SUBJECT: Health Protection Division FTE increase Infection Control Practitioner-BOH09002 - (City Wide)

RECOMMENDATION:

That an increase of 1.0 FTE for the Health Protection Division, with no increase to the net levy, be approved.

EXECUTIVE SUMMARY:

The Ministry of Health and Long Term Care (MOHLTC) has committed $80,000 annually to fund a position in Public Health Services. This funding is a direct result of new responsibilities required for PHS as a result of new public reporting of infection rates and Clostridium difficile Associated Disease (CDAD) outbreaks to the Medical Officer of Health (MOH) from public hospitals in the province.

BACKGROUND:

On May 28, 2008, the MOHLTC announced that Ontario public hospitals will be required to report to the public on a variety of patient safety indicators. These indicators include such things as CDAD case counts and rates, MRSA and VRE infection rates as well as compliance with hand hygiene recommendations.
Starting **September 15, 2008**, public hospitals provided data to both the MOHLTC and their local public health unit on their CDAD “counts, patient days and rates”. In Hamilton the following facilities provide such data to the health unit: Hamilton Health Sciences hospitals, St. Joseph’s Healthcare and St. Peter's hospital. The health unit is required to review the rates and counts of infections reported from local hospitals and make infection control recommendations to the hospital if warranted.

The *Health Protection and Promotion Act* regulations have been amended to make CDAD outbreaks in hospitals a reportable disease, meaning that CDAD outbreaks are reportable to local medical officers of health. PHS staff is mandated to work with the affected hospitals as part of the outbreak management team. This is an enhanced role for local public health units.

September 22 Board of Health meeting, Information Report 5.1 Clostridium difficile Reporting –BOH08036 describes the particulars of CDAD reporting.

As of December 31, 2008 public hospitals will be required to publicly report counts and rates of Methicillin resistant *Staphylococcus aureus* (MRSA) and Vancomycin resistant enterococci (VRE) infections as well as Hospital Standardized Mortality Ratio (HSMR) – mortality rates.

**ANALYSIS/RATIONALE:**

PHS must meet the requirements of the new Ontario Public Health Standards and Protocols. The Infectious Diseases Protocol states: “*The board of health shall provide public health management of confirmed or suspected outbreaks of infectious diseases of public health importance.*” The Institutional/Facility Outbreak Prevention and Control Protocol provides detailed direction to the board of health with respect to the management of institutional outbreaks.

In November 2008 the MOHLTC provided local Medical Officers of Health with further details with respect to the actions the local health unit should take with respect to the reporting of cases and counts of CDAD in local hospitals. PHS staff will be required to meet with any hospital site reporting five or more cases of hospital acquired CDAD in a monthly period. PHS staff will work with hospital staff to ensure an outbreak is not occurring and to provide recommendations in order to prevent further cases from occurring.

**ALTERNATIVES FOR CONSIDERATION:**

Do not approve the increase of 1.0 FTE and lose the provincial funding. This would not preclude PHS from providing the required functions for receiving the reports, and meeting the infection control requirements under the Ontario Public Health Standards.
**FINANCIAL/STAFFING/LEGAL IMPLICATIONS:**

Increase 1.0 fte to the Health Protection Division. An increase in 100% provincial funding of $80,000

**POLICIES AFFECTING PROPOSAL:**

This position will assist in meeting the requirements of the new Ontario Public Health Standards and Protocols as outlined in the Analysis/Rationale section of this report.

**RELEVANT CONSULTATION:**

Finance and Administration
Human Resources

**CITY STRATEGIC COMMITMENT:**

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

- **Community Well-Being is enhanced.** ☑ Yes ☐ No
  
  This position will assist in the control of communicable diseases and outbreaks in health care settings.

- **Environmental Well-Being is enhanced.** ☑ Yes ☐ No
  
  This individual will assist in the appropriate use and disposal of biohazardous waste.

- **Economic Well-Being is enhanced.** ☐ Yes ☑ No
  
  Does the option you are recommending create value across all three bottom lines? ☐ Yes ☑ No

  Do the options you are recommending make Hamilton a City of choice for high performance public servants? ☐ Yes ☑ No