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Annual Progress Report

Public Health Core Functions - Performance Improvement Plans

Fiscal Year: 2008 - 2009

Public Health Core Functions

Performance Improvement Annual Progress Report: **2008-2009**

Performance Improvement Plan Annual Progress Summary

As part of an ongoing commitment to the renewal of public health service delivery in British Columbia, Fraser Health is reporting its progress in achieving the best practices identified in model core programs. By March 2009, Fraser Health has completed performance improvement plans for 10 core public health programs. This annual progress report contains an update on achievement of the 2008-2009 indicators contained in nine of these performance improvement plans.

The following four performance improvement plans have been in the implementation phase for 24 months. The number and percentage of performance improvement plan targets completed to date are shown in parentheses:

- Food Safety (11/12 or 92%)
- Air Quality (1/1 or 100%)
- Health Emergency Management (4/4 or 100%)
- Food Security (10/14 or 71%)

Air Quality and Health Emergency Management achieved all identified goals by March 2009. Food Safety continues to be delayed in achieving one goal with dependencies on the BC Public Health Information Project implementation. Food Security has significantly met its targets, pending final approval of both the internal and external food policy frameworks (anticipated by April 2009).

Two performance improvement plans have been in the implementation phase for 12 months. The percentage of performance improvement plan targets completed to date is shown in parentheses:

- Dental Public Health (5/6 or 83%)
- Health Assessment and Disease Surveillance (3/13 or 23%)

Dental Public Health has significantly met its annual targets, pending final approval of the strategic plan (April 2009). Health Assessment and Disease Surveillance is delayed in achieving eight of ten goals due to a lack of priority alignment with Information Management/ Information Technology and a lack of required resources.

Three performance improvement plans have been in the implementation phase for six months. The percentage of performance improvement plan targets completed to date is shown in parentheses:

- Healthy Communities and Healthy Living – both combined into one plan (5/23 or 22%)
- Water Quality (6/16 or 38%)

Water Quality achieved all identified goals by March 2009 except for one which was due to a dependency with the Ministry of Healthy Living and Sport. Although only six months into implementation, Healthy Communities and Healthy Living is impacted by other priorities affecting resource allocation in the area of Communications support.

The Unintentional Injury Prevention performance improvement plan was completed by March 2009 and there is no report on implementation.

Overall, Fraser Health identified 46 best practices to be completed by March 2009; 67% were completed and 33% were delayed or behind schedule. The system capacity to invest resources in ongoing improvement initiatives is limited; as more core program performance improvement plans are completed, prioritization across programs is necessary to cope with finite resources, especially in the Communications and Information Management/ Information Technology areas.

Core Program: **Food Safety**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Develop a procedure to actively monitor food safety trends	Procedure developed	Sept 30, 2009	Documented Procedure	On target	
<ul style="list-style-type: none"> Identified a set of data elements appropriate for assessing food safety trends 	Data elements determined	July 1, 2008	Documented set of data elements.	Completed	
<ul style="list-style-type: none"> Developed a process and schedule in reviewing, analyzing and reporting these data elements 	Monitoring process established	Dec 31, 2008	Documented process and schedule	Completed	
2. Foodborne illnesses and outbreak information data are collected in a single IM system	Single IM system created	June 2010	Single IM system	Locally acquired enteric outbreaks reported to CNPHI ¹ database effective August 1, 2008 Revised procedure to track foodborne illness complaints within FH will be implemented April 1, 2009	Implementation of a common IM system for both foodborne illness <u>and</u> outbreak data is dependent on the 'BC Public Health Information Project implementation', which is anticipated June 2010.
3. Effective evaluation of the performance of the main program components					
<ul style="list-style-type: none"> Availability of indicator reports (see PIP for detailed components and % targets) to measure the performances of the main program components 	Indicator reports available	March 31, 2009	Indicator reports for all components and % targets listed in the PIP	Completed	

¹ Canadian National Public Health Inspector (CNPHI)

Core Program: **Air Quality**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Approved FH Air Quality strategic plan including practice, data collection and reporting and training components	Plan completed	March 2009	Strategic plan	Completed	

Core Program: **Health Emergency Management**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Complete the Hazard, Risk and Vulnerability Analysis					
Vulnerability assessment and risk management treatment plans completed	Plans completed	March 2009	Vulnerability assessment and risk management treatment plans	Completed.	Roll-out of the HRVA tool will be subject to the availability of FH IT support
2. Complete Business Continuity Plans for all FH departments/programs					
Business Continuity Plans developed for high risk program or service areas	Plans completed	March 2009	High risk Business Continuity Plans	Completed.	Identification of other high risk areas will be contingent on the completion of the HRVA process.

Core Program: **Food Security**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Expand the Food Policy Frameworks – Internal Food Policy					
Establish an interdisciplinary stakeholder steering committee to guide development of FH food policy	Steering Committee established	May 2008	Committee structure, mandate and members documented	Completed	

Draft a Fraser Health food policy framework and implementation plan	Plan written	Jan 2009	Policy framework and Implementation Plan	Completed	
2. Expand the Food Policy Frameworks – External Food Policy					
Establish an interdisciplinary stakeholder steering committee to guide community food policy development	Steering Committee established	Dec 2008	Committee structure, mandate and members documented	Committee established September 2008 Pending collaboration with BCHLA ² community capacity building strategy to expand committee in 2009/10.	
Draft a common policy framework and implementation plan	Plan written	Jan 2009	Policy framework and Implementation Plan	Completed Next Step: Development of community-specific plans	
3. Expand the Promotion and Awareness Program					
Develop a common health promotion and awareness framework for Food Security	Presence of a Framework	Nov 2008	Framework documented	Completed	
Create a formal HA communication plan targeting both internal and external stakeholders	Communication Plan completed	Jan 2009	Communication Plan	Completed	
4. Streamline/redesign support Community Programs and Services					
Develop a common process and framework to develop, facilitate, and support initiatives of community partners	Presence of a Framework	April 2008	Framework documented	Completed	

Core Program: **Dental Public Health**

² BC Healthy Living Alliance (BCHLA)

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Dental Public Health Promotion, Prevention of Disease and Surveillance					
Develop a Dental Public Health strategic plan that clarifies FH Dental Public Health's role in: -developing healthy public policy -creating supportive environments -developing personal skills -strengthening community action	Plan approved	Dec 31, 2008	Strategic plan	Completed	
2. Prevention of Dental Disease with a focus on childhood diseases					
Apply fluoride as appropriate and determine the number of preschool children in FH, aged 1-5 years, who receive the complete fluoride varnish program	Benchmark established	Dec 31, 2008	Benchmark documented	07/08 Benchmark documented September 2008 iPHIS data entered January 2009	
3. Surveillance, Assessment and Evaluation					
Establish an evaluation framework for prevention programs for young children, as one component of all Dental Public Health programs (p. 8 of PIP).	Framework approved	March 31, 2009	Evaluation framework	Completed and approved by Director(s)	

Core Program: **Health Assessment & Disease Surveillance (HA & DS)**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. General Indicators (p. 6 of PIP)					
<p>A structure (health observatory) has been created for the coordination/ management of HA & DS across programs.</p> <ul style="list-style-type: none"> ○ Lead management roles / responsibilities designated ○ Identification of what is needed from supporting departments ○ FH has established the mechanisms to monitor and evaluate HA & DS activities 	Structure created	<p>April 2008</p> <p>May 2008</p> <p>June 2008</p> <p>Dec 2008</p>	<p>Population Health Observatory (PHOb)</p> <p>Roles designated</p> <p>Needs assessment</p> <p>Evaluation framework</p>	<p>Completed</p> <p>Completed February 2009</p> <p>Required IM/IT support identified</p> <p>Scorecard indicators under development in conjunction with FH Decision Support Services Feb 2009</p>	
<p>HA & DS strategic plan is completed and includes:</p> <ul style="list-style-type: none"> ○ Flexibility to respond to government identified priorities and information ○ Identification of priority areas for improvement of HA & DS processes ○ The development of a project prioritization and decision making process 	Strategic plan completed	Nov 2008	Strategic plan	<p>Draft strategic plan completed Feb 2009</p> <p>Project assessment & prioritization tool developed and being piloted</p>	
Budget needs identified for HA & DS core program.	Budget plan completed	Nov 2008	Budget plan	Draft business case to be developed by May 2009	
2. Priority Setting/ Data Management					
Procedures for accessing data have been developed, implemented and posted on the Internet	Procedures created/posted	Jan 2009	Procedures created/posted	1) Processes for PHOb working group underway-protocols being	

				documented for various data analysis, e.g., influenza, mumps outbreaks 2)Initiating process for development sharepoint site and development of web site for population health indicators	
3. Data Analysis / Interpretation, Knowledge Exchange and Action/ Utilization (p. 7 of PIP)					
A formal communication strategy and plan for engaging internal and external stakeholders in HA & DS has been established.	Communication plan completed	Dec 2008	Communication plan	No action to date	Need for resources identified
The health observatory, in collaboration with other departments/ programs, develops guidelines and tools to assist internal and external stakeholders in performing HA & DS, as per best practices.	Guidelines and tools developed	March 2009	Stakeholder performance guidelines/ tools	Surveyed other Health Authorities in BC, no tools exist as of yet	Need for resources identified if development of tools required
The health observatory, in collaboration with other departments/ programs develops tools to assist in using HA & DS information for planning and decision making.	Tools developed	March 2009	Department planning tools	Surveyed other Health Authorities in BC, no tools exist as of yet	Need for resources identified if development of tools required

Core Program: **Healthy Communities and Healthy Living**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Leadership and Strategic Direction					
Healthy Communities guiding statement created.	Statement created	November 2008	Guiding statement	Completed	
Healthy Communities and Healthy Living strategic plan created and includes: <ul style="list-style-type: none"> • Consultation across program areas • Priority areas for funding • Evidence-based prioritization criteria for program/service delivery and decision making • Performance measures 	Plan created	March 2009	Strategic plan	Completed	
Consolidated communication plan for tobacco control, healthy eating and physical activity created and includes: <ul style="list-style-type: none"> • Internal (intranet, newsletters) • External (internet, media) 	Communication plan created	September 2008 Ongoing	Consolidated communication plan Quarterly communications	Consolidated plan completed October/08 Draft Healthy Living Communications Strategy March/09 Healthy Living Newsletter distributed September/08 Quarterly communications delayed	Availability of communication resources
2. Integrated Healthy Living and Healthy Workplace Strategies					
Risk factors identified with new immigrant/refugee populations in Burnaby and Surrey New Canadian Clinics. Program shaped to address risk factors.	Program shaped	September 2008 October	Preliminary Evaluation Report for New Canadian Clinics Business case for program expansion	Initial consultation completed. Process Evaluation	

		2008		approved Business Case delayed	Need to determine internal redesign and resource allocation
Evaluation Report for 2007/08 Act Now Pilot Challenge created and includes: <ul style="list-style-type: none"> • Comparison of pre and post Challenge survey results and recommendations for sustainability 	Report created	November 2008 March 2009	Evaluation Report for 2007/08 Act Now Pilot Challenge 2008/09 Act Now Challenge Implemented	Evaluation completed January 2009. Challenge Implemented for March-April 2009	
FH Smoke Free Premises policy implemented and evaluated and includes: <ul style="list-style-type: none"> • Tracking of cessation attempts by staff and program compliance 	Policy implemented/evaluated	March 2009 December 2008	Policy fully implemented Mid-Term Evaluation Report on the policy implementation	Implementation support still underway Draft document completed February 2009.	
3. Surveillance, Evaluation and Monitoring					
Healthy communities measures and indicators tracked and include: <ul style="list-style-type: none"> • HA chronic disease patterns • Risk factor patterns and burden • Monitoring of smoking cessation/ population exposure to second-hand tobacco smoke • Monitoring of enforcement of tobacco sales legislation 	Measures and indicators tracked	January 2009	Healthy communities measures and indicators tracked	Population Health Profiles completed for Mission, Tri-Cities, Langley and Chilliwack	

Core Program: **Water Quality**

PIP Indicators for Fiscal Year 2008-2009	Targets	Dates	Outputs	Status	Issues
1. Prevention – Drinking Water					
Guideline titled “Assisting the DWO in Considering whether a Higher Standard of Formal Training is Required for a Small Water System” revised to include minimum training/ education expectations for small water system operators.	Guideline revised and approved	March 2009	Approved guideline	Completed	
2. Advocacy – Drinking Water					
List of resource materials generated for drinking water providers, to be posted on the health protection website	Resource materials created/ posted	March 2009	Materials posted on website	Completed	
3. Advocacy – Recreational Water					
Provincial committee created that consists of the Regional directors of health protection, PHO office and MHLS.	Committee created	March 2009	Committee Terms of Reference	Ongoing discussion regarding the need to establish a provincial committee.	The Health Protection Department of the MHLS is currently developing its strategic plan and will take into consideration future committee structure.
List of resource materials generated for recreational water facility operators, to be posted on the health protection website.	Resource materials created/ posted	March 2009	Materials posted on website	Completed	
4. Regulatory Compliance – Drinking Water					
Complaint response system developed.	System developed	December 2008	Approved complaint response system	Completed	
Drinking water program progressive enforcement guideline developed.	Guideline developed	December 2008	Approved guideline	Completed	

5. Regulatory Compliance – Recreational Water					
Progressive enforcement guideline for recreational water program developed.	Guideline developed	December 2008	Approved guideline	Completed	

FH Progress Relative to Model Core Paper Best Practices

Each performance improvement plan focuses on strengthening Fraser Health’s practices in selected priority areas over a 3-year period. Performance improvement plan priorities were selected through careful consideration of factors such as organizational priorities and plans, political context and resources.

As such, completing 100% of the targets in any given performance improvement plan does not necessitate achievement of 100% of the best practices from the model core program paper. In many cases, model core program papers contain best practices which were not considered to be immediate priorities for Fraser Health and which will therefore be addressed at a later date. For some core programs, Fraser Health may be prevented from achieving 100% of the best practices due to factors such as resource constraints, competing priorities and barriers beyond the health authority’s control.

The following list shows the percentage of model paper best practices achieved to date for each core program, along with descriptions of any model paper best practices that are considered to be beyond FH’s control. A best practice is considered to be completed once it has been both implemented and evaluated by the health authority.

Core Program	% Best Practices Achieved to Date (Gap Analysis Implementation Rating 1, 2 or 3)	# of Remaining Best Practices Requiring Partnerships to Achieve	# of Remaining Best Practices Within FH Control
Food Safety	24/25 = 96%	1	n/a
Air Quality	5/16 = 31%	7	4
Health			

Emergency Management	12/15 = 80%	n/a	3
Food Security	9/12 = 75%	3	n/a
Dental Public Health	14/16 = 88%	2	n/a
Health Assessment and Disease Surveillance	15/20 = 75%	2	3
Healthy Communities and Healthy Living	61/76 = 80%	10	5
Water Quality	37/42 = 88%	3	2
Totals	177/222 = 78%	28	17

Across all nine completed core programs for which there are implementation reports, Fraser Health achieved approximately 78% of model program practices.

Fraser Health is working with Vancouver Coastal Health to identify collaboration opportunities that may result in greater synergies and efficiencies, both within and outside of core program implementation. To begin the collaboration process six core programs were reviewed and recommendations prepared for Chief Medical Health Officer review. The core programs were: Food Safety, Air Quality, Health Emergency Management, Food Security, Dental Public Health and Health Assessment and Disease Surveillance.

Appendix A: Detail on Best Practices Requiring Partnerships to Achieve

Core Program	Best Practices Requiring Partnerships to Achieve
Food Safety	<p><i>-Implementation of a common IM system for both foodborne illness and outbreak data is dependent on the 'BC Public Health Information Project implementation', which is anticipated June 2010.</i></p>
Air Quality	<p><i>-Monitor/Assess concentrations of key ambient air pollutants on sub-regional, local and/or neighbourhood level. - FH has no capacity to monitor. Metro Vancouver is lead agency. We do consult, review and advise with partners. (SP Goal 1)</i></p> <p><i>-Assess to what degree current levels of key air pollutants are impacting the health of the public. Requires partners to achieve. (SP Goal 2)</i></p> <p><i>-Identify effective interventions to respond proactively to significant health risks. Identifying effective AQ interventions is best done in discussion with partners, (academia, NGOs etc), as is assessing the effectiveness of new interventions.</i></p> <p><i>-Assess indoor air quality in buildings that house the most vulnerable (i.e., hospitals, long-term care homes, schools, and child care centers). Requires working with partners (SP Goal 8)</i></p> <p><i>-Assess air quality in buildings where there is a suspected risk to public health - requires reports provided by others, We assess the reports rather than the building. (SP Goal 9)</i></p> <p><i>-Determine whether key air pollutants are impacting the health of the public. - largely the work of academia. We have a role in collaborating and assessment (SP Goal 10)</i></p> <p><i>-Education and Awareness Component of PIP - we can do some educating and awareness without partners, but not effectively or efficiently. Strategy is to work with stakeholders and other lead agencies</i></p>
Health Emergency Management	<p><i>-None.</i></p>

<p>Food Security</p>	<p><i>-Coordinate a comprehensive food policy framework, in collaboration with cross-sectoral partners, incorporating food security, overall provincial health goals and public health priorities. - Requires alignment of policies and procedures at the provincial level e.g., Ministry of Agriculture and Lands, Ministry of Health etc. to achieve comprehensive status</i></p> <p><i>-Develop new approaches for food policies, food security strategies, initiatives, regulations, programs, etc. - Achievable at HA level except for regulation...not part of HA jurisdiction</i></p> <p><i>-Develop, facilitate and support community partners in the planning and delivery of food programs and services in the community setting – Achievable if aided by provincial guidelines e.g., food and beverage for public facilities</i></p>
<p>Dental Public Health</p>	<p><i>-Developing healthy public policy through (i) Advocacy for fluoridation of public water systems, (ii) Collaborative approaches and advocacy regarding healthy food policies, food action plans, tobacco control, injury prevention and chronic disease prevention - Requires partnerships.</i></p> <p><i>-Encourage the integration of dental training into the education, standards and accreditation process for allied health professionals – Best practice integration requires work at the provincial rather than local level.</i></p>
<p>Health Assessment and Disease Surveillance</p>	<p><i>-Community engagement – the extent to which communities want to be engaged is beyond DSS/PHOb control</i></p> <p><i>-Collection of key health system data, including surveillance, trend data and program outcomes - is dependent, to some extent, on Ministry leadership</i></p>
<p>Healthy Communities and Healthy Living</p>	<p><i>-Advocacy and Public Policy – Most best practice components require both Provincial and Municipal Leadership for healthy public policies (re: Legislation and/or municipal bylaws)</i></p> <p><i>-Community Capacity Building – Most best practice components require community partnerships at both leadership and front line level to achieve outcomes.</i></p> <p><i>-Healthy Living Clinical Services such as tobacco clinical cessation, nutrition counseling - Requires more provincial funding</i></p> <p><i>-Healthy Schools Strategy - Requires School District commitment and partnership agreements.</i></p>
<p>Water Quality</p>	<p><i>-Advocate for improved legislation, policies, plans, and procedures to enhance recreational water quality, water analysis, risk assessment,</i></p>

	<p><i>and research evidence</i> - Until there is a provincial process of systematically reviewing legislation and policies established, FHA cannot fully meet this practice with formal involvement.</p> <p><i>Conduct inspections and investigations for public/semi-public pools and spas</i> - Part of this practice cannot be fully met until such time as the Province develops an inspection priority tool based on risk. Such a tool will be developed under the on going PHIP process, so it is not considered feasible for FHA to develop our own tool at this time.</p> <p><i>-Collaborating with other health authorities, the Ministry of Health, Provincial Health Officer and other groups as appropriate to establish consistent, congruent statistical indicators</i> - This practice cannot be met until such time as the Province develops a formal process of collaboration.</p>
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