

REGIONAL MUNICIPALITY OF OTTAWACARLETON  
MUNICIPALITÉ RÉGIONALE D'OTTAWACARLETON

MEMORANDUM  
NOTE DE SERVICE

Our File/N/Réf. RC  
Your File/V/Réf.

<p><u>Information Previously Distributed</u> To Be Listed on Community Services Committee Agenda 21 May 98</p>
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DATE 21 April 1998

TO/DEST. The Chair and Members of Regional Council

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **ACCREDITATION AWARD**

Following the survey conducted in February at the Health Department, the Board of Directors of the Accreditation Survey of the Ontario Council on Community Health Accreditation (OCCHA) voted in favour of awarding accreditation for a four year period to the Ottawa-Carleton Health Department.

The Health Department demonstrated a strong overall compliance with the OCCHA standards. For your information, please find attached (Annex A) the report from OCCHA listing requirements, recommendations and suggestions based on the accreditation survey.

*Approved by*  
*Robert Cushman, MD, MBA, FRCPC*

Attach. (1)

**REQUIREMENTS, RECOMMENDATIONS AND SUGGESTIONS**  
Based on the February 16-18, 1998 accreditation survey of the  
**OTTAWA-CARLETON HEALTH DEPARTMENT**

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The Ottawa-Carleton Health Department provides services to a population of approximately 721,000 dispersed over an area of 2756.98 sq. kilometres. It has a staff of 319 full-, part-time and casual personnel serving at the main office and three satellite offices.

In submitting its report, the survey team wishes to express their appreciation to the Medical Officer of Health, Dr. Robert Cushman, the Board of Health and staff for their warm welcome and hospitality. The survey team also wishes to recognize the level of preparedness demonstrated by the Health Department, especially on the part of Ms. Nancy Kennedy, Accreditation Coordinator.

The remainder of this report provides a summary of the findings of the survey recently conducted. It should be noted, that in this report, requirements stated must be addressed in order to fully meet the accreditation standards, recommendations denote areas of improvement and suggestions are freely offered as constructive alternatives.

**SECTION I - THE GOVERNING BODY**

Standard 1 - Statements of Purpose

**INTERPRETATION (d):** **The governing body shall ensure that the philosophy/mission, goals and objectives are reviewed regularly and revised as necessary and the date of the last review shall be indicated.**

**FINDINGS:** The philosophy/mission, goals and objectives were last reviewed in March 1995. While the policy has been to review these quarterly, the process was put on hold in 1995 pending the arrival of a new Medical Officer of Health. The Health Department expects to review the philosophy/mission, goals and objectives during the next strategic planning cycle, expected to be completed early in 1998, once the full impact of downloading is known.

**SUGGESTION:** That the governing body complete a review of the philosophy/mission, goals and objectives as planned.

## **SECTION II - THE GENERAL ADMINISTRATIVE BODY**

### Standard 10 - The General Administrative Body

**INTERPRETATION (a):** The general administrative body is the senior administrative structure of the agency. The composition of the general administrative body shall be decided by the Executive Officer.

**FINDINGS:** The composition of the Executive Committee has changed since the Health Department's reorganization in 1996. In addition, the Office of the Medical Officer of Health (OMOH) was created to meet the needs of the Medical Officer of Health and the Executive Committee.

**FINDINGS (contd.)** Resources vis-à-vis planning, evaluation, communication and other operating systems are allocated by the Executive Committee to meet three principle needs: departmental needs - global or macro projects which cross Divisional boundaries, divisional needs - program specific planning and evaluation, and retaining the capacity to respond to immediate issues or ad hoc projects.

The Office of the Medical Officer of Health is a new model that staff viewed with both optimism and some trepidation. The latter is due to the fact that the consolidation of resources was accomplished by removing staff with those skill sets from Divisions. Staff perceived the challenge for the Medical Officer of Health and the Director of the OMOH will be to safeguard against allowing the goals and objectives of the OMOH to have primacy over the needs of the Divisions.

**SUGGESTION:** That there be enhanced dialogue between the Executive Committee, the Medical Officer of Health and staff as a way of responding to some of the anxiety from reorganization, and to provide staff with a source of credible information.

Standard 11 - Program/Service Management

**INTERPRETATION (a):** **There shall be evidence that the general administrative body has an overall plan that ensures programs, services and projects, including research, are planned, implemented and evaluated.**

**FINDINGS:** Though the majority of divisions have a planning process which appears to be interactive, involving management and staff, one division engages in little or no operational planning or at least has little in the way of documentation to illustrate annual operational planning.

**SUGGESTION:** That the Executive Committee develop a policy that will ensure that each Division produces annual operational plans and that such plans are developed via a process that is consistent throughout the Department. This process should include the format, the expectation of staff involvement/input to the development of such plans and the timing whereby these are received and reviewed by the Executive Committee.

Standard 14 - Human Resource Development

**INTERPRETATION (a):** **The agency shall have a staff orientation and continuing education plan reflecting the goals and objectives of the agency, designed to assist personnel in maintaining and enhancing the necessary competency to carry out their assigned functions and/or responsibilities, thus enabling a continuing improvement in service.**

**FINDINGS:** Orientation provided to staff by the Region and by the various Divisions and Branches are generally viewed as good to excellent. There seems, however, to be little orientation provided on a Departmental level, creating a gap in the orientation for new staff. In particular, the linkages and areas of collaboration between Divisions/Branches is lacking. This gap deprives new staff of a broader perspective on the people, programs and services.

**RECOMMENDATION:** That the Executive Committee integrate departmental and divisional orientation for new staff, complementary to the orientation that is provided by the Region. This would ensure that all new staff receive a uniform understanding of the department, its various sections and programs and services.

Standard 16 - Physical and Financial Resource Management

**INTERPRETATION (c):** **There shall be a system of physical resource management including a maintenance program and a control program for supplies and capital assets.**

**FINDINGS:** Accommodations in some areas seem to be cluttered and crowded while spaces in other areas of the building seem to be under-utilized. The Health Department has identified the need for a review of space allocation.

The agency has what appears to be a very functional centralized storage and cataloguing system for education and promotional materials. This unit is located in the basement.

**SUGGESTION 1:** That the Health Department consider assigning the review of space allocation a higher priority.

**SUGGESTION 2:** That, in direct consideration of space allocation, the Health Department consider greater use of technology for the storage of education/promotional materials (ie., computer storage in the form of a PC based inventory system in place of a manually generated binder) which would make it possible for the central location to accommodate more of the material that is currently stored in each Division. Such relocation might free up space on the upper floors. In addition, a PC based inventory might be more immediately accessible by all users throughout the building and orders could be placed using the already existing LAN.

### SECTION III - PROGRAMS/SERVICES OF AN AGENCY

#### Standard 22 - Programs/Services

**INTERPRETATION (c):** Each program/service shall prepare an annual operational plan.

**FINDINGS:** All the divisions, with one exception, prepare annual operational plans which are interactive, involving management and staff. However, the Environmental Health Division utilizes PPB statements and Mandatory Program Guidelines in lieu of operational plans. There is no formalized interactive approach to operational planning within this division.

**REQUIREMENT:** That the Health Department ensure that all divisions prepare annual operational plans.

#### **GENERAL OBSERVATION**

**FINDINGS:** The image created by staff smoking at the front of the building is not a good one, and not generally in keeping with the Health Department's Mission statement ('...leadership and innovation...').

**SUGGESTION:** That the Health Department request the Region either remove or relocate the ash trays from the front door to the back door of the Health Department building.

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This "Requirements and Suggestions" report was prepared for and approved by the Board of Directors of the Ontario Council on Community Health Accreditation on March 9, 1998.