TORONTO

STAFF REPORT
ACTION REQUIRED

Implications of Provincial Healthy Babies Healthy Children Protocol Changes on Toronto Public Health Services

Date:	May 9, 2014
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

The purpose of this report is to describe implications of the new provincial Healthy Babies Healthy Children (HBHC) Protocol and ongoing flat lined funding on Toronto's HBHC service delivery.

Toronto Public Health (TPH) receives 100% funding from the Ministry of Children and Youth Services (MCYS) for this program. The 2014 TPH base funding allocation is $18,872,925 plus an additional $350,000 of ongoing funding through the provincial 9,000 Nurses Initiative of Ontario's Comprehensive Nursing Strategy.

Boards of health are mandated to deliver HBHC according to the provincially established HBHC Protocol as part of the Reproductive and Child Health Standard in the Ontario Public Health Standards. In 2012, the MCYS initiated a review and revision of the HBHC Protocol. The new Protocol includes a new screening tool for prenatal, postpartum and parenting families, new assessment tools, and new home visiting curriculum and related training. Toronto Public Health implemented the new HBHC Protocol on April 8, 2013.

These new tools are evidence-informed and validated. They have resulted in more sensitive screening for risk, a more accurate assessment of child development, parenting capacity and family dynamics, needs-based home visiting services, and improved parent resources. These changes should improve the quality of HBHC services in Toronto.

However, the new tools have also resulted in an increase in the volume of assessments and the number of families that are eligible to receive home visiting. In the absence of

additional provincial base funding, TPH has been unable to completely absorb the impact of this increased volume. This has resulted in longer than mandated response times and growing wait lists for service. As a result, TPH will not meet the service targets identified in its annual HBHC service agreement with MCYS, nor is it in full compliance with the provincial HBHC Protocol.

The new Protocol also eliminated the universal postpartum telephone call and home visit that was part of the previous Protocol. Follow-up of families screened in the hospital is now limited to only at risk families. This has raised concerns about the support that new families receive in relation to important, but not necessarily "risk" factors such as breastfeeding and transition to parenting.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. the Board of Health forward this report to the Ministry of Children and Youth Services, reiterating the need for sufficient and sustainable provincial funding to ensure that Toronto Public Health can achieve full compliance with the provincial Healthy Babies Healthy Children Protocol of the Ontario Public Health Standards; and,

2. the Medical Officer of Health report to the Board of Health in 2015 regarding the outcome of the provincial HBHC evaluation in relation to Toronto Public Health service delivery.

Financial Impact

There are no financial implications to the City directly resulting from this report.

DECISION HISTORY

The Toronto Board of Health has been advocating for adequate provincial funding for the HBHC program since 2006 when it was estimated that an additional $12,215,000 would be required to fully comply with the existing HBHC Protocols. Reports in 2006, 2009, 2010, 2011, and 2012 have all identified the implications of HBHC underfunding on service delivery and the health of families and children and Toronto and called on the Province for adequate and sustainable HBHC funding.
http://www.toronto.ca/legdocs/2006/agendas/committees/hl/hl060914/it007.pdf
http://www.toronto.ca/legdocs/mmis/2009/hl/bgrd/backgroundfile-21897.pdf
http://www.toronto.ca/legdocs/mmis/2010/hl/bgrd/backgroundfile-31767.pdf
http://www.toronto.ca/legdocs/mmis/2011/hl/bgrd/backgroundfile-38318.pdf
http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-44265.pdf
http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-51817.pdf

Last year, at its February 11, 2013 meeting, the Board of Health received a report entitled: "Implications of Provincial Healthy Babies Healthy Children Changes on TPH Services". This report provided preliminary details about the province's intention to

review the HBHC program. Because full implications of this review on services in Toronto were as yet unknown, the Medical Officer of Health was requested to report back to the Board of Health within one year of implementation on the implications for Toronto's HBHC program.
http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-55578.pdf

ISSUE BACKGROUND

The Healthy Babies Healthy Children program (HBHC) helps children get a healthy start in life by providing support to families from the prenatal period until the child's transition to school. It is delivered locally by Boards of Health as part of the Ontario Public Health Standards in accordance with the provincial established HBHC Protocol.

In March 2011, in an effort to strengthen and streamline the program and increase the efficiency and effectiveness of admittedly limited resources/funding, MCYS initiated a revision of the provincial HBHC Protocol. This included a new screening tool, new assessment tools and a new parenting education curriculum. The new Protocol was implemented in Toronto on April 8th, 2013.

HBHC Screening Tool

Since the HBHC program began in 1998, postpartum screening has been conducted in all hospitals using the Parkyn Tool to identify risk related to parenting capacity and child growth and development outcomes. Over time, questions developed regarding the sensitivity of the tool. The new HBHC screening tool is an evidence-based, validated tool. TPH and two of Toronto's birthing hospitals participated in the validation of the new tool. This study confirmed the sensitivity and effectiveness of the screening tool in identifying risk. TPH has now implemented the new HBHC screening tool in all Toronto hospitals.

According to the new HBHC Protocols, the screening tool is meant to be administered universally on all newborn infants and with the implementation of the new screening tool, the universal postpartum telephone call and brief assessment that were part of the former HBHC Protocol was discontinued. Only families who are identified as at risk on the new screening tool now receive a phone call or home visit from an HBHC PHN. All other mothers are directed to the MCYS website and/or their local health unit resources for support.

HBHC Assessment Tools and Parenting Curriculum

The new HBHC Protocol requires that all at risk families receive an in-depth assessment (IDA) by a PHN. The results of the IDA determine their eligibility for blended home visiting. The new HBHC assessment tools and parenting curriculum are evidence-based and are meant to significantly improve the consistency and quality of services that families receive. All TPH Public Health Nurses (PHN) have now been trained and certified to implement the Nurse Child Assessment Satellite Training (NCAST). Additionally all TPH PHNs and Family Home Visitors (FHVs) are now trained in Partners in Parenting Education (PIPE). In order to ensure sustainability of the training,

MCYS has trained four TPH PHNs to become NCAST Master Trainers to provide training to HBHC staff throughout the GTA.

COMMENTS

In many ways that the new HBHC Protocol and its new screening, assessment and parent education tools have strengthen the Toronto HBHC program and improved services to families. However, there have also been a number of challenges in achieving full compliance with the new Protocol.

HBHC Screening Tool

The new screening tool is administered following the birth of a baby prior to discharge. The effectiveness of this screening in identifying potential risk is entirely dependent on its timely and accurate administration. However, because of the extra length of the screening tool (i.e. 36 questions in the new tool, compared with 13 in the Parkyn tool), there were concerns about health unit capacity to accomplish this. To address this, MCYS secured funding through the provincial 9,000 Nurses Initiative of the Comprehensive Nursing Strategy for 36 new screening liaison PHN positions to be allocated to local health units throughout the province to work with prenatal service providers, birthing hospitals, midwifery settings, and other primary care providers to support completion of the screening tool.

Despite the fact that 28% of the province's births occur in Toronto hospitals, TPH only received funding for 3.5 screening liaison PHNs (10% of the 36 PHNs). A proportionate allocation of the 36 screening liaison PHNs would have seen TPH receive 10 PHNs. While some health units have been able to use their screening liaison PHNs to actually administer the screening tool to postpartum families, TPH's 3.5 screening liaison PHNs are insufficient to do this in Toronto's 12 birthing hospitals and 11 midwifery practices. TPH has, therefore, used its screening liaison PHNs to train the hospital and midwifery staff who administer the screening tool for Toronto's approximately 40,000 births per year.

This has had implications for TPH's capacity to achieve the service target to screen 100% of all births. Over the first year of use of the new screening tool, the Toronto completion rate was approximately 70%. While consistent with the 2012 screening rate, it remains considerably below the 100% goal set by the Province and on-going work is required to raise Toronto's completion rate.

The screening liaison PHNs will continue to focus on supporting on-going training of hospital and midwifery staff as well as troubleshooting any issues with screen completion to advance accurate screen completion and higher completion rates. Unfortunately, in the absence of receiving its proportionate share of the Provincial 36 screening liaison PHNs, there are insufficient resources to adequately support the 12 birthing hospitals and to promote the use of the screening tool beyond the postpartum period (e.g. prenatal and early childhood) and to other service providers and settings (e.g. family physicians). This means that TPH will not meet the service target of screening 25% of prenatal women and 25% of early childhood population.

TPH is also concerned about the elimination of the universal postpartum follow-up for all new mothers. Best practice says that this contact should be face-to-face and the timing is critical in terms of supporting breastfeeding upon hospital discharge. With the introduction of the new HBHC Protocol, TPH sends all no and low risk mothers a letter with information about community resources. Cost-shared Child Health resources are now being allocated to provide telephone contact and referral when breastfeeding issues are identified by the new screening tool.

HBHC Assessment Tool

Through its validation of the new screening tool, the province determined that the identification of two risk factors on the tool is an indication of family risk. The provincial screening validation study also demonstrated that using the "two factor" cut-off would result in approximately 40% of families being identified as at risk. This is a good thing for families as they are assessed and linked with resources to support their parenting role and their child's growth and development and there is significantly less chance that at risk families will fall through the cracks.

The new HBHC Protocol requires that all families who are identified as at risk receive an in-depth assessment (IDA) completed by a PHN on a home visit. Using the former Parkyn screen, 22% of families were referred for an IDA. An increase in the referral rate to 40% through the new screening tool would result in almost double the number of families requiring an IDA. Initially, in the absence of additional funding for assessments, TPH was concerned about its capacity to manage this increased volume of referrals.

The past year of implementation has demonstrated that, while there has been an increase in the number of IDAs completed, it has not been quite as large as initially projected. In 2012, 1,949 IDAs were completed (23% of families screened as at risk on the Parkyn tool). In 2013, that number increased to 2,783, which is 35% of families screened as at risk through the new screening tool.

A number of strategies have been put in place to manage this increased volume. One strategy is a delay in response time. The new Protocol and annual service target requires a 48 hour response time between hospital discharge and first contact with the family to initiate an IDA. TPH currently has a response time of approximately 10 business days. TPH is still assessing the impact of this delay on family interest in participating in the program. In addition, in order to manage the increased volume of IDAs, 3.0 FTE of PHN and FHV resources have been reallocated from the high risk home visiting component of the program.

HBHC Home Visiting and the Parenting Curriculum

Families who are confirmed as at risk on the IDA are offered blended home visiting where the focus is on fostering child growth and development, promoting positive parent and child relationships and enhancing parenting capacity. The introduction of a new parenting curriculum and enhanced training for both PHNs and FHVs has enhanced the quality of TPH's home visiting services. The new Family Service Plan and upgraded Integrated Services for Children Information System (ISCIS) will allow TPH to track and

monitor family outcomes. These are significant steps forward in improving the quality and accountability of the HBHC program.

However, TPH is challenged to meet service demands with existing PHN and FHV resources. With the reallocation of 3.0 FTE from home visiting to IDA completion and a flat lined budget, there has been a decrease in the overall resources available for the blended home visiting. Additionally, PHN time is required for the Master trainers to conduct the training and for all TPH PHNs to maintain their annual certification.

A number of strategies have also been put in place to address this pressure. TPH has allocated as much of its HBHC funding to staff resources as possible. Only 3.7% of the total 2014 HBHC budget is allocated to non-salary operating expenses. Additionally, HBHC Managers and Supervisors have worked with their teams to identify efficiencies and establish ambitious service targets. As a result, in 2013, TPH was able to conduct 37,002 HBHC home visits, compared with 35,477 home visits in 2012. Despite this increase, there is still a wait list of 4 to 8 weeks for home visiting services.

Another year of flat lined funding will continue to strain resources and service capacity in 2014. In order to manage COLA adjustments, it will be necessary to gap 2.5 FTE. TPH continues to explore ways to increase the efficiency of it resources. The enhancement of the provincial Healthy Child Development Integrated System for Children Information System (HCD-ISCIS) this month will increase TPH's ability to analyze service data and family outcomes to improve resource utilization and service delivery.

TPH is also participating in the Public Health Ontario evaluation of the HBHC Protocol implementation across the province. TPH looks forward to seeing the results of this evaluation later this year in order to gauge its implementation issues against other health units and to identify best practices that could be implemented in Toronto.

The new HBHC Protocol is aimed at supporting the best possible outcomes for children and families within a challenging fiscal environment. TPH has implemented the new Protocol requirements within available funding and resources. However, TPH continues to have insufficient resources to achieve annual Service Agreement targets and be fully compliant with the new HBHC Protocol.

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SIGNATURE

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