

AGENDA
MIDDLESEX-LONDON BOARD OF HEALTH
Quality and Governance Committee

Thursday, February 20, 2025 at 6 p.m.
MLHU Board Room – CitiPlaza
110-355 Wellington Street
London, ON N6A 3N7

1. ELECTION OF CHAIR, QUALITY AND GOVERNANCE COMMITTEE

2. DISCLOSURE OF PECUNIARY INTEREST

3. APPROVAL OF AGENDA – February 20, 2025

4. NEW BUSINESS

4.1. 2025 Quality and Governance Committee Terms of Reference
(Report No. 01-25QGC)

4.2. 2023-25 Provisional Plan 2024 Q4 Status Update (Report No. 02-25QGC)

4.3. Privacy Program Report – IPC Statistical Reports for 2024 (Report No. 03-25QGC)

4.4. Q4 2024 Risk Registry Update (Report No. 04-25QGC)

4.5. Q4 2024 Performance Reporting (Report No. 05-25QGC)

5. OTHER BUSINESS

The next meeting of the Quality and Governance Committee will be on Thursday, May 22, 2025 at 6 p.m.

6. ADJOURNMENT

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 01-25QGC

TO: Chair and Members of the Quality and Governance Committee
FROM: Emily Williams, Secretary
DATE: 2025 February 20

2025 QUALITY AND GOVERNANCE COMMITTEE TERMS OF REFERENCE

Recommendation

It is recommended that the Quality and Governance Committee recommend to the Board of Health to:

- 1) *Receive Report No. 01-25QGC re: “2025 Quality and Governance Committee Terms of Reference” for information; and*
 - 2) *Approve the 2025 Quality and Governance Committee Terms of Reference.*
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Report Highlights

- The Board of Health approved striking the Quality and Governance Committee and disbanding the Governance Committee at the January 23, 2025 Board of Health meeting
- Quality and Governance Committee meetings will be held quarterly at 6 p.m. before a regularly scheduled Board of Health meeting.
- The draft Terms of Reference for the Quality and Governance Committee is affixed as [Appendix A](#).
- The Board of Health and Committee Reporting Calendar was approved at the January 23, 2025 Board of Health meeting and is affixed as [Appendix B](#).

Quality and Governance Committee Terms of Reference for 2025

At the January 23, 2025 Board of Health meeting ([Report No. 02-25](#)), the Board of Health approved striking the Quality and Governance Committee and disbanding the Governance Committee. Quality and Governance Committee meetings will be held quarterly at 6 p.m. before a regularly scheduled Board of Health meeting in February, May, September and November.

The draft Terms of Reference for the Committee is affixed as [Appendix A](#).

Quality and Governance Committee Reporting Calendar for 2025

The quality and governance section of the [2025 Board of Health and Committee Reporting Calendar](#) includes policy review that the Governance Committee conducted, with the addition of providing the Committee (to the Board) quality-related reporting such as strategic planning, organizational performance, privacy statistics and risk management. The reporting calendar was approved by the Board of Health at the January 23, 2025 Board of Health meeting.

The approved reporting calendar is affixed as [Appendix B](#).

Next Steps

The Committee may decide to amend the Terms of Reference at their discretion at any time.

This report was prepared by the Secretary of the Board of Health.



Emily Williams, BScN, RN, MBA, CHE
Secretary

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The good governance and management practice requirements as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation #43 (Governance and Leadership, Anti-Black Racism Plan).

QUALITY AND GOVERNANCE COMMITTEE – TERMS OF REFERENCE

PURPOSE

The Quality and Governance Committee serves to provide an advisory and monitoring role with respect to the organizational performance, risk and strategy of the Middlesex-London Health Unit. This is accomplished through regular reporting and policy review.

REPORTING RELATIONSHIP

The Quality and Governance Committee reports to the Board of Health of the Middlesex-London Health Unit. The Chair of the Quality and Governance Committee will make reports to the Board of Health following each of the meetings of the Quality and Governance Committee.

MEMBERSHIP

The membership of the Quality and Governance Committee will consist of a total of five (5) voting members. The members will include the Chair and Vice-Chair of the Board of Health and in total, the membership will contain at least one Middlesex County Board member, one City of London Board member, and one provincial Board member.

The Secretary and Treasurer will be ex-officio non-voting members.

Staff support includes:

- Chief Executive Officer;
- Medical Officer of Health;
- Executive Assistant (EA) to the Board of Health
- Director, Public Health Foundations;
- Associate Director, Operations & Privacy Officer, or designate.

Other Board of Health members may attend the Quality and Governance Committee but are not able to vote.

CHAIR

The Quality and Governance Committee will elect a Chair at the first meeting of the year to serve for a one or two-year term. The Chair may be appointed for additional terms following the completion of an appointment to enhance the continuity of the Committee.

TERM OF OFFICE

At the first Board of Health meeting of the year the Board will review the Quality and Governance Committee membership. At that time, if any new appointments are required, the position(s) will be filled by majority vote. The appointment will be for at least one year, and where possible, staggered terms will be maintained to ensure a balance of new and continuing members. A member may serve on the Committee as long as they remain a Board of Health member.

DUTIES

The Quality and Governance Committee will provide recommendations to the Board of Health on the following matters:

- Receipt and approval of quarterly performance reporting from the Management Operating System;
- Receipt and approval of the annual Privacy Statistics as required by the Information and Privacy Commissioner of Ontario;

- Receipt and approval of quarterly Middlesex-London Strategic Plan reporting;
- Receipt and approval of quarterly risk reporting;
- Review and revision of Board of Health Policy Manual;
- Governance policy and by-law development and review.

FREQUENCY OF MEETINGS

The Quality and Data Committee will meet quarterly or at the call of the Chair of the Committee.

AGENDA & MINUTES

- The Chair of the committee, with input from the MOH and CEO, will prepare agendas for regular meetings of the committee.
- Additional items may be added at the meeting if necessary.
- The recorder is the EA to the Board of Health or designate
- Agenda and minutes will be made available at least five (5) days prior to meetings.
- Agenda and meeting minutes are provided to all Board of Health members.

BYLAWS:

As per Section 19.1 of Board of Health By-Law No. 3, the rules governing the proceedings of the Board shall be observed in the Committees insofar as applicable. This will include rules related to conducting meetings; decision making; quorum and self-evaluation.

REVIEW

The Terms of Reference will be reviewed every two (2) years or when an amendment is deemed necessary by the Committee or Board.

2025 Middlesex-London Board of Health Reporting Calendar - **FINAL**

<u>Q1 2025: January 1 – March 31</u>	<u>Q2 2025: April 1 – June 30</u>
<p>Meetings: January, February, March</p> <p>Finance and Facilities</p> <ul style="list-style-type: none"> • Review Terms of Reference • Public Sector Salary Disclosure • Review and Recommend Board of Health Remuneration • Q4 Financial Update, Financial Borrowing and Factual Certificate Update • Review Insurance Coverage <p>Quality and Governance</p> <ul style="list-style-type: none"> • Annual Privacy Program Update • Q4 Risk Registry • Annual Declarations – Confidentiality and Conflict of Interest • Q4 Strategic Plan Update • Q4 Performance Reporting • Activity Reports – CEO, MOH, Board Chair • Review Governance By-laws and Policies <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • As required 	<p>Meetings: April, May</p> <p>Finance and Facilities</p> <ul style="list-style-type: none"> • Q1 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend – Audited Financial Statements for MLHU • Recommend Budget Parameters, Planning Assumptions and Municipal Funding Targets • Review Funding and Service Level Agreements • Review and Recommend Budget Process • Visa and Accounts Payable Update <p>Quality and Governance</p> <ul style="list-style-type: none"> • Occupational Health and Safety Program Update • Q1 Risk Registry • Review Governance By-laws and Policies • Initiate Board of Health Self-Assessment (2025) • Review Governance Policies and By-Laws • Q1 Strategic Plan Update • Annual Service Plan • Annual Report and Attestation • Q1 Performance Reporting • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • Nurse Family Partnership Annual Report <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Initiate Terms of Reference Review (2025) • Confirm Performance Appraisal process, supporting documents required and timelines for the year • Chair of the Board to conduct meetings with Board Members • Select Consultant to facilitate Performance Appraisal process via external and internal survey

<u>Q3 2025: July 1 – September 30</u>	<u>Q4 2025: October 1 – December 31</u>
<p>Meetings: July and September</p> <p>Finance and Facilities</p> <ul style="list-style-type: none"> • Q2 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend Audited Financial Statements for April 1 to March 31 Programs • Review Multi-Year Budget <p>Quality and Governance</p> <ul style="list-style-type: none"> • Q2 Risk Registry • Q2 Strategic Plan Update • Report on Board of Health Self-Assessment (2025) • Q2 Performance Reporting • Review Governance By-laws and Policies • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • As required <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Debrief with Consultant • Chair of the Board to conduct open office hours with direct reports • Review Performance Appraisal Reports 	<p>Meetings: October, November, December</p> <p>Finance and Facilities</p> <ul style="list-style-type: none"> • Q3 Financial Update, Financial Borrowing and Factual Certificate Update • Review and Recommend Final Board of Health Budget • Review Employee Benefits Coverage <p>Quality and Governance</p> <ul style="list-style-type: none"> • Q3 Risk Registry • Q3 Performance Reporting • Q3 Strategic Plan Update • Board of Health Orientation • Activity Reports – CEO, MOH, Board Chair <p>Public Health Program Standards</p> <ul style="list-style-type: none"> • 2024-2025 Respiratory Season Update • Immunization of School Pupils Act Compliance Report • Monitoring Food Affordability <p>MOH/CEO Performance Appraisal</p> <ul style="list-style-type: none"> • Report Performance Appraisal Reports to the Board of Health • Report Performance Appraisal Reports to MOH and CEO

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 02-25QGC

TO: Chair and Members of the Quality and Governance Committee
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2025 February 20

2023-25 PROVISIONAL PLAN 2024 Q4 STATUS UPDATE

Recommendation

It is recommended that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 02-25QGC re: "2023-25 Provisional Plan 2024 Q4 Status Update" for information.

Report Highlights

- Continued progress has been made on many of the Provisional Plan strategic initiatives within the last quarter (Q4) of 2024; however, some initiatives have experienced delays and others continued to be paused following an SLT reprioritization process in Q3.
- The initiative to develop an organizational emergency response plan (ERP) and continuity of business operation plan (COOP) has been completed. This is the first provisional plan initiative to be completed.
- Three types of risks were identified within the tactics in Q3 2024: (1) Operational / Service Delivery, (2) People / Human Resources, and (3) Financial.

Background

The Health Unit continues to ensure that the priority areas, goals, and directions identified on the Provisional Plan are prioritized and balanced with the ongoing demands of the organization.

On May 18, 2023, the Board of Health approved the 2023-24 Provisional Plan available on the health unit [website](#). It has since been extended to the end of 2025 (now called the 2023-25 Provisional Plan) per [Report No. 04-24](#).

Provisional Plan Status Update

Over the October to December 2024 timeframe, the Health Unit continued to execute key deliverables associated with several strategic initiatives, as outlined in the Q4 2024 Provisional Plan Status Report ([Appendix A](#)).

The initiative to develop an organizational emergency response plan (ERP) and continuity of business operation plan (COOP) has been completed. This is the first initiative to be completed as part of the provisional plan.

The following initiatives have experienced delays or pauses:

- The Partnership Engagement Framework and Partnership Inventory initiatives were placed on hold at the beginning of Q3 resulting in no activities being completed during Q4. This initiative is planned to resume in Q1 2025 with a trial of the draft inventory.
- The Intervention Description and Indicator Development initiative was paused towards the end of Q3 and during Q4. Timelines have been extended to respond to competing priorities. This initiative is planned to resume in Q1 2025.
- The sociodemographic and race-based data collection project experienced a decline in staff participation rate due to a number of operational and service delivery factors. A number of strategies are planned for Q1 2025 to further understand the challenges in data collection from early adopter teams and explore technical solutions.
- Some activities associated with the Job Description Review experienced delays in Q4 due to limited staff capacity to review position descriptions.
- Some activities associated with Document and Refine Budgeting Processes were delayed due to turnover in the Finance team.

A process is now in place to track the level of engagement required for various organizational initiatives by leaders through an agency-wide Gantt chart. This is regularly reviewed and updated at the Senior Leadership Committee (SLC). This strategy is aligned with our new Framework for a Learning Organization (FLO) as we learn and improve internal coordination and communication of strategic initiatives.

Three types of risks continue to be identified within the tactics in Q4 2024 provisional plan reporting as follows:

- **Operational / Service Delivery:** Leader / staff capacity to engage in planning discussions or implement tasks associated with initiatives. There is also a recognition that some of the initiatives (e.g., KPI development for quality and effectiveness indicators) will require several years beyond the current provisional plan timelines to meet the goal of ensuring public health programs are effective and grounded in evidence.
- **People / Human Resources:** MLHU must initiate planning on the Continuity of Operations Plan (COOP) and Labour Disruption Plan in advance of union negotiations for both unions in April/May 2025. Documentation of budget processes in Q3/Q4 experienced challenges due to significant turnover in the Finance Team. Mitigation strategies include the CEO leading budgeting processes, engaging a neighboring health unit CFO, retaining external accounting support, and securing new staff on the Finance Team including the hiring of a new Comptroller and New Associate Director of Operations (including Finance).
- **Financial:** While increased municipal funding mitigated further lay-offs, the 1% increase for 2026 from the province will influence budget planning for next year.

Next Steps

Work will continue on the 2023-25 Provisional Plan initiatives, according to the planned/updated project documentation. A Steering Committee has been formed to guide the 2026-2030 Strategic Plan development and an RFP has been issued to bring a consultant in to lead its development.

This report was written by the Strategy, Planning and Performance team.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The good governance and management practices as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#); specifically, the Provisional Plan holds the MLHU accountable to coordinated implementation of both the plans.

MLHU 2023-25 Provisional Plan Status Report to Board of Health

Q4 2024 (October-December)

Priority Area	Goal "Where we want to be"	Direction "The path we're taking to get there"	Initiative "How we plan to move forward along that path"
Client and Community Confidence	We have strong relationships with our partners and are trusted by our community.	Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically the Black community and Indigenous communities.	Work towards an honest and authentic relationship with First Nations and Indigenous-led organizations through the ongoing implementation of the Taking Action for Reconciliation Plan (TAFR), including commitment to clarifying the role of the MLHU in supporting the health of Indigenous people and communities
			Reinforce commitment to upholding the needs of equity-deserving groups through continuous implementation of equity-based plans, including the Employment Systems Review (ESR) and Anti-Black Racism Plan (ABRP)
			Prioritize equity, diversity, and inclusion training for staff to facilitate cultural humility, competency and safety when engaging with equity-deserving groups
		Develop and adopt a partner engagement framework	Catalog and track MLHU relationships with key local and regional partners, including the assigned MLHU leads / key liaisons for those relationships
		Develop and implement an evidence-based framework to effectively engage with partners	
Program Excellence	Our public health programs are effective, grounded in evidence and equity	Define what we do and do it well	Document MLHU programs and interventions, and refine these descriptions
			Identify measurable indicators for programs and interventions to effectively monitor and maximize outcomes
			Enhance the systematic collection of sociodemographic, and race-based data to inform planning, implementation and evaluation of programs and strengthen population health assessment and surveillance which can be used to identify health inequities
			In collaboration with health system partners, including Indigenous leaders and service providers, develop robust organizational emergency management and business continuity plans that facilitate effective and timely response and surge capacity in the event of a public health emergency, while maintaining essential public health services
Employee Engagement and Learning	Our staff and leaders have the skills and capacity to do their jobs well, and their wellbeing is supported	Develop and implement strategies to support staff mental health and wellbeing, including addressing systemic factors contributing to burn out	Continue to implement the Joy in Work framework and prioritize wellness activities and supports
		Develop and implement comprehensive training, learning and development, and professional development opportunities for staff and leaders	Integrate public health foundational principles and practices into staff orientation and ongoing training curriculum
			Implement a leadership development program, including a process for identifying potential leaders
Organizational Excellence	We make effective decisions, and we do what we say we are going to do	Clarify who makes decisions and how those decisions are made	Develop an organizational governance framework to facilitate transparency and efficiency in decision-making
		Develop and initiate an organizational quality management system	Develop and adopt a management operating system manual that describes our equity-informed management and quality operating systems, including an operational planning and performance process to enable the monitoring of program and indicators

Status Legend	Definition
Complete	Have completed the tactics for the direction
As Planned - Not yet started	As planned, no tactics have begun yet for this direction
As Planned - Proceeding	Tactic(s) are underway for this direction and work is happening as planned
Delayed - Proceeding with Caution	Tactic(s) are underway and more than one have hit delays
Major Obstacles, On Hold or Abandoned	Tactic(s) have issues or are unable to continue

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 03-25QGC

TO: Chair and Members of the Quality and Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2025 February 20

PRIVACY PROGRAM – IPC STATISTICAL REPORTS FOR 2024

Recommendation

It is recommended that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 03-25QGC re: “Privacy Program – Information and Privacy Commissioner (IPC) Statistical Reports for 2024” for information.

Report Highlights

- Annual IPC Statistical Reporting is due March 1 for the previous calendar year and is comprised of three (3) reports – confirmed privacy breaches, access and correction requests under PHIPA and access and correction requests under MFIPPA.
- Middlesex-London Health Unit completed the annual IPC Statistical Reporting obligation on February 10, 2025, for the 2024 statistical year.
- MLHU had 1 privacy breach incident in 2024 that met the threshold for notification to the IPC.

Background

The MLHU Privacy Office completes annual statistical reporting to the Information and Privacy Commissioner of Ontario in accordance with the requirements set out in the *Personal Health Information Protection Act (PHIPA)*, *O. Reg 329/04*, and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*.

Annual IPC Statistical Reports

MLHU must report to the IPC in three distinct areas:

1. Confirmed privacy breaches under PHIPA, attached as [Appendix A](#).
2. Access and correction requests under PHIPA, attached as [Appendix B](#).
3. Access and correction requests under MFIPPA, attached as [Appendix C](#).

2024 Statistics

REPORT	TOTAL in 2024
Privacy Breaches	1
PHIPA Access Requests	5
MFIPPA Access Requests	2

The privacy breach was investigated internally and in collaboration with the IPC. The IPC was satisfied with MLHU remediation and mitigation actions. Internal controls used at the MLHU are aligned with best practice.

Next Steps

Annual privacy and confidentiality attestations are scheduled to be completed agency wide in February 2025. Continuous privacy education and auditing of internal records and systems are ongoing throughout the year.

This report was written by the Associate Director, Operations and Privacy Officer.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



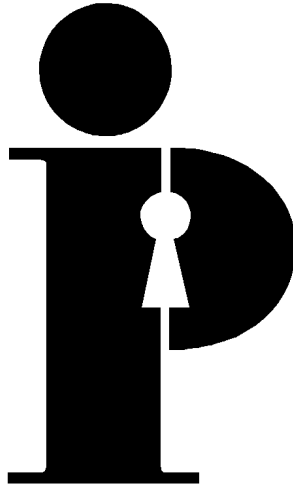
Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Management Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The *Personal Health Information Protection Act (PHIPA)*, O. Reg 329/04, and the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*.

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation Governance.

PHIPA BREACH STATISTICS



**Statistical Report for the
Information and Privacy Commissioner of Ontario**

on

Personal Health Information Privacy Breaches

WORKBOOK AND COMPLETION GUIDE

Introduction

Use this Workbook and Guide as a “how to” tool to complete the annual report for the Information and Privacy Commissioner of Ontario (IPC) about privacy breach statistics, as required by section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004 (PHIPA)*. We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with it.

Health privacy breach statistics will be collected through the IPC’s Online Statistics Submission Website from January to March 1 each year. For your convenience this Workbook and Guide is laid out in the same manner as the online questionnaire (section by section).

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the IPC:

- e-mail statistics.ipc@ipc.on.ca;
- call our main switchboard:
 Local calls 416 326-3333
 Long distance, use our toll-free line: 1-800-387-0073

Please note: Incomplete questionnaires may result in the custodian’s submission being partly or entirely excluded from the statistics generated for the IPC’s annual report.

Health information custodians are required to report statistics on health privacy breaches annually to the IPC.

If no privacy breaches under this Act occurred, **only health information custodians that are also institutions covered by the *Freedom of Information and Protection of Privacy Act (FIPPA)* or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)* must still complete and submit Section 1.**

This workbook and guide is for your use in completing your questionnaire and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will NOT be accepted. Please submit your questionnaire online at: <https://statistics.ipc.on.ca>.

Note for coroners to whom Ontario Health provides personal health information that is accessible by means of the electronic health record: the requirement to submit a health privacy breach statistics report applies, with any necessary modification, to such coroners as if they were health information custodians.

Thank you for your co-operation!

SECTION 1: Identification

- 1.1 Please clearly indicate the name of the health information custodian, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.
- 1.2 Are you a coroner to whom the prescribed organization provides personal health information under subsection 55.9.1 (1) of *PHIPA*?
- Yes. (If yes, please skip the next question)
- No. (If no, please continue)
- 1.3 Please indicate the type of health information custodian that is reporting. If the health information custodian is part of an institution under *FIPPA/MFIPPA* that has more than one type of health information custodian, please submit separate reports for each type of health information custodian.
- 1.4

<input type="checkbox"/>	If your health information custodian experienced no privacy breaches, PLEASE STOP HERE AND SUBMIT ONLY SECTION 1 OF THE REPORT.
<input checked="" type="checkbox"/>	If your health information custodian experienced at least 1 privacy breach, PLEASE COMPLETE AND SUBMIT THE REST OF THE REPORT.

Background

Health information custodians are required to provide the Commissioner with an annual report on privacy breaches occurring during the previous calendar year.

This requirement is found in section 6.4 of Ontario Regulation 329/04 made pursuant to the *Personal Health Information Protection Act, 2004 Act*, as follows:

- (1) On or before March 1 in each year starting in 2019, a health information custodian shall provide the Commissioner with a report setting out the number of times in the previous calendar year that each of the following occurred:
1. Personal health information in the custodian's custody or control was stolen.
 2. Personal health information in the custodian's custody or control was lost.

3. Personal health information in the custodian's custody or control was used without authority.
 4. Personal health information in the custodian's custody or control was disclosed without authority.
 5. Personal health information was collected by the custodian by means of the electronic health record without authority. O. Reg. 224/17, s. 1; O. Reg. 534/20, s. 3 (1).
- (2) The report shall be transmitted to the Commissioner by the electronic means and format determined by the Commissioner. O. Reg. 224/17, s. 1.
- (3) A health information custodian that disclosed the information collected by means of the electronic health record without authority is not required to include this disclosure in its annual report. O. Reg. 534/20, s. 3 (2).

The remaining sections of the report ask for counts of privacy breaches that occurred in each of the above five categories. Do not count each incident more than once. If one incident includes more than one of the above categories, choose the one that best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both.

In completing the report, count a privacy breach in the year it was **discovered**, even if the breach occurred in a previous calendar year.

In this annual statistics report, you must include all thefts, losses, unauthorized uses or disclosures, or unauthorized collections by means of the electronic health record (EHR), even if you were not required to report them to the IPC under section 6.3 or section 18.3¹ of the Regulation.

Custodians will find it easier to provide the IPC with the information required at reporting time if they keep track of these statistics over the course of the preceding calendar year.

¹ Or, for coroners, clause 18.10(4)(b) of the Regulation.

SECTION 2: Total Number of Health Information Privacy Breaches

- 2.1 Enter the **total** number of health information privacy breach incidents experienced during the **reporting year** (January – December).

1

Enter this number into box 2.1 of the online questionnaire.

PLEASE NOTE:

Do NOT count each incident more than once. If one incident includes more than one of the following five categories (sections 3 through 7), choose the category that it best fits. For example, if an employee accessed personal health information without authority, and then disclosed the information, count that incident as either a use or a disclosure, but not both. The sum of boxes 3.1 + 4.1 + 5.1 + 6.1 + 7.1 must equal box 2.1.

SECTION 3: Stolen Personal Health Information

- 3.1 What was the total number of privacy breach incidents where personal health information **was stolen**?

0

Enter this number into box 3.1 of the online questionnaire.

- 3.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.2.3 must equal line 3.1.

3.2.1	theft was by an internal party (such as an employee, affiliated health practitioner or electronic service provider).	0
3.2.2	theft was by a stranger	0
3.2.3	Total (should equal line 3.1)	0

- 3.3 Of the total on line 3.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.3.6 must equal line 3.1.

3.3.1	theft was the result of a ransomware attack	0
3.3.2	theft was the result of another type of a cyberattack	0
3.3.3	unencrypted portable electronic equipment (such as USB keys or laptops) was stolen	0
3.3.4	paper records were stolen	0
3.3.5	theft was a result of something else, by someone else or other items were stolen	0

3.3.6	TOTAL INCIDENTS (3.3.1 to 3.3.5 = 3.3.6) Box 3.3.6 must equal Box 3.1	0
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Enter the numbers in the table above into boxes 3.3.1 through 3.3.6 of the online questionnaire.

3.4 Of the total on line 3.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 3.4.6 must equal line 3.1.

3.4.1	one individual was affected	0
3.4.2	2 to 10 individuals were affected	0
3.4.3	11 to 50 individuals were affected	0
3.4.4	51 to 100 individuals were affected	0
3.4.5	over 100 individuals were affected	0
3.4.6	TOTAL INCIDENTS (3.4.1 to 3.4.5 = 3.4.6) Box 3.4.6 must equal Box 3.1	0

Enter the numbers in the table above into boxes 3.4.1 through 3.4.6 of the online questionnaire.

SECTION 4: Lost Personal Health Information

- 4.1 What was the total number of privacy breach incidents where personal health information **was lost**? 0

Enter this number into box 4.1 of the online questionnaire.

- 4.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 4.2.6 must equal line 4.1.

4.2.1	loss was the result of a ransomware attack	0
4.2.2	loss was the result of another type of a cyberattack	0
4.2.3	unencrypted portable electronic equipment (such as USB keys or laptops) was lost	0
4.2.4	paper records were lost	0
4.2.5	loss was a result of something else or other items were lost	0
4.2.6	TOTAL INCIDENTS 4.2.1 to 4.2.4 = 4.2.5	0

Enter the numbers in the table above into boxes 4.2.1 through 4.2.6 of the online questionnaire.

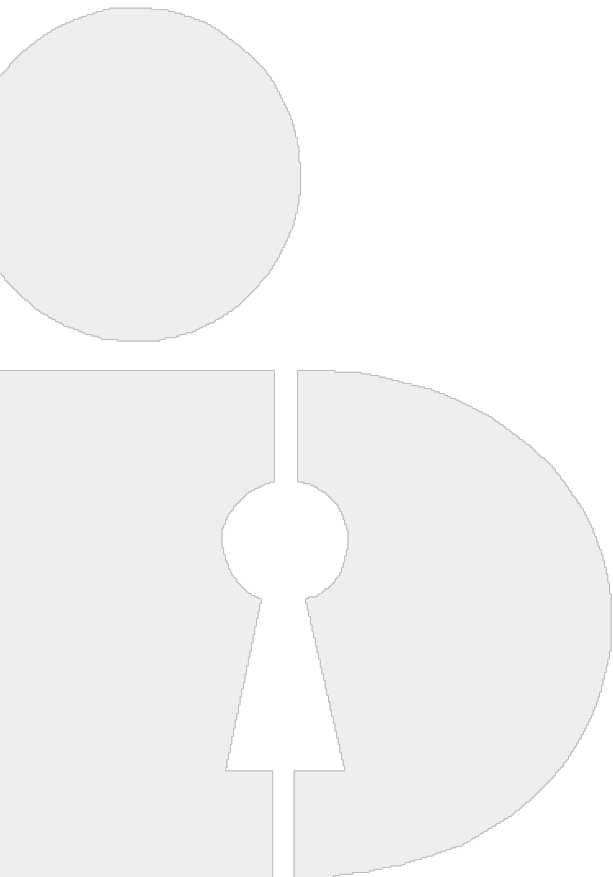
- 4.3 Of the total on line 4.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 4.3.6 must equal line 4.1.

4.3.1	one individual was affected	0
4.3.2	2 to 10 individuals were affected	0

4.3.3	11 to 50 individuals were affected	0
4.3.4	51 to 100 individuals were affected	0
4.3.5	over 100 individuals were affected	0
4.3.6	TOTAL INCIDENTS (4.3.1 to 4.3.5 = 4.3.6) Box 4.3.6 must equal Box 4.1	0

Enter the numbers in the table above into boxes 4.3.1 through 4.3.6 of the online questionnaire.



SECTION 5: Used Without Authority

- 5.1 What was the total number of privacy breach incidents where personal health information **was used (e.g. viewed, handled) without authority**? 1

Enter this number into box 5.1 of the online questionnaire.

- 5.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 5.2.4 must equal line 5.1.

5.2.1	unauthorized use was through electronic records	1
5.2.2	unauthorized use was through paper records	0
5.2.3	unauthorized use through other means	0
5.2.4	TOTAL INCIDENTS (5.2.1 + 5.2.2 + 5.2.3 = 5.2.4) Box 5.2.4 must equal Box 5.1	1

Enter the numbers in the table above into boxes 5.2.1 through 5.2.4 of the online questionnaire.

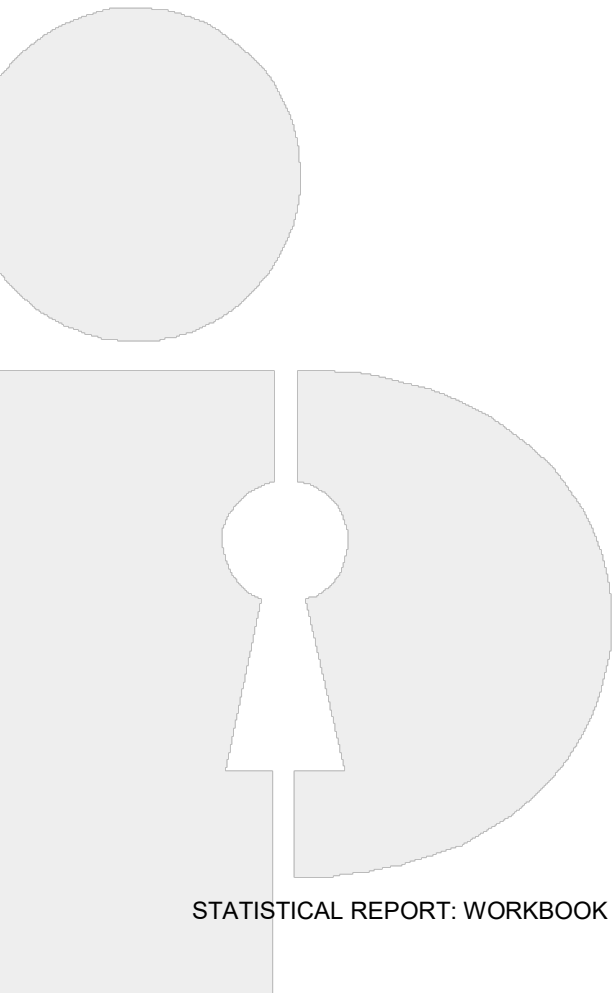
- 5.3 Of the total on line 5.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 5.3.6 must equal line 5.1.

5.3.1	one individual was affected	1
5.3.2	2 to 10 individuals were affected	0
5.3.3	11 to 50 individuals were affected	0
5.3.4	51 to 100 individuals were affected	0

5.3.5	over 100 individuals were affected	0
5.3.6	TOTAL INCIDENTS (5.3.1 to 5.3.5 = 5.3.6) Box 5.3.6 must equal Box 5.1	1

Enter the numbers in the table above into boxes 5.3.1 through 5.3.6 of the online questionnaire.



SECTION 6: Disclosed Without Authority

- 6.1 What was the total number of privacy breach incidents where personal health information **was disclosed without authority**? 0

Enter this number into box 6.1 of the online questionnaire.

- 6.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 6.2.4 must equal line 6.1.

6.2.1	unauthorized disclosure was through misdirected faxes	0
6.2.2	unauthorized disclosure was through misdirected emails	0
6.2.3	unauthorized disclosure was through other means	0
6.2.4	TOTAL INCIDENTS (6.2.1 + 6.2.2 + 6.2.3 = 6.2.4) Box 6.2.4 must equal Box 6.1	0

Enter the numbers in the table above into boxes 6.2.1 through 6.2.4 of the online questionnaire.

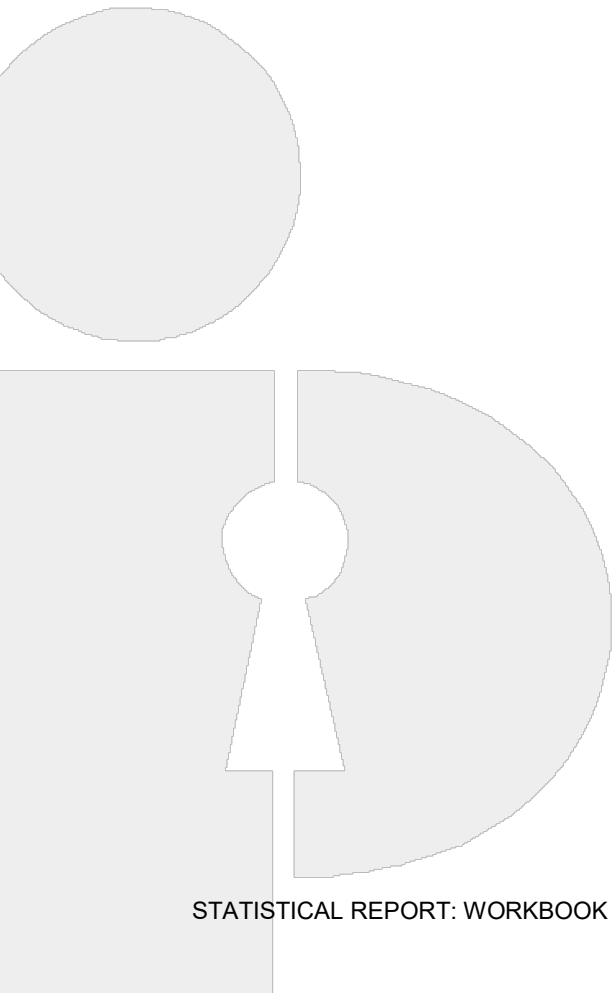
- 6.3 Of the total on line 6.1 indicate the number of privacy breaches where:

Count each incident only once – the total on line 6.3.6 must equal line 6.1.

6.3.1	one individual was affected	0
6.3.2	2 to 10 individuals were affected	0
6.3.3	11 to 50 individuals were affected	0
6.3.4	51 to 100 individuals were affected	0

6.3.5	over 100 individuals were affected	0
6.3.6	TOTAL INCIDENTS (6.3.1 to 6.3.5 = 6.3.6) Box 6.3.6 must equal Box 6.1	0

Enter the numbers in the table above into boxes 6.3.1 through 6.3.6 of the online questionnaire.



SECTION 7: Collected Without Authority by means of the EHR

- 7.1 What was the total number of privacy breach incidents where personal health information was **collected by the custodian by means of the EHR without authority**?

Enter this number into box 7.1 of the online questionnaire.

- 7.2 Of this total indicate the number of privacy breaches where:

Count each incident only once – the total on line 7.2.6 must equal line 7.1.

7.2.1	One individual was affected	0
7.2.2	2 to 10 individuals were affected	0
7.2.3	11 to 50 individuals were affected	0
7.2.4	51 to 100 individuals were affected	0
7.2.5	Over 100 individuals were affected	0
7.2.6	TOTAL INCIDENTS (7.2.1 to 7.2.5 = 7.2.6) Box 7.2.6 must equal Box 7.1	0

Enter the numbers in the table above into boxes 7.2.1 through 7.2.6 of the online questionnaire.

Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your statistical report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your statistical report through the online questionnaire at: <https://statistics.ipc.on.ca>

Health Information Custodians

Health information custodians are required to submit an annual statistical report on health privacy breaches to the IPC using the Online Statistical Reporting System at <https://statistics.ipc.on.ca>. You will need a login id, with which you will set a password. Please request them via an email to statistics.ipc@ipc.on.ca and include the following:

- the name of your health information custodian
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact)
- your language preference (English or Français)

Health Information Custodians Reporting as Institutions under *FIPPA/MFIPPA*

As a Health Information Custodian who has also been reporting as an institution under *FIPPA/MFIPPA*, you should already have a login ID for the Online Statistical Reporting System.

If you have lost or forgotten it, you may request it via an email to statistics.ipc@ipc.on.ca indicating your institution name. If you have lost your password, you can reset it on the login page.

You have three different options for login and password:

- a single login id and password to submit all of your reports (for *FIPPA/MFIPPA* report, *PHIPA* access report and your *PHIPA* privacy breach statistics report).

Having a single login id and password is convenient if the same person will be submitting all three reports;

- one login id and password for *FIPPA/MFIPPA* and a second login id and password for the two *PHIPA* reports;
- separate logins and passwords for each of the three reports.

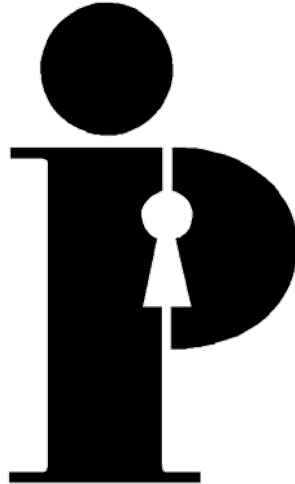
The option you choose all depends on your organizational structure. Please indicate whether you want a single login id set or two or three separate ones.

Once you have your login id and have completed this workbook, log on to the Online Statistical Reporting System at <https://statistics.ipc.on.ca> and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date. **The Online Statistical Reporting System will not be available after the deadline date.**

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistical Reporting System at any time before the deadline date and make the correction as needed. You will need to re-confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had experienced no personal health information privacy breaches (a “zero report”), but then discovered that you indeed had experienced one or more such breaches, you may log on to the Online Statistical Reporting System at any time before the deadline date and simply change the questionnaire type selection on line 1.3 of Section 1. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please read our [frequently asked questions](#), email statistics.ipc@ipc.on.ca or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll-free line: **1-800-387-0073**.



**Statistical Report for the
Information and Privacy Commissioner of Ontario
on**

**Personal Health Information Access Requests
WORKBOOK AND COMPLETION GUIDE**

Introduction

Use this workbook and guide as a “how to” tool to complete the statistical report for the Information and Privacy Commissioner of Ontario about requests made under the *Personal Health Information Protection Act, 2004 (PHIPA)*. We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with the reporting process.

For your convenience:

- this workbook and guide is laid out in the same manner as the online questionnaire (section by section)
- some sections which will appear in *italicized text* have been expanded to contain background information which may be helpful to you
- the **bold** text is defined in the glossary at the back of this guide
- the reconciliation chart is designed to help verify the figures in the questionnaire.

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the Information and Privacy Commissioner of Ontario:

- e-mail statistics.ipc@ipc.on.ca
- call our main switchboard: Local calls 416 326-3333, long distance, use our toll-free line: 1-800-387-0073

The questionnaire only includes access or correction requests made by an individual (or by the individual’s substitute decision-maker) for their own personal health information. **DO NOT** include disclosures of personal health information to any other party, including health information custodians, even if the individual requested the disclosures. If no requests for access to personal health information or requests for correction of personal health information were received under this act, the health information custodian must still complete and submit Section 1 and 2.

This workbook and guide is for your use in completing your questionnaire and should **not** be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will **NOT** be accepted. Please submit your questionnaire online at: <https://statistics.ipc.on.ca>

SECTION 1: Identification

- 1.1 Please clearly indicate the name of the institution, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.
- 1.2 Please indicate the type of municipal or provincial institution that the **health information custodian** is either an agent of or is a part of (e.g. if the health information custodian is an ambulance service and is part of a municipality, the check mark would be placed in the box for municipal corporation). If the appropriate municipal type is not listed, check “other” and specify.
- 1.3 Please indicate the type of health information custodian that is reporting. Submit separate reports for each type of health information custodian.

SECTION 2: Uses or Purposes of Personal Health Information

- 2.1 Provide the number of uses or purposes for which personal health information was disclosed where the use or purpose is not included in the written public statement of information practices under the *Personal Health Information Protection Act* subsection 16(1).

0

Enter this number into box 2.1 of the online questionnaire.

	If your institution or health information custodian received or completed no formal written requests for access or correction of personal health information from individuals (or from the individuals' substitute decision makers), PLEASE STOP HERE AND SUBMIT ONLY SECTIONS 1 AND 2 OF THE REPORT.
x	If your institution or health information custodian received or completed formal written requests for access to personal health information from an individual (or from their substitute decision maker), PLEASE CONTINUE TO SECTION 3.
	If your institution or health information custodian did not receive or complete any requests from individuals (or by the individuals' substitute decision makers) for access to their own personal health information but did receive (or carried forward from last year) or complete at least one request for correction of personal health information , PLEASE COMPLETE AND SUBMIT SECTION 9.

SECTION 3: Number of Requests

How Are Requests Counted?

The following will assist you to determine how and when to count a **personal health information** request as being received.

- Any **personal health information** access request is counted as one request regardless of the number of records involved because it is about only one subject – “the person asking for the information.”
- **COUNT ONLY** written requests made by individuals (or by the individuals’ substitute decision makers) for their own personal health information.
- If you receive a request that requires clarification, **DO NOT COUNT** this as a request received until the requester provides you with all the information you need to complete the request.
- **DO NOT COUNT** a request to correct personal health information in this section (see section 9).

- 3.1 - Enter the number of written requests made by individuals (or by the individual's substitute decision-makers) for access to their own personal health information that were received during the reporting year (January to December).

5

Enter this number into box 3.1 of the online questionnaire.

SECTION 4: Time to Completion

4.1–4.3 Enter the number of completed **personal health information** requests in the appropriate categories.

PLEASE NOTE:

*The response time to a requester may be extended to review and locate **records** and for consultation as described in subsection 54(3).*

How long did your institution take to respond to all requests for information? Enter the number of requests in the appropriate category.

4.1	1-30 days	5
4.2	Over 30 days with an extension	
4.3	Over 30 days without an extension	
4.4	TOTAL REQUESTS COMPLETED (4.1 to 4.3 = 4.4)	5

Enter the numbers in the table above into boxes 4.1 through 4.4 of the online questionnaire.

SECTION 5: Compliance with the *PHIPA*

The *PHIPA* states that requests for access to **personal health information** should be completed within 30 days. In cases where there is a need to review or search numerous **records** or to conduct consultations, a **health information custodian** can extend the 30-day time limit for no more than an additional 30 days and remain in compliance with the *PHIPA*. This can be achieved by issuing a **Notice of Extension** (subsection 54(4)).

This section has been broken down into three different sections. Sections A and B are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory timelines under *PHIPA*. Section D deals with **expedited access requests** that are already included in Sections A and B.

A. Notice of Extension Not Issued

5.1	Enter the number of requests completed within 30 days where no Notice of Extension was issued.	5
5.2	Enter the number of requests completed beyond the 30 days where no Notice of Extension was issued.	0
5.3	Add boxes 5.1 and 5.2 to determine the total number of completed requests where no Notice of Extension was issued.	5

Enter the numbers in the table above into boxes 5.1 through 5.3 of the online questionnaire.

B. Notice of Extension (subsection 54(4)) Issued

5.4	Enter the number of requests completed within the time limit stipulated in the Notice of Extension .	0
5.5	Enter the number of requests completed that exceeded the permitted time limit stipulated in the Notice of Extension .	0
5.6	Add boxes 5.4 and 5.5 to determine the total number of completed requests where a Notice of Extension was issued.	0

Enter the numbers in the table above into boxes 5.4 through 5.6 of the online questionnaire.

C. Total Requests Completed (sections A and B)

5.7	Enter the overall total number of requests completed for the year by adding the totals from sections A and B (boxes 5.3 + 5.6 = 5.7). This total must equal the total number of requests shown in box 4.4.	5
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Enter this number into box 5.7 of the online questionnaire.

D. Expedited Access requests (subsection 54(5))

5.8	Enter the number of completed requests from the total reported in box 5.7 that were requests for expedited access and completed within the requested time period.	0
5.9	Enter the number of completed requests from the total reported in box 5.7 that were requests for expedited access and were completed in excess of the requested time period.	0
5.10	Add boxes 5.8 and 5.9 to determine the total number of completed requests for expedited access.	0

Enter the numbers in the table above into boxes 5.8 through 5.10 of the online questionnaire.

SECTION 5(a): Contributing Factors

This section provides an opportunity for you to explain why the 30-day time line to complete requests could not be met. As well, it requests details on how to improve on the response rate in order to be compliant with the PHIPA.

Please outline any factors that may have caused you to not meet the 30-day time limit. If you anticipate circumstances that will improve your ability to comply with the *PHIPA* in the future, please provide details in the space below.

Enter the factors above into Section 5a of the online questionnaire.

SECTION 6: Disposition of Requests

*This section requests information about how each **personal health information** access request was handled.*

- 6.1 *Enter the number of requests that resulted in full access to personal health information requested.*
- 6.2 *Enter the number of requests where the **health information custodian** provided partial access to the requested information because **provisions** of PHIPA were used to deny access.*
- 6.3 *Enter the number of requests where the **health information custodian** provided partial access to the requested information because some of the records of personal health information do not exist or cannot be found.*
- 6.4 *Enter the number of requests where requested information was partially accessed because parts of the **record** exist outside of the PHIPA.*
- 6.5 *Enter the number of requests where no information was accessed and the **provisions** of PHIPA which were used to deny access.*
- 6.6 *Enter the number of requests where no information was accessed, because no **record** exists or none can be found.*
- 6.7 *Enter the number of requests where no information was accessed because the **record** is outside of the PHIPA.*
- 6.8 *Enter the number of requests that were unfulfilled because they were withdrawn or abandoned by the requester.*
- 6.9 *Enter the number of requests from box 6.8 that were withdrawn or abandoned after a fee estimate was sent out.*
- 6.10 *Add the number of requests from boxes 6.1 to 6.8 to determine the disposition for the total number of requests. Do not include box 6.9 data in the total. This number should be greater than or equal to the total number of completed requests shown in box 4.4.*
- 6.11 *Add the number of requests in boxes 6.2 and 6.5 to determine the total number of requests where access to information was denied in whole or in part. This number should be less than or equal to box 7.12.*

What course of action was taken for each of the requests completed? Please enter the number of requests into the appropriate category.

6.1	Full access provided	5
6.2	Partial access provided: provisions applied to deny access	0
6.3	Partial access provided: no record exists or cannot be found	0
6.4	Partial access provided: record outside of <i>PHIPA</i>	0
6.5	No access provided: provisions applied to deny access	0
6.6	No access provided: no record exists or cannot be found	0
6.7	No access provided: record outside of <i>PHIPA</i>	0
6.8	Other completed requests, e.g. withdrawn or never proceeded with	0
6.9	Number of requests from box 6.8 that were not pursued following a fee estimate	0
6.10	TOTAL REQUESTS (EXCLUDING 6.9) (6.1 to 6.8 = 6.10) Box 6.10 must be greater than or equal to Box 4.4	5
6.11	TOTAL REQUESTS denied access in whole or part where a provision of <i>PHIPA</i> was applied (6.2 + 6.5 = 6.11) Box 6.11 must be less than or equal to Box 7.12	0

Enter the numbers in the table above into boxes 6.1 through 6.11 of the online questionnaire.

SECTION 7: REASONS APPLIED TO DENY ACCESS

Box 6.11 of the previous section (*Total Requests Denied Access in Whole or in Part*) shows the total number of requests for which access to part or all of the requested information was denied based on **provisions** in PHIPA. In this section, you must apply one or more **provisions** to each request. The total must be greater than or equal to Box 6.11.

For the TOTAL REQUESTS where a provision was applied to deny access in full or in part, how many times did you apply each of the following? (Please note that more than one provision may be applied to each request.)

7.1	Section 51(1)(a) – Quality of Care Information	0
7.2	Section 51(1)(b) – Quality Assurance Program (Regulated Health Professions Act, 1991)	0
7.3	Section 51(1)(c) – Raw Data from Psychological Tests	0
7.4	Section 51(d) – Prescribed Research or Laboratory Information	0
7.5	Section 52(1)(a) – Legal Privilege	0
7.6	Section 52(1)(b) – Other Acts or Court Order	0
7.7	Section 52(1)(c) – Proceedings that have not been concluded	0
7.8	Section 52(1)(d) – Inspection, Investigation or Similar Procedure	0
7.9	Section 52(1)(e) – Risk of Harm to or Identification of an Individual	0
7.10	Section 52(1)(f) – MFIPPA subsections 38(a) or (c) or FIPPA subsections 49 (a),(c) or (e) apply	0
7.11	Section 54(6) – Frivolous or Vexatious	0
7.12	TOTAL (7.1 to 7.11) (must be greater than or equal to Box 6.11)	0

Enter the numbers in the table above into boxes 7.1 through 7.12 of the online questionnaire.

SECTION 8: Fees

This section concerns **fees** charged for access to **personal health information**.

8.1	Number of requests for access to records of personal health information where fees were collected	1
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A **health information custodian** may waive all or part of a fee being charged if the custodian feels it is fair and equitable to do so.

8.2	Number of requests where fees were waived – in full	4
8.3	Number of requests where fees were waived – in part	0
8.4	Total number of requests where fees were waived (8.2 + 8.3 = 8.4)	4

8.5	Total dollar amount of fees collected	\$5.00
8.6	Total dollar amount of fees waived	\$20.00

Enter the numbers in the table above into boxes 8.1 through 8.6 of the online questionnaire.

SECTION 9: Corrections and Statement of Disagreement

If an individual believes that his or her record of personal health information held by a **health information custodian** is inaccurate or incomplete with respect to the purposes for which the **health information custodian** uses the information, he or she has a right to:

- request that the **health information custodian** correct the **personal health information**;
- receive a written notice from the custodian to grant or refuse the request;
- request a written notice of the requested correction, to the extent reasonably possible, be sent to those to whom the custodian disclosed the information, except if it will have no effect on the provision of health care or other benefits to the individual; and
- require the **health information custodian** to attach a **statement of disagreement** to the information if the requested correction was not made and to disclose the statement of disagreement whenever the **health information custodian** discloses the information in issue.

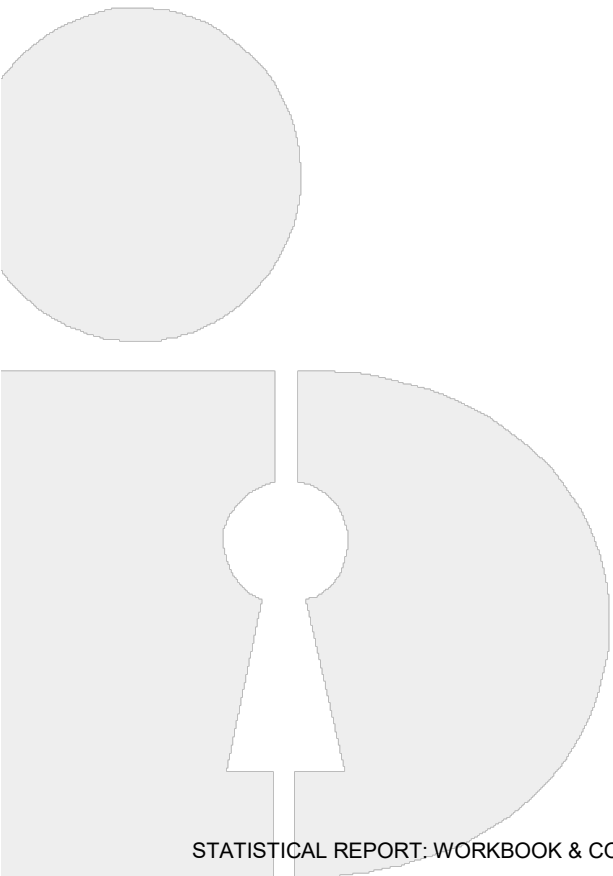
9.1	Enter the number of new correction requests received for the reporting year .	0
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What course of action was taken when the requests for correction were received?

9.2	Enter the number of corrections that were made in their entirety.	0
9.3	Enter the number of corrections partially made.	0
9.4	Enter the number of correction requests that were refused.	0
9.5	Enter the number of correction requests that were withdrawn by the requester before completion.	0
9.6	Add boxes 9.2 to 9.5 to determine the total number of correction requests made for the reporting year . This total should be equal to the amount shown in box 9.1.	0

9.7	Enter the number of correction requests that were made in part (box 9.3) or denied in full (box 9.4) where statements of disagreement were attached to the personal health information record .	0
9.8	Enter the number of notices of correction or statements of disagreements that were sent to a third party	0

Enter the numbers in the table above into boxes 9.2 through 9.8 of the online questionnaire.



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Your institution should have a login ID and password for the Online Statistics Submission Website. If you have lost or forgotten your ID or password, visit <https://statistics.ipc.on.ca/> and click on the “Forgot your password or login ID?” link.

New Institutions

If your institution has recently come under the jurisdiction of the *Freedom of Information and Protection of Privacy Act (FIPPA)* or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, AND you are also a **Health Information Custodian** as defined in Section 3 of *PHIPA*, you are required to submit a statistical report annually to the IPC using the using the Online Statistics Submission Website for which you will need a login ID and a password. If this is your first time submitting an annual report to the IPC, visit our [Registration for Statistical Reporting](#) page to set up an account and get a login ID and a password. You will need to include:

- the name of your institution
- the name and e-mail address of the head of the institution (for *FIPPA/MFIPPA* only)
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact)
- your language preference (English or Français)

As a **Health Information Custodian**, you have the option of a single login id and password to submit both your *FIPPA/MFIPPA* report and your *PHIPA* report (which is convenient if the same person will be submitting both reports) or you may wish to have one login id and password for *FIPPA/MFIPPA* and another for *PHIPA* (which makes it easier if two different people will submit the reports) – it all depends on your organizational structure.

Once you have your login id and password and have completed this workbook, log on to the Online Statistics Submission Website at <https://statistics.ipc.on.ca> and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date **The Online Statistics Submission Website will not be available after the deadline date.**

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistics Submission Website at any time before the deadline date and make the correction as needed. You will need to re- confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had received no requests for access to **personal health information** (a “zero report”), but then discovered that you indeed had received one or more such requests, you may log on to the Online Statistics Submission Website at any time before the deadline date and simply change the questionnaire type selection at the end of Section 2. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please email statistics.ipc@ipc.on.ca or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

Glossary of Terms

Fee(s), Waived - A head may waive all or part of a fee if the custodian feels it is fair and equitable to do so.

Health Information Custodian - Any person or organization described in subsection (reporting context only) 3(1) of *PHIPA* or any group of entities that has been permitted to act as a single health information custodian pursuant to a Minister's order under subsection 3(8).

Notice of Extension - A health information custodian or head may extend the time to complete a request by a maximum of an additional 30 days. This is only permissible if meeting the initial 30 day timeline would interfere with the operations of the custodian (e.g. due to numerous pieces of information or information that requires a lengthy search to locate) or if consultations would require more time to complete. The notice must include:

- the length of the extension; and
- the reason for the extension.

Personal Health Information - Personal health information means identifying information about an individual in oral or recorded form, if the information,

- relates to the physical or mental health or provision of health care to the individual;
- is a plan of service within the meaning of the *Long-term Care Act* for the individual;
- relates to payments or eligibility for health care of the individual;
- relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part of bodily substance;
- is the individual's health number;
- identifies an individual's substitute decision-maker.

Personal health information also includes a mixed record that contains identifiable personal information that is not personal health information, but is contained in a record that contains personal health information. However, it excludes employee records held by a custodian that are not primarily used for health care.

Provision to deny access (Exclusions, Exemptions) - These are specific sections in *PHIPA* that provide the grounds on which the health information custodian or head may deny access to information.

Provision to deny access (Frivolous or Vexatious or made in bad faith) - A custodian may refuse to grant access or make a correction to a record if believed to be on reasonable grounds that the request was for frivolous or vexatious reasons or made in bad faith.

Record(s) - A record means a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record

Reporting Year - January to December.

Request, Access - Access requests occur only when access requests are made by individuals (or by the individuals' substitute decision-makers) for their own personal health information. DO NOT include disclosures for personal health information to any other party, including other health information custodians, even if the individual requested these disclosures.

Request, Completed - A request is considered to be complete once a decision letter has been sent to the individual in response to a personal health information access request.

Request, Correction - A request to have one's own personal health information corrected.

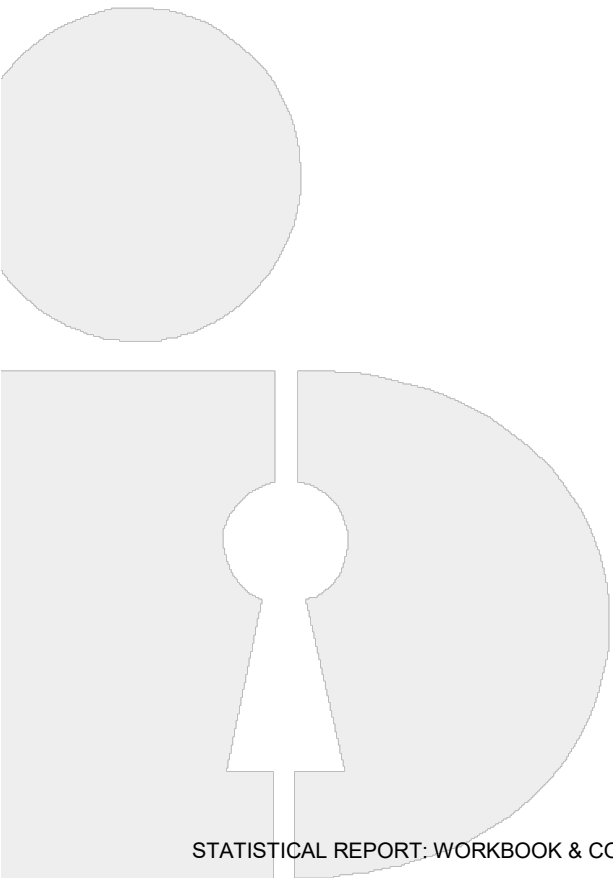
Request, Disposition - The end result of a completed access request (e.g. personal health information was disclosed, denied, or the request was withdrawn or never accessed)

Request, Expedited Access - When the individual requests that a health information custodian provide a response within a time period specified by the requester under subsection 54(5).

Statement of Disagreement - A precise statement of disagreement prepared by the individual that sets out the correction the health information custodian has refused to make

Written Public Statement - A written statement, made available to the public, that:

- provides a description of the custodian's information practices;
- describes how to contact the contact person or custodian;
- describes how an individual may access or request correction of a record of personal health information;
- describes how to make a complaint to the custodian and the IPC.



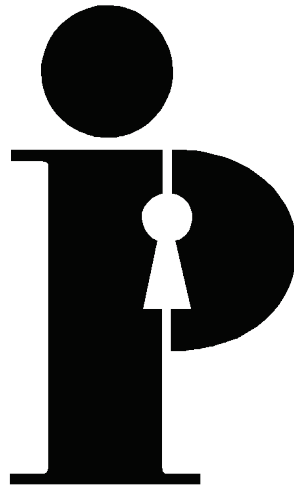
Reconciliation Chart

The chart below should be used to help verify your figures in completing this workbook and entering your questionnaire on the Online Statistics Submission Website.

Box Number	Criteria *	Box = Number(s)
4.4	=	4.1 to 4.3
5.3	=	5.1 +5.2
5.6	=	5.4 + 5.5
5.7	=	5.3 + 5.6
5.7	=	4.4
5.10	=	5.8 + 5.9
6.10	=	6.1 to 6.8
6.10	= or >	4.4
6.11	=	6.2 + 6.5
6.11	= or <	7.12
7.12	=	7.1 to 7.11
8.4	=	8.2 + 8.3
9.6	=	9.2 to 9.5
9.6	=	9.1

*

= equal to
> greater than
< less than



**The Year-End Statistical Report
for the
Information and Privacy Commissioner of Ontario, Canada**

WORKBOOK AND COMPLETION GUIDE

General Information

This workbook and guide is designed to provide step-by-step instructions for the completion of the Information and Privacy Commissioner's (IPC) Year-End Statistical Report as required by the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA or, the Act)*. We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with it.

For your convenience:

- This workbook and guide is organized into sections corresponding to those in the online questionnaire. For help with a certain section in the questionnaire, turn to the same section in this workbook.
- Certain sections which appear in *italicized text* have been expanded to contain background information that may be helpful to you.
- All terms which appear in **bold** are defined in the **Glossary** at the back of this guide.
- The Reconciliation Chart is designed to help verify the figures in the questionnaire.

If you have specific questions that are not answered by this workbook and guide, please email statistics.ipc@ipc.on.ca or call the Information and Privacy Commissioner of Ontario's main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

Please note incomplete questionnaires may result in your institution's submission being **partly or entirely excluded** from the statistics generated for the IPC's annual report.

All institutions must complete a questionnaire and submit it online to the Information and Privacy Commission. If no requests for access to information or requests for correction of personal information were received, your institution must still complete and submit Sections 1 and 2.

This workbook and guide is for your use in completing your questionnaire and should not be faxed or mailed to the Information and Privacy Commission in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your questionnaire online to the IPC's Online Statistics Submission Website at: <https://statistics.ipc.on.ca/>.

Institutions that do not submit a questionnaire before the deadline will be listed as such in the Information and Privacy Commissioner's Annual Report.

Thank you for your co-operation!

Section 1: Identification

- 1.1 Please clearly indicate the name of the institution, the name and e-mail address of the head of the institution, the name and e-mail address of the person responsible for the content of the report (the management contact), and the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact) should any questions arise regarding the content of the report.
- 1.2 Please identify the type of institution you are reporting for by checking one of the boxes provided. If the type of institution you are reporting for does not appear on the list, check *other* and specify.

Here are some examples of common types of institutions:

Corporations

The City of Kingston
 The City of Oshawa
 Township of Norwich
 The City of Pickering
 The County of Brant
 The Regional Municipality of Niagara
 The Town of Ingersoll
 The Restructured County of Oxford
 The Village of Sundridge

Commissions

Belleville Transit Commission
 London Transit Commission
 Oshawa Transit Commission
 Niagara Transit

Boards

Athens Public Library Board
 Durham District School Board
 Wabigoon Local Services Board
 Killaloe and District Public Library
 Perth Police Services Board

Section 2: Inconsistent Use of Personal Information

What is an Inconsistent Use?

An **inconsistent use** occurs when **personal information** from a **personal information bank** is used or disclosed differently from the way it is used on a regular basis (see S.35 of the Act). The Act requires the institution to attach a record or notice of the **inconsistent use** or disclosure to the **personal information** involved. This record then becomes part of the **personal information** it is attached to.

- 2.1 Please enter the number of times your institution made **inconsistent use** of **personal information** contained in its **personal information banks**.

What is Personal Information?

Personal information is recorded information about an identifiable individual including:

- the individual's address, telephone number, fingerprints or blood type;
- information about the individual's race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital or family status;
- information about the individual's educational, medical, psychological, criminal, or employment history or information concerning his or her financial transactions;
- any identifying number, symbol or other particular assigned to the individual;
- the individual's personal opinions or views except when they relate to someone else;
- private or confidential correspondence sent to an institution by the individual, and replies to that correspondence that would reveal the contents of the original correspondence;
- the views or opinions of someone else about the individual; and
- the individual's name when it appears with other **personal information** about that individual or when disclosure of the name would reveal other **personal information** about that individual.

Check one:

<input type="checkbox"/>	<p>If your institution received no requests for access to information or correction of personal information <u>please stop here</u> and <u>click the SAVE AND CONTINUE button at the bottom of the page</u> to proceed to the REVIEW QUESTIONNAIRE page where you may review your questionnaire answers before you submit your report.</p> <p>You may make any necessary changes and/or corrections on this page then click the SAVE & CONTINUE button to update your questionnaire and proceed to the confirmation and submission page.</p> <p>Changes and corrections may be made any time before or after submission up to the deadline date, but must be re-confirmed and re-submitted.</p>
<input checked="" type="checkbox"/>	<p>If your institution received (or carried forward from last year) at least one request for access to information, <u>please complete the rest of the report</u>. Click the SAVE AND CONTINUE button at the bottom of the page to proceed to the next section.</p>
<input type="checkbox"/>	<p>If your institution only received at least one request for correction of personal information without any requests for access to information, <u>please complete sections 1, 2, and 11</u>. Click the SAVE AND CONTINUE button at the bottom of the page to proceed to the Section 11.</p>

Section 3: Number of Requests Completed

Please Note: *There are two types of information requests, and these need to be entered separately:*

- **personal information** requests, where the requester, or authorized representative, is asking for information about himself or herself.
- **general records** requests, where the requester is asking for general information or information that includes **personal information** about someone else.

How Are Requests Counted?

The information in this section is important to help you decide how many requests for information your institution received, since the form or letter the requester sends may actually contain a number of separate requests:

- for **general records** requests, if the request deals entirely with one subject, it should be counted as one request. This is still the case even if the information is retrieved from different locations in your institution; or
- if a **general records** request deals with information about two (or more) subjects, the request should be divided into two (or more) requests; or
- any **personal information** request is counted as one request because it is about only one subject, the person asking for the information; or
- if you receive a request that must be returned to the sender for clarification, do not count this as a request received until the requester returns it to you with all the information you need to **complete** the request.

- 3.1 Enter the number of new **personal information** and **general records** requests received during the **reporting year** (January – December). This includes those requests that have been received directly by your institution and those that have been transferred in from other institutions to your institution to complete, regardless of whether or not one or more of those requests is later transferred out to another institution. On the next page is a template that you may want to use to determine the number of new requests.

New requests received directly from the requester during the reporting year.

Personal Information	General Records
0	2
0	0

Indicate the number of **personal information** and **general records** requests that were transferred to you from other institutions to be **completed** by your institution.

TOTAL NEW REQUESTS (Add the above two boxes)
(reflect these totals in Box 3.1 of the statistical report)

0	2
---	---

3.2 *Enter the total number of **personal information** and **general records** requests that have been completed between January 1 to December 31 of the reporting year.*

To determine the total number of requests completed:

Add the following number of requests for personal information and general records separately:

- *new requests received during reporting year (see section 3.1 of the statistical report) and requests that were carried forward from the previous year to the current year to complete*

*Subtract the following **personal information** and **general records** requests from the above:*

- *requests transferred out to other institutions to complete; and*
- *requests carried over to the next year to complete*

*The total sum of the above calculation will result in the total numbers of **personal information** and **general records** requests that were completed for the reporting year.*

*On the next page is a worksheet to be used as a tool to determine the total number of requests for the **reporting year**.*

Total new requests (copy from box 3.1).

Requests carried forward from previous year. (Enter the number of **personal information** and **general records** requests that your institution could not **complete** in the previous **reporting year**, January-December, and **carried forward** to be **completed** in the current reporting year.)

TOTAL (add the above two boxes)

Requests transferred out to other institutions to complete. (Enter the number of **personal information** and **general records** requests that were **transferred** to another institution because that institution had control or custody of the information, or a greater interest in the information.)

Requests carried over to the next year to complete. (Enter the number of **personal information** and **general records** requests your institution received that were **carried over** to the next reporting year.)

TOTAL (add the above two boxes)

TOTAL REQUESTS COMPLETED (subtract B from A)
(reflect these totals in Box 3.2 of the statistical report)

Personal In-formation	General Records
0	2
0	0
A 0	A 2

0	0
0	0
B 0	B 0

0	2
---	---

Section 4: Source of Requests

4.1-4.8 Enter the number of **personal information** and **general records** requests you completed from the sources listed.

PLEASE NOTE:

Use the Individual/Public category to capture requests made by an individual themselves and use the Individual by Agent category to capture requests made on behalf of individuals by a third party, such as a substitute decision-maker, lawyer, insurance adjuster, etc. If the request comes from an employee of your institution, enter the request in the Individual/Public category if they are requesting the information themselves or the Individual by Agent category if the request is being made on their behalf by a third party, such as a substitute decision-maker, lawyer, insurance adjuster, etc.

		Personal Information	General Records
4.1	Individual/Public		
4.2	Individual by Agent		2
4.3	Business		
4.4	Academic/Researcher		
4.5	Association/Group		
4.6	Media		
4.7	Government (All Levels)		
4.8	Other		
4.9	Add all the requests you have entered for both personal information and general records and write the totals in Box 4.9. These totals should be the same as those in Box 3.2 (Total Requests Completed).	0	2

Enter the numbers in the table above into boxes 4.1 through 4.9 of the online questionnaire.

Section 5: Time to Completion

5.1-5.4 Enter the number of **completed personal information** and **general records** requests in the appropriate categories. If your institution received a **transferred** request from another institution, the time to **completion** starts when the first institution received the request.

PLEASE NOTE:

1. *When locating and reviewing records, an institution may extend the time to provide a response to the requester under s.20(1). Time extension notices issued under s.20(1) allow you more than the standard 30 days in which to complete a request. If the request is completed (i.e. the access decision is issued) before the time extension period expires, the request is still considered to be compliant even though it took more than 30 days to complete it. This is known as **extended compliance**. Please refer to the glossary and Section 6 for more information.*
2. *Section 5 deals with the absolute time to completion for requests, regardless of compliance. For example, if you issued a time extension request under s.20(1) for an additional 90 days (for a total of 120 days) and completed the request in 102 days, then you should count this request in the “91 days or longer” category. It should then be entered as compliant in part B or C in Section 6 below. Refer to Section 6 for more information.*
3. *The time from when a fee estimate/interim decision letter has been issued (s.45, O.Reg 823 s.6, s.6.1 and s.7) up to the time the deposit has been paid is not included when calculating the number of days to complete a request.*

How many requests were completed in:		Personal Information	General Records
5.1	30 days or less		2
5.2	31 – 60 days		
5.3	61 – 90 days		
5.4	91 days or longer		
5.5	Enter the totals of the previous entries (5.1–5.4) into this box. These totals should be equal to the Total Requests Completed in Box 3.2.	0	2

Enter the numbers in the table above into boxes 5.1 through 5.5 of the online questionnaire.

Section 6: Compliance with the Act

The Act states that requests for access to information should be completed within 30 days. In cases where there is a need to search numerous records or to make consultations with a person outside the institution, the head of the institution can **extend** the 30-day time limit and still be in compliance with the Act. This can be achieved by issuing a Notice of Extension (s.20(1)) and/or Notice to Affected Person (s.21(1)).

This section has been broken down into four different situations that are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory time lines under the Act.

- A. **No** notices issued;
- B. **BOTH** a Notice of Extension (s.20(1)) and a Notice to Affected Person (s.21(1)) issued;
- C. **ONLY** a Notice of Extension (s.20(1)) issued; or
- D. **ONLY** a Notice to Affected Person (s.21(1)) issued.

PLEASE NOTE:

1. The four different situations are mutually exclusive and the number of requests completed in each situation should add up to the total number of requests completed in Section 3.2. (Add boxes 6.3 + 6.6 + 6.9 + 6.12 = box 6.13) and (box 6.13 **must equal** box 3.2)
2. Requests that require more than the statutory 30 days to complete are considered compliant if you issue a Notice of Extension under s.20(1) and/or a Notice to Affected Person under s.21(1) **AND** you complete the requests within the time limit specified in the Notice(s). This is known as **extended compliance**.
3. Enter the number of requests in each category as follows:
 - a. Requests where you issued **NEITHER** a Notice of Extension under s.20(1) **NOR** a Notice to Affected Person under s.21(1) should be entered in Part A.
 - b. Requests where you issued **BOTH** notices should be entered in Part B (do NOT include the requests entered in Part C and Part D).
 - c. Requests where you issued a Notice of Extension under s.20(1) **ONLY** (i.e. not including those requests where a Notice to Affected Person under s.21(1) was also issued) should be entered in Part C.
 - d. Requests where you issued a Notice to Affected Person under s.21(1) **ONLY** (i.e. not including those requests where a Notice of Extension under s.20(1) was also issued) should be entered in Part D.

The sum of the requests entered in all four parts should equal Box 3.2

4. *The time taken to complete each request with notice(s) issued under s.20(1) and/or s.21(1) should be entered in Section 5 in the appropriate category according to the actual time it took to complete the request, regardless of compliance. See the example for more information.*

Example (for simplicity, let's assume we have only general records requests):

Your institution completed 9 requests for access to information in the current reporting year.

Three (3) of those requests (requests a, b, and c) had neither a Notice of Extension under s.20(1) nor a Notice to Affected Person under s.21(1) issued. Two (requests a and c) were completed within the statutory 30 days and one (request b) was completed in 42 days.

On two (2) requests (requests d and e), you issued both a Notice of Extension under s.20(1) and a Notice to Affected Person under s.21(1):

- *On request d, the Notice of Extension specifies an additional 30 days to complete the request (for a total of 60 days from the date of receipt of the request). In addition, a Notice to Affected Person under s.21(1) was issued 34 days after the request was received (s.28(3)), specifying that the head will decide whether or not to disclose the record within 30 days of the Notice to Affected Person (s.28(4)(c)). The total time allowed for the completion of this request is 64 days. This request was completed in 66 days.*
- *On request e, the Notice of Extension specifies an additional 90 days to complete the request (for a total of 120 days from the date of receipt of the request). In addition, a Notice to Affected Person under s.21(1) was issued 42 days after the request was received (s.28(3)), specifying that the head will decide whether or not to disclose the record within 30 days of the Notice to Affected Person (s.28(4)(c)). The total time allowed for the completion of this request is 120 days. This request was completed in 112 days.*

On two more (2) requests (requests f and g), you issued only a Notice of Extension under s.20(1). You did not issue a Notice to Affected Person under s.21(1):

- *On request f, the Notice of Extension specifies an additional 45 days to complete the request (for a total of 75 days from the date of receipt of the request) and the request was completed in 42 days.*
- *On request g, the Notice of Extension specifies an additional 30 days to complete the request (for a total of 60 days from the date of receipt of the request) and the request was completed in 63 days.*

On two more (2) requests (requests h and i), you issued only a Notice to Affected Person under s.21(1). You did not issue a Notice of Extension under s.20(1)

- *On request h, the Notice to Affected Person was issued 12 days after the receipt of the request (for a total of 42 days from the date of receipt of the request) and the request was completed in 42 days.*

- On request *i*, the Notice to Affected Person was issued 8 days after the receipt of the request (for a total of 38 days from the date of receipt of the request) and the request was completed in 40 days.

How to complete Section 6 for these requests:

- Requests *a*, *b* and *c* had neither Notice Issued, so they are entered in Part A of Section 6.
 - Requests *a* and *c* were completed within the statutory 30 days, so they are entered in Box 6.1. They should also be included in the count of requests entered in Box 5.1 (30 days or less) in Section 5
 - Request *b* took 42 days, so it should be entered in Box 6.2. It should also be included in the count of requests entered in Box 5.2 (31 -60 days) in Section 5.
- Requests *c* and *d* had both Notices issued, so they are entered in Part B of Section 6.
 - Request *d* was allowed 64 days for completion, but took 66 days to complete, therefore it should be entered in Box 6.5. It should also be included in the count of requests entered in Box 5.3 (61-90 days) in Section 5.
 - Request *e* was allowed 120 days for completion, but took 112 days to complete, therefore it should be entered in Box 6.4. It should also be included in the count of requests entered in Box 5.4 (91 days or longer) in Section 5.
- Requests *f* and *g* had ONLY a Notice of Extension issued under s.20(1). The Notice to Affected Person under s.21(1) was NOT issued. Therefore, requests *f* and *g* are entered in Part C of Section 6.
 - Request *f* was allowed 75 days for completion, but took 42 days to complete, therefore it should be entered in Box 6.7. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.
 - Request *g* was allowed 60 days for completion, but took 63 days to complete, therefore it should be entered in Box 6.8. It should also be included in the count of requests entered in Box 5.3 (61-90 days) in Section 5.
- Requests *h* and *i* had ONLY a Notice to Affected Person issued under s.21(1). The Notice of Extension under s.20(1) was NOT issued. Therefore, requests *h* and *i* are entered in Part D of Section 6.
 - Request *h* was allowed 42 days for completion and took 42 days to complete, therefore it should be entered in Box 6.10. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.
 - Request *i* was allowed 38 days for completion, but took 40 days to complete,

therefore it should be entered in Box 6.11. It should also be included in the count of requests entered in Box 5.2 (31-60 days) in Section 5.

Calculating Basic and Extended Compliance

Requests a, c, e, f and h are all considered compliant with the Act as each of them were completed within their specified time lines. Since requests a and c were completed within the statutory 30 day time limit, they have **basic compliance**. Requests e, f and h have time lines extended beyond the 30 day time limit through the issuance of the Notice of Extension under s.20(1) and/or the Notice to Affected Person under s.21(1). Since each of requests e, f and h were completed within their respective stated time limits, they have **extended compliance**.

The Basic Compliance rate as reported in the IPC's Annual Report is calculated for your institution by the following formula:

$$\frac{\text{Total Requests Completed in 30 Days or Less (Box 5.1)}}{\text{Total Requests Completed (Box 3.2)}} \times 100$$

The Extended Compliance rate as reported in the IPC's Annual Report is calculated for your institution by the following formula:

$$\frac{\text{Box 6.1} + \text{Box 6.4} + \text{Box 6.7} + \text{Box 6.10}}{\text{Total Requests Completed (Box 3.2)}} \times 100$$

Using the above example and these formulas, the basic compliance rate is calculated as:

$$\text{Box 5.1} / \text{Box 3.2} \times 100 = 2 / 9 \times 100 = 22.2\%$$

And the extended compliance rate is calculated as:

$$\text{Box 6.1} + \text{Box 6.4} + \text{Box 6.7} + \text{Box 6.10} / \text{Box 3.2} \times 100 = (2 + 1 + 1 + 1) / 9 \times 100 = 55.6\%$$

A. No Notices Issued

	Personal Information	General Records
6.1 Number of requests completed within the statutory time limit (30 days) where neither a Notice of Extension (s.20(1)) nor a Notice to Affected Person (s.21(1)) were issued.		2
6.2 Number of requests completed in excess of the statutory time limit (30 days) where neither a Notice of Extension (s.20(1)) nor a Notice to Affected Person (s.21(1)) were issued.		
6.3 Total (Add boxes 6.1 + 6.2 = box 6.3)	0	2

Personal Information	General Records
0	2

B. Both a Notice of Extension (s.20(1)) and a Notice to Affected Person (s.21(1)) Issued

	Personal Information	General Records
6.4 Number of requests completed within the time limits permitted under both the Notice of Extension (s.20(1)) and Notice to Affected Person (s.21(1)).		
6.5 Number of requests completed in excess of the time limit permitted by the Notice of Extension (s.20(1)) and the time limit permitted by the Notice to Affected Person (s.21(1)).		
6.6 Total (Add boxes 6.4 + 6.5 = box 6.6)	0	0

Personal Information	General Records
0	0

C. Only a Notice of Extension (s.20(1)) Issued

	Personal Information	General Records
6.7 Number of requests completed within the time limit permitted under the Notice of Extension (s.20(1)).		
6.8 Number of requests completed in excess of the time limit permitted under the Notice of Extension (s.20(1)).		
6.9 Total (Add boxes 6.7 + 6.8 = box 6.9)	0	0

Personal Information	General Records
0	0

D. Only a Notice to Affected Person (s.21(1)) Issued

	Personal Information	General Records		Personal Information	General Records
6.10	Number of requests completed within the time limit permitted under the Notice to Affected Person (s.21(1)).				
6.11	Number of requests completed in excess of the time limit permitted under the Notice to Affected Person (s.21(1)).				
6.12	Total (Add boxes 6.10 + 6.11 = box 6.12)	0	▶	0	0

E. Total Completed Requests (sections A to D)

	Personal Information	General Records		Personal Information	General Records
6.13	Overall Total (Add boxes (6.3 + 6.6 + 6.9 + 6.12 = box 6.13) and (box 6.13 must equal to box 3.2)	0	▶	0	2

Enter the numbers in the tables above into the corresponding boxes in Section 6 of the online questionnaire

Calculate your own basic compliance and extended compliance rates:

These calculations are for your own information only. They are not entered as part of the online questionnaire, but the total compliance rates will be calculated based on your submitted questionnaire and included in the IPC's Annual Report.

Basic Compliance Rate:

	Personal Information	General Records	Total
A: Total Requests Completed in 30 Days or Less (Box 5.1)	0	2	2
B: Total Requests Completed (Box 3.2)	0	2	2
DIVIDE: $A / B \times 100$, round to one decimal place			100%

Extended Compliance Rate:

	Personal Information	General Records	Total
A: Box 6.1 + Box 6.4 + Box 6.7 + Box 6.10	0	2	2
B: Total Requests Completed (Box 3.2)	0	2	2
DIVIDE: $A / B \times 100$, round to one decimal place			100%

Section 6a: Contributing Factors

Write any reasons that made it difficult to meet the 30-day time limit. Also, include circumstances that will improve your ability to be in compliance with the Act.

Enter the reasons above into Section 6a of the online questionnaire



Section 7: Disposition of Requests

This section asks you to indicate how your institution dealt with each of the requests for access to information it received. The options are as follows:

- 7.1 **All Information Disclosed** - Enter the number of **personal information** and **general records** requests that resulted in full disclosure of all information requested.
- 7.2 **Disclosed in Part** - Enter the number of **personal information** and **general records** requests for which the **head** of your institution disclosed only part of the information requested. Include those requests where some of the information was exempted, excluded, did not exist, was outside of the Act, i.e. Y.O.A., or frivolous or vexatious.
- 7.3 **Nothing Disclosed** - Enter the number of **personal information** and **general records** requests for which the **head** of your institution disclosed no information. Include those requests where all of the information was **exempted**, was outside of the Act, or frivolous or vexatious.
- 7.4 **No Responsive Records Exist** - Enter the number of personal information and general records requests for which no responsive records exist.
- 7.5 **Request Withdrawn - or Abandoned** - In this category enter the number of requests that were **withdrawn** or **abandoned** by the requester.
- A **withdrawn** request is one in which the requester notifies your institution that he or she does not wish to proceed with the request.
 - A request is considered **abandoned** when the requester does not respond to your attempts to proceed with the request.
 - For **general records** the request can be considered **abandoned** if the requester does not respond to correspondence that is necessary to **complete** the request (for example, a notice of fee estimate), within 30 days of the date you sent the communication. The **head** of your institution may **extend** this time limit, and this practice is encouraged.
 - For **personal information** requests, the policy is to allow up to 365 days (one year) before considering the request **abandoned**.
 - If appropriate, consider including a “respond by” date in your correspondence when requesting a response from the requester indicating that you will consider the request abandoned if you do not hear from them on or before that date.

7.6 Total Requests Processed

The sum of all the entries in **personal information** and **general records** for all questions 7.1 to 7.5 should be equal to or greater than the amounts in 3.2 (**Total Requests Completed**).

		Personal Information	General Records
7.1	All information disclosed		1
7.2	Information disclosed in part		1
7.3	No information disclosed		
7.4	No responsive records exist		
7.5	Request withdrawn, abandoned or non-jurisdictional		
7.6	Total Requests Processed: Add Boxes 7.1 to 7.5 = Box 7.6. Box 7.6 must be greater than or equal to Box 3.2		2

Enter the numbers in the table above into boxes 7.1 through 7.6 of the online questionnaire.

Section 8: Exemptions and Exclusions Applied

To complete this section you will need to be familiar with the **exemptions** described in the Act. Please refer to the section on **exemptions** in:

- your copy of the Act, or
- the **Municipal Freedom of Information and Protection of Individual Privacy Manual** produced by the Ministry of Government Services:

<http://www.accessandprivacy.gov.on.ca/English/manual/index.html>

- 8.1-8.19 In this section you are asked to indicate **which exemptions** were applied to those requests where the head of your institution withheld some or all of the requested information. Every request that was exempted, (in part or in full) must have at least one **exemption** listed, but may have more than one. For example, two different **exemptions** may be used to account for why information was withheld.
- 8.20 *If a request made under the Act also contains personal health information as defined in s.4 of the Personal Health Information Protection Act, 2004 (PHIPA), then s.8(1) of PHIPA may be applied to that personal health information as an **exclusion** unless PHIPA specifies otherwise.*
- 8.21 Enter the sum of all the requests you entered in the **personal information** and **general records** columns.

Please Note:

- *S.14 **exemption**, Personal Privacy (of third party) applies only to **general records** requests.*
- *S.38 **exemption**, Personal Information (of requester) applies only to **personal information** requests.*
- *There is no correlation between the sum entered in Box 8.21 and the total number of requests completed as entered in Box 3.2. More than one **exemption** and/or **exclusion** may be applied to a given request and a given **exemption** and/or **exclusion** may be applied to more than one request.*

For the Total Requests with Exemptions/Exclusions/Frivolous or Vexatious Requests, how many times did your institution apply each of the following? (More than one exemption may be applied to each request.)

		Personal Information	General Records
8.1	.s — Draft Bylaws, etc.		
8.2	s.7 — Advice or Recommendations		
8.3	s.8 — Law Enforcement ¹		
8.4	s.8(3) — Refusal to Confirm or Deny		
8.5	s.8.1 — <i>Civil Remedies Act, 2001</i>		
8.6	s.8.2 — <i>Prohibiting Profiting from Recounting Crimes Act, 2002</i>		
8.7	s.9 — Relations with Governments		
8.8	s.10 — Third Party Information		
8.9	s.11 — Economic/Other Interests		
8.10	s.12 — Solicitor-Client Privilege		
8.11	s.13 — Danger to Safety or Health		
8.12	s.14 — Personal Privacy (Third Party) ²	N/A	1
8.13	s.14(5) — Refusal to Confirm or Deny		
8.14	s.15 — Information Soon to be Published		
8.15	s.20.1 — Frivolous or Vexatious		
8.16	s.38 — Personal Information (Requester)		N/A
8.17	s.52(2) — Act Does Not Apply ³		
8.18	s.52(3) — Labour Relations & Employment Related Records		
8.19	s.53 — Other Acts		
8.20	<i>PHIPA</i> s.8(1) applies		
8.21	TOTAL EXEMPTIONS (Add boxes 8.1 to 8.20 = box 8.21)		1

Enter the numbers in the table above into boxes 8.1 through 8.24 of the online questionnaire.

¹ not including s.8(3)

² not including s.14(5)

³ not including s.52(3)

Section 9: Fees

This section concerns **additional fees and application fees**.

		Personal Information	General Records	TOTAL
9.1	Number of requests where fees other than application fees were collected	0	0	0
9.2.1	Application fees collected	\$	\$ 10.00	\$ 10.00
9.2.2	Additional fees collected	\$	\$	\$
9.2.3	Total Fees (Add boxes 9.2.1 + 9.2.2 = box 9.2.3)	\$	\$ 10.00	\$ 10.00
	<i>Under certain conditions, the head of your institution may waive all or part of the additional fees being charged. These conditions include: the requesters' ability to pay, whether release of the information will benefit public health or safety, how much difference there is between the fee being charged and the actual cost of processing the request, and whether the requester is ultimately given access to the information requested.</i>			
9.3	Total dollar amount of fees waived	\$	\$	\$ 0.00

Enter the numbers in the table above into boxes 9.1 through 9.3 of the online questionnaire.

Section 10: Reasons for Additional Fee Collection

This section concerns the reasons and the number of requests involved for the additional fee collection.

*If your institution collected **additional** fees for any requests, please enter the appropriate number of requests in the given categories to indicate why the fee was charged. A request can be entered into more than one category. For example, an institution may have charged \$10 to process a request, \$5 to reproduction costs and \$5 to shipping costs.*

Please Note:

- **additional fees for personal information requests can only be charged for reproduction and computer costs.**

		Personal Information	General Records	TOTAL
10.1	Search time	N/A		
10.2	Reproduction			
10.3	Preparation	N/A		
10.4	Shipping	N/A		
10.5	Computer costs			
10.6	Invoice costs (and others as permitted by regulation)	N/A		
10.7	Total (Add boxes 10.1 to 10.6 = box 10.7 and Box 10.7 greater than or equal to Box 9.1)			0

Enter the numbers in the table above into boxes 10.1 through 10.7 of the online questionnaire.

Section 11: Corrections and Statements of Disagreement

If a person believes that an institution has **personal information** about himself/herself that is incorrect, under the Act, that person has the right to:

- request that the institution **correct** the information,
- require that the institution attach a statement of disagreement to the information if the requested **corrections** were not made,
- require that any person or organization to whom the **personal information** has been disclosed within the last 365 days be notified of the **corrections** or statement of disagreement.

		Personal Information
11.1	Number of new correction requests received	
11.2	ADD: Correction requests carried forward from the previous year	
11.3	SUBTRACT: Correction requests carried over to the next year	
11.4	Total Correction Requests Completed [(Box 11.1 + Box 11.2) – Box 11.3 = Box 11.4] Box 11.4 must equal Box 11.9 If this number is zero, skip the rest of this section.	0

If your institution received any requests for **correction of personal information**, what course of action was taken with each?

		Personal Information
11.5	Correction(s) made in whole	
11.6	Correction(s) made in part	
11.7	Correction requests refused	
11.8	Correction requests withdrawn by requester	
11.9	Total (Add Boxes 11.5 to 11.8 = Box 11.9 and Box 11.9 must equal Box 11.4)	0

In cases where correction requests were denied, in part or in full, were any statements of disagreement attached to the affected personal information?

11.10 Number of statements of disagreement attached:

If your institution received any requests to correct personal information, the *Act* requires that you send any person(s) or body who had access to that information in the previous year notification of either the correction or the statement of disagreement. Enter the number of notifications sent, if applicable.

11.11 Number of notifications sent:

Enter the numbers in the tables above into boxes 11.1 through 11.11 of the online questionnaire.

Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your report online using the IPC's [Online Statistics Submission Website](#).

Your institution should have a login ID and password for the Online Statistics Submission Website. If you have lost or forgotten your ID or password, visit <https://statistics.ipc.on.ca/> and click on the “Forgot your password or login ID?” link.

New Institutions

If your institution has recently come under the jurisdiction of the *Municipal Freedom of Information and Protection of Privacy Act*, you are required to submit a statistical report annually to the IPC using the Online Statistics Submission Website for which you will need a login ID and a password. If this is your first time submitting an annual report to the IPC, visit our [Registration for Statistical Reporting](#) page to set up an account and get a login ID and a password. You will need to include:

- the name of your institution
- the name and e-mail address of the head of the institution
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact)
- your language preference (English or Français)
- Please indicate if your institution is also a Health Information Custodian (HIC) as defined in s.3 of the *Personal Health Information Protection Act (PHIPA)*. Institutions under *MFIPPA* who are also HICs under *PHIPA* must submit one annual statistical report under *MFIPPA* and another report under *PHIPA*. As such, you have the option of a single login id and password to submit both reports (which is convenient if the same person will be submitting both reports) or you may wish to have one login id and password for *MFIPPA* and another for *PHIPA* (which makes it easier if two different people will submit the reports) – it all depends on your organizational structure.

Once you have your login ID and password and have completed this workbook, log on to the Online Statistics Submission Website at https://statistics.ipc.on.ca and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to

complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date. The **Online Statistics Submission Website will not be available after the deadline date.**

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistics Submission Website at any time before the deadline date and make the correction as needed. You will need to re-confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had received no requests for access or correction (a “zero report”), but then discovered that you indeed had received one or more such requests, you may log on to the Online Statistics Submission Website at any time before the deadline date and simply change the questionnaire type selection at the end of Section 2. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please email **statistics.ipc@ipc.on.ca** or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

Glossary of Terms

Compliance Rate, Basic – This is the percentage of all requests completed within the reporting year that were completed within the statutory 30 day completion time limit

Compliance Rate, Extended – Sections 20(1) and 21(1) of the *Municipal Freedom of Information and Protection of Privacy Act* (the *Act*) allow for the statutory 30 day completion time limit to be extended to accommodate large and/or complex requests and/or allow affected persons to provide representations regarding the disclosure of the requested information by the issuance of a Notice of Extension (s.20(1)) and/or a Notice to Affected Person (s.21(1)). The Extended Compliance Rate is the percentage of all requests completed within the reporting year that were completed either within the statutory 30 day completion time limit (where no notice(s) were issued) or within the time limit specified in the notice. See also Notice of Extension and Notice to Affected Person, below.

Exclusion (Exclude, Excluded) - Something is excluded from being regulated by the *Act* because it is being regulated elsewhere by a different law.

Exemption (Exempt, Exempted) - An exemption is a specific provision in the *Act* that may be invoked by a head as justification for denying access to information, in whole or in part. Certain requests for access may be denied due to provisions of other Acts, and in these special cases, for purposes of the year-end statistical report, s.53(2) (Other Acts) is the relevant exemption.

Exemption, Frivolous or Vexatious - A exemption is frivolous or vexatious when the head considers the request:

- as abusing the right of access or interfering with the operation of the institution, or
- to be made in bad faith or for ulterior motives.

Fee, Additional - See *Municipal Freedom of Information and Protection of Privacy Act*, s.45 (1).

Fee, Application - See *Municipal Freedom of Information and Protection of Privacy Act*, s.17 (1)(c).

Fee, Waived - A head may waive all or part of a fee that was estimated for releasing general records information, taking into account factors including: the requester's ability to pay; whether release of the information will benefit public health or safety; how much difference there is between the fee being charged and the actual cost of processing the request; and whether the requester is ultimately given access to the information requested.

Head (of institution) - The head is the individual or body selected to be the head of the institution for the purposes of the *Act* by:

- the council of a municipal corporation, or by

- the members of a board, commission or other institution that is not a municipal corporation.

The head is responsible for decisions made under the legislation on behalf of the institution and for overseeing the administration of the legislation within the institution. The head may delegate some or all of its powers and duties to an officer or officers of the institution, or another institution. In this case the head is still accountable for all decisions made and actions taken under the Act.

Inconsistent Use - (of personal information) - An inconsistent use occurs whenever an institution under the Municipal Freedom of Information and Protection of Privacy Act (the Act) uses or discloses personal information from its personal information banks differently from the way this information is used or disclosed on a regular basis.

Notice of Extension - A notice sent to a requester by the head that a time extension is needed in order to complete the request. The notice must inform the requester of:

- the length of the extension,
- the reason for the extension, and
- the fact that the requester can ask the Information and Privacy Commissioner/Ontario to review the decision to extend the time period.

The extension may be made only if numerous records must be searched or consultation with a person outside the institution is required.

Notice to Affected Person - A notice sent by the head to a third party to whom the information relates before releasing the information. The notice must inform the third party of:

- the head's intention to disclose information that has something to do with the third party,
- a description of what's in the record or the part of the record that relates to the third party, and
- the fact that the third party has twenty days after the notice is given to advise the head why part or the whole record should not be disclosed.

Personal Information - See Section 2.1 of the Guide.

Personal Information Banks - A personal information bank is any collection of personal information your institution retains that is:

- organized, and
- allows personal information about an identifiable individual to be retrieved by that individual's name or some other personal identifier.

Personal information banks can be:

- about members of the public or employees of the reporting institution,
- recorded on computer disks, paper, fiche or other media.

Examples of Personal Information Banks

Death Register; Dog Owners Records; Employee Training Records; Family Counselling Client Records; General Welfare Assistance Client Files; Grievance Files; Hunting/Fishing Licence Application; Line Fence Viewing Files; Litigation Files (Legal Departments); Marriage Licence Applications; Municipal Seasonal Boaters Index; Tax Bill Records; Job Competition Files; Applications Workplace Safety Insurance Board Files

Reporting Year - January to December.

Request, Abandoned - A request that an institution has been unable to proceed with because the requester has not responded to communications necessary to process the request (for example, a notice of fee estimate). This does not include requests returned to the requester due to insufficient detail.

Request, Carried Forward From Previous Year (requests for access to information and correction) - A request received in, or carried over from the previous reporting year that had to be carried forward to the current year for completion.

Request, Carried Over to Next Year (requests for access to information and correction) - A request received in the current reporting year that had to be carried forward to the next year for completion.

Request, Completed (requests for access to information and correction) (Complete) - A request for which the head's decision (to grant/deny access, or to make/refuse corrections) has been communicated to the requester, or a request that has been formally withdrawn or abandoned by the requester.

Request, Correction - A request to have one's own personal information corrected following access to the information.

Request, Disposition of - The outcome of a completed request: information disclosed/denied, request abandoned/withdrawn.

Request, General Records - A request for access to general records information or to another person's personal information (where permission has been given).

Request, Personal Information - A request for access to personal information, made by the person to whom the information relates or their authorized representative.

Request, Transferred - A request for access to general records or personal information that has been sent from one institution to another; the second institution having custody, control or a greater interest in the information. If Institution A receives a request that is transferred (in whole) to Institution B, Institution A would count this as a "Request Transferred Out to Another

Institution”, while Institution B would count it as a “Request Transferred In From Another Institution”.

Request, Withdrawn - A request for which the head has been informed by the requester that he/she no longer wishes to continue with the request (prior to its completion).



Reconciliation Chart

The chart below should be used to help verify your figures in completing this workbook and entering your questionnaire on the Online Statistics Submission Website.

Box Number	Criteria *	Box Number(s)
4.9	=	4.1 to 4.8
4.9	=	3.2
5.5	=	5.1 to 5.4
5.5	=	3.2
6.3	=	6.1+6.2
6.6	=	6.4+6.5
6.9	=	6.7+6.8
6.12	=	6.10+6.11
6.13	=	6.3+6.6+6.9+6.12
6.13	=	3.2
7.6	=	7.1 to 7.5
7.6	=	3.2
8.21	=	8.1 to 8.20
9.1	= or <	10.7
9.2.3	=	9.2.1+9.2.2
10.7	=	10.1 to 10.6
10.7	= or >	9.1
11.4	=	(11.1+11.2)-11.3
11.4	=	11.9
11.9	=	11.5 to 11.8
11.9	=	11.4

* = equal to
> greater than
< less than

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 04-25QGC

TO: Chair and Members of the Quality and Governance Committee

FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health

DATE: 2025 February 20

Q4 2024 RISK REGISTRY UPDATE

Recommendation

It is recommended that the Quality and Governance Committee recommend to the Board of Health to:

- 1) Receive Report No. 04-25QGC re: “Q4 2024 Risk Registry” for information; and
 - 2) Approve the Q4 Risk Register ([Appendix A](#))
-

Report Highlights

- Two (2) new risks identified in Q4 for a total of eight (8) risks in Q4 2024. The two new risks were identified in the following categories:
 - One Operational/Service Delivery – MLHU website requires a refresh
 - One Legal/Compliance category – legal proceedings in Q1 2025
- Residual Risk in Q3 2024:
 - Two (2) classified as minor risk.
 - Three (3) classified as moderate risk.
 - Three (3) classified as significant risk.

Background

In January 2018, the Ministry of Health and Long-Term Care (now called the Ministry of Health) implemented modernized Ontario Public Health Standards (OPHS) and introduced new accountability and reporting tools required under the Public Health Accountability Framework.

The OPHS requires boards of health to have a formal risk management framework in place that identifies, assesses, and addresses risks. In response to OPHS, MLHU maintains a Risk Register ([Appendix A](#)) which is a repository for all risks identified across the organization and includes additional information about each risk (priority rating, mitigation strategies, and residual risk). It captures MLHU’s response and actions taken to address risks, which are monitored on a quarterly basis and reported to the Board.

Q4 2024 Risk Register

There are eight (8) risks identified on the Q4 2024 Risk Register.

Of the eight (8) risks identified on the Q4 Risk Register:

- Three (3) carry **significant residual risk** within the Financial and People/Human Resources and Legal/Compliance categories.
 - Financial risk related to sustained financial pressures as the provincial government 1% funding increase is not sufficient to offset contractual obligations and general inflation. MLHU awaits a response from the Ministry with respect to one-time COVID and outbreak disease funding request.
 - People/HR risk related to reduced resiliency post restructuring. Continue to support leaders and staff through change. Goal and priority setting exercises to focus teams on core deliverables.
 - Legal/Compliance risk related to legal matter in Q1 2025.
- Three (3) carry **moderate residual risk** within the Political, Technology and Operational/Service Delivery categories.
 - Political risk related to health unit mergers. Voluntary mergers were approved, merging nine (9) health units into four (4) newly created health units. No new mergers are anticipated.
 - Technology risk related to token management, which has been mitigated by IT assuming ownership of this workflow.
 - Operational/Service Delivery risk related to MLHU requiring a new website provider. Currently exploring vendor and pricing options.
- Two (2) carry **minor residual risk** related to Technology and Legal/Compliance risk categories, both of which have been mitigated to acceptable level of risk.

Priorities for 2025 are continued support for staff/leaders, hardening cyber defenses, reducing the financial gap and business continuity planning. A new risk register will be developed in 2025, enhancing how risks are identified and communicated within the agency and to the BOH.

This report was written by the Associate Director, Operations and Privacy Officer.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Good Governance and Practices standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Organizational Excellence – we make decisions, and we do what we say we are going to do.
 - Direction 4.2 – Develop and initiate an organizational quality management system

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation Governance.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 05-25QGC

TO: Chair and Members of the Quality and Governance Committee
FROM: Emily Williams, Chief Executive Officer
Dr. Alexander Summers, Medical Officer of Health
DATE: 2025 February 20

Q4 2024 ORGANIZATIONAL PERFORMANCE REPORTING

Recommendation

It is recommended that the Quality and Governance Committee recommend to the Board of Health to receive Report No. 05-25QGC re: “Q4 2024 Organizational Performance Reporting” for information.

Report Highlights

- A core process of MLHU’s Management Operating System is the Organizational Performance Management system, which includes quarterly performance reporting to the Board of Health.
- A summary report is affixed as [Appendix A](#).
- Background on the MLHU’s Organizational Performance Management (OPM) system is affixed as [Appendix B](#).

Background

Background on the MLHU’s Organizational Performance Management (OPM) system is affixed as [Appendix B](#).

Q4 2024 Organizational Performance Report to the Board of Health

A summary report of MLHU’s Q4 2024 organizational performance can be found in [Appendix A](#).

As previously reported in Q3, the work of the Health Unit in Q4 continues to be impacted by increased demand for services across all divisions. Highlights of Q4 include:

- Significant changes to the comprehensive school health interventions;
- Ongoing community mobilization efforts to address the toxic drug crisis and homelessness crisis within Middlesex-London;
- Completion of the Continuity of Operations Plan on an expedited schedule; and
- Continued development and implementation of the Management Operating System, including the re-initiation of the intervention and indicator development process.

Next Steps

Quarterly organizational performance reporting information will continue to be provided to the Board of Health.

This report was written by the Chief Executive Officer and Medical Officer of Health.



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The organization requirements in the Public Health Accountability Framework outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity
 - We make effective decisions, and we do what we say we are going to do

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically the broad sets of recommendations related to governance and accountability in both plans.

MLHU's Quarterly Performance Report to the Board of Health

Q4 2024

Public Health Programs

Program highlights are only provided when strategically significant.

Program Cluster	Programs	Q3 Summary	Q4 Summary
Food Safety	<ul style="list-style-type: none"> Food Safety Program 	<ul style="list-style-type: none"> High and moderate risk inspections are on track for completion by year end. Low risk inspections are at risk of not being completed by year end. 	<ul style="list-style-type: none"> High and moderate risk inspections were completed. Low-risk inspections were not completed due to staffing challenges and the emergence of novel risks. In 2025, operators will be further stratified into a "very-low risk" category, requiring inspections every 2 years, rather than annually. This is aligned with proposed adjustments to the OPHS, and will create capacity to address novel food safety risks.
Health Hazards	<ul style="list-style-type: none"> Health Hazards Program 	<ul style="list-style-type: none"> A policy position paper was submitted to the National Building Code of Canada related to Maximum Indoor Air Temperature. Work commenced and is on-going on an investigation into soil vapour intrusion in a neighbourhood. 	<ul style="list-style-type: none"> No programmatic updates at this time.

Healthcare Access and Quality	<ul style="list-style-type: none"> Health System Reorientation 	<ul style="list-style-type: none"> There is continued demand on the MLHU clinical services related to a lack of access to primary care, particularly for immunization services. For example, Vaccine Preventable Diseases team is supporting monthly mobile clinics with London InterCommunity Health Centre for newcomers. Meetings with the London Middlesex Primary Care Alliance continued to determine opportunities for collaboration on communication and support to primary care providers. MLHU executive leadership remain members of the Middlesex-London OHT Coordinating Council, supporting discussions related to health system integration and improvement. 	<ul style="list-style-type: none"> The London Middlesex Primary Care Alliance is transitioning to the Middlesex London Primary Care Network; MLHU leadership continues to engage. Ongoing development of the Middlesex-London OHT is largely contingent on provincial clarification and direction; MLHU executive leadership remain members of the Coordinating Council. Demand for MLHU's immunization services continue to be high, given gaps in primary care access.
Healthy Behaviours	<ul style="list-style-type: none"> Healthy Sexuality Physical Activity and Sedentary Behaviours Tanning Beds Ultraviolet Radiation and Sun Safety 	<ul style="list-style-type: none"> Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation). Appointment fill rates for family planning and STBBI clinics decreased this quarter (75% and 65% respectively). 	<ul style="list-style-type: none"> Given local priorities, limited resources are available for interventions related to physical activity and sedentary behaviours, although work continues in other programs to synergistically address this program area (e.g. built environment and active transportation). Appointment fill rates for family planning and STBBI clinics continued to decrease this quarter; leadership will be assessing the service model, including considering opportunities to promote clinical services.
Healthy Eating	<ul style="list-style-type: none"> Menu Labelling Food Systems and Nutrition 	<ul style="list-style-type: none"> The Municipal and Community Health Promotion team continues to support the work of the Middlesex-London Food Policy Council, with administrative support shifting to the London Food Bank, from MLHU Registered Dietitian. Healthy public policy work advanced regarding the National School Food Program through the Municipal and Community 	<ul style="list-style-type: none"> Modified support for the Middlesex-London Food Policy Council continues.

		Health Promotion team and School Health team.	
Healthy Environments	<ul style="list-style-type: none"> Active Transportation and Built Environment Healthy Environments and Climate Change Program Healthy Workplaces 	<ul style="list-style-type: none"> MLHU continues provide City and County staff with expertise on the health implications of the built environment and to engage on committees related to active transportation to school, road safety, and climate change. Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy Workplaces. 81 IPAC support requests were completed for healthcare and long-term care settings. 	<ul style="list-style-type: none"> MLHU completed a framework for the Built, Natural and Social Environments to support ongoing work with municipal partners. Aside from Infection Prevention and Control Supports provided to healthcare settings, limited resources are available for interventions related to Healthy Workplaces.
Healthy Growth & Development	<ul style="list-style-type: none"> Early Childhood Development Healthy Pregnancies Infant Nutrition Preconception Health 	<ul style="list-style-type: none"> The demand for home visiting and infant feeding supports continue to be significant, with 193 calls to the Healthy Growth and Development phone line, 59% of which were related to infant feeding. Challenges with data quality prevented updated numbers of postpartum screening rates from being reviewed; this is being reviewed by the team. The Smart Start For Babies program continued to provide 6 programs at 5 sites. The Injoy on-line prenatal education program had 93 new registrants. 	<ul style="list-style-type: none"> With the increase in funding to the Healthy Babies Healthy Children program from the Ministry of Children, Community and Social Services (MCCSS), additional staff are being recruited, and a slight addition in capacity is anticipated. These investments remain insufficient to meet MCCSS targets for the HBHC programs. The MLHU continues to modify the HBHC eligibility criteria to align with to those with the greatest need.
Immunization	<ul style="list-style-type: none"> Community Based Immunization Outreach COVID-19 Vaccine Program Immunization Monitoring and Surveillance 	<ul style="list-style-type: none"> 6152 grade 7 students were immunized in schools. Follow-up was done with students missed earlier in the year for ISPA vaccines as well as students whose oral polio vaccine is no longer valid in an attempt to reduce ISPA suspension rates. 100% of cold chain inspections were completed during Q3 with 5 cold chain 	<ul style="list-style-type: none"> 12, 330 immunizations were provided in schools, in addition to 2800 catch-up doses at MLHU clinics. Annual cold chain inspections of vaccine fridges were completed.

	<ul style="list-style-type: none"> • Immunizations for Children in Schools and Licensed Child Care Settings • Vaccine Administration • Vaccine Management 	<p>incidents in the community resulting in about \$17K in losses.</p> <ul style="list-style-type: none"> • Work is occurring to define roles and find efficiencies for vaccine management/distribution to primary care providers. 	
Infectious Disease Control	<ul style="list-style-type: none"> • Rabies and Zoonotic Disease • Sexually Transmitted and Blood-Borne Disease • Infectious Disease Control • Vector-Borne Diseases Program 	<ul style="list-style-type: none"> • The demand for rabies post-exposure prophylaxis continued to increase, with 197 doses administered to 78 clients (up from 116 doses administered to 48 clients in Q2). 488 animal bite investigations were initiated (up from 340 in Q2). Despite this, response to rabies calls remained consistently within 24 hours. • Sexually Transmitted Bloodborne Infections (STBBIs) decreased in Q3, the causes for which are unknown; however, this correlates to a decrease in clinic visits. • Increased rates of infectious disease reports have been sustained this quarter, with associated increased workload (371 reports in Q3 vs. 388 reports in Q2). • Q3 experienced a large Legionella outbreak with 27 cases, with associated increased workload across many teams. • Vector Borne Disease program staff conducted 1 educational event for school-aged children (July/August schools are closed). There were 12 tick submissions requiring identification and 75 investigations with onsite assessment (up from 21 in Q2). 	<ul style="list-style-type: none"> • Demand for rabies post-exposure prophylaxis continues to be high, although slightly decreased from Q3 (127 doses for 58 clients). • Animal bite investigations continue to be high. An updated workflow for very-low risk exposures has been developed to reduce the workload. • The ongoing high number of Sexually Transmitted Bloodborne Infections (STBBIs) is stretching the capacity of the Sexual Health Team. Alternative approaches to investigating and managing STBBIs will be considered. • Infectious disease reports remain high but have stabilized since Q1 2024. Cases remain complex. • A measles outbreak continues in neighbouring health units amongst unvaccinated individuals, resulting in potential exposures in Middlesex-London. There have been no outbreak-associated cases in Middlesex-London to date.

Injury Prevention	<ul style="list-style-type: none"> • Adult Injury Prevention • Childhood Injury Prevention 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation). 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to injury prevention. Work in other programs synergistically address injury prevention (e.g. built environment and active transportation).
Mental Health & Wellbeing	<ul style="list-style-type: none"> • General Mental Health Promotion • Perinatal Mental Health Promotion 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health). 	<ul style="list-style-type: none"> • Limited resources are available for interventions specifically related to mental health and wellbeing. Work in other programs synergistically address mental health and wellbeing (e.g. HBHC, NFP, School Health).
Oral Health	<ul style="list-style-type: none"> • Non-Mandatory Oral Health Programs • Ontario Seniors Dental Care Program • Oral Health Assessment and Surveillance • Healthy Smiles Ontario Program 	<ul style="list-style-type: none"> • Oral health screening in schools began at the end of Q3 for the 2024/2025 school year. • Efforts were made to promote the Strathroy Senior Dental Clinic and Healthy Smiles Ontario program. • 22 children received fluoride in daycare with the start of the program for the 2024/2025 year. • OSDCP waiting list decreased further to 223, from 319 in Q2. 	<ul style="list-style-type: none"> • Oral health screening in schools continued through Q4. • OSDCP waiting list has decreased even further to 112, from 223 in Q3. At this point, capacity is sufficient to meet demand.
Safe Water	<ul style="list-style-type: none"> • Drinking Water Program • Recreational Water Program 	<ul style="list-style-type: none"> • There were 20 Adverse Water Quality incidences reported in Q3 with 2 Boil Water Advisories issued. • Small Drinking Water Systems inspections continue to be on track for completion end of year. • Inspections for spas and class B pool inspections are at risk of not being completed by year-end due to staffing. 	<ul style="list-style-type: none"> • The staff support required for the large Legionella outbreak in Q3 impacted the capacity of the team to complete all inspections of recreation water facilities in 2024 (87-92% completion vs. 100% in previous years).
School Health	<ul style="list-style-type: none"> • Comprehensive School Health 	<ul style="list-style-type: none"> • MLHU remains unable to be present in elementary schools, except for oral health services and vaccination. 	<ul style="list-style-type: none"> • With budget-associated service reductions to comprehensive school health interventions, public health nurses assigned to secondary schools were transitioned

		<ul style="list-style-type: none"> In secondary schools, 28 interactions were targeted at increasing knowledge (down from 69 in Q2, recognizing school is not in session for parts of Q3) with topics ranging from sexual health, tobacco and vapour, and general mental health promotion. Work at the School Board level continues on initiatives related to mental health and wellbeing, sexual health and substances. 	<p>from having designated schools. Modified education and skill building interventions will be administered in a targeted way in 2025.</p> <ul style="list-style-type: none"> MLHU leadership continues to engage with school board leadership regarding healthy school policies.
Substance Use	<ul style="list-style-type: none"> Needle Syringe Program Alcohol Cannabis Opioids (Harm Reduction Program Enhancement) Other Drugs Tobacco and Vapour Products (Smoke Free Ontario) 	<ul style="list-style-type: none"> Visits remain high to the Citi Plaza Needle Syringe Program with 2610 visits (up from 2268 in Q2). The Social Marketing and Health System Partnership team promoted the 'Rethinkyourdrinking' website as part of a social marketing campaign targeted at young adults and launched the 2024 "Before the Floor" campaign. The Community Drug and Alcohol Committee continued, with MLHU co-chairing with London Intercommunity Health Centre, in order to re-engage discussions on coordinated response to opioid and other substance use. 117 complaints were received related to Tobacco and Vapour (down from 224 in Q2) and investigated. Tobacco and Vapour Product inspections are on track for completion by the end of the year. 	<ul style="list-style-type: none"> Visits remain very high to the Citi Plaza Needle Syringe Program with 2750 visits, up slightly from previous quarters. Staff capacity requires reassessment, as the CitiPlaza site is now the primary NSP site in the region and is projected to remain busy. The 'Rethinkyourdrinking' website continued to be amplified in an effort to expand knowledge around the risks of alcohol. The Community Drug and Alcohol Committee made significant progress in building relationships across community partners, including the London Police. Annual tobacco and vapour product inspections were completed.
Social Conditions	<ul style="list-style-type: none"> Poverty Reduction Housing and Homelessness Anti-Racism and Anti-Oppression 	<ul style="list-style-type: none"> Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy meetings. Limited resources are available for interventions directly related to Poverty reduction. 	<ul style="list-style-type: none"> Executive leaders continue to participate in the City of London's Health and Homelessness and Encampment Strategy meetings; progress has been slow due to complexity of the issues and the stakeholders. MLHU will continue to assess its ongoing participation.

		<ul style="list-style-type: none"> The Health Unit continues to make incremental progress on the Taking Action for Reconciliation Plan. For First Nations communities, leaders within prioritized programs are finalizing MOUs to formalize collaboration and relationship. 	<ul style="list-style-type: none"> Limited resources are available for interventions directly related to Poverty reduction. The Health Unit finalized an MOU with Oneida Nation of the Thames Health Centre regarding case and contact management, clarifying roles and responsibilities.
Violence Prevention	<ul style="list-style-type: none"> Intimate Partner Violence Prevention Violence Prevention 	<ul style="list-style-type: none"> The iHEAL program addressing intimate partner violence continues to operate in partnership with Western University with 50% of referred clients enrolled, due to a waitlist for the program. Funding is slated to end in spring of 2025 – this is under review and MLHU has submitted for a grant to continue funding the program. 	<ul style="list-style-type: none"> Funding for the iHEAL program is slated to end in the spring of 2025. MLHU has submitted for a grant to continue funding the program.

Public Health Foundations

The MLHU continued updating and modernizing the dashboards and infographics of the Community Health Status Resource. The Continuity of Operations Plan was completed on an expedited schedule. Development and implementation of the Management Operating System, including the re-initiation of the intervention and indicator development process, continued. Future priorities include the implementation of a client and partnership framework and inventory.

Finances

The Board of Health will receive the Q4 Financial Update, Borrowing Update and Factual Certificate at its March meeting. These reports will continue to be presented in an aligned cadence, with further integration in the future.

Human Resources

Fill Rate and Time to Fill

Fill rate varies by team, with some positions held to meet the budgeted gap. This also impacts the time to fill metric, as some delays in hiring were intentional.

Client and Community Confidence

Clients

The implementation of a comprehensive client relations process continued in Q4 2024. Plans for model of service reviews were initiated for some teams to improve client experience.

Partners

The MLHU continues to build and strengthen relationships with numerous community partners through the work of the teams and the divisions. Focused efforts in Q4 2024 included the Community Drug and Alcohol Committee, and meetings with and outreach to municipal leaders and staff, and the City of London's 2024 annual Emergency Management Exercise.

Community

Relationships with First Nations Health Centres and cross-sector representation of the African, Caribbean, and Black community continue to be strengthened and formalized.

Employee Engagement and Learning

Staff Development

Financial pressures prevented staff from routinely engaging in staff development and continuing education opportunities. The 2025 budget has been adjusted to support these critical initiatives.

Organizational Restructuring and Impacts to Teams

Teams across the organization are stabilizing post-restructuring, and demonstrating increased resilience in the face of further changes related to the 2025 budget plan. Leaders continue to play a key supporting role for their teams, along with the Employee and Family Assistance Program and the BeWell Committee.

Risks

Please see Q4 Risk Register Update (XX-XX). These reports will continue to be presented in an aligned cadence, with further integration in the future.



MLHU's Organizational Performance Management (OPM) System

The Management Operating System (MOS) is the administrative governance system by which MLHU is directed and managed. It is an integrated system that describes the structure and processes for decision making and accountability that guide behaviour. This framework ensures consistent quality in meeting organizational goals. The MLHU launched the MOS and is continuing to on-board additional components and processes (for more information see [Report No. 53-24](#)).

A core process of MLHU's MOS is the Organizational Performance Management (OPM) system. The OPM system is intended to help all levels of leadership, including the Board of Health, monitor interventions and programs, clarify what we do and know we do it well, while identifying risks and creating timely solutions. The OPM system provides a structure to enable accountability and excellence in the agency, and to ensure ongoing learning and improvement.

The OPM system aims to create a culture where staff want to learn and improve overall organizational performance and the quality of services delivered, with a focus on communication and creating space for interaction and effective dialogue. To enable this, the MLHU strives to be a learning organization, and supports a culture of learning and improvement.

The OPM system includes quarterly performance reporting to the Board of Health. The quarterly performance report provides a summary of performance across multiple domains, including public health programs, finance, human resources, risk, client and community confidence, and employee engagement and learning. The report is intended to facilitate strategic discussions and decisions and assist the Board in monitoring the agency's performance within the expectations of the Ontario Public Health Standards.