

Clinical Services Program Review

January – December 2017

TO: Board of Health
MEETING DATE: May 2, 2018
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REPORT NO.: **BH.01.MAY0218.C11**
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Medical Officer of Health and CEO

Key Points

- Clinical Services provides on-site and outreach appointments. In 2017, close to 17,000 appointments were booked with immunization appointments accounting for 68%, STI/Birth control appointments accounting for 22%, and travel appointments accounting for 8.5%.
- The number of reportable cases of Sexually Transmitted Infections (STIs) and Blood-borne Infections (BBIs) were lower in 2017 than in 2016.
- Harm reduction measures provided include needle distribution and crack/meth pipe distribution along with other drug using paraphernalia.
- In 2017, Clinical Services staff started to implement the distribution of naloxone. Services were offered at Wellington-Dufferin-Guelph Public Health (WDGPH) offices, community agency offices and through outreach services which includes the Community Health Van that was initiated in the fall of 2017.

Strategic Directions & Goals

Organizational Capacity - We will improve our capacity to effectively deliver public health programs and services.

- We will increase community awareness of public health programs and services.

Health Equity - We will provide programs and services that integrate equity principles to reduce or eliminate health differences between population groups.

- We will work to improve health services for priority populations.
- We will improve access to public health programs and services while enhancing the client experience.

Operational Plan Objectives

- Ensure access to publically-funded vaccines;
- Ensure cost effectiveness of Travel and other non-publicly-funded vaccine services;

- Offer new non-publicly-funded vaccines or eliminate vaccines as dictated by community need and cost recovery;
- Vaccines offered in non-traditional locations (eg. Vet Clinic, New Comer's Fair, Community Health Van) to those facing barriers;
- Collaborate and partner with Sanguen Health Centre and ARCH in providing harm reduction services, immunization and STI testing/counseling on the outreach van (Community Health Van);
- Partner with community agencies who work with populations most at risk for STIs to provide testing and treatment; and
- Roll out naloxone program to staff and clients.

Summary of OPHS Program Requirements

OPHS Program: Choose One

Goals:

- To prevent or reduce the burden of sexually transmitted infections and blood-borne infections. To promote healthy sexuality.
- To reduce or eliminate the burden of vaccine preventable diseases.
- To reduce the frequency, severity and impact of preventable injury and substance misuse.

Strategy:

- Disease Prevention
- Disease Prevention/Health Protection

Requirements:

Infectious and Communicable Diseases Prevention and Control:

- The board of health shall conduct population health assessment and surveillance regarding infectious and communicable diseases and their determinants.
- The board of health shall use health promotion approaches to increase adoption of healthy behaviours among the population regarding sexual practices and injection drug use to prevent and reduce exposures to sexually transmitted and blood-borne infections by collaborating with and engaging health care providers, community and other relevant partners, and priority populations
- The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, clinical services (eg. Sexual health/sexually transmitted infection {STI} clinics) for priority populations to promote and support healthy sexual practices and the prevention and/or management of sexually transmitted and blood-borne infections
- The board of health shall collaborate with health care providers and other relevant partners to ensure access to, or provide based on local assessment, harm reduction programs in accordance with the *Substance Use Prevention and Harm Reduction Guideline, 2018*
- The board of health shall collaborate with health care providers and other relevant community partner to:

- Create supportive environments to promote healthy sexual practices, access to sexual health services, and harm reduction programs and services for priority populations; and
- Achieve a comprehensive and consistent approach, based on local assessment and risk surveillance, to address and manage sexually transmitted infections and blood-borne infections in accordance with the *Sexual Health and Sexually Transmitted/Blood-borne Infections Prevention and Control Protocol, 2018*

Substance Use and Injury Prevention:

- The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population:

Immunization:

- The board of health shall promote and provide provincially funded immunization programs and services to eligible persons in the health unit, including underserved and priority populations

Accountability Indicators:

- Gonorrhoea case management follow up.
- Gonorrhoea treatment by community physicians.

Both items were previously reported on in Program/Service Information Report BH.01.APR0418.C09 – Gonorrhoea Follow-up

Performance variance or discrepancy identified:

- Not applicable

Highlights

Clinical Services is responsible for the on-site clinics that are offered to clients in all WDGPH offices (Chancellor’s Way, Fergus, Orangeville, Mt Forest, Shelldale, and Shelburne). Services offered include sexual health (birth control and STIs), publicly-funded immunizations, non-publicly-funded immunizations and travel counseling, and harm reduction services. Services are primarily provided by WDGPH Nurses (PHN), however, contracted physicians provide services to clients requiring enhanced interventions for sexual health matters. Outreach services were enhanced to include Wyndham House Resource Centre, the Community Health Van and Hope House in the fall of 2017. Staff continued to offer outreach services at ARCH (HIV/AIDS Resources & Community Health), One Vet Clinics, New Comer’s Fair and University of Guelph.

In the spring of 2017, Clinical Services revised the clinic schedules to provide immunization to students facing suspensions. The process for suspensions was larger than previous years with potential suspension numbers in the thousands.

Then, in the fall of 2017, Clinical Services started to support the distribution of naloxone to clients and community partners. This service includes: education, training, distribution and monitoring of doses distributed.

From January – December 2017, Clinical Services booked 16,965 appointments. This is the same volume as 2016.

Overall volume was distributed, as follows:

- Travel visits accounted for approximately 8.5% of booked visits or 1,417 visits.
- Birth control/STI screening and treatment accounted for 22% or 3,734 visits.
- Immunization appointments which include some follow-up travel immunizations accounted for 68% or 11567 appointments.
- The remainder of visits or 1.5% were not allocated a reason for visit during the booking process.

Clinical Services is also responsible for the case management follow-up of STI and BBI (Blood-borne infections). In 2017, there were less reported cases of all STIs and BBIs than in 2016, with numbers as follows:

Infection	YTD	YTD
	December 2017	December 2016
Chlamydia	743	777
Gonorrhea	57	82
Hepatitis B	16	21
Hepatitis C	66	89
HIV/AIDS	---	---
Syphilis, primary, secondary, early latent	---	---
Syphilis, late latent, neurosyphilis	---	---
Syphilis, unspecified	---	---
--- numbers too small to report		

The harm reduction services offered by Clinical Services includes distribution of unused syringes, crack and meth pipes, drug using paraphernalia such as cookers and tourniquets, and disposal buckets. WDGPH partners with ARCH to ensure that this service is offered in a number of locations in the community. In 2017, over 320,000 unused needles were distributed to injection drug users in efforts to reduce the spread of blood born infections. This number is up from 200,000 in 2016. While the numbers distributed increased partially due to the implementation of the Community Health Van, the process for data collection was refined in 2017 which may capture numbers in a more accurate fashion than in the previous year. The return rate of used needles was about 40%. There is no correlation between the rate of returned used needles and the number of unused needles distributed as the rate varies significantly throughout the year. There has been increased reports of discarded needles in the community. WDGPH is working with community partners to address discarded needles in a collaborative fashion. Currently, people can call ARCH for needle pickup, or drop used needles off at any WDGPH office, local pharmacy for disposal.

Related Reports

[BH.01.FEB0117.R05 – Syphilis Trends for Wellington-Dufferin-Guelph](#)

[BH.01.DEC0716.R24 – “Go Get Tested” Gonorrhoea and Chlamydia Initiative](#)

[Clinical Services – Gonorrhea \(January–December 2016\) – Program/Service Information Report.](#)