



TO: Chair and Members of the Board of Health

FROM: Chris Mackie, Medical Officer of Health

DATE: 2014 September 18

2013 YEAR END PERFORMANCE ON ACCOUNTABILITY INDICATORS

Recommendation

It is recommended that Report No. 056-14 re 2013 Public Health Performance Indicators Year-End Results be received for information.

Key Points

- The Health Unit has demonstrated strong performance on the 2013 Year-End Accountability Agreement performance indicators meeting or exceeding the targets on 9 of 10 indicators.
- There are limitations to the performance indicator data and some one-time funding helped the Health Unit reach some performance targets.

Background

Under section 5.2 of the Accountability Agreement between the Middlesex-London Board of Health and the Ministry of Health and Long Term Care (MOHLTC), the Board has agreed to use best efforts to achieve agreed upon Performance Targets for the Indicators specified.

There are currently 17 performance indicators which are reported to the MOHLTC at mid-year and at the end of each year. These indicators reflect the program areas of food safety, water safety, infectious disease control, vaccine preventable disease, tobacco control, injury prevention, substance abuse and child health. For each of these indicators, a 2013 target was negotiated and agreed upon by both the Board and MOHLTC.

2013 Year-End Results

In August 2014, the MOHLTC published the Health Unit's mid-year performance on 10 indicators ([Appendix A](#)). Of those 7 not reported, two were deferred pending policy development work, three did not have data released in the reporting time period, and two were not reported as data were collected for monitoring purposes due to the pending implementation of Panorama.

Of the 10 indicators reported, the Health Unit met or exceeded targets on 9 of 10.

Indicator		Middlesex London Health Unit		Comment
		Target	Year-End Performance	
1	% of high risk food premises inspected once every 4 months	100%	99.7%	
2	% of Class A pools inspected	100%	100%	
3	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for inspection	100%	100%	

4	% of gonorrhoea cases with follow-up within 2 days	>70%	100%	
5	% of iGAS cases with follow-up on same day as receipt of lab confirmation	100%	100%	
7a	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (HPV)	Maintain current rate – 0%	0.0%	
7b	% of vaccine wasted by vaccine type that are stored/administered by the public health unit (Influenza)	Maintain current rate – 1.2%	0.2%	
9c	% of children with completed immunizations for Meningococcus	90.0%	92.4%	2012/2013 schools year (As of June 30, 2013)
11	% of tobacco vendors in compliance with youth access legislation	≥ 90%	99.7%	
14	Baby-Friendly Initiative (BFI) Status	Advanced	Advanced	

Limitation in the Data and One-Time Funding

The indicators presented in this report are an incomplete representation of the work that public health units do to protect and promote the health of Ontario residents but have been chosen to:

- Reflect government priority;
- Core business of public health;
- Measure Board of Health level outcomes as per the OPHS, 2008;
- Be responsive to change by action of the Board of Health;
- Provide opportunity for performance improvement;
- Have available data sources; and
- Are sensitive, timely, feasible, valid, reliable, understandable, and comparable.

The report also notes that health units operate under unique local factors and there is variability across health units such as demographics, geographic size, human resources, etc., that impact each health unit differently and caution is advised when comparing health unit performance.

This report was prepared by Mr. Jordan Banninga, Manager of Strategic Projects.



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