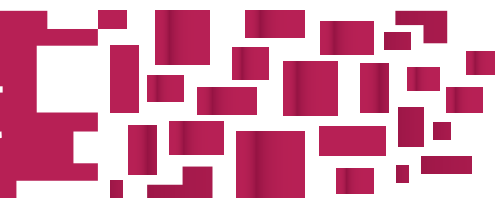


2017 Performance Monitoring Report



Performance
Monitoring Plan

2013
2017

February 2018



Public Health
Santé publique
SUDBURY & DISTRICTS

The 2017 Performance Monitoring Report has been compiled to provide the Board of Health with information about Public Health Sudbury & Districts' status in meeting various accountability measures, which are grounded within the 2013–2017 Strategy Map (see Strategy Map). This report provides evidence of our commitment to excellence and accountability, detailing performance in the following key areas:

Strategic Priorities: Narrative Report



The 2013–2017 Strategic Plan includes five Strategic Priorities that steer the planning and delivery of public health programs and services, learning activities, and partnerships. Narrative Reports ensure ongoing monitoring and integration of the Strategic Priorities within Public Health programs or services to gauge progress on key areas.

Organization-Specific Performance Monitoring Indicators Report



Public Health Sudbury & Districts' Organization-Specific Performance Monitoring Indicators are meant to provide the Board of Health with information about the "current state" of key focus areas and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate Public Health Sudbury & Districts' commitment toward performance excellence and its Vision of "Healthier communities for all".

Ontario Public Health Organizational Standards Report



The Ontario Public Health Organizational Standards outline the expectations for the effective governance of boards of health and effective management of public health units. There are 44 requirements grouped within 6 standard categories. When implemented, they are essential to establishing consistent organizational processes, which in turn, facilitate desired program outcomes.

Public Health Accountability Agreement Indicators Report



The Ministry of Health and Long-Term Care (MOHLTC) has set out indicators for boards of health to ensure accountability. In previous years, these indicators included a set of performance indicators and a set of monitoring indicators that were measured and monitored by the MOHLTC throughout accountability agreement periods. The indicators represented outcomes relating to the delivery of public health programs and services. In June 2017, the suite of indicators was revised and, for the time being, includes 15 monitoring indicators which are used to monitor progress.

Reporting Timelines



* Includes Strategic Priorities Narratives “roll-up”, Ontario Public Health Organizational Standards Report, Public Health Accountability Agreement Indicators Report, and Public Health Sudbury & Districts’ Organization-Specific Performance Monitoring Indicators Report

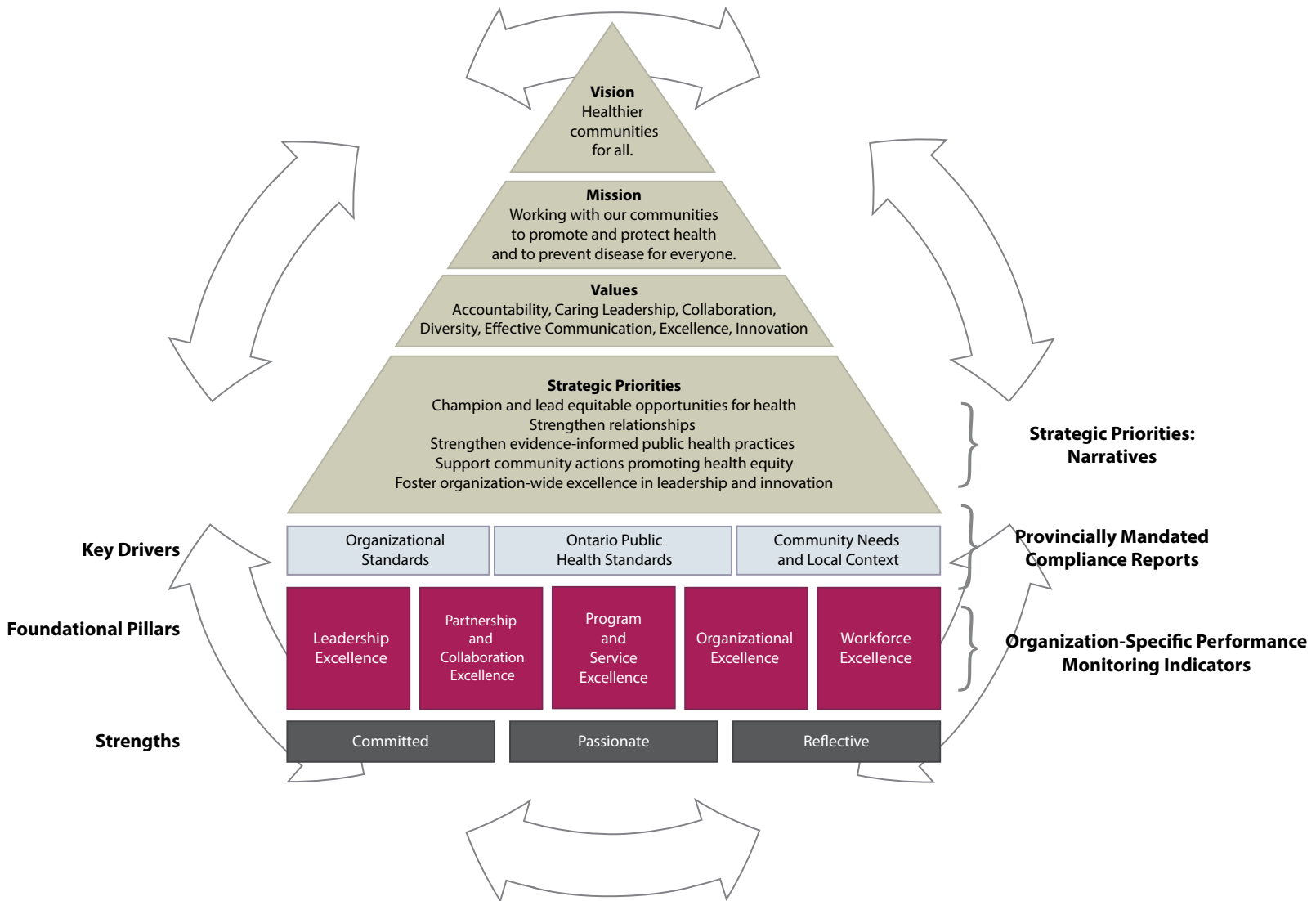
Executive Summary

Overall, the results of the report illustrate that Public Health Sudbury & Districts is meeting its performance monitoring goals. The measurement and monitoring strategies that are in place, and which are highlighted in the report, provide evidence for decision making and continuous quality improvement. Progress is continually monitored and adjustments to practice are made to ensure desired outcomes.

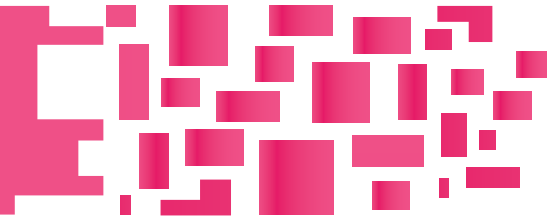
Key Findings

- 15 Strategic Priorities Narratives that highlight descriptive stories of Public Health Sudbury & Districts’ programs and/or services that demonstrate the 5 Strategic Priorities “in action”
- On track with meeting the 13 Public Health Sudbury & Districts’ Organization-Specific Performance Monitoring Indicators
- Compliance with all 44 Ontario Public Health Organizational Standards
- Indicators monitored as outlined by the Public Health Accountability Agreement with the Ministry of Health and Long-Term Care

Figure 1: Sudbury & District Board of Health Strategy Map 2013–2017

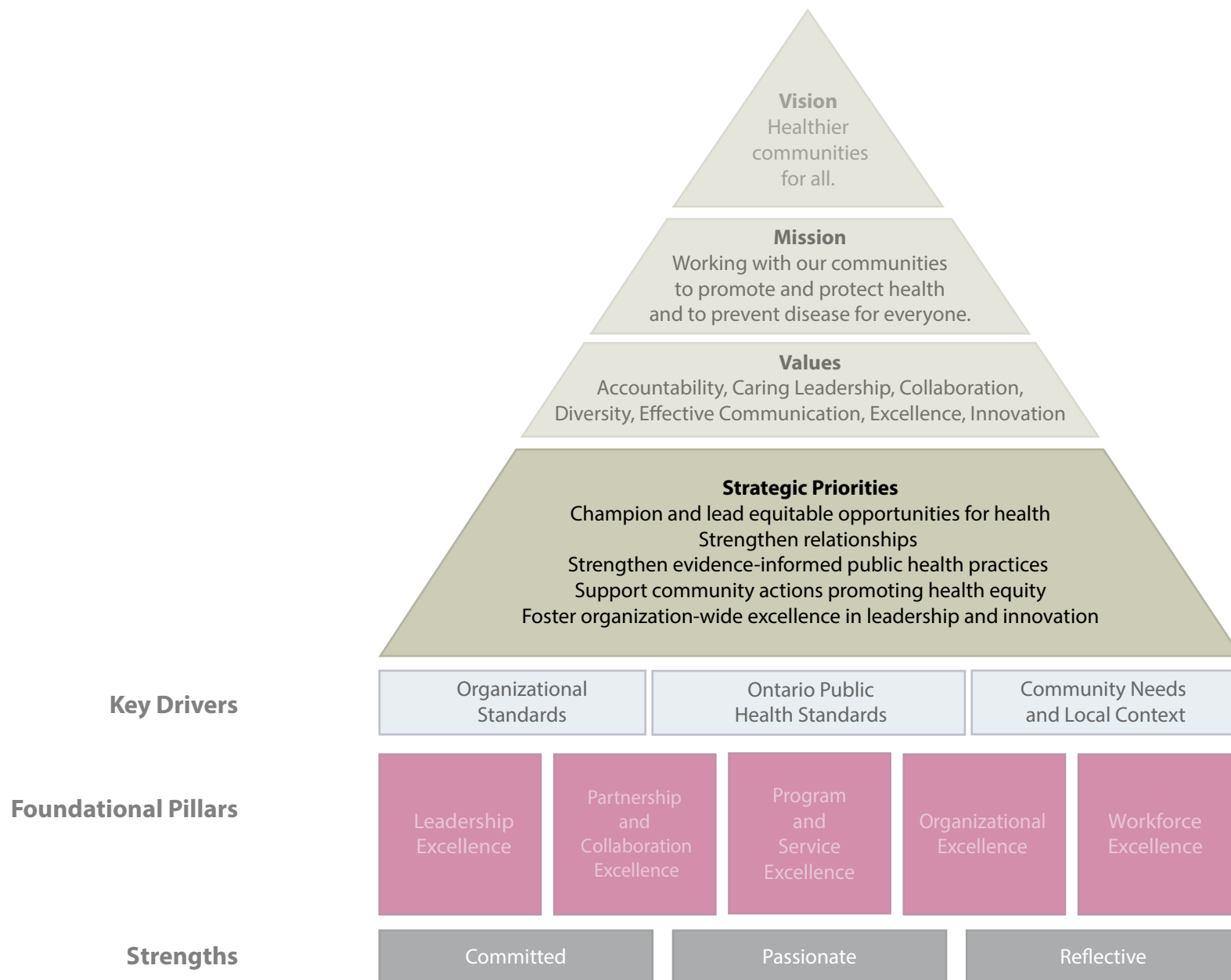


Strategic Priorities: Narrative Report



The 2013–2017 Strategic Plan includes five Strategic Priorities that represent areas of focus that steer the planning and delivery of public health services, learning activities, and partnerships. Ongoing monitoring and integration of the Strategic Priorities within our programs or services provides an opportunity to gauge progress on these key areas.

Figure 2: Sudbury & District Board of Health Strategy Map 2013–2017, Strategic Priorities



2017 Strategic Priorities Narrative Topics

The following presents a summary of the Strategic Priorities Narrative topics that were presented in 2017.

Click on the narrative title below for more information.

1

Strategic Priority: Champion and lead equitable opportunities for health

Advocating for a Basic Income Guarantee to Promote Optimal Health for All

Pathways to Equity: Supporting Indigenous Partners to Address Factors that Impact Health

Raising Awareness and Inspiring Health Equity Action Through Bridges Out of Poverty Training

2

Strategic Priority: Strengthen relationships

SDHU's Baby-Friendly Initiative Journey

Partnering with Greater Sudbury Housing Corporation on Bedbug Education for Tenants

Strengthening Relationships with Indigenous Communities

3

Strategic Priority: Strengthen evidence-informed public health practice

Ridgecrest Playground Research Study – Utilizing Evidence to Promote Accessible Playgrounds

Sharing Our Research Knowledge

Sharing Knowledge to Advance Evidence-informed Public Health Practice

4

Strategic Priority: Support community actions promoting health equity

Youth in Crisis: Employability Partnership with the Sudbury Food Bank

Nourishing the Future of Our School Communities

Putting the Public in Public Health Planning

5

Strategic Priority: Foster organization-wide excellence in leadership and innovation

Risk Management @ SDHU

Building Opportunities for Student Placement in Rural Areas

Leading the Way to Organizational Excellence

Organization-Specific Performance Monitoring Indicators Report



Public Health Sudbury & Districts' Organization-Specific Performance Monitoring Indicators are meant to provide the Board of Health with information about the "current state" of key focus areas, and to allow for monitoring of their progress year after year. Both individually and as a whole, the indicators demonstrate Public Health Sudbury & Districts' commitment toward performance excellence and its Vision of "Healthier communities for all".

Figure 3: Sudbury & District Board of Health Strategy Map 2013–2017, Foundational Pillars

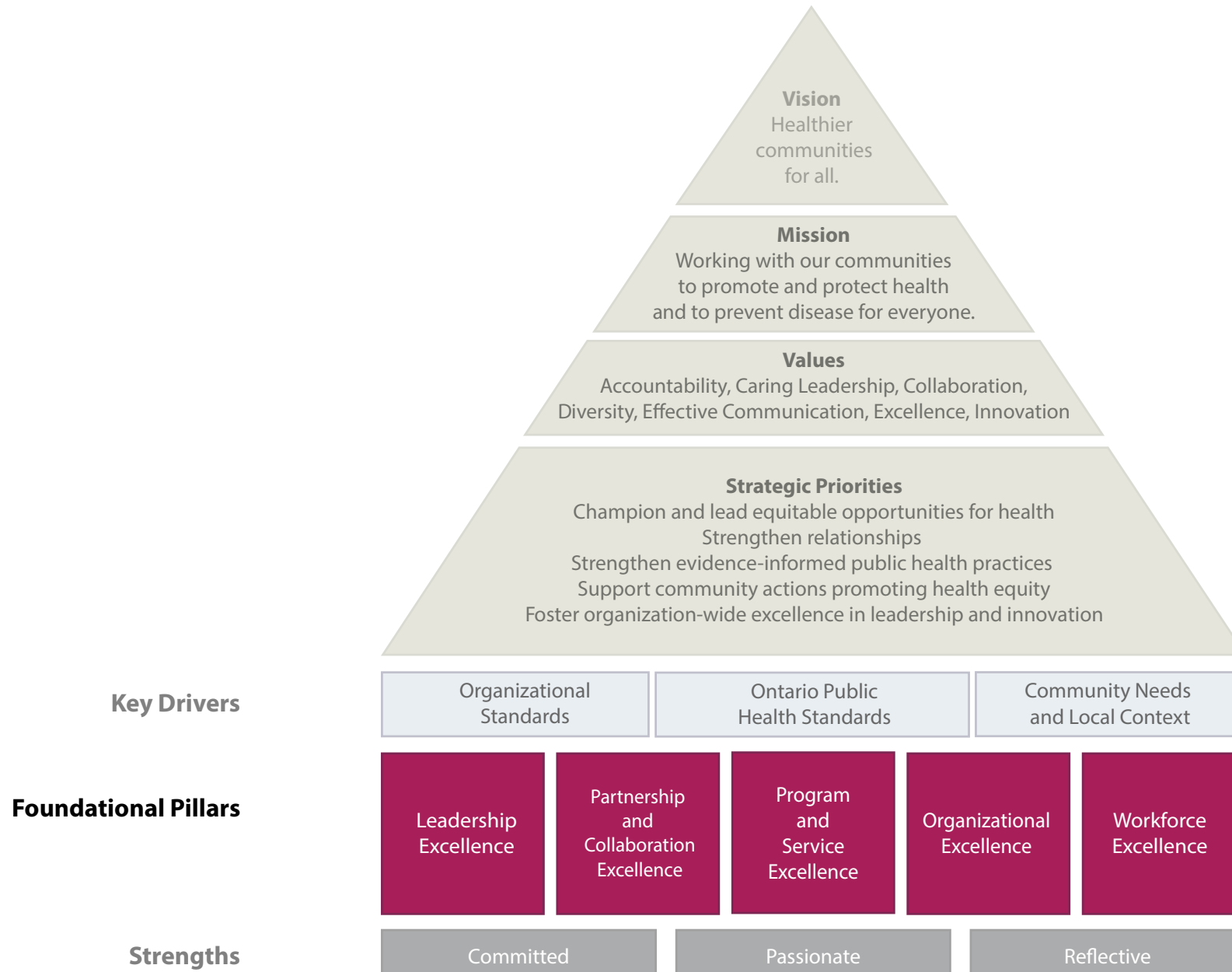


Table 1: Organization-Specific Performance Monitoring Indicator Trends 2013–2017

FOUNDATIONAL PILLAR	INDICATOR	2013	2014	2015	2016	2017
Leadership Excellence	Board of Health Commitment Index	95	89	85	86	83
	Number of Program-related Board of Health Motions Passed	9	8	9	12	10
	Board of Health Member's Satisfaction Index	96	100	95	96	95
Partnership and Collaboration Excellence	Percent of Partnerships That Are Intersectoral	61%	63%	66%	66%	63%
	Number of External Partnership Effectiveness Reviews Goal: 5	Under Development	5	5	5	5
	Website Usage Status Average web visits per day Average web page views per day	1 773 16 555	1 736 13 415	See Notes	373 1134	378 1109
Program and Service Excellence	Number of New Advanced Knowledge Products	106	97	152	180	112
	Number of Academic Research Projects	18	17	19	18	18
	Organization-wide Program or Service Evaluations Used by Senior Management Goal: 1	2	3	1	1	1
	Emergency Preparedness Index	99	99	100	98	99
Organizational Excellence	Worker Engagement Index	88	See Notes	90	92	94
	SharePoint Deployment Status	P1, P2, P3 In Progress	P1, P3–P5 In Progress; P2 Complete	P1, P3, P4, P5 In Progress; P2 Complete	P1, P3, P4, P5 In Progress; P2 Complete	P1, P3, P4, P5 In Progress; P2 Complete
Workforce Excellence	Workforce Development Status	P1, P2 In Progress	P1, P2 In Progress	P1, P2 In Progress; P3 Complete	P2, P4 In Progress; P1, P3 Complete	P2, P4, P5 In Progress; P1, P3 Complete

Notes

Public Health Sudbury & Districts' Organization-Specific Performance Monitoring Indicators measure our performance as an organization and further demonstrate its commitment to excellence and accountability.

LEADERSHIP EXCELLENCE

Board of Health (BoH) Commitment Index

- The Commitment Index score of 83% reflects vacancies and turnover in Board of Health membership throughout 2017.
- Quorum was met for all meetings and a total of 73% of BOH members completed the annual self-evaluation questionnaire.
- Throughout 2017, Board of Health Executive members attended additional meetings to guide the strategic planning process and, in September 2017, the majority of Board of Health members participated in a workshop to further inform the development of the Strategic Plan.

Number of Program-related Board of Health (BoH) Motions Passed

- The BOH continues to provide leadership for public health in our communities and in the province. A total of 10 program-related motions were passed in 2017.

PARTNERSHIP AND COLLABORATION EXCELLENCE

Percent of Partnerships That Are Intersectoral

- Intersectoral partnerships are partnerships where at least one member in the partnership represents a sector other than public health or health care (ex. education, childcare, etc.)
- Public Health Sudbury & Districts is currently involved in 301 partnerships; 188 of these are intersectoral.
- While the percentage of intersectoral partnerships has decreased since 2016, the total number of intersectoral partnerships remained the same (188 intersectoral partnerships). Some year-to-year fluctuation in partnerships can be expected depending on the current public health and community contexts and the dynamic nature of partnerships.

Number of External Partnership Effectiveness Reviews (Goal: 5)

- This indicator highlights Public Health Sudbury & Districts' commitment to ensure that our contributions to external community partnerships meet our strategic and operational priorities.
- A total of 5 reviews were completed; 1 from the Resources Research Evaluation and Development Division, 1 from the Clinical Services Division, and 3 from the Health Promotion Division.

Website Usage Status

- Public Health Sudbury & Districts launched a new website in June 2015, and 2016 marked the first year of reporting usage data on the new website. The new website uses different website analytic software to monitor website traffic, therefore, data from 2016 and beyond should not be compared to data from previous years.
- The website usage status data represents average daily visits and page views to the organization's website from users who have their locations set as "Canada", and excludes staff activity.
- Analysis of the data shows that users are getting to the pages they wish to browse more quickly and that the usability of the website has increased with the new website. From January 1 to December 31 2017, each website visitor looked at approximately 3 pages and spent an average of 2 minutes on the website.

PROGRAM AND SERVICE EXCELLENCE**Number of New Advanced Knowledge Products**

- This indicator captures the number of new internally developed or significantly altered products that require knowledgeable interpretation by an informed audience (reports, manuals, presentations).
- In 2017, there were 112 advanced knowledge products, which is less than in 2016, but is similar to the number of products reported in the previous years. Some year-to-year fluctuation can be expected.

Number of Academic Research Projects

- This indicator captures new and ongoing research projects conducted in collaboration with academic and research institutions, such as projects funded by the Louise Picard Public Health Research Grant, a joint Public Health Sudbury & Districts/Laurentian University research grant.
- Out of the 18 academic research projects; 5 are new in 2017, 2 were completed, and 11 are ongoing.
- Completed projects include the Northern Ontario Dietetic Internship Project - Using Food as a Reward - the Impact on Early Childhood development and Phase 1 of the Locally Drive Collaborative Project: Strengthening Continuous Quality Improvement (CQI) in Ontario's Public Health Units in collaboration with other health units.

Organization-wide Program or Service Evaluations Used by Senior Management

- This indicator denotes evaluations undertaken that inform organization-wide decisions.
- The target goal of one was met in 2017. The evaluation of the Compressed Work Week program took place in 2017 and the results informed the decision to discontinue the program in June 2018 and to pursue alternate flexible work arrangements for staff members.

Emergency Preparedness Index

- This indicator demonstrates Public Health Sudbury & Districts' ongoing preparedness for public health emergencies and presents the extent to which staff members have completed measures to ensure effective preparedness and response capabilities.
- Public Health Sudbury & Districts was on track with this indicator in 2017. All Public Health Inspectors and the majority of managers and directors have completed Basic Emergency Management Training. One manager, one director, and two new Board of Health members will be scheduled for training in 2018.

ORGANIZATIONAL EXCELLENCE**Worker Engagement Index**

- Data for 2013, 2016, and 2017 were collected using the 5 worker engagement focused questions from the Guarding Minds @ Work (GM@W) survey.
- Data for 2015 were collected using a different measuring tool, that measured similar physical, cognitive, and emotional engagement concepts.
- Direct comparisons between results reported in 2013, 2016, and 2017 can be made; however, comparison of results from 2015 to other years should be made with caution.
- The staff engagement questions from the Guarding Minds at Work survey were distributed in fall 2017. A total of 128 out of 280 staff members completed the survey for a response rate of 45.7%.
- Based on the results, the Worker Engagement Score is 94/100.

SharePoint Deployment Status

- SharePoint is an internal, web-based, collaboration tool that supports document storage and records management, allows for content to be shared among staff, and helps users find the right people and the right information to make informed decisions.
- The deployment of SharePoint continues to progress as planned with some improvements to SharePoint features made in 2017. One out of five SharePoint deployment phases is complete; all other phases are being worked on simultaneously.
- File storage management has been deferred at this time.

WORKFORCE EXCELLENCE

Workforce Development Status

- The Workforce Development Framework outlines a structure to guide Public Health Sudbury & Districts in ensuring that its workforce has the knowledge, skills, and abilities needed to respond to and be aligned with current and future public health service demands.
- Phase 1 and 3 of the Workforce Development Plan were completed while Phases 2, 4, and 5 continue to progress as planned.
- Key Workforce Development milestones for 2017 include: the expansion of the mentorship program, the development of a Public Health Sudbury & Districts' Leadership Framework and Development Strategy, the development of 3 new student placement agreements, the development of succession planning policies and procedures, and the hiring of a Workforce Development Officer to assist in growing the work associated with the Workforce Development Framework.

Ontario Public Health Organizational Standards Report



The Ontario Public Health Organizational Standards outline the expectations for the effective governance of boards of health and effective management of public health units. There are 44 requirements grouped within 6 standard categories. When implemented, they are essential to establishing consistent organizational processes, which in turn, facilitates desired program outcomes.

Figure 4: Sudbury & District Board of Health Strategy Map 2013–2017, Organizational Standards

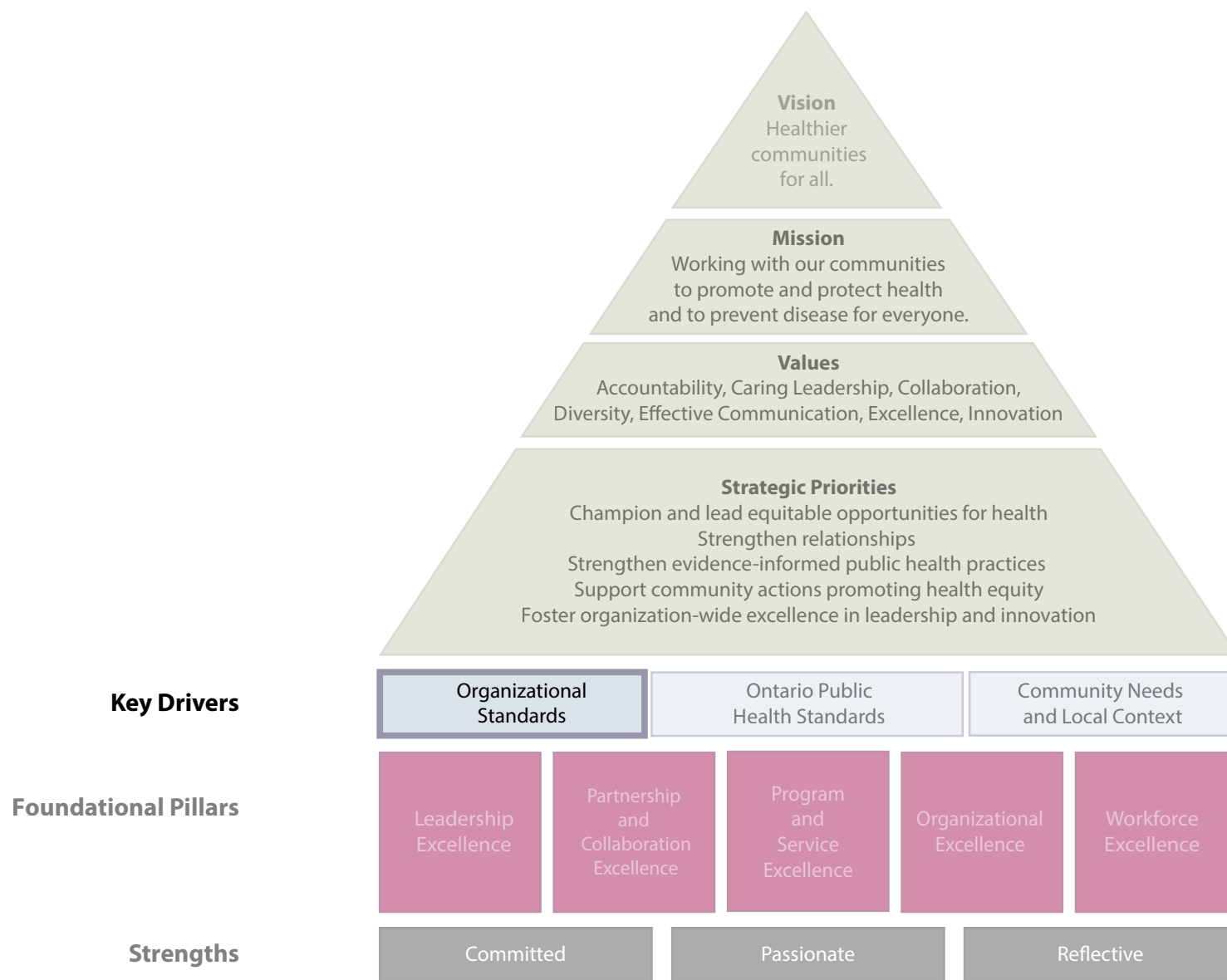


Table 2: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
1. Board Structure	1.1 Definition of a board of health	-				
	1.2 Number of members on a board of health	-				
	1.3 Right to make provincial appointments	-				
	1.4 Board of health may provide public health services on reserve	-				
	1.5 Employees may not be board of health members	-				
	1.6 Corporations without share capital	-				
	1.7 Election of the board of health chair	-				
	1.8 Municipal membership	-				
2. Board Operations	2.1 Remuneration of board of health members	-				
	2.2 Informing municipalities of financial obligations	-				
	2.3 Quorum	-				
	2.4 Content of by-laws	-				
	2.5 Minutes, by-laws and policies and procedures	-				
	2.6 Appointment of a full-time Medical Officer of Health	-				
	2.7 Appointment of an acting Medical Officer of Health	-				
	2.8 Dismissal of a Medical Officer of Health	-				
	2.9 Reporting relationship of the Medical Officer of Health to the board of health	-				
	2.10 Board of health policies	-				

 Met or exceeded standard  Non-compliant with standard

Table 2 continued: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
3. Leadership	3.1 Board of health stewardship responsibilities	-				
	3.2 Strategic plan	-				
4. Trusteeship	4.1 Transparency and accountability	-				
	4.2 Board of health member orientation and training	-				
	4.3 Board of health self-evaluation	-				
5. Community Engagement and Responsiveness	5.1 Community engagement	-				
	5.2 Stakeholder engagement	-				
	5.3 Contribute to policy development	-				
	5.4 Public reporting	-				
	5.5 Client service standards	-				
6. Management Operations	6.1 Operational plan	-				
	6.2 Risk management	-				
	6.3 Medical Officer of Health provides direction to staff	-				
	6.4 Eligibility for appointment as a Medical Officer of Health	-				
	6.5 Educational requirements for public health professionals	-				
	6.6 Financial records	-				
	6.7 Financial policies and procedures	-				
	6.8 Procurement	-				



Met or exceeded standard



Non-compliant with standard

Table 2 continued: Ontario Public Health Organizational Standards Compliance, 2013–2017

STANDARD	REQUIREMENT	2013	2014	2015	2016	2017
6. Management Operations	6.9 Capital funding plan	-				
	6.10 Service level agreements (Public Health Sudbury & Districts has an autonomous Board not integrated with the municipality.)	-	N/A	N/A	N/A	N/A
	6.11 Communications strategy	-				
	6.12 Information management	-				
	6.13 Research ethics	-				
	6.14 Human resources strategy	-				
	6.15 Staff development	-				
	6.16 Professional practice support	-				

 Met or exceeded standard
  Non-compliant with standard

Notes—Program Highlights

All Organizational Standards have been met or were exceeded. The following updates highlight key projects and milestones that occurred throughout 2017.

1.0 BOARD STRUCTURE

1.2 Number of members on a Board of Health (BoH)

- Board of Health by-laws and Board of Health membership policy illustrate that we are in compliance with legislative requirements. The number of provincial appointments increased from two to three which raised the Board of Health for Public Health Sudbury & Districts complement to 14 members.
- In 2017, two Board of Health members resigned and four new members were appointed.

1.4 Board of Health may provide public health services on reserve

- The Board of Health continues its work in this area with key activities including but not limited to the hiring of a full-time Manager, Indigenous Engagement and the establishment of an Indigenous Engagement Steering Committee.

2.0 BOARD OPERATIONS

2.6 Appointment of a full-time MOH

- A review of this policy is being undertaken due to correspondence received from the Ministry of Health and Long-Term Care in November 2017 regarding the Ministry Policy Guide for Medical Officer of Health, Associate Medical Officer of Health, and Acting Medical Officer of Health appointments.

3.0 LEADERSHIP

3.1 Board of health stewardship responsibilities

- In September 2017, Board of Health members participated in Bridges Out of Poverty training which aims to increase awareness about poverty and inspire compassion and a commitment to poverty reduction.

3.2 Strategic plan

- Since January 2017, the development for the next iteration of the Strategic Plan has been underway. The Strategic Plan engagement plan was implemented in early 2017. Engagement activities included: Have Your Say surveys for the general public, community partners, Board of Health members, and staff; a World Café session for staff; and consultation sessions and workshops with the Senior Management Executive Committee, Board of Health members, and key stakeholders such as Indigenous community members. The results of these sessions informed the drafting of the 2018–2022 Strategic Plan.

4.0 TRUSTEESHIP

4.2 Board of Health member orientation and training

- Orientation sessions were held July 12 and November 9, 2017 for new board members.

4.3 Board of Health self-evaluation

- Meeting-specific evaluations are conducted monthly and feedback is shared with the Chair of the Board of Health.

5.0 COMMUNITY ENGAGEMENT AND RESPONSIVENESS

5.1 Community engagement

- In comparison to past strategic planning practices, members of the general public and community partners were given more opportunity to provide feedback on future strategic directions.
- Community engagement is also built into the annual program planning cycle.

5.4 Public reporting

- Public Health Sudbury & Districts produced an annual financial report, performance report, and annual report that were shared with general public. This year's online version of the Annual Report incorporated a video message from the Medical Officer of Health.

5.5 Client service standard

- In March 2017, a number of factors prompted a review of the format, promotion, and scope of the Client Centred Care (CCC) Survey. As a result, a new organization-wide client satisfaction questionnaire has been approved. The launch of the new survey is anticipated in early 2018.

6.0 MANAGEMENT OPERATIONS

6.2 Risk management

- The first Organizational Risk Management Report (for 2016) was approved at the Board of Health Meeting in May 2017. The report included identified risks, risk prioritization, and progress notes on the management and mitigation of the top identified risks.
- In 2017, management teams and select teams within the agency also conducted risk assessments.

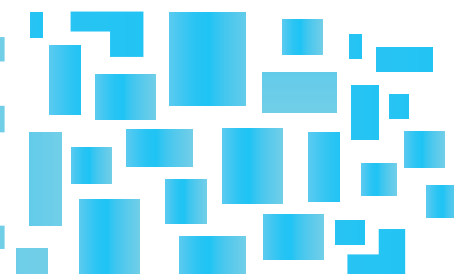
6.11 Communications Strategy

- Public Health Sudbury & Districts continues to leverage multiple internal and external communication vehicles and channels such as social media, web content, radio, and print materials to provide information and ensure accessibility.
- In 2017, Public Health Sudbury & Districts coordinated the development of an agency-wide social media strategy, to be implemented in 2018.

6.13 Research Ethics

- The internal Research Ethics Review Committee (RERC) continues to review proposed research projects, in accordance with the 2nd edition of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans. In 2017, 15 proposals were reviewed and approved by the committee.

Public Health Accountability Agreement Indicators Report



The Ministry of Health and Long-Term Care (MOHLTC) has set out indicators for boards of health to ensure accountability. In previous years, these indicators included a set of performance indicators and a set of monitoring indicators that were measured and monitored by the MOHLTC throughout accountability agreement periods and represented outcomes relating to the delivery of public health programs and services. As of June 2017, the suite of indicators has been reduced to 15 monitoring indicators. Monitoring indicators do not have set targets and are used to ensure that high levels of achievement are sustained, to allow time for baseline levels of achievement to be confirmed, and to monitor risks related to program delivery.

Figure 5: Sudbury & District Board of Health Strategy Map 2013–2017, Accountability Agreement Indicators

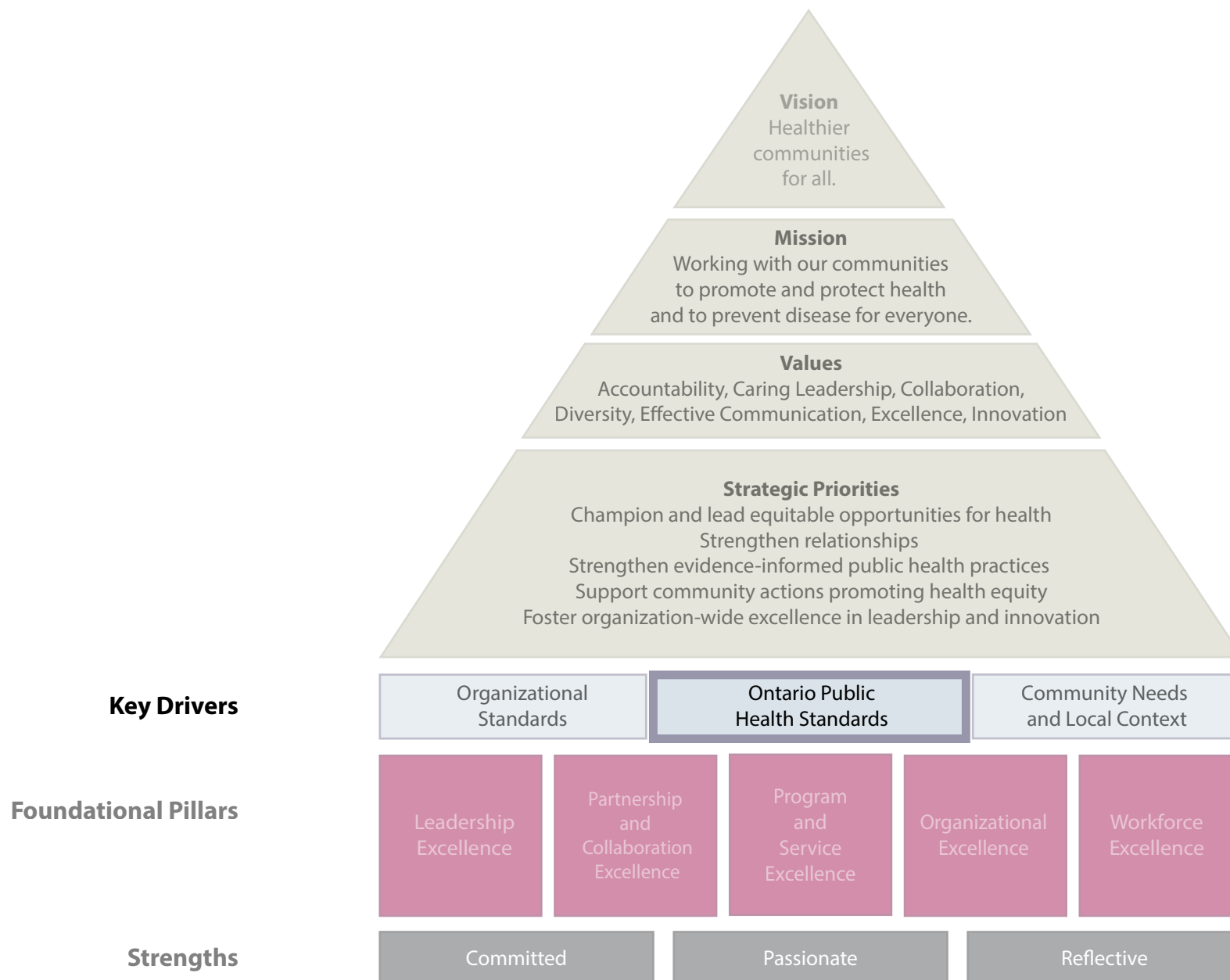


Table 3: Accountability Agreement Performance Indicators 2013–2017

DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Clinical Services	% of 7 or 8 year old students in compliance with ISPA					*
	% of 16 or 17 year old students in compliance with ISPA					*
	Oral health assessment and surveillance: % of JK, SK and Grade 2 students screened in publicly funded schools					*
	Implementation status of NutriSTEP®					*
	Baby-Friendly Initiative (BFI) status					*
	% of influenza vaccine wasted that is stored/administered by the public health unit					*
	% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection					*

Baseline
 Met or exceeded target
 Variance

Table 3 continued: Accountability Agreement Performance Indicators 2013–2017

DIVISION	PERFORMANCE INDICATOR	2013	2014	2015	2016	2017
Environmental Health	% of tobacco vendors in compliance with youth access legislation at the time of last inspection					*
	% of secondary schools inspected once per year for compliance with section 10 of the Smoke Free Ontario Act (SFOA)					*
	% of tobacco retailers inspected for compliance with section 3 of the SFOA					*
	% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the SFOA					*
	% of high-risk Small Drinking Water Systems (SDWS) inspections completed for those that are due for re-inspection					*
	% of suspected rabies exposures reported with investigations initiated within 1 day of public health unit (PHU) notification					*
	% of salmonellosis cases where one or more risk factor(s) other than “Unknown” was entered into integrated Public Health Information System (iPHIS)					*

 Baseline
  Met or exceeded target
  Variance

Notes

- As per the June 2017 Accountability Agreement, the Ministry of Health and Long-Term Care (the Ministry) has discontinued measuring these indicators pending the review of the Ontario Public Health Standards (OPHS).



Public Health
Santé publique
SUDBURY & DISTRICTS