>approaches</p> <ul style="list-style-type: none"> <li>- Maintain rapport with operators throughout the enforcement continuum</li> <li>- increase in efficiencies and effectiveness of regulatory practice</li> <li>- Reduce the necessary reinspections &amp; follow ups</li> </ul>
---	---	---	--	--

	<p>3. Review of Technical Aspects B-Evidence, cautioning &amp; impact statements, continuity of evidence, note-taking, obstruction, giving testimony, Interactive component</p> <p>4. Strengthening collaboration skills, powerful conversation techniques, building rapport and charge (ticket, etc.) without feeling guilty and maintaining ongoing working relationships</p>			
<p>6. PHI Practicum Student (Safe Water, Food Safety)</p>	<p>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, healthy environment and emergency management. 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.</p>	<p>\$10,000 salary from practicum \$500.00 mileage @ 1,000 km from practicum funding This is for a 12 week period either the summer or the fall 2019 (preferably in the summer)</p>	<p>Without the PHI student support, PHI staff will carry these duties many of which are seasonal in nature (winter/summer), thus potentially having less time to complete other normalized work -year round high risk, medium risk premises. As well the PHIs are facing regulatory change and addition to their mandate which makes inspection visits more time intensive due to educational needs and complicated as these regulatory changes affect our operators as well.</p>	<p>Increased ability of public health inspectors to support implementation of the Safe Water, Food safety and Healthy Environments Standards and protocols as well as regulatory change through modernized legislation.</p>

<p>7. Healthy Environments Program Standards</p> <p><i>Reducing community exposure to radon</i></p>	<p>The OPHS include radon as part of the Healthy Environments Program Standard, requiring boards of health to identify and address this health hazard based on local need. Local need is evident, as 19.4% of homes in the LGL DHU have radon levels above the federal recommendation – more than double the provincial rate. Moreover, indoor exposure to radon is a significant risk factor for lung cancer (causing 10% of cases in Ontario) and is the second leading environmental cause of cancer in Ontario, after solar radiation. The division of Community Health Protection would like to address the region’s high radon levels within homes through educational campaigns, facilitation of testing home radon levels, and providing information about mitigation. Provision of test kits would be sustained through sale to the public at cost, which is a 47% discount compared to market prices, as well as further subsidy for those with financial need. Promotional and educational activities will be aligned with provincial and federal messaging, and will also be tailored to the local context</p>	<ul style="list-style-type: none"> <li>• Radon test kits (bulk order of 500 units at 47% discount): \$7,995</li> <li>• Development and printing of materials: \$3,000</li> <li>• Paid marketing/promotion: \$2,000</li> <li>• Program assistant 0.1 FTE: \$5,666</li> <li>• Staff development: \$1,500</li> </ul> <p><b>TOTAL: \$20,161</b></p>	<p>Without the proposed funding, efforts to address radon as a health hazard would be limited. This would allow residents to remain at an inequitably higher risk of radon-related health outcomes, such as lung cancer, as compared to other areas of Ontario. Further, the health unit would not be able to address inequities in radon testing through provision of subsidized testing kits. This is important because those of lower socioeconomic status are not only less likely to purchase test kits, but are also more likely to live in substandard housing and to smoke, both of which increase the risk of radon-related lung cancer.</p>	<p>Healthy Environments program outcomes that will be achieved:</p> <ul style="list-style-type: none"> <li>• Increased public awareness of the health risks of radon and relevant protection and prevention activities</li> <li>• Decrease in health inequities related to indoor radon exposure</li> <li>• Reduced overall public exposure to radon as a health hazard</li> </ul> <p>The proposed program activities will also establish LGL DHU as a resource to the community with regards to radon as a health hazard, and facilitate increased community engagement.</p>
---	--	---	---	---

<p>8. Substance Needle Exchange Program</p>	<p>In our region there has been a substantial increase in needles being accessed by clients. Increase in needles being returned to HU services sites have required additional contracts to ensure sharps disposal is done according to transportation of dangerous goods regulation.</p>	<p>\$ 50,000 for needles and other program supplies</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>
<p>9. Immunization Program Standard- Vaccine Management</p>	<p>The Health Unit has three vaccine fridges that are nearing 10 years of age. It has been recommended to us that these be replaced before we experience any mechanical failures that could lead to a serious cold chain break and the subsequent loss of a large supply of publicly funded vaccines. One fridge is located in our Kemptville Service Site, one is located in our Brockville office and the third one in our Smiths Falls office. All fridges support the dissemination of vaccines to local Health Care Providers and support our school, health unit office and outreach clinics.</p>	<p><b>\$32,000.( for 3 fridges)</b> "Specifications for Brockville Office fridge: o Size: 23 (approx.) cubic feet (size will be dependent on cost of unit plus other variables such as delivery, installation, alarms, etc.). (Size approximately 79.2 h x 36.4 d x 28"w) o TSX2305GA – recommendation due to quiet operation <b>"\$9,000.</b> "Specifications for Kemptville Office: o Size: 51 (approx.) cubic feet (size will be dependent on cost of unit plus other variables such as delivery, installation, alarms, etc.). (Size approximately 37.9 x 56.5 x 78.5 in. (96.2 x 143.5 x 199.4 cm) o TSX5005GA – recommendation due to quiet operation" <b>\$14000</b></p>	<p>If the fridges are not replaced we are at risk of mechanical failure of our fridges which could cause a loss of vaccines and their associated value.</p>	<p>Replacing these fridges will ensure many more years of reliable temperatures and keeping our vaccine supply viable.</p>



		<p>"Specifications for Smiths Falls Office fridge:</p> <ul style="list-style-type: none"> <li>o Size: 23 (approx.) cubic feet (size will be dependent on cost of unit plus other variables such as delivery, installation, alarms, etc.). (Size approximately 79.2 h x 36.4 d x 28" w)</li> <li>o TSX2305GA – recommendation due to quiet operation</li> </ul> <p><b>"\$9,000.</b></p>		
<p>10. Smoking Cessation - Nicotine Replacement Therapy (NRT)</p>	<p>The smoking rate in LGL sits at approximately 25%. (CCHS 2013 (ages 12+), which is significantly higher than the provincial rate of 16%). The Health Unit delivers NRT to five identified priority groups (prenatal clients, breastfeeding women, low income adults recently discharged from hospital on NRT; high risk youth, those clients that participated in the STOP program, but still need assistance after the 5 weeks provision provided by STOP up to a maximum of 26 weeks).</p> <p><b>Prenatal/Postpartum/Breastfeeding Clients</b> - We target prenatal and postnatal women through weekly appointments, home visits and prenatal classes to offer support, counseling and NRT to eligible clients. NRT will be provided by trained Public Health Nurses in consultation with their health care provider monitoring their pregnancy for a period of 26 weeks or less.</p>	<p>The following supplies are being requested:</p> <ul style="list-style-type: none"> <li>• Patch 21 mg X 325 = \$9100</li> <li>• Patch 14 mg X 300 = \$8400</li> <li>• Patch 7 mg X 100 = \$2800</li> <li>• Gum/ lozengers/ inhalers 4 mg X 200 = \$6560</li> <li>• Gum/ lozengers/ inhalers 4 mg X 200 = \$3061</li> </ul> <p><b>TOTAL \$29,921</b></p>	<p>Risk that current funding streams have not been allocated to support/provide a NRT program to the five identified priority groups.</p>	<p>Outcomes include:</p> <ul style="list-style-type: none"> <li>• Increased numbers of clients being screened and accessing NRT therapy.</li> <li>• Increased chance of pregnant women quitting smoking and therefore benefit both mom and baby.</li> </ul>

	<p><b>High Risk Youth</b> - We will also be offering support, counseling and NRT to eligible high risk youth in our already established TR Leger/Sexual Health clinics. Public Health Nurses will support these youth on a weekly basis for up to 26 weeks. This program will be promoted through the TR Leger school network, the school itself and our Sexual Health Clinics.</p> <p><b>Low Income Adults Recently Discharged</b> - Clients gain access to our program through a referral system between our local hospitals and us. They will follow a similar 26 week program as above. This program will support the newly announced funding for cessation aids to newly discharged patients, should our local hospitals be chosen as one of the 80 to get the new quit cards.</p> <p><b>STOP clients</b> requiring additional support beyond the 5 week provision provided by CAMH STOP program.</p>			
--	--	--	--	--

**Proposals for One –Time Funding Increases (to be discussed at SLT)**

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>11. Autoclaves</p> <ul style="list-style-type: none"> <li>• Infection Prevention and Control</li> <li>• School Health –Oral Health</li> </ul>	<p>Autoclaves for reprocessing equipment for Sexual Health Clinic and Dental Clinics.</p> <p>The Health Unit has two autoclaves that are over 10 years of age. They are no longer working as per Infection Prevention and Control Guidelines, nor do they have printers and the company is no longer able to support fixes and workarounds due to their age. It has been recommended to us that these be replaced before we experience a serious Infection Control lapse. One is located in our Brockville office and the second one in our Smiths Falls office. All autoclaves support the Infection Prevention and Control for Sexual Health and Dental Programs.</p>	<p>Midmark M11 ULTRACLAVE (AUTO DOOR) 115V \$ 7499.00 x 2 ; two dot matrix printers\$ 699.00 x2 = \$15,011.98</p> <p>Trays: 4 at \$1000.00 x4 = \$4000.00</p>	<p>Inability to autoclave materials for Sexual Health Clinics and In-house and offsite dental clinics necessitating purchasing disposable materials at an ongoing cost.</p> <p>Risk of infection or transmission of blood borne pathogens.</p>	<p>Replacing the autoclaves will ensure Infection Prevention and Control Standards are met and client services remain intact and client safety is protected.</p>