

Minutes of the Board of Health Regular Meeting

Thursday, April 17, 2008
Board Room, Brockville Office
458 Laurier Boulevard
4:00 p.m. – 6:10 p.m.

- Present: J. Butt, Chair
B. Fletcher, Vice Chair
M. Campbell
J. Fullarton
K. Graham
F. Kinsella
A. Van Schie
A. Carter, Medical Officer of Health
J. Pearce, Treasurer
H. Bruce, Recording Secretary
- Regrets: J. Beckstead
D. Gordon
A. Warren
- Invitee: Ben MacNeil, Public Health Inspector, Health Protection Department

Ron Zajac, Recorder and Times

B. Dagleish, Director, Health Promotion
J. Futch, Director, Clinical Services
S. Gates, Director, QI Department
J. Hess, Director, Family Health
J. Lyster, Director, Health Protection
J. Mays, Supervisor, Health Protection

S. Healey

1. Call to Order:

J. Butt called the meeting to order at 4:02 p.m.

2. Approval of the Agenda:

B. Fletcher stated that he would like to add under new business Mr. Ray Timmons from the Almonte Hospital Board. This will be added as item 6.3. He also advised that he has to leave this meeting early as he has another meeting in Cobourg. Dr. Carter advised that she would like to add as item 6.4 the date and time of the public meeting in Almonte.

It was moved by: F. Kinsella

Seconded by: K. Graham

That: The agenda of the April 17, 2008 Regular Meeting be approved as revised.

Motion Carried.

3. Approval of Minutes:

3.1 Approval of the Minutes from the Regular Board of Health Meeting held on March 20, 2008:

J. Butt stated that in the minutes circulated on page 6 of the regular meeting in the motion a spelling correction should be made.

It was moved by: K. Graham

Seconded by: F. Kinsella

That: The minutes from the Regular Board of Health Meeting held on March 20, 2008 be approved as revised.

Motion Carried.

J. Pearce commented on the Smiths Falls closure and the direction that was given to her to try to recover the cost of staff time lost. She referred the Board to the Smiths Falls lease advising that in her view we can claim for 1 days rent at \$319.65. She will write to Mr. Spinelli indicating that our rent will be reduced by that amount and request a copy of the engineers report. She has calculated the cost of lost time on March 13th to be \$830.00. On March 14th the amount was only 6 hours lost due to staff working from other locations at \$232.00 and 42 hours of management time was devoted to this for a total cost of about \$3200.

J. Butt also noted in the minutes that Dr. Carter had talked about the new screening program called Colon Cancer Check. J. Butt is a member of the Canadian Partnership Against Cancer. It is charged with ensuring accessibility to drugs. In B.C. there is wonderful access, but if you live in Ontario you are below the national standard for care. This group is asking for common access across the nation.

J. Butt advised that he received regrets from J. Beckstead, D. Gordon and A. Warren. A. Van Schie will be late for the meeting.

B. Fletcher stated that if the Board would allow it, if we want to move the incamera ahead of time we could do that and then talk about Mr. Timmons.

B. Fletcher advised that Mr. Timmons approached him at Counties Council stating that he would like to talk to the Board before we have our meeting in Mississippi Mills. He thinks we should listen to him.

J. Butt stated that we were going to suggest under item 12 that it has been our habit to move our Board of Health Meeting from Brockville to another office at least once per year. For the next meeting it was suggested that we move to Smiths Falls. J. Butt asked if there are any objections to Mr. Timmons attending and moving the meeting to Smiths Falls? The comment was made that the Board should be privy to what Mr. Timmon's intentions are.

ACTION: We will send correspondence to Mr. Timmons inviting him to the meeting and asking him the nature of his visit. The next meeting is scheduled for May 15th in Smiths Falls.

Dr. Carter stated that the Board might like to see the new Smiths Falls arrangements. The Board agreed to a 4:00 p.m. meeting in Smiths Falls.

The motion to move incamera was read at 4:15 p.m.

Motion to Move into Incamera Closed Session:

It was moved by: M. Campbell

Seconded by: J. Fullarton

That: This Board move into a closed session of the Board of Health as per the requirements of section 239 (2) of the Municipal Act due to the following:

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- X (d) labour relations or employee negotiations;
- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another act. 2001, c. 25, s. 239 (2).

Motion Carried.

Motion to Move Out of Incamera Closed Session:

It was moved by: F. Kinsella
Seconded by: K. Graham
That: This closed session rise and report.

Motion Carried.

J. Butt welcomed everyone back to the meeting. The Board discussed union negotiations.

4. Business Arising:

Nothing to report.

5. Presentation:

5.1 Foodborne Outbreak Report:

Dr. Carter introduced Ben MacNeil to the Board advising that he will present on a foodborne outbreak that he has investigated. He came to us from North Bay Parry Sound and had his training at Cape Breton University. A power point presentation was given (see Appendix #1).

B. MacNeil handled the outbreak outlined in this case. Two inspectors joined Ben in the field. The food was inspected and people were contacted. He decided that the restaurant did not need to be closed, but the salad bar was shut down. A lot of education was done with the food handlers.

Questions:

This establishment is high risk and has been inspected 3 times, were any of these issues identified in previous inspections? B. MacNeil advised not these issues specifically. Keep in mind when we inspect we are there for one snapshot in time and a certain responsibility remains with the restaurant to carry out proper food handling.

What is the proper cooling for roast beef? B. MacNeil stated allow it to cool on the counter for 30 minutes and portion the meat. They were putting it whole into the freezer. (Changing the preparation policy seasonally is important. They were cooking too much meat for the reduced demand in winter.)

What lab are we sending samples to? B. MacNeil replied the Kingston Public Health Lab. Who is responsible to train restaurant staff? B. MacNeil advised that we provide food handler training. He did a course 3 weeks ago and trained 3 of their kitchen staff. We provide this to any food handler in the area. We recommend all food handlers take this.

What is the procedure after this outbreak? B. MacNeil advised that in this case, he did a report and observed their kitchen and ensured that recommendations were implemented – they would remain a high risk restaurant. He also ensured food handler training courses were completed. How often would occurrences like this happen? B. MacNeil stated that a lot occur, but the vast majority are not reported to us. In this case we did a very good investigation.

In the U.S. there is a website listing the restaurants that have been inspected and what rating they have and why they failed. Dr. Carter stated that we are moving towards this. The purchase of Hedgehog will allow us to do this. Some health units in Ontario already follow this process. We think the new public health standards will require it. Having an open transparent system is good for everyone. Right now we don't have the capability and we do not identify restaurants. We would never leave a restaurant open if we weren't convinced that the food that is being served is safe.

Is there no legislation in place that a food handler has to take a course? Dr. Carter replied no, but we would like to see that. At least one food handler on every shift should be required to have food handler certification. A bylaw was discussed. J. Butt stated that as part of an advocacy role we could have a position and send it to the province. Dr. Carter stated that it is much better if it is provincially legislated. J. Butt thanked B. MacNeil for coming to present this evening.

6. Compliance Reporting:

6.1 All Program Departments to December 2007:

Dr. Carter advised that the Board has all of the compliance reports for 2007 and a chart has been provided as a handout. We have identical compliance from this year to last year at 81%. How do you weight one program over another? Some take a lot of resources, some take less. We don't attempt to do that in this report. We know that there are flaws. Any questions?

The 2003-year for the province – didn't we have those figures? Dr. Carter stated that the last data collected by the province was in 2001 and it was 81%. A board member advised that there is an inherent danger in using mathematics to rate compliance. Another board member stated that it is always nice to look back over each year to compare; he would like to see this in everyone's compliance report.

Dr. Carter questioned, given that we know there are flaws and this is the last year of mandatory programs and services and we have a definite date for implementing the standards in 2009, does the Board want us to continue to do compliance monitoring? One board member commented no, it is a lot of time spent counting things and one number skews another.

I would rather staff use the resources to do rather than count. There is no effectiveness measured. Are we doing it well and is it having an effect?

J. Butt suggested putting together for the Board in the minutes a series of questions. He was going to give the Board some questions to think about in what ways we can improve our governance. What information do we as a Board need to know that we are delivering the right kind of programs? If people responded to that list he would summarize what the responses were.

A. Van Schie spoke regarding the compliance reporting stating that this has been something that he has wanted for quite a number of years. This will fit in perfectly with the new standards. It gives him a lot of information about how we are doing and it measures the effectiveness of the programs. Dr. Carter stated that our evaluation reports come to you regularly, which show our effectiveness. The statement was made that we are not comparing ourselves to any other health units. Dr. Carter stated that we are hoping that the province will start this up again once the new standards come in.

We need to compare ourselves to what the standards require us to do.
J. Butt asked how do we know how well we are doing? Are we making a difference that is the question?

F. Kinsella referred to the 4 questions in the standards stating that we need to answer them all of the time and as a Board we can make judgement. J. Butt stated that in the new standards those planning questions are gone and they have more specific targets. M. Campbell asked would the province not come out with a scale? Dr. Carter advised that there are a number of tools that the province is promising us – evidence based information, logic models for all of the programs. She specifically asked the province about providing benchmarks but they have not yet decided to do this. We don't know how well we are doing unless we have a benchmark. It is up to the province to set benchmarks.

S. Gates stated that the province has said that they will be developing indicators and the indicators will drive the reports. She thinks that they will be different from the current indicators. We could be spending some of the time this year building a new system on how we develop program plans.

A. Van Schie commented that even when the province was measuring, we were not provided with this document. It was developed to show our program compliance and has worked well. Dr. Carter stated that over the 10 years since this was set up things have drifted and it is becoming a bit of a quality issue. A. Van Schie stated that the document has always remained a living document. Dr. Carter stated that we have made changes, but there has still been a lot of drift.

J. Fullarton commented that we are misstating what this tells us – 55% in sexual health means we are failing, but we are not really failing. Are teenage pregnancies on the rise? That is the information we need to know.

J. Butt asked what kind of reports do you need? What kind of information do you need so that the Board feels comfortable that they are making a difference?

6.3 Ray Timmons – Almonte Hospital Board:

Discussed previously.

6.4 Date and Time of Almonte Public Meeting:

This will be discussed further at the May 15th meeting.

7. New Business:

7.1 Accounts Payable for January:

J. Pearce referred to the second page that reflects the expenditure level stating that most of the accounts paid during that month related to December and have been removed from the reporting.

A question was raised about the furniture. What we are buying for an additional office, are we ensuring that it can be used in another office? J. Pearce advised that the only thing that will have to remain is the electrical work. The issue of getting computers on every desk required a lot of electrical work in Smiths Falls in 2007. Of the furniture that we bought, nothing is built in. The question was asked why did we buy another reception desk in Smiths Falls? J. Pearce advised that there were a lot of ergonomic issues that contributed to staff absences. Was air conditioning not provided by the landlord in Perth? J. Pearce stated no, this can be moved with us if needed. We have moved this air conditioner twice. Advertising costs, is that all newspaper? J. Pearce stated for the most part yes, but 1/3 of this would be radio costs.

It was moved by: J. Fullarton

Seconded by: M. Campbell

That: The Board of Health approve Health Unit Accounts Payables for the month of January 2008 in the amount of \$858,894.46.

Motion Carried.

7.2 Board Issues:

J. Butt stated that we went through the budget process and focused a lot of time and energy putting the budget together. He sensed some concerns that board members had in terms of wondering if that was really the best model and how do we know that we are being effective?

It seems to him, as a Board, we have legal responsibilities to ensure that mandatory programs are delivered. We have a fiduciary oversight to ensure that funds are properly allocated and spent efficiently. We question the quality and delivery of our programs.

As we try to work together in partnership with our administration, are we getting as a Board the right kind of information to make those assessments?

He thought of some questions to raise:

As a Board are we making the difference that we should be? If not, why not?

If I could make one change that would help improve the governance and leadership or the improvement of performance of the unit what would that be?

What do I think as an individual we should be doing differently?

Indicators – As a Board what kind of indicators do we need to ensure our accountability and that we are being responsible? It is being said that we don't have them, that they might not be clear.

As a Board what do we expect from our CEO and staff? What kind of things do we need? Are we spending our time effectively and efficiently?

We have our senior managers here for each board meeting, is it necessary? They come as good resource people. As a Board do you want these folks here, or have them attend just when there is a report?

As we move ahead and we talk, there are many more governance issues that as a Board we don't spend enough or any time dealing with. K. Graham stated that in terms of having the staff here, he is always happy to have the staff here. They know the every day challenges. It is important to have them here because we call upon them to give us advice; they are an important part of the process.

M. Campbell stated that we will get a report in the minutes and if any member of the Board would like to respond to your comments, please feel free to do so. This can be discussed at a future board meeting.

J. Butt stated that these may not be the right questions, or all of the questions, but to help us have the discussion perhaps someone could also add to the list.

F. Kinsella asked would someone like to take a day and have a workshop to go through the standards? Once we go through the standards, he will know the questions to ask. That kind of overview is really helpful.

J. Butt stated that we did say when we got the signal from the province we would schedule between now and the end of January a meeting. Dr. Carter advised that the protocols will give us the details, and we should have the protocols this summer. J. Butt commented that we need some direction and counsel here.

8. Advocacy:

Nothing to report.

9. Verbal Report of the Medical Officer of Health:

The MOHLTC has put out the final 17 draft protocols under the new PHS for consultation between April 4th and 15th. Staff have had a chance to read them and concerns have been expressed that there are some significant implications for increased workload in some of them. Since the new PHS were not supposed to require any additional resources other than the standard 5% increase in budget that is planned for all health units, this is of concern and will feature prominently in our responses to the ministry on these protocols. The resources required to respond to 17 protocols, spread over only 2 departments, has been a significant burden.

The first meeting of the Health Unit's interdepartmental committee on Environmental Health occurred today. Its purpose is to provide a venue for coordination and review of Health Unit programs, resources and practices with respect to the emerging issues of environmental toxins. The new draft Ontario Public Health Standards reflects a need for our involvement in these issues, as action taken now can prevent health issues in the future for many residents in LGL. There are indications for involvement in environmental health in the Standards for Child Health, Reproductive Health, Health Hazards and CDP/Injury Prevention.

Tobacco Program

The new retail display ban regulations will come into force on May 31st so staff are gearing up for this. Last week we received the Ministry of Health Promotion's educational material on the ban. It is being adapted and all tobacco retailers will receive a mail-out informing them of the new requirements. Staff will be visiting all 230 tobacco retailers prior to the May 31st implementation date.

In March, there were 35 educational visits completed with 12 complaints and 2 requests for information and education related to the May 31st changes.

Raise the Truth had a successful open mike event in Smith Falls and are preparing to participate in the Provincial Youth Summit coming in May in London, Ontario.

Pap Test Clinics

Cervical screening clinics are being held to meet the needs of women who do not have a health care practitioner. They will be held in each of the Community Health Centres in our region and the Brockville Family Health Team facilities in late April. For exact times and to book an appointment, women should call the clinics. There is more information on our website and in most of our publications. These clinics have been established through a partnership with the Community Health Centres & Community Family Health Team, the Canadian Cancer Society and the Regional Cancer Program of Southeastern Ontario

Vaccine Preventable Diseases

We received notification of a physician diagnosed mumps case in a school child in March. In that child's school, 60 students out of 291 were identified as at risk for mumps because of lack of a record of MMR vaccination. Five PHNs participated in contacting parents, often during evening (overtime) hours, to update the records. An extra immunization clinic was held to offer the MMR vaccine for students identified as needing vaccination. Despite this, five students had to be excluded from school. A total of 75 hours of staff time were devoted to this issue. Viral culture results eventually came back negative and the exclusion was lifted. Fortunately for the students, much of their exclusion time was taken up with March Break and Easter vacations so not much school was missed. This case illustrates the disadvantage that we are in when a case of vaccine preventable disease presents in a school child. If our school immunization records were up to date, many of those 75 hours of staff time would not have been expended.

Since March 1, 2008, there have been 22 suspect or confirmed cases of measles and several in Ontario, all in the general vicinity of Toronto. This represents a large increase in the number of reported cases as there were no reported measles cases in 2007 and five reported measles cases in 2006. The earlier confirmed cases were infectious during the period of March Break when many of our residents travelled to the Toronto area. However, we seem to have been lucky to have escaped any cases so far.

Having just experienced the situation with the "possible" mumps case in a small school requiring 75 hours of staff time, we are concerned that a measles case with a potentially large number of community and school exposures would require that the entire health unit staff be assigned to track down and verify immunization records. This only underscores the need to put resources into collecting current, accurate immunization data on every child in school or day care.

Next week is National Immunization Awareness Week (April 20 - 26th). We are marking this week by reminding parents to keep updated immunization records for their children on hand at all times in case of a communicable disease outbreak in the community, such as a pandemic, or one in the school setting. We are also reminding parents that it is also important to notify the Health Unit when their health care professional immunizes their child.

Parents are usually very surprised to find that immunization information is not automatically transferred between health care providers and the Health Unit. We are hoping that parents will pay attention to this advice and have their child's immunization records more readily available for us during a crisis thus reducing our workload, despite the fact that we are not collecting the information on a routine basis.

The Ministry will be implementing a program to encourage post secondary students to get a second MMR if they have not previously received one. This program is set to launch this Spring. We will likely see an increased demand for our Health Unit Immunization Clinics due to the short supply of physicians in the area.

Heath Protection

The majority of the PHIs wrote the Train Can food handler education exam last week and will receive their marks in a couple of weeks. If a PHI achieves 90+ they will be able to teach the course; if not, there is an option to rewrite the exam. This is an excellent teacher and student friendly course that streamlines the food handler training and certification process and implementing it will improve the efficiency and effectiveness of our food handler training program.

Dog and Cat Rabies Vaccine Clinics will be held on May 14 and May 21. The locations are on the HU website; the HU will be e-mailing the locations to each municipality for placement on their websites.

MOHLTC funding for the vector-borne diseases program has been confirmed. The WNV funding has been changed and is now directed to cover all vector-borne diseases including emerging diseases such as Lyme Disease. Bird surveillance for WNV commences May 12, 2008. Avian Flu surveillance in birds is ongoing. Mosquito sampling for WNV will be conducted in designated areas utilizing staff backyards - there is currently no expectation that we will need municipalities to assist with this sampling but, of course, if the situation changes we may have to seek assistance. Educational materials are available for municipal staff working outdoors regarding protection from exposure to Lyme Disease and WNV. This is available on the HU website or from the district PHI.

We are gearing up for summer. Letters will go out soon to recreational camps regarding their obligation to contact the HU regarding public health related issues. Letters will go out to all public pool operators near the end of May about their obligation to contact the HU prior to opening. There will also be a letter going out to municipalities shortly to update the HU list of public swimming beaches under municipal jurisdiction. We currently inspect and test 24 beaches starting in June and ending in early September. The list of beaches is on our website.

Kathy Laszlo, Senior Program Advisor, will be visiting the Health Unit on April 29th from the ministry. Nothing has arrived in the mail from ministry yet regarding the audit, although I was assured that something would be forthcoming before this Board of Health Meeting.

Jack Butt and I will be attending a Community Health Partners Meeting on April 23rd at the Brockville Public Library. The Board of Governors of the Brockville General Hospital has invited us to this event. Organizations will be asked to identify challenges they are facing, opportunities for collaboration and information on new programs or services.

The question was asked what is the total number of protocols? Dr. Carter advised that there are 25 in total. J. Butt advised that he, Bob Fletcher and Dr. Carter will be attending the alpha conference in June. J. Butt thanked Dr. Carter for her verbal report.

10. Correspondence:

J. Butt reviewed the correspondence with board members.

11. Incamera Meeting:

Discussed previously.

12. Report from Incamera:

Discussed previously.

13. Time, Date and Location of the Next Meeting:

The next meeting will be held at the Smiths Falls Office on Thursday, May 15, 2008 at 4:00 p.m.

14. Adjournment:

It was moved by: F. Kinsella
Seconded by: K. Graham
That: The meeting adjourn at 6:10 p.m.

Motion Carried.

J. Butt, Chair

Date

H. Bruce, Recording Secretary

Date

c: Board members
HU offices
Municipalities
Shared Drive