



Algoma
PUBLIC HEALTH
Santé publique Algoma

Accountability Agreement Indicators

Overview and look at
most recent performance

Performance Measurement

- Performance management principles and techniques are widely accepted as management best practice.
- Performance management involves establishing goals, monitoring progress, and making adjustments to achieve desired outcomes.
- Intended to capture, report on, and respond to the performance of boards of health and health units and the public health system

What is an Indicator?

- Indicators are **succinct** measures that aim to **describe** as much about a **system** as possible in as few points as possible.
- Indicators help us **understand** a system, **compare** it and **improve** it.

Use of Indicators

- **Currently used by health units to:**
To support local program management and manage service delivery; determined at the BOH level.
To inform surveillance activities and policy development;
- **Provincial uses within performance management system:**
Public reporting
Accountability agreements
Monitoring/risk assessment
- **The same indicators may be used for multiple purposes.**

Accountability Agreements

- The Public Health Accountability Agreement (AA) is built on performance management principles accepted as management best practice
- Accountability Agreements between BOH and the MOHLTC were introduced in 2011
- Was initially set for a 3 year term from 2011-2013, renewed for 2014-2016
- Set of indicators are common across all BOH in the province

Structure

- Indicators in place from 2014-2016 after which new indicators may be added or considered.
- In the 1st year of an indicator, baselines are established for each for each board of health.
- In the subsequent years, targets for performance improvement will be established in consultation with each board of health, relative to its baseline level of achievement.
- Health units, for each indicator, can either propose a target, respond to a ministry proposed target or confirm a previously established target, depending on the indicator.

Indicator Types

- **Performance indicators:** annual targets for achievement.
- **Monitoring indicators:** do not have targets and performance is reviewed internally by the ministry to ensure expectations are met.
- **Long-term indicators:** measure population level outcomes when data becomes available.

Recent Indicator Performance

Indicators we are meeting

- 1.4 - % of tobacco vendors in compliance with youth access legislation at the time of the last inspection
- 1.6 - % tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) - Seasonal
- 1.9 - Implementation of NutriSTEP Preschool Screen
- 1.10 - Baby-Friendly Initiative (BFI) Status
- 2.3 - % of Class A pools inspected while in operation
- 4.2 - % of influenza vaccine wasted that is stored/administered by the public health unit
- 4.3 - % of refrigerators storing publically funded vaccines that have received a completed routine annual cold chain inspection.

Indicators we are working towards meeting

- 1.6 - % tobacco retailers inspected for compliance with section 3 of the Smoke-Free Ontario Act (SFOA) – Non-seasonal
- 1.8 - Oral health Assessment and Surveillance: % of schools screened and % of all JK, SK *and* Grade 2 students screened in all publically funded schools
- 2.1 - % of high-risk food premises inspected once every 4 months while in operation (2015 monitoring)
- 2.2 - % of moderate-risk food premises inspected once every 6 months while in operation (2015 monitoring)
- 2.4 - % of high-risk Small Drinking Water Systems (SWDS) inspections completed for those that are due for re-inspection
- 3.1 - % of personal services settings inspected annually (2015 monitoring)
- 4.1 - % of HPV vaccine wasted that is stored/administered by the public health unit

Common challenges for meeting targets

- Business owner availability
- Weather for travel to some inspection sites
- Staffing shortages – short and long term
- Data entry issues
- Cooperation of external agencies/partners
- Unrealistic targets given nature of APH's region

Indicators being monitoring

- 2.5 - % of public spas inspected while in operation (*2015 monitoring*)
- 3.2 - % of suspected rabies exposures reported with investigation initiated within one day of public health unit notification (*2015 100% target*)
- 3.3 - % of confirmed gonorrhea cases where initiation of follow-up occurred within two business days (*2015 monitoring*)
- 3.4 - % of confirmed iGAS cases where initiation of follow-up occurred on the same day as receipt of lab confirmation of a positive case (*2015 monitoring*)
- 3.5 - % of salmonellosis cases where one or more risk factor(s) other than “Unknown” was entered into iPHIS (*2015 90% target*)
- 4.4 - % of school-aged children who have completed immunizations for hepatitis B (*2015 monitoring*)
- 4.5 - % of school-aged children who have completed immunizations for HPV (*2015 monitoring*)
- 4.6 - % of school-aged children who have completed immunizations for meningococcus (*2015 monitoring*)



Thank You

- Additional details can be found on the MOHLTC website at <http://www.health.gov.on.ca/en/pro/programs/publichealth/performance/>
- Attached Appendix A lists all the Accountability Agreements for your reference.

Questions?