Introduction and Context

In October 2012, the Sudbury and District Board of Health endorsed the 2013-2017 Strategic Plan and accompanying Strategy Map (Appendix 1) and directed the Medical Officer of Health (MOH) to operationalize the strategic priorities and report regularly to the Board of Health (Board). The Performance Monitoring Plan (Plan) was developed as a tool to monitor and report on strategic priority work. It was also developed to provide an overarching framework for Sudbury & District Health Unit (SDHU) quality and performance monitoring.

A number of recent developments have made the creation of an overarching Performance Monitoring Plan an essential organizing framework for the SDHU:

- The accrediting body for public health, the Ontario Council on Community Health Accreditation (OCCHA), was sunset in June, 2013. This meant that the SDHU no longer had a formal mechanism for systematic review and continuous quality improvement and needed to develop its own system.¹
- The Ministry of Health and Long-Term Care developed the Ontario Public Health Standards in 2008 and introduced annual reporting on Accountability Agreement Performance Indicators in 2011.
- The Ministry of Health and Long-Term Care (Ministry) released the Ontario Public Health Organizational Standards in February, 2011 and it is expected that reporting on these standards will be forthcoming.
- There is an increasing emphasis throughout Ontario’s public sector on transparency, accountability and public reporting.

The Performance Monitoring Plan is an organizing framework which includes provincially mandated indicators, the SDHU’s Strategic Plan Priorities, and SDHU-specific indicators to “tell the story” of SDHU performance. It is based on the Strategy Map which incorporates the SDHU vision, mission and strategic priorities, along with underlying key provincial drivers, foundational pillars and organizational strengths.

The development of the Performance Monitoring Plan was led by the senior management Executive Committee and informed by consultations with internal stakeholders and a review of similar plans and indicators from other public health organizations. The monitoring activities set out in the Plan span from 2013-2017, as per the timelines of the current Strategic Plan and Strategy Map.

¹ The Ontario Council on Community Health Accreditation (OCCHA) ceased operations in June, 2013. The SDHU was an OCCHA-accredited public health unit from 1990 to 2015.
Monitoring Framework

Overview

The Plan consists of three main components: 1. Strategic priority narratives; 2. Provincially mandated compliance reports; and 3. SDHU-specific performance monitoring indicators. Each are reported to the Board of Health at specific times throughout the year. The diagram below illustrates each of these components, and related timelines within the structure of the 2013–2017 SDHU Strategy Map. The text that follows will further explain each component.
Strategic Priority Narratives

Background

The 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus which steer the planning and delivery of public health services, learning activities and partnerships. The Strategic Priorities are:

1) Champion and lead equitable opportunities for health
2) Strengthen relationships
3) Strengthen evidence-informed public health practices
4) Support community actions promoting health equity
5) Foster organization-wide leadership in excellence and innovation

Ongoing monitoring of the integration of the strategic priorities within SDHU programs and/or services provides an opportunity to gauge progress on these key areas. Given the guiding nature of the priorities, it was felt that qualitative reporting on their accomplishment would best suit this component of the Performance Monitoring Plan.

Description

This component of the Performance Monitoring Plan involves qualitative reporting on the Strategic Priorities in the form of program narratives. This will also be utilized to link each priority to SDHU programs and/or services.

Reporting mechanism

The reporting mechanism will be a formal document which outlines one significant relevant program or service narrative for each of the 5 strategic priorities.

Data collection

Divisional Directors will be responsible for seeking out program and/or service narratives.

Reporting timeline

Selected narratives will be reported to the Board of Health in the spring, summer, and fall of every year. It’s important to note that narratives do not reflect a specific reporting timeline. Rather, they represent an ongoing monitoring component of our 2013-2017 Strategic Plan.

A “roll-up” of all reported program narratives from the previous year will be included in the annual Performance Monitoring Report.
Provincially-Mandated Compliance Reports

Background

The key drivers of SDHU work are based on provincially-set standards and community needs. The Ontario Public Health Organizational Standards and the Ontario Public Health Standards (OPHS) establish governance/management and program expectations, respectively, for boards of health. The Public Health Accountability Agreement Indicators are based on the OPHS.

Description

**Ontario Public Health Organizational Standards**

The Ontario Public Health Organizational Standards (*Organizational Standards*) outline the expectations for the effective governance of boards of health and effective management of public health units. There are 44 requirements categorized within 6 standard areas. When implemented, they are essential to establishing consistent organizational processes which in turn, facilitates desired program outcomes. The complete list of Organizational Standards can be found here: [http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/orgstandards/docs/org_stds.pdf)

An annual report on all requirements set out within all Organizational Standards categories will be presented in the spring of every year, within the annual Performance Monitoring Report package.

**Public Health Accountability Agreement Indicators**

The Ministry of Health and Long-Term Care (*Ministry*) has set out performance expectations for boards of health which includes a set of performance indicators. These are measured and monitored by the Ministry throughout accountability agreement periods and represent outcomes relating to the delivery of the Ontario Public Health Standards.

The annual Performance Monitoring Report will include all current indicators from existing accountability agreement periods as well as any newly introduced indicators.

**Reporting mechanism**

The reporting mechanism will consist of a visual presentation depicting the compliance status of each indicator and requirement. Interpretive comments may also be provided in narrative format. Reporting on both provincially-mandated compliance components will occur within the annual Performance Monitoring Report.
Data collection

Data for both provincially-mandated compliance components represent information from all parts of the organization and collection requires a coordinated effort by all divisions to compile. Divisional and/or program leads have been identified as most responsible for all compliance reporting components.

*Ontario Public Health Organizational Standards*

Reporting on the Organizational Standards will reflect data collected from the previous year (January to December) and is therefore retrospective in nature.

*Public Health Accountability Agreement Indicators*

This compliance component will reflect data collected from the previous reporting year. The reporting periods may vary depending on Ministry requirements. For example, dental program related indicators reflect a school year rather than a January to December cycle. The year in which the report is submitted to the Ministry will be also be the reporting year for the purposes of the annual Performance Monitoring Report.

Reporting timeline

The annual Performance Monitoring Report will include data on the SDHU’s compliance with the 44 Ontario Public Health Organizational Standard requirements and all current Ontario Public Health Accountability Agreement Indicators. This data will first be reported to the Board in spring 2015 and every winter thereafter.
SDHU-Specific Performance Monitoring Indicators

Background

Each SDHU-Specific Performance Monitoring Indicator is grounded within one of the five Foundational Pillars of the 2013-2017 SDHU Strategy Map. These Pillars represent the base upon which we build our work.

The process for selecting the SDHU-Specific Performance Monitoring Indicators occurred over a number of months via Senior Executive Committee meetings. This process included: a review of past monitoring of the SDHU Strategic Plan, a review of current measurement of key drivers, a review of other organizations’ monitoring plans and activities, the development of a draft monitoring model, the collation of an extensive list of possible indicators (from varying internal and external sources), the selection and prioritization of “most promising” indicators, and the final drafting of indicators and respective descriptions. Throughout this process, Senior Executive Committee member discussions were centered on choosing indicators that would measure the SDHU’s performance as an organization and further demonstrate our commitment to excellence and accountability.

Description

The SDHU-Specific Performance Monitoring Indicators are meant to provide the Board with information about the “current state” of key focus areas, and to allow for monitoring of their progress year after year. Indicators are measures to help determine the condition of a system, and are helpful to demonstrate progress and direction on key priority areas.

This performance monitoring component includes quantitative reporting of 13 indicators grouped within their relevant Foundational Pillar. They were selected to represent an area of “excellence” and contributes to overall organizational quality performance. Both individually and as a whole, the indicators demonstrate the SDHU’s commitment towards performance excellence and Vision of “Healthier communities for all”.

Reporting mechanism

The reporting mechanism will consist of a summary table which outlines data results for each indicator. Interpretive comments may also be provided in narrative format.
Data collection

The indicators represent information from all parts of the organization and will require a coordinated effort by all divisions to compile. Data collected for the first annual Performance Monitoring Report will be considered as baseline data from which monitoring will be conducted thereafter.

Reporting timeline

Data on the 13 indicators will be reported every winter to the Board of Health within the annual Performance Monitoring Report. This report will reflect data collected from the previous year (January to December) and is therefore retrospective in nature.

Outline of indicators

The following presents each indicator organized by Foundational Pillar, along with a brief description of the indicator itself. Further details on their calculation or measurement method can be found in a technical document.

Leadership excellence

1. Board of Health Commitment Index
This indicator combines information on 4 measures of the commitment demonstrated by Board members. The result is presented as a score on a scale of 0 to 100 points, with points allocated as follows:
   - Maintaining uninterrupted Board membership (20 Points)
   - Attendance of Board members at meetings (30 Points)
   - Having quorum at meeting (20 Points)
   - Completion of annual Board self-evaluation questionnaire (30 points)
(Informed by: Internal consultations and the Organizational Standards)

2. Number of Program-Related Board of Health Motions Passed
This indicator captures the Board's activities in providing leadership for public health in our communities and in the province. It excludes all process-related motions such as the approval of minutes, scheduling of meetings, etc. The result is presented as the overall number of motions passed in the calendar year.
(Informed by: Internal consultations and the Organizational Standards)

3. Board of Health Members' Satisfaction Index
This indicator combines information on Board members' satisfaction with 3 aspects of their participation on the board, namely: their individual performance as a board member; board
Partnership & collaboration excellence

4. Percent of Partnerships that are Intersectoral
This indicator highlights the diverse make-up of partnerships in which the SDHU is engaged. Partnerships, also called coalitions, often take the form of a committee where its members are working towards a common goal of addressing public health issue(s). The indicator presents the percentage of our partnerships that are intersectoral (i.e. that involve a non-health member).
(Informed by: Internal consultations)

5. Number of External Partnership Effectiveness Reviews
This indicator highlights the SDHU's commitment to ensure that our contributions to external community partnerships are in keeping with our strategic and operational priorities. Our target is to review 5 such partnerships per year. The indicator will present the number of reviews that were completed.
(Informed by: Internal consultations, OCCHA Accreditation Standards, and the 2010-2012 Strategic Plan: Check-In Report)

6. Website Usage Status
This indicator is an index of results which highlights progress towards the SDHU's goal of increasing the reach of our website communications. It combines information on 2 measures of website activity:
- Average web visits per day
- Average web page views per day
The indicator presents the number of these measures for which there was a significant increase from the previous year.
(Informed by: Internal consultations and indicators from the Northwestern Health Unit and Wellington-Dufferin-Guelph Public Health)

Program and service excellence

7. Number of Advanced Knowledge Products
This indicator captures the number of internally-developed advanced knowledge products produced in a given year. These require knowledgeable interpretation by an informed audience, such as health practitioners, researchers, and/or decision-makers, and may include presentations, documents, tools, manuals, reports, factsheets, and publications.
(Informed by: Informed by the Public Health Ontario Balanced Scorecard)
8. **Number of Academic Research Projects**

This indicator captures the number of new and ongoing research projects conducted in collaboration with academic or research institutions in any given year. This is reflective of the SDHU’s commitment to the principles of being a “Teaching Health Unit”.

*(Informed by: Internal consultations, OCCHA Accreditation Standards, and indicators from Wellington-Dufferin-Guelph Public Health)*

9. **Number of Program Service Evaluations Used for Decision-making at the Senior Management Level**

This indicator demonstrates the SDHU’s ongoing commitment to internal quality improvement. It reports on the number of internal program and/or service process evaluations undertaken and used for decision-making. The focus will be on evaluations that result in direction from the Executive Committee. Our goal is to undertake at least one per year. Evaluations that are undertaken and that do not inform decisions will not be included in the calculation.

*(Informed by: Internal consultations and OCCHA Accreditation Standards)*

10. **Emergency Preparedness Index**

This indicator demonstrates the SDHU’s ongoing preparedness for public health emergencies. The result is presented as a score on a scale of 0 to 100 points, measuring the extent to which SDHU staff have completed the following measures to ensure effective preparedness and response capabilities:

- Testing of the Emergency Response Plan (1 test per year)
- Review of the Emergency Response Manual (2 per year)
- Review of all supporting Emergency Response Plans/Manuals (1 per year)
- Basic Emergency Management Training - All Managers are trained
- Basic Emergency Management Training - All PHIs are trained
- Mandatory Emergency Training - All BOARD members are trained/up to date
- Mandatory Emergency Training - all staff are trained/up to date
- Inventory checks on 'Grab & Go' Kits (1 per year)
- Inventory checks on EMR Storage (1 per year)
- Testing of satellite phone (1 per year)
- Testing of generators (12 per year)
- Emergency response exercises with external partners (all scheduled exercises attended)
- 24/7 Public Health Inspector coverage (365 days per year)

All measures are weighted equally in the index. Each is therefore worth approximately 8 points.

*(Informed by: Internal consultations and OCCHA Accreditation Standards)*
11. Worker Engagement Index
This indicator is an index of results from 5 questions on an annual employee questionnaire. The result is presented as a score on a scale of 0 to 100 points, geared to measuring their level of work engagement.
(Informed by: Internal consultations, the Guarding Minds @ Work survey, and indicators from Wellington-Dufferin-Guelph Public Health)

Organizational excellence

12. SharePoint Deployment Status
This indicator reports the SDHU's status in deploying SharePoint throughout the organization, including concurrent work on electronic records management, per the following stages:
• Groundwork (network clean-up; email management strategy)
• Pilot testing
• Preparation (Governance framework development; staff training)
• Deployment
• Maintenance
The indicator will name the stage the SDHU is currently in. Brief descriptive narratives related to the current status may be provided.
(Informed by: Internal consultations)

13. Workforce Development Framework Status
This indicator reports the SDHU's status in developing and implementing a Workforce Development Framework, per the following stages:
• Assessment
• Planning - Phase I
• Planning - Phase II
• Approval
• Implementation
The indicator will name the stage the SDHU is currently in. Brief descriptive narratives related to the current status may be provided.
(Informed by: Internal consultations, Organizational Standards, OCCHA Accreditation Standards, and indicators from Wellington-Dufferin-Guelph Public Health)
Conclusion

The SDHU’s 2013-2017 Performance Monitoring Plan is an organizing framework that incorporates provincially mandated indicators and SDHU-specific indicators to “tell the story” of SDHU performance. It is based on the SDHU Strategy Map which incorporates the SDHU vision, mission and strategic priorities, along with underlying key provincial drivers, foundational pillars and organizational strengths.

This Plan is a tool to report on accountability measures on key focus areas, which are grounded within the 2013–2017 Strategy Map (Appendix 1). Further details on this plan can be obtained within its Technical Specification document which guides the collection of all Performance Monitoring Plan components. It should be noted that, given this is a new process for the SDHU, some flexibility will be built in to allow for future adaptation or evolution of the Plan.
In accordance with the *Ontario Public Health Organizational Standards*, boards of health in the province of Ontario are required to establish strategic plans that respond to emerging public health trends and issues.

The Sudbury & District Board of Health articulates its priorities for Health Unit programs and services by using a strategy map. With this map the Board of Health is able to link its strategic priorities with its vision and system drivers and measure performance.
**The Sudbury & District Health Unit (SDHU) 2013–2017 Strategy Map includes the following key elements:**

**SDHU Vision:** The vision describes the overarching desired outcome that is the ultimate aim of all SDHU activities.

**SDHU Mission:** The mission is the statement of the purpose of our organization. Our mission statement guides our public health actions and serves as the path for our operations.

**SDHU Values:** The values inform how we do our work and reflect our commonly held principles as public health professionals working to achieve healthier communities for all.

**Strategic Priorities:** The strategic priorities are the areas of focus, steering the planning and delivery of public health services, learning activities and partnerships.

**Key Drivers:** The drivers exist external to our organization and provide boundaries and context to the work of the organization.

**Foundational Pillars:** The foundational pillars are the base upon which we build our work. They are articulated and measured through accountability agreement indicators, organizational requirements, and program standards.

**SDHU Strengths:** The strengths describe who we are and our organization’s abilities towards achieving healthier communities for all.

### Leadership Excellence (Board of Health Functions)
- Board Structure (8 requirements)
- Board operations (10 requirements)
- Public reporting (2 requirements)
- Leadership (3 requirements)
- Trusteeship (2 requirements)

### Partnership and Collaboration Excellence
- Community engagement (8 requirements)
- Stakeholder engagement (8 requirements)
- Contribute to policy development (8 requirements)

### Program and Service Excellence
- Ontario Public Health Standards
  - Accountability Agreement Indicators
  - Foundational Standard
  - Chronic Disease and Injuries Program Standards
  - Family Health Program Standards
  - Infectious Diseases Program Standards
  - Environmental Health Program Standards
  - Emergency Preparedness Program Standard

### Organizational Excellence (Management Functions)
- Operational Plan
- Risk Management
- Medical Officer of Health eligibility for appointment
- Staff direction by Medical Officer of Health
- Financial records, policies and procedures
- Procurement
- Capital funding plan
- Communications strategy
- Information management
- Research ethics
- Human resources strategy
- Client service standards

### Workforce Excellence (Staff Functions)
- Public health professional educational requirement
- Staff development
- Professional Practice support

---

Δ Organizational Standard Requirements  ♦ May overlap with other foundational pillars  □ Community Needs and Local Context