Dear Minister Jaczek and Minister Hunter:

On behalf of the Simcoe Muskoka District Board of Health members I would like to preface this letter with an acknowledgment of the funding increase announcement to all public health units in Ontario last week. This funding will be essential to the continuation of our very important public health programs and for that, we are grateful.

Re: A Comprehensive Provincially Mandated Approach to IPAC in Regulated Health Professional (RHP) settings.

In October of 2015, the Ministry of Health and Long-Term Care (MOHLTC) released updates to the provincial guidelines entitled “Ontario Public Health Standards (OPHS), 2015”. These updates included the revised Infection Prevention and Control Practices Complaint Protocol, 2018 (the “Protocol”): a protocol revised to increase transparency and accountability through improved reporting capabilities. Since the introduction of this new Protocol, public health units have been responding to Infection Prevention and Control (IPAC) lapses that have greatly exceeded our expectations with respect to the complexity, workload and risk associated with our investigations. While investigations in community settings such as schools and personal services settings can be challenging, it is the investigations occurring in facilities with regulated health professionals (RHPs) that have been the most arduous and which raise the greatest financial and legal risks to Ontario Boards of Health.

As per the Protocol, IPAC lapses associated with a RHP must be reported to the appropriate regulatory college, however, many of these 28 colleges do not have the IPAC resources in place to respond to their members in a manner that provides relief for the work done by public health. Most regulatory colleges do not conduct routine IPAC audits of their members nor do they have the capacity to respond to IPAC complaints jointly with local public health units or the IPAC expertise readily available to consult on a lapse.

The revised Protocol also requires health units to publicly disclose all IPAC lapses that have been identified in any public setting. Since taking on this new role, public health has had to expend considerable time and resources enhancing our competency. While the principles of IPAC apply to all settings, an investigator is required to be familiar with the unique processes, instruments and equipment associated with each diverse regulated health setting.
A comprehensive, provincially mandated strategy to enhance IPAC in regulated health professional settings is essential for patient safety and public health. This strategy needs to include, the requirement that regulated health professional regulatory colleges implement continuous quality improvement with routine inspections of their members’ practices and that the colleges be required to provide a robust response in collaboration with local public health units with respect to IPAC complaints.

In addition, we urge you to consider the development of province wide, core competencies and qualifications required by health unit staff conducting IPAC investigations and that Boards of Health be provided with sufficient resources to address the demands on public health units that are experiencing a notable increase in numbers of IPAC investigations since the provincial requirements began in 2015.

There is a need for a much more comprehensive, provincially mandated approach to IPAC in regulated health professional settings and to this end on April 18, 2018 the Simcoe Muskoka District Health Units Board of Health approved a motion to recommend to the Ontario Minister of Health and Long-Term Care and the Ontario Minister of Advanced Education and Skills Development that a legislative and policy framework be developed to achieve the following:

1) That regulated health professional training programs offered by Ontario colleges and universities contain comprehensive IPAC content within their curriculum; and
2) That the Ontario regulatory colleges of health professions implement continuous quality improvement with the routine inspection of their members’ practice settings for adherence to IPAC best practices, and that they also provide a robust response in collaboration with local Boards of Health to IPAC complaints; and
3) That provincially recognized core competencies and qualification requirements be identified for local public health practitioners regarding the prevention, investigation and mitigation of IPAC lapses; and
4) That base funding be sufficiently enhanced for Boards of Health to respond to the increasing demands of IPAC complaints and lapses.

Thank you for your consideration of this matter.

Sincerely,

ORIGINAL SIGNED BY
Scott Warnock
Chair, Board of Health

Cc: Chief Medical Officer of Health of Ontario
Assistant Deputy Minister
Association of Local Public Health Agencies
Ontario Public Health Association
Local Members of Parliament in Simcoe Muskoka
Central Local Health Integration Network
North Simcoe Muskoka Local Health Integration Network
Ontario Regulatory Colleges for Health Professionals