

Operation Health Protection Update

Public Health Division
Ministry of Health and
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A Message from Ontario's Chief Medical Officer of Health



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Throughout the summer, extensive work has been taking place on the action plan outlined in Operation Health Protection (OHP). In our last update, we focused on the work of the Capacity Review Committee (CRC), which will be making recommendations on:

- Rebuilding public health capacity within the province;
- Enhancing public health leadership and accountability; and
- Improving system collaboration and partnership.

As part of its consultation with the field, the CRC has conducted the most comprehensive survey of public health units in the history of Ontario; seeking input from the unique perspectives of the organization, the staff and board members.

Despite holidays and work demands in public health units, we have had a tremendous response, with 23 per cent of board members and 17 per cent of staff taking the time to complete the surveys. This is the kind of support and input that we need as we shape the next phases of research, that will include interviews with industry leaders and focus groups in the fall of 2005. We hope that public health units will continue to play an active role in these later stages as well. But in the meantime, thank you for your participation in this key phase of consultation with the field.

In this issue of *Operation Health Protection Update*, we will focus on two major initiatives presently underway as part of the OHP mandate: the Agency Implementation Task Force and the development of Regional Infection Control Networks. In future issues we will introduce you to the work of the Provincial Infectious Diseases Advisory Committee and the Integrated Public Health Information System, both of which are essential components of the Operation Health Protection mandate.

I want to acknowledge the dedication, leadership and expertise of our colleagues in public health units, hospitals, health care organizations and academic institutions that have devoted countless hours to work with us to date. We have made great strides and have come a long way in the past year, but there is still a lot of important work to be done. With your help, we will be able to make a major contribution to a revitalized public health system for Ontario.

What is Operation Health Protection?

Operation Health Protection: An Action Plan to Prevent Threats to our Health and to Promote a Healthy Ontario (OHP) is a three-year action plan that was announced by the Minister of Health and Long-Term Care in June 2004. It was developed in response to recommendations from the final *Report of the Expert Panel on SARS and Infectious Disease Control* (Walker Panel) and the first *Interim Campbell Report*, both of which examined the impact of the SARS crisis on Ontario's health care system. Justice Campbell's second Interim Report, released on April 11, 2005 highlighted the importance of the work being carried out under Operation Health Protection (OHP). For more information about OHP, visit the Ministry of Health and Long-Term Care web site at www.health.gov.on.ca.

Government Announces New Ministry of Health Promotion

On June 29, 2005, Premier McGuinty announced the creation of a Ministry of Health Promotion (MHP). This is the first time Ontario has a dedicated portfolio to promoting healthy living and illness prevention. Jim Watson was named the Minister of Health Promotion and Peter Fonseca has been appointed Parliamentary Assistant to Minister Watson.

Jean Lam, Assistant Deputy Minister with the Ministry of Tourism, has been appointed Executive Lead responsible for the sport and recreation programs, and Peggy Mooney, Assistant Deputy Minister, Management Board Secretariat will provide ongoing corporate assistance. A Ministry of Health and Long-Term Care transition team is determining the list of potential programs for transfer to the new ministry. Information will be shared with stakeholders and staff as the transition unfolds.



Jim Watson,
*Minister of Health
Promotion*

Introducing the Minister of Health Promotion

Jim Watson was elected to the Legislative Assembly of Ontario in 2003 representing the riding of Ottawa West – Nepean.

Shortly thereafter, Mr. Watson was appointed Minister of Consumer and Business Services by Premier Dalton McGuinty. In this capacity, he was responsible for improving and modernizing Ontario's Liquor License Act, Consumer Protection Act, and Film Classification Act. He also initiated "ServiceOntario", a one-stop concept for government services and information.

In this new and innovative portfolio he is responsible for advancing the government's preventative health initiatives including healthy lifestyles, sport, physical activity, recreation, disease prevention and community health awareness.

Prior to his election, Mr. Watson served in several prominent elected and non-elected offices including: President and CEO of the Canadian Tourism Commission – a federal crown corporation from 2000-2003; Mayor of the City of Ottawa from 1997-2000; Ottawa City Councillor from 1991-1997; and as Director of Communications for the Speaker of the House of Commons.

An active member of his community, Mr. Watson has also served on the boards or as honorary chair of several community organizations, including the Riverside Hospital, the National Arts Centre, the Christmas Exchange of Ottawa and the Forum for Young Canadians. He served as chair of United Way's 2002 campaign, which raised a record \$21 million.

An avid volunteer with several groups, he has helped serve meals at the Shepherds of Good Hope, a local soup kitchen. His commitment to those less fortunate was evident when, in August of 2000, he contributed his entire municipal severance payment of \$31,000 to Ottawa's Union Mission for Men.

His years of active involvement and community service have made him the recipient of several awards and accolades, including Maclean's magazine "100 Young Canadians To Watch", Carleton University Honours Award, the City of Ottawa's highest civic honour, the Key to the City and, in 2002, the Queen's Golden Jubilee Medal.

Mr. Watson is a graduate of the Carleton University School of Journalism and Communications. In his spare time he stays active by skiing, swimming, golfing, and walking.

Creating a Health Protection and Promotion Agency for Ontario

Operation Health Protection is anchored by an arm's length health protection and promotion agency, similar to those operating in British Columbia, Quebec and at the Centers for Disease Control and Prevention in the United States.

The Agency Implementation Task Force (AITF) was struck in January 2005 to provide technical advice on the development and implementation of the Ontario Health Protection and Promotion Agency, and to make recommendations on the Agency's mandate, core activities, structure and governance. The AITF, which is co-chaired by Dr. Terry Sullivan, President and CEO of Cancer Care Ontario and Dr. Geoff Dunkley, former Associate Medical Officer of Health in Ottawa, has been working on the Agency's proposed vision, mission and values, and governance structure. A key consideration in the task force's deliberation is the significant degree of independence required by the Agency to effectively carry out its mandate to provide scientific and technical advice in the areas of health protection and promotion.

The AITF is defining and validating the core functions of the Agency, building on the work and recommendations of the Expert Panel on SARS and Infectious Disease Control. An early recommendation by the AITF is the inclusion of environmental health as a core area of activity for the Agency. Three roundtables were held in June 2005, bringing together more than 60 experts from Ontario's health system, non-government organizations (NGOs) and academia, to discuss the Agency's mandate and the following specific core functions:

- Health promotion, chronic disease and injury prevention;
- Environmental health; and
- Infectious diseases.

The Research and Knowledge Transfer Sub-committee, reporting to both the AITF and the CRC, has drafted recommendations for the Agency's work in these areas. It highlighted the need to ensure that research, knowledge transfer and exchange are part of a continuum within the Agency, with a broad, comprehensive definition of knowledge transfer and exchange.

The AITF will be seeking additional input from stakeholder associations and professional associations through its newly established reference panel. The first meeting took place on July 18. Discussions continue with the Institut national de santé publique du Québec and the British Columbia Centre for Disease Control to share lessons learned and to contribute to the ongoing development of the agency. The AITF will continue to meet through the summer in order to release an Interim Report in the late summer of 2005, with a final report expected in December 2005.

New Developments in Public Health Labs

Lab Review

One mandate of the Ontario Health Protection and Promotion Agency will be the provision of specialized public health laboratory services to ensure that all health practitioners receive timely and relevant information to support infectious disease surveillance. As committed to in Operation Health Protection, an external review of the public health laboratory system began in May 2005 with DELOITTE and THiNC as the consulting team.

The key phases for the review include:

- An assessment of the current state of the laboratory system
- Future state assessment
- Gap analysis and recommendations
- Transitional planning and recommendations.

As part of the review the following areas are being examined:

- Governance and organization design
- A core testing menu for the laboratory
- Public health management and surveillance
- Communication and liaison
- Infrastructure and support services.

The assessment of the current state of the laboratory system is almost finished, with the majority of site visits to regional and central public health laboratories now complete. Interviews with users and others within the broader laboratory sector have begun, and it is expected that the review will be completed in the fall of 2005.



Dr. Low Appointed Medical Director, Public Health Laboratories Branch

On June 29, Dr. Sheela Basrur announced the appointment of Dr. Don Low as Medical Director of the Public Health Laboratories Branch of the Ministry of Health and Long-Term Care.

As a recognized authority in microbiology and infectious diseases, Dr. Low is committed to renewing Ontario's public health system and strengthening its capacity to support public health programs, including outbreak management and control, and microbiology reference services. Dr. Low will provide the medical leadership necessary to address laboratory issues raised by provincial and national reports on the SARS outbreak.

Dr. Low is on a two-year secondment, while continuing in his role as Chief of the Department of Microbiology at Mount Sinai Hospital and Toronto Medical Laboratories. He is also Head of the Division of Microbiology, University of Toronto and Professor of Medicine and Microbiology, University of Toronto.

Regional Infection Control Networks Enter First Phase of Development

The Operation Health Protection action plan identified the need to improve the coordination of and access to infection prevention and control resources across the health care continuum. While there already are some current examples of collaboration in the province, a regional approach to infection prevention and control activities will enhance the work already being provided by local Public Health Units, acute and non-acute health care providers, academic institutions and national/provincial professional associations. A provincial working group of infection control specialists has been struck to provide the Ministry of Health and Long-Term Care with expert advice on this key initiative.

Four initial regional networks are in the works

In March 2005, four regional networks were given funding to work through the logistics of implementing and evaluating a regional network, as well as building the infrastructure to allow for the development of more networks throughout the province. Based on the evaluation of these four initial networks, a total of 14 networks will be implemented across the province by the year 2006/2007.

The four initial networks are:

- Champlain
- Hamilton/Niagara Region
- Southeastern Region of Ontario (including Moose Factory)
- Northwestern Ontario.

All four networks have planning committees with representatives from public health units, acute care, long-term care and community care organizations. The committees are in the process of creating Network Steering Committees and are recruiting Network Coordinators and Medical Coordinators, with the goal of having their first Steering Committee meeting by September 2005.

The Network Steering Committee will provide guidance, direction and leadership to network activities. Each Network Steering Committee will be responsible for establishing the strategic direction for its network, as outlined in a strategic multi-year plan and budget.

The Network Coordinator is expected to coordinate the development and implementation of the Regional Network. Once the network is fully operational, the Network Coordinator will be responsible for the operational aspects of the network. This position will also:

- Promote a common and standardized approach to infection prevention and control activities, based upon best practices
- Ensure sharing of information and best practices between members of the network, between Regional Networks and between the network and the Ministry of Health and Long-Term Care.

Medical Coordinators will provide medical expertise and leadership on the implementation of the network, best practice models and standardized surveillance tools. As well, the Medical Coordinator will foster relationships within and amongst the regions, particularly to promote the benefits and opportunities of network participation.

These networks are not being designed to replace local infection prevention and control capacity and resources, or to alter existing legal requirements. Hospitals and long-term care homes retain their requirement to maintain infection control programs and the powers of Medical Officers of Health, set out in the Health Protection and Promotion Act (HPPA), remain unchanged.