

TORONTO STAFF REPORT

January 23, 2003

To: Board of Health

From: Dr. Sheela Basrur, Medical Officer of Health
Anna Kinastowski, City Solicitor
James Ridge, Executive Director – Information & Technology Division

Subject: Service Level Agreements for Healthy Babies Healthy Children Integrated Services for Children Information System Release 2.0

Purpose:

The purpose of this report is to obtain authority to enter into Services Level Agreements with Smart Systems for Health Agency (SSHA) and to authorize the Medical Officer of Health to authorize conversion of Toronto Public Health Healthy Babies, Healthy Children data to the Integrated Services for Children Information System, Release 2.0, of Ministry of Health and Long Term Care, Integrated Services for Children Division (MOHLTC (ISCD)).

Financial Implications and Impact Statement:

There are no financial implications for the City of Toronto

The Healthy Babies, Healthy Children program itself is 100% provincially funded. In addition, the Ministry of Health and Long Term Care, Integrated Services for Children Division (MOHLTC (ISCD)) is fully funding the development and implementation of the Healthy Babies, Healthy Children Integrated Services for Children Information System (ISCIS). Toronto Public Health will receive from MOHLTC an annual grant of \$194,500 for Information and Technology staff and associated computer hardware and software acquisitions necessary to support its implementation. This acquisition is being made in accordance with the Contract Management Office (CMO) approved procedures and MOHLTC's requirements.

Recommendations:

It is recommended that:

- 1) the City execute Information Management and Technology Service Level Agreements described in this Report with Smart Systems for Health Agency (SSHA), a Crown agency, for the purposes of managing the Healthy Babies, Healthy Children data base, provided that these Service Level Agreements have terms and conditions substantially in accordance with this Report and otherwise have terms and conditions in the interests of

the City that are satisfactory to the Medical Officer of Health and the Executive Director of Information and Technology Division, and be in a form satisfactory to the City Solicitor;

- 2) the Medical Officer of Health be authorized to permit the Ministry of Health and Long Term Care, Integrated Services for Children Division (MOHLTC (ISCD)) to convert Toronto Public Health's data to the Integrated Services for Children Information System Release 2.0, provided that MOHLTC (ISCD) agrees to observe all privacy and security safeguards to protect the data as may be required by law and as may be reasonably required by the City; and
- 3) the City authorize and direct the appropriate City officials to take the necessary action to give effect thereto.

Background:

The Healthy Babies, Healthy Children (HBHC) program provides universal screening and postpartum follow-up to all new mothers and families. It also provides prenatal and parenting support and service co-ordination to high-risk families with children up to 6 years of age. Early identification programming, early years' community awareness initiatives, an inventory of community services, and integrated service planning through a network of local HBHC committees are also components of this program. The HBHC program receives 100% funding from MOHLTC.

In the City of Toronto, approximately 250 Public Health Nurses and 100 Family Home Visitors deliver the HBHC program to the 32,000 babies born annually. Services are also provided to approximately 3,840 high risk families each year. In 2001, 22,046 HBHC telephone calls and 13,654 home visits were made to City of Toronto families.

Given the very large volume of clients and related client contact, an information system is essential to managing the flow of referrals, tracking clients throughout the city, and monitoring staff time and activity. In consultation with health units throughout the province, the MOHLTC (ISCD) has developed the Integrated Services for Children Information System (ISCIS), specifically to support the HBHC program. Version 1A of this system was implemented in 1998 along with the introduction of the HBHC program. Unfortunately, ISCIS 1A is not robust enough to manage the large volume of data generated by Toronto's HBHC program, which has severely limited Toronto Public Health's capacity to enter and analyze data. In order to accommodate this limitation, Toronto Public Health has continued to make use of pre-amalgamation case management systems.

Comments:

Fully recognizing the limitations of ISCIS 1A, the Province has continued to develop ISCIS and is currently deploying ISCIS 2.0. This system is more than simply an upgrade of the current version. It is an entirely new software application providing Health Units with the ability to establish assessment and referral systems, conduct case assignment, manage transfers and

discharges, record client consent and Public Health Nurse and Family Home Visitor interventions, and track time and activity. This application will allow the system to be available to multiple users at multiple sites.

The Province has worked extensively with City of Toronto Public Health and Information & Technology staff to ensure that this new application will fully meet Toronto's unique needs. Once operational, this system will form the backbone of the client referral, client documentation, and quality assurance requirements for Toronto's HBHC program. The feasibility of adapting this system to meet the full business requirements of the Family Health and Healthy Lifestyle program will be an essential first step in development of the Toronto Community Health Information System (TCHIS). TCHIS is a four year capital funded project that was approved in 2002. The project will address the city-wide need in Family Health and Healthy Lifestyle to consolidate and harmonize work processes using an integrated case management, time and activity tracking and co-ordinated access system.

Toronto Public Health is currently scheduled for implementation of ISCIS 2.0 on February 14, 2003. In order to implement ISCIS 2.0, Information Management and Technology Service Level Agreements and a Software Licence and Services Agreement are being struck with all Health Units in the province. There will be three Service Level Agreements between the City of Toronto and Smart Systems for Health Agency (SSHA), and one Software Licence and Services Agreement between the City and the MOHLTC (ISCD).

Smart Systems for Health Agency (SSHA), the Service Level Agreements contractor, is a Crown agency that was established in 2002 by Ontario Regulation 43/02 and is the key partner in the Province's Strategic Information and Information Technology Plan. SSHA will host (i.e., house) and operate the data network that supports the ISCIS system and databases. As such, Toronto HBHC data will be stored "off-site" in the SSHA-hosted ISCIS database. In other words, SSHA will have and be operating the computer system on which the City's database will be found and will be providing the conduit or means by which the City can access its database and transmit data to it. Only users authorized by the City will have access to this database; however, from time to time, SSHA will require access to the computer system that is hosting the database for the purpose of maintaining and repairing the system. SSHA access does not include access to the personal information contained in the database, unless proper authorization has been obtained.

Service Level Agreements to be entered into with SSHA include a Master Services Agreement, a Network Services Module/Agreement and a Hosting Services Module/Agreement. These Agreements have been negotiated with the support and advice of Corporate Information & Technology, Legal, Risk Management and Corporate Access and Privacy. These Agreements are almost in final form. At this time, there are no major outstanding issues between the parties arising from the negotiations.

The Master Services Agreement sets out the general terms and conditions that apply to both Services Modules. These general terms and conditions include risk management provisions such as limitation of liability, indemnification and insurance. This Agreement also includes SSHA's requirements and best practice guidelines regarding security, privacy and acceptable use of its

services. On the other hand, the Service Modules describe the actual hosting or network services, as the case may be, to be provided by SSHA and any term or condition that is specific to the supply of those services such as transitional assistance in the event that the Module is terminated. More specifically, the Hosting Services Module will describe, among other things, how hosting of the ISCIS database will be done, how the database will be managed and what security measures will be taken to protect the database, while the Network Services Module will describe, among other things, the mechanism through which the database can be accessed and have data transmitted to it and the security measures to be taken to protect access and transmission to the database.

Negotiations with SSHA focused on obtaining necessary assurances regarding system security and data confidentiality, including a Privacy Impact Assessment.

While SSHA requires the Service Level Agreements to be treated as confidential because they contain sensitive commercial information, SSHA has consented to the disclosure of the terms of the Agreements, in confidence, to the Council and its Committee and the Board of Health if such information or documentation is requested by any of them. Therefore a description of the significant terms and conditions of these Agreements and any issues associated with them are contained in the in camera report on this matter.

The Service Level Agreements negotiations identified the lack of a formal agreement to address the software licensing issues surrounding the City's use of ISCIS 2.0. MOHLTC (ISCD) is responsible for the HBHC program. They have fully funded and managed the development of ISCIS and, as such, purport to own the software application, including its intellectual property rights, and to have the necessary authority to license the application to others, including the City. In addition, issues have arisen over the past several years regarding the specification of MOHLTC (ISCD)'s support of Toronto Public Health's use of ISCIS 1.A and the modification of such procedures as a consequence of Toronto Public Health's intended use of ISCIS 2.0. At the City's request, MOHLTC (ISCD) is prepared to enter into a Licensing and Services Agreement with the City that addresses software licensing and service issues. Negotiations are still in the early stages and to date have centred around the development of a letter of intent which will set out the basic terms and conditions or parameters, including limitations, for this Licensing and Services Agreement. This letter of intent is not yet in a form that can be recommended to the Board. Therefore the parties will continue these negotiations with the goal of producing a mutually-acceptable letter of intent or, better still, an actual agreement that can be recommended to the Board for approval in the near future. While it is preferred that the Service Level Agreement and the ISCIS Licensing and Services Agreement be entered into at the same time, it is not vital that the Licensing and Services Agreement proceed at this time. In the interests of supporting Toronto Public Health's HBHC program, MOHLTC (ISCD) will permit the City to use ISCIS 2.0 and, contingent on the availability of ongoing provincial funding, to provide the City with support services pending a formal agreement. This is not incongruent with current practice as there are no formal agreements with respect to the use of ISCIS 1.A.

In order to keep the implementation plan on schedule, the conversion process for Toronto Public Health's data needs to begin as soon as possible. Failure to implement on schedule would have a negative impact on resource reallocation, the availability of Information and Technology support

to deploy the system, the training plan and 2003 data integrity. It could also unduly delay the Toronto Community Health Information System project development. Accordingly, the Medical Officer of Health should be authorized to give any necessary permission so that MOHLTC (ISCD) can commence the conversion of Toronto Public Health's data for use on ISCIS 2.0. The MOHLTC (ISCD) will be required to observe all privacy and security safeguards as may be required by the law and reasonably required by the City.

The execution of these Service Level Agreements is required in order to proceed with implementation of ISCIS 2.0. There are compelling business reasons for Toronto Public Health to proceed with this implementation. The City's HBHC funding and capacity to request additional funding is contingent on our ability to provide the Province with timely, accurate service reports. ISCIS is the only mechanism through which this can be done. Additionally, ISCIS 2.0 offers significant potential to re-allocate data entry resources into direct service delivery. This is critical as service needs continue to grow. The enhanced functionality of ISCIS 2.0 provides a system for client case management that is essential for tracking and providing continuous quality service to a very mobile high risk client group; thereby limiting risk to infants and children (and the risk of liability to professional staff and the corporation). Finally, the capacity to analyze service delivery data patterns throughout the City will provide invaluable information to support decision-making about service planning and resource allocation, both internally and with our partners in the Early Years community.

Conclusion:

The implementation of ISCIS 2.0 is critical to the ongoing success and quality of Toronto Public Health's HBHC program. It will substantially increase our capacity to manage clients, collect time and activity data, and plan and allocate resources. The Province is fully supporting ISCIS 2.0 implementation through system development and deployment (at no cost to the City) and have been very committed to establishing a strong working relationship with the City. Funding has also been provided to acquire necessary hardware. Toronto Public Health program and Information and Technology staff have worked with the full support of corporate Access and Privacy, Legal, Risk Management and Information & Technology to negotiate the various Agreements that protect both the City and the clients and families who receive service.

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