The 2016 Performance Monitoring Report has been compiled to provide the Board of Health with information about the Sudbury & District Health Unit’s 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 represent areas of focus that steer the planning and delivery of public health services, learning activities, and partnerships. Ongoing monitoring of the integration of the Strategic Priorities within SDHU programs or services provides an opportunity to gauge progress on these key areas.

**SDHU-Specific Performance Monitoring Indicators Report**

SDHU-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 the SDHU’s 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 performance expectations for boards of health that includes a set of performance indicators. These are measured and monitored by the MOHLTC throughout accountability agreement periods and represent outcomes relating to the delivery of public health programs and services.
Executive Summary

Overall, the results of the report illustrate that the SDHU 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 are achieved.

Key Findings

- 15 Strategic Priorities Narratives that highlight descriptive stories of SDHU programs and/or services that demonstrate the 5 Strategic Priorities “in action”
- On track with meeting the 13 SDHU-Specific Performance Monitoring Indicators
- Compliance with all 44 Ontario Public Health Organizational Standards
- Compliance with 11 of the 14 Performance Indicators as outlined by the Public Health Accountability Agreement with the Ministry of Health and Long-Term Care

*Includes Strategic Priorities Narratives “roll-up”, Ontario Public Health Organizational Standards Report, Public Health Accountability Agreement Indicators Report, and SDHU-Specific Performance Monitoring Indicators Report
Introduction

Program and Service Excellence
Organizational Excellence
Workforce Excellence

Leadership Excellence
Partnership and Collaboration Excellence
Program and Service Excellence
Organizational Excellence
Workforce Excellence

Values
Accountability, Caring Leadership, Collaboration, Diversity, Effective Communication, Excellence, Innovation

Strategic Priorities
Champion and lead equitable opportunities for health
Strengthen relationships
Strengthen evidence-informed public health practices
Support community actions promoting health equity
Foster organization-wide excellence in leadership and innovation

Vision
Healthier communities for all.

Mission
Working with our communities to promote and protect health and to prevent disease for everyone.

Ontario Public Health Standards
Organizational Standards
Provincially Mandated Compliance Reports
SDHU-Specific Performance Monitoring Indicators

Strategic Priorities: Narratives

Key Drivers
Partnership and Collaboration Excellence

Foundational Pillars
Organizational Excellence

Strengths
Committed
Passionate
Reflective

Figure 1: Sudbury & District Board of Health Strategy Map 2013–2017
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 of the integration of the Strategic Priorities within SDHU 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

Vision
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Mission
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Strategic Priorities
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Foster organization-wide excellence in leadership and innovation

Key Drivers
Organizational Standards
Ontario Public Health Standards
Community Needs and Local Context

Foundational Pillars
Leadership Excellence
Partnership and Collaboration Excellence
Program and Service Excellence
Organizational Excellence
Workforce Excellence

Strengths
Committed
Passionate
Reflective
2016 Strategic Priorities Narrative Topics

The following presents a summary of the Strategic Priorities Narrative topics that were presented in 2016.

Click on the narrative title below for more information.

1. **Strategic Priority: Champion and lead equitable opportunities for health**
   - A Bike Giveaway to Children in an Identified Neighbourhood
   - Opening New Doors to Harm Reduction Services
   - Six-week Community Kitchen Program

2. **Strategic Priority: Strengthen relationships**
   - Ramsey Lake Main Beach Receives International Blue Flag Award
   - Workplace Safety and Prevention Services: Knowledge Exchange Session
   - Online Triple P: Investing in Innovative Partnerships With the Education Sector

3. **Strategic Priority: Strengthen evidence-informed public health practice**
   - Implementation of New Processes Leads to Improvements for Parents and Schools
   - Blue-green Algae Forum
   - Working With Indigenous Communities to Promote Health

4. **Strategic Priority: Support community actions promoting health equity**
   - Supporting the LaCloche Area Community With an Early Years Screening Day for Families
   - Education and Skill-building With Alternative Schools
   - Intersectoral Dialogue on Health Equity

5. **Strategic Priority: Foster organization-wide excellence in leadership and innovation**
   - Staff Develop Meaning to the Strategic Plan Values
   - Mentorship Matters
   - A Psychologically Healthy and Safe Workplace Is Essential for Everyone
SDHU-Specific Performance Monitoring Indicators Report

SDHU-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 the SDHU’s 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

**Vision**
Healthier communities for all.

**Mission**
Working with our communities to promote and protect health and to prevent disease for everyone.

**Values**
Accountability, Caring Leadership, Collaboration, Diversity, Effective Communication, Excellence, Innovation

**Strategic Priorities**
- Champion and lead equitable opportunities for health
- Strengthen relationships
- Strengthen evidence-informed public health practices
- Support community actions promoting health equity
- Foster organization-wide excellence in leadership and innovation

**Key Drivers**
- Organizational Standards
- Ontario Public Health Standards
- Community Needs and Local Context

**Foundational Pillars**
- Leadership Excellence
- Partnership and Collaboration Excellence
- Program and Service Excellence
- Organizational Excellence
- Workforce Excellence

**Strengths**
- Committed
- Passionate
- Reflective
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<th>FOUNDATIONAL PILLAR</th>
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<td><strong>Partnership and Collaboration Excellence</strong></td>
<td>Percent of Partnerships That Are Intersectoral</td>
<td>61%</td>
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<td>66%</td>
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<td>Average web visits per day</td>
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<td>13 415</td>
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<td>Average web page views per day</td>
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<td>Number of New Advanced Knowledge Products</td>
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<td>Number of Academic Research Projects</td>
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<td>Worker Engagement Index</td>
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<td>P1, P3–P5 In Progress; P2 Complete</td>
<td>P1, P3, P4, P5 In Progress; P2 Complete</td>
<td>P1, P3, P4, P5 In Progress; P2 Complete</td>
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<td>Workforce Development Status</td>
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<td>P1, P2 In Progress</td>
<td>P1, P4 In Progress; P1, P3 Complete</td>
<td>P2, P4 In Progress; P1, P3 Complete</td>
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Table 1: SDHU-Specific Performance Monitoring Indicator Trends 2013–2017
Explanatory Notes

The SDHU-Specific Performance Monitoring Indicators measure the SDHU’s performance as an organization and further demonstrate its commitment to excellence and accountability.

LEADERSHIP EXCELLENCE

Board of Health (BoH) Commitment Index

- A score of 86% indicates that those BoH members who completed the survey reported strongly agreeing or agreeing with the statements regarding satisfaction with their individual performance, with the Board’s processes, and with the overall performance of the Board.

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

- Board’s activities in providing leadership for public health in our communities and in the province. Compared to 2015, there are 3 additional BoH motions passed in 2016. Some year-to-year fluctuation can be expected depending on the current public health context and the issues brought forward to the BoH.

PARTNERSHIP AND COLLABORATION EXCELLENCE

Percent of Partnerships That Are Intersectoral

- Intersectoral means at least one member represents a sector other than public health or health care (examples of sectors: childcare, school board, university).
- Out of 287 partnerships, 188 were intersectoral.
- The % of partnerships that are intersectoral remained similar to that of 2015. Some year-to-year fluctuation can be expected given the dynamic nature of partnerships.

Number of External Partnership Effectiveness Reviews (Goal: 5)

- Highlights the SDHU’s commitment to ensure that our contributions to external community partnerships meet our strategic and operational priorities.
- Each division (5) conducted one review.
SDHU-Specific Performance Monitoring Indicators

Website Usage Status
- The SDHU launched a new website in June 2015, and 2016 marks 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 should not be compared to data from previous years.

- The website usage status data represents average daily visits and page views to the Health Unit's website from users who have their locations set as “Canada”, and excludes SDHU staff activity.

- In 2016, there were a total of 136,529 sessions (visits) to the site, which generated 414,019 page views. On average, each visitor viewed 3 pages and stayed on the site for roughly 2 minutes. And, nearly 40% of the traffic to the Health Unit’s website comes from Facebook, which is used by the Health Unit to share and advertise content.

PROGRAM AND SERVICE EXCELLENCE

Number of New Advanced Knowledge Products
- Captures the number of new internally developed or significantly altered products that require knowledgeable interpretation by an informed audience (reports, manuals, presentations).

- Compared to 2015, there were 28 additional advanced knowledge products produced. Some year-to-year fluctuation can be expected.

Number of Academic Research Projects
- 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 SDHU/Laurentian University research grant.

- Out of the 18 academic research projects, 4 are new in 2016: 3 were completed and 11 are ongoing.

- Examples of completed projects include research on topics such as: rural wildlife preparedness, reducing health inequities, and examining viewpoints of the impacts of physical, social and psychological health of residents in the Ridgecrest playground area.

Organization-wide Program or Service Evaluations Used by Senior Management
- Evaluations that are undertaken that inform organization-wide decisions.

- Our target goal of one was met: the transfer of SDHU’s Intake Services to the Corporate Services Division from the Clinical and Family Services Division.
SDHU-Specific Performance Monitoring Indicators

ORGANIZATIONAL EXCELLENCE

Worker Engagement Index
- Data for 2013 and 2016 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 and those reported in 2016 can be made; however, comparison of results from 2015 to other years should be made with caution.

- A total of 194 staff members completed the 2016 survey; which represents a 75% response rate.

- Based on the results, the Worker Engagement index score is 92/100.

- The SDHU has received permission to use questions from the Guarding Minds @ Work survey for monitoring purposes and will continue to use the questions related to worker engagement from this survey to measure and report on this concept on an ongoing basis.

SharePoint Deployment Status
- SharePoint is an internal collaboration tool that allows for content to be shared and helps users find the right people and the right information to be able to make more informed decisions.

- One out of five SharePoint phases is complete; all other phases are being worked on simultaneously. SharePoint is currently implemented in all divisions.

- The project team is developing workflows, which include automated approval processes.

- Maintenance continues and plans are underway for a formalized audit.

WORKFORCE EXCELLENCE

Workforce Development Status
- The Workforce Development Framework will outline a structure to guide the SDHU 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 are completed, while Phase 2 and 4 continue to be worked on simultaneously.

- Key 2016 project milestones include implementing the recommendations from a LEAN Review, continuing to implement the Mentorship Program, and developing and approving of behavioural statements for all five of the Leadership Core Competencies.
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.
**Ontario Public Health Organizational Standards**

*Figure 4: Sudbury & District Board of Health Strategy Map 2013–2017, Organizational Standards*
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<td>1.3 Right to make provincial appointments</td>
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<td>1.4 Board of health may provide public health services on reserve</td>
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<td>1.5 Employees may not be board of health members</td>
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<td>1.6 Corporations without share capital</td>
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<td>1.7 Election of the board of health chair</td>
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<td>1.8 Municipal membership</td>
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<td>2. Board Operations</td>
<td>2.1 Remuneration of board of health members</td>
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<td>2.2 Informing municipalities of financial obligations</td>
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<td>2.3 Quorum</td>
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<td>2.4 Content of by-laws</td>
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<td>2.5 Minutes, by-laws and policies and procedures</td>
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<td>2.6 Appointment of a full-time Medical Officer of Health</td>
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<td>2.7 Appointment of an acting Medical Officer of Health</td>
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<td>2.10 Board of health policies</td>
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Table 2: Ontario Public Health Organizational Standards Compliance, 2013–2017

- Met or exceeded standard
- Non-compliant with standard
### Table 2 continued: Ontario Public Health Organizational Standards Compliance, 2013–2017

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Met or exceeded standard  🟥 Non-compliant with standard
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<td>6.10 Service level agreements (The SDHU has an autonomous Board not integrated with the municipality.)</td>
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[Green] Met or exceeded standard  [Red] Non-compliant with standard
1.0 BOARD STRUCTURE

1.2 Number of members on a board of health

- There is currently one vacancy (one provincial appointee); however, the numbers remain in accordance with the standard.

2.0 BOARD OPERATIONS

2.10 Board of health policies

- More consideration of the recruitment and selection of board of health members based on skills, knowledge, competencies and representativeness of the community.

3.0 LEADERSHIP

3.1 Board of health stewardship responsibilities

- The Board of Health completed training on Indigenous engagement, risk management and governance.

3.2 Strategic plan

- The 2013–2017 Performance Monitoring Plan Report, which includes the Strategic Priorities: Narrative Report, SDHU-Specific Performance Monitoring Indicators Report, the Ontario Public Health Organizational Standards, and the Public Health Accountability Agreement Indicators, illustrates our direction for performance management and quality improvement.

- The development of an Engagement Plan to inform the development of the next iteration of the Strategic Plan.

4.0 TRUSTEESHIP

4.1 Transparency and accountability

- The SDHU posts Board of Health agenda packages and proceedings on its website.
5.0 COMMUNITY ENGAGEMENT AND RESPONSIVENESS

5.1 Community engagement
- In order to identify best practices for implementing, sustaining, and measuring the effectiveness and impact of community engagement activities, the SDHU’s Strategic Engagement Unit (SEU) is leading the implementation of the SDHU Community Engagement Primer.

5.2 Stakeholder engagement
- The SEU is developing a Stakeholder Engagement Strategy to engage and enhance collaborative partnerships with health and non-health sector partners with whom the SDHU seeks work in addressing health issues.
- Future activities include the development and implementation of the Stakeholder Engagement Plan.

5.4 Public reporting
- The 2016 Annual Report incorporated a multimedia component.

5.5 Client service standard
- The development of clear procedures and communication materials for parents/guardians reporting immunizations for their children.
- The development of an accessible, mobile friendly immunizations reporting interface significantly increased reporting ease for parents/guardians.

6.0 MANAGEMENT OPERATIONS

6.2 Risk management
- The Board of Health engaged with Senior Management in working through a risk management process. Through this process, a Board of Health policy, Risk Management Framework, and Risk Management Plan was developed and approved.

6.11 Communications strategy
- The Return on Investment of Public Health video was developed and promoted through multiple channels including social media to increase the reach of the message.
The Ministry of Health and Long-Term Care (MOHLTC) has set out performance expectations for boards of health that includes a set of performance indicators. These are measured and monitored by the MOHLTC throughout accountability agreement periods and represent outcomes relating to the delivery of public health programs and services. Presented in the report are both performance indicators and monitoring indicators.
Figure 5: Sudbury & District Board of Health Strategy Map 2013–2017, Accountability Agreement Indicators

Vision
Healthier communities for all.

Mission
Working with our communities to promote and protect health and to prevent disease for everyone.

Values
Accountability, Caring Leadership, Collaboration, Diversity, Effective Communication, Excellence, Innovation

Strategic Priorities
Champion and lead equitable opportunities for health
Strengthen relationships
Strengthen evidence-informed public health practices
Support community actions promoting health equity
Foster organization-wide excellence in leadership and innovation

Key Drivers
Organizational Standards
Ontario Public Health Standards
Community Needs and Local Context

Foundational Pillars
Leadership Excellence
Partnership and Collaboration Excellence
Program and Service Excellence
Organizational Excellence
Workforce Excellence

Strengths
Committed
Passionate
Reflective
### Public Health Accountability Agreement Indicators: Includes both Performance (3a) and Monitoring Indicators (3b)

**Table 3a: Accountability Agreement Performance Indicators 2013–2017**

Performance indicators have set targets and are utilized to monitor performance improvements.

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

Legend:
- **Baseline**
- **Met or exceeded target**
- **Variance**

2016 Performance Monitoring Report
Table 3a continued: Accountability Agreement Performance Indicators 2013–2017

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

* Baseline  | Met or exceeded target  | Variance*
Explanatory Notes

As articulated by the Ministry, the purpose of the Accountability Agreement Indicators is to ensure the board of health’s ability to comply with the Ontario Public Health Standards; address Health Unit specific performance issues; demonstrate effective use of public funds and value for money; and demonstrate clear movement on government priorities.

As of December 31, 2016, the Sudbury & District Health Unit (SDHU) has demonstrated compliance with 11 of the 14 Ministry of Health and Long-Term Care Accountability Agreement Performance Indicator targets.

CLINICAL AND FAMILY SERVICES

• The wastage of 4.2% is not representative of actual wastage per se. With the transition of vaccine inventory systems, there were 200 doses that were distributed to providers in the community, but were not recorded in the inventory and were, therefore, counted as our wastage. There is no way to retrospectively adjust for these doses in the Panorama system.

• A team member is now assigned to be the inventory super-user to oversee the database, and the entire CID team continues to be reminded of our responsibility for precise inventory.

• The Ministry did not require a variance report for last year’s variance.

ENVIRONMENTAL HEALTH

• Investigations of two suspected rabies exposures (one each in April and October) were not initiated within one day of the Health Unit being notified. Measures have been implemented within the Environmental Health division to address the issues that lead to these delays.

• Five salmonellosis investigations (three in September and two in December) did not identify potential risk factors for exposure. The Ministry of Health and Long-Term Care recognizes that some cases may be lost to follow-up or may have recall bias, which would account for behavioural risk factors not being identified. Environmental Health Division staff will continue to ensure thorough investigation of all reported cases.
Table 3b: Accountability Agreement Monitoring Indicators 2013–2017

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.

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>MONITORING INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% of confirmed gonorrhea cases where initiation of follow up occurred within two business days •</td>
</tr>
<tr>
<td></td>
<td>% of laboratory confirmed N. gonorrhea cases treated according to guidelines •</td>
</tr>
<tr>
<td></td>
<td>% of confirmed Invasive group A streptococcal disease (iGAS) cases where initiation of follow up occurred on the same day as receipt of lab confirmation of a positive case •</td>
</tr>
<tr>
<td></td>
<td>% of the human papillomavirus (HPV) vaccine wasted that is stored/administered by the public health unit •</td>
</tr>
<tr>
<td></td>
<td>% of school-aged children who have completed immunizations for Hepatitis B †</td>
</tr>
<tr>
<td></td>
<td>% of school-aged children who have completed immunizations for HPV †</td>
</tr>
<tr>
<td></td>
<td>% of school-aged children who have completed immunizations for meningococcus ‡</td>
</tr>
<tr>
<td></td>
<td>% of MMR vaccine wasted <em>NEW</em></td>
</tr>
</tbody>
</table>

Monitoring Indicator: used to monitor progress

Previous Performance indicator; became a Monitoring Indicator in:

† 2012       ‡ 2013       ¶2014       • 2016
<table>
<thead>
<tr>
<th>DIVISION</th>
<th>MONITORING INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Health</td>
<td>% of high-risk food premises inspected once every 4 months while in operation •</td>
</tr>
<tr>
<td></td>
<td>% of moderate-risk food premises inspected once every 6 months while in operation •</td>
</tr>
<tr>
<td></td>
<td>% of restaurants with a Certified Food Handler on site at time of routine inspection <em>NEW</em></td>
</tr>
<tr>
<td></td>
<td>% of Class A pools inspected while in operation •</td>
</tr>
<tr>
<td></td>
<td>% of public spas inspected while in operation •</td>
</tr>
<tr>
<td></td>
<td>% of personal services settings inspected annually •</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>Fall-related emergency visits in older adults aged 65+ •</td>
</tr>
<tr>
<td></td>
<td>% of youth (ages 12–18) who have never smoked a whole cigarette •</td>
</tr>
<tr>
<td></td>
<td>% of population (19+) that exceeds the Low-risk Drinking Guidelines ¶</td>
</tr>
</tbody>
</table>

Monitoring Indicator: used to monitor progress

Previous Performance Indicator; became a Monitoring Indicator in:
† 2012                   ‡ 2013                   ¶ 2014                   • 2016