



*Algoma*

**PUBLIC HEALTH**

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**MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER  
BOARD REPORT  
March 2015**

**Prepared by Connie Free, Acting CEO and Dr. Penny Sutcliffe, Acting MOH**

## Table of Contents

Summary/Introduction	Page 3
Program Highlights	Page 3-8
Risk Management	Page 8-9
Partnerships	Page 9-10
Next Steps	Page 10

## **SUMMARY/INTRODUCTION**

We are pleased to share with you the Acting MOH and Acting CEO report for the period since the February 18, 2015 Board Meeting.

The following key leadership transition developments have occurred since the Board's last regularly scheduled meeting of February 18, 2015:

- The recruitment for a permanent MOH/CEO continues.
- The Board accepted the resignation of the Acting CEO effective March 20, 2015 and approved a secondment agreement with Sandra Laclé, Director, Health Promotion with the Sudbury & District Health Unit, as the Acting CEO effective March 23, 2015. Work has been initiated to assist Sandra in her transition and ensure a seamless transfer.
- The acting positions of Director of Clinical Services and Manager of Infection Control and Vaccine Preventable Disease (VPD) have been filled and the acting VPD PHN has been posted
- On February 26, 2015 Mr. Graham Scott, Assessor from the MOHLTC, began his governance assessment and interviews with Board members, staff, and municipal leaders.
- On March 9, 2015, Mr. Allen Tait and this auditing team with the MOHLTC arrived at APH to initiate their financial audit.
- The Executive and Management teams continue to support the interim leadership plan, ensuring that we provide stable leadership to the organization.

Key organizational initiatives include program planning, connecting with community partners and following up on projects such as Health Links, as well as becoming a partner in the Joint Group Health Center/Sault Area Hospital Research Ethics Board. Work continues on the Strategic Plan initiatives and activities. Staff continues to be engaged, provide insightful feedback, and advance the work of the Strategic Plan to achieve the agencies vision, mission, and values. Lastly, the Executive Team continues to meet with community partners and committees in order to strengthen, renew relationships and enhance program and service delivery.

## **PROGRAM HIGHLIGHTS**

### **COMMUNITY ALCOHOL/DRUG ASSESSMENT PROGRAM**

**Topic:** Fentanyl Patch 4 Patch Program

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/Deliverables:

- Ontario Healthcare Reporting Standards (OHRS V9.0) Functional Center – MSA Service Plan: Partnerships/Integration Opportunities - To improve partnerships with community agencies including The Neighborhood Resource Centre.

**This report addresses** the following Strategic Directions: Collaborate Effectively and Improve Health Equity

The Sault Ste. Marie and Area Drug Misuse Strategy Committee launched the Fentanyl Patch 4 Patch Program in Sault Ste. Marie in February. This initiative is the result of a collaborative effort by a working group including APH, SSM Police Service, the Group Health Centre, Superior Family Health Team and A New Link. This program was developed and implemented by the North Bay and Area Drug Strategy Committee.

The program is an example of community partnership and responsiveness to a severe drug problem in Sault Ste. Marie. It also is responding to a provincial trend of providing safe and effective guidelines for the use of fentanyl patches, a drug that is causing serious and sometimes deadly effects when misused.

The Patch 4 Patch program provides patient and public education and awareness on the risks of fentanyl abuse and misuse; it will address the issue of safe disposal of patches and will guarantee the responsible provision of prescription medication. Patients will be asked to return their used patches in order for their prescription to be dispensed.

Other communities in Ontario have adopted this program. Wawa and Dubruville have implemented a Patch 4 Patch program. In Sault Ste. Marie, this program will be monitored and evaluated by the working group.

The Fentanyl Patch 4 Patch program is a starting place for the development of the Sault Ste. Marie and Area Drug Misuse Strategy Committee. The intention of developing a drug strategy is to focus on addressing the harm to the public associated with substance use, to improve the community's wellbeing and safety and to provide support and solutions to having a healthy and safe community. The focus will be on finding a local community solution to address substance use with a focus on prevention.

## **ENVIRONMENTAL HEALTH**

**Topic:** Safe Water Accountability Agreements (Pools, Spa and Small Drinking Water Risk Assessments) and Environmental Health Program Standards

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Safe Water Program Standards, Protocols, Guidance Documents and Regulations.

**This report addresses** the following Strategic Directions: Partnerships and Accountability.

The Safe Water Program Protocol is part of the Environmental Health Program standards and encompasses drinking water, constructed bathing water (pools and spas) and recreational water (beaches and blue green algae).

The MOHLTC has created 3 Accountability agreements for this Program Standard and they are included below. The provincial rates, the APH adjusted rates for 2014 and our actual rates are included below.

### **Accountability Agreements:**

- 1) Small Drinking Water System (SDWS) Risk Assessments. The provincial target was 100% but was adjusted to 85% for Algoma in 2014. We reached 83% completion rate and upon discussion with the MOHLTC in February 2015 this was accepted as reaching the target.
- 2) Pools. The provincial target was 100%, APH adjusted target was 95% and we reached 100% completion in 2014.
- 3) Spas. The provincial target was 100%, APH adjusted target was 95% and we reached 100% completion in 2014.

### **Program Standards Requirements:**

All 32 public accessed bathing beaches are surveyed and sampled during the summer season. In 2014 we posted 12 beaches, 11 in SSM area and one in Elliot Lake. In addition we respond to public questions and concerns with blue green algae blooms and work with Ministry of the Environment Climate Change for these issues.

We inspect recreational Camps and Camps in Unorganized Territory for drinking water standards.

Work with municipalities that are required to test for **lead** and answer public questions on lead exceedances. In Sault Ste. Marie work with the PUC and internally with the healthy babies' team to highlight homes that may have lead service lines and young children to encourage sampling and mitigation if the standards are exceeded. We respond when needed on over 200 samples annually.

**Pilot Project:** the MOHLTC and Public Health Labs are working with APH to have the local PHL be a depot for the drop off of public SDWS samples.

In 2015 APH plans to add the SDWS inspections onto the website for full disclosure.

## **ENVIRONMENTAL HEALTH**

**Topic:** Infectious Diseases Program Standards, Personal Service Setting inspections /protocol and Accountability Agreement

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Infectious Diseases Protocol, personal service setting inspection Program Standard.

**This report addresses** the following Strategic Directions: Accountability and Collaboration.

The Personal Service Setting Program Protocol is part of the Infectious Diseases Program Standards and encompasses personal service settings; tattoo parlours, hair salons and tanning beds under the Skin Cancer Prevention Act (Tanning Beds, 2013).

The MOHLTC has created accountability agreements for this Program Standard. Provincially, the percentage of personal service settings inspected annually has an inspection target of 100%. In the summer of 2014 APH and the MOHLTC revised the inspection target for PSS facilities in Algoma to 86%. The inspections were prioritized by risk and operation history and the revised inspection target was not achieved for 2014.

In Algoma there are 117 personal service settings including 8 premises inspected under the new requirements for the Skin Cancer Prevention Act (Tanning Beds).

Infectious disease risks associated with these facilities include the transmission of blood borne pathogens and fungus, as well as injury prevention. PHIs inspect to ensure proper cleaning and disinfection practices are followed as per the Infection Prevention and Control best practices documents.

In addition to above the PHI follow all MOHLTC program requirements and all affiliated regulations which are included on the reference page for your review.

New in 2015 will be the expansion of the inspection disclosure system to include inspection reports of personal services settings.

### **PRESCHOOL SPEECH AND LANGUAGE SERVICES**

**Topic:** PSLS Extra Funding

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Preschool Speech and Language Program

**This report addresses** the following Strategic Directions: Health Equity

In October 2014, the Preschool Speech and Language (PSLS) program received a letter that supported extra funding in order to decrease the wait list for children needing Speech and Language support.

For the 2014-2015 year we received \$26,012 which had to be spent by March 31, 2015 and had to be used to decrease the treatment and assessment waitlist.

The PSLS had to develop a plan to submit to the ministry on how we were going to use this money to decrease this wait list. We submitted the plan in November to hire an extra Speech Language Pathologist (SLP) to complete assessments and to provide some treatment. This work would be completed over the weekend and in the evenings.

In Jan 2015 a new SLP was hired and the existing staff assisted her with the Preschool assessments and treatment.

With this funding our wait list went from 86 to 27 (and quite a few of these registered in January and February 2015) and we provided individual treatment, parent training and Wee Talk and Toddler Talk sessions for these children.

This funding will be used by March 31, 2015 and we are planning to request funding for January next year in order to provide the same type of service.

## **SEXUAL HEALTH**

**Topic:** Sexually Transmitted Infections / Syphilis

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or program guidelines/deliverables:

- **Assessment and Surveillance:** The board of health shall conduct surveillance of sexually transmitted infections.
- **Health Promotion and Policy Development:** The board of health shall increase public awareness of the epidemiology, associated risk behaviours, risk factors, and risk reduction strategies related to healthy sexuality, sexually transmitted infections, and blood-borne infections.
- **Disease Prevention/Health Protection:** The board of health shall communicate and coordinate care with health care providers to achieve a comprehensive and consistent approach to the management of sexually transmitted infections.

**This report addresses** the following strategic direction: Collaborate Effectively

To respond to an increase in the number of reported syphilis cases throughout the District of Algoma, Algoma Public Health will be communicating with health care providers about the increase and encouraging them to be on alert for identification, testing and treatment. This communication will be initiated by an advisory alert.

In addition to the advisory, Algoma Public Health will be engaging with community partners to work together to reach at risk populations. The goal is to increase awareness about sexually transmitted infections and share information about accessing services for testing and treatment.

A health communication campaign will also be implemented to provide information to the general public about the importance of practicing safe sex and knowing your partner to prevent sexually transmitted infections.

Public health is mandated to conduct surveillance of sexually transmitted infections, increase public awareness of associated risk factors and implement strategies to promote healthy sexuality.

The communication to health care providers, engagement of community partners and health communication campaign will be supported by the public health budget that is aligned to the sexual health program.

## VACCINE PREVENTABLE DISEASES

**Topic:** High Risk Clinic

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables:

- Requirement 7 of the VPD Program Standard: The board of health shall promote and provide provincially funded immunization programs to any eligible person in the health unit, including:
  - Board of health-based clinics;
  - School-based clinics (including, but not limited to, hepatitis B and meningococcal immunization);
  - Community-based clinics; and
  - Outreach clinics to priority populations.

**This report addresses** the following Strategic Directions: Collaborate effectively

During the last week of February, an evening clinic was held in partnership with the GHC HARP program and HAVEN program (Sudbury) to provide immunization, education, and TB skin testing to high risk individuals. These individuals might not normally access APH services in our more formal clinic offerings but are considered high risk due to health status.

We provided service to 14 individuals, many of whom would otherwise not attend a vaccination clinic at APH. Our partners at HARP and HAVEN worked collaboratively with VPD staff to plan the clinic and ensure successful outcomes. The clinic was well attended, with very few individuals not showing for their appointment.

This targeted offering of immunization services in an outreach effort satisfies a requirement under the Standard but also protects a key vulnerable segment of our population from serious transmissible diseases such as tuberculosis and Hepatitis B.

## **RISK MANAGEMENT**

### VACCINE PREVENTABLE DISEASES

**Topic:** Measles

**This report addresses** the following requirements of the Ontario Public Health Standards (2014) or Program Guidelines/ Deliverables: Infectious Diseases Prevention and Control Req 8: The board of health shall provide public health management of cases and outbreaks to minimize the public health risk in accordance with the *Infectious Diseases Protocol, 2008* (or as current); the *Institutional/Facility Outbreak Prevention and Control Protocol, 2008* (or as current); and provincial and national protocols on best practices.

**This report addresses** the following Strategic Directions: Collaborate Effectively

<b>Risk</b>	Measles is quite rare in Ontario and further planning and coordination is needed with health care providers in the area of immunization efforts and in the screening and response to future outbreaks. One meeting has already been held with the GHC to that end.
<b>Recommendations</b>	A measles case was lab confirmed in late February in Elliot Lake in a young child. Symptomology, clinical evidence including positive swab along with Public Health Ontario guidance necessitated the provision of an urgent immunization clinic for those exposed in high risk settings. Although this case was proven to not have an infectious disease after further testing, public health interventions and case management recommendations remain sound and if faced with a similar situation, early prevention and public health response would be once again called for to mitigate any potential disease transmission to vulnerable people.
<b>Key Points</b>	APH responded rapidly to the case once confirmed and set up a Sunday night clinic in the community of Elliot Lake, as well as a phone line to help triage and respond to requests. Further clinics were provided in the next two days. Approximately 500 calls were received and triaged in the SSM office and the case generated many requests for immunization and records checks for APH, as well as our partners - the Group Health Centre (GHC) in SSM and the Elliot Lake Family Health Team.
<b>Analysis</b>	Confirmatory testing from the National Microbiology Lab in Winnipeg found that this result was either a very rare vaccine related indication well past the normal 42 day period or an artifact of sensitivity to other childhood vaccinations in the daycare itself.
<b>Action</b>	The public health case management and subsequent mass immunization was conducted very smoothly in a short amount of time. Community response was immediate and a large number of those exposed were quickly contacted and immunized if needed.
<b>Financial Implications</b>	Minimal cost associated with providing clinics such as food for staff working extra hours on Sunday and minimal amounts of lieu time were accrued. Extra costs were incurred from covering MOH duties as well.
<b>Staffing Implications</b>	After hours staffing was required at all levels (including MOH) to respond to the disease emergence on the weekend and the delivery and management of the clinics and phone line.

## **PARTNERSHIPS**

### ***Algoma Leadership Table (formally the CEO table)***

The members of this table have adopted a new title, “Algoma Leadership Table” and terms of reference. The purpose of this table is to bring together organizational executive leadership for advocacy, planning prevention and shared action, with a vision of “collective impact for community well-being”. An environmental scan of current initiatives and theming exercise is underway. APH’s Epidemiologist is

reviewing the process and has made suggestions for the consistent collection of the information. This information will be reviewed at the next meeting on March 24<sup>th</sup>.

### **East Algoma Health Care Provider Focus Group**

APH continues to be a partner and active member of the East Algoma provider Focus Group which is hosted by the St. Joseph's General Hospital in Elliot Lake. Membership includes representatives from many local services providers such as East Algoma Mental Health, CCAC, NE LIHN, Algoma Family Services, First Nations, as well the Mayor of Elliot Lake. The purpose of the group includes knowledge exchange regarding services provided in the community, as well as to identify any gaps or duplication of services. APH will continue to participate with Jon Bouma now being the APH representative.

### **First Nation's Initiative- Cultural Competency Training**

The staff of APH took part in rotational training sessions from March 4-6<sup>th</sup>. Maya Chacaby, from the Ontario Federation of Indigenous Friendship Centres provided an informative, interactive and reflective approach to cultural competency training based on trust, friendship and mutual respect. Participants were given practical skills to strengthen professional relationships with aboriginal clients and communities. Informal feedback was very positive from the 177 attendees. A summary of the session and evaluations will be included in the First Nation's Initiative final report at the end of March.

### **Health Links**

At the end of March, APH will be hosting the next Sault Ste. Marie Health Links Steering Committee meeting. The agenda for this meeting will address the Lead Organization status and Terms of Reference for the committee. To date, the business case has been submitted and funding has yet to be announced. The North East Local Health Integration Network will provide an update at the meeting.

## **NEXT STEPS**

As we adapt and move forward with a renewed leadership plan, we are focused on providing stable leadership to the agency and continue to deliver quality public health and community services throughout the District of Algoma.

APH will begin a new partnership with the Group Health Centre and the Sault Area Hospital as a member of the Joint Research Ethics Board which will allow APH research projects to have ethical review.

Lastly, we welcome Sandra Laclé to APH and look forward to continued learning and strengthening of our relationship with our Acting MOH, Dr. Sutcliffe.

Respectfully submitted,

Connie Free, Acting CEO and Dr. Penny Sutcliffe, Acting MOH