Council Direction:
Not applicable

Information:

The Healthy Babies Healthy Children (HBHC) Program, primarily funded by the Ministry of Children and Youth Services (MCYS), provides “support to vulnerable families with risk for challenges to healthy child development, in order to help children reach their full potential”. Service is mainly provided through home visiting. In Hamilton, families receiving service through the HBHC Program tend to have many complex needs.

The MCYS HBHC Protocol, which prescribes service delivery within the HBHC Program, has been revised. The purpose of this report is to provide an update on the revisions and the implementation of the revised HBHC Protocol in Hamilton.
**HBHC Protocol Revisions**

The goals of the protocol revision; as stated by MCYS, are to strengthen and streamline the HBHC program and to ensure that it is effective and efficient.

Many aspects of the new protocol have already been implemented in Hamilton:

- Services are client centred, and provided in a culturally relevant and inclusive manner.
- Public Health Nurses (PHNs) and Family Home Visitors (FHVs) work together to provide a "blended" service to families; using a Family Service Plan to set goals, identify strategies and track progress.
- Strengthened capacity is achieved by PHNs and FHVs using standardized and evidence-informed home visiting interventions.

In addition, although not specifically detailed in the new protocol, correspondence from Darryl Sturtevant, Assistant Deputy Minister, Strategic Policy and Planning Division, MCYS on October 19, 2012 states “…the universal postpartum contact by a PHN for all families will continue to occur within 48 hours of discharge from a birth admission”. Postpartum contact within 48 hours after discharge is the normal practice in Hamilton. In addition, families are always able to self-refer to HBHC.

A significant change for Hamilton is the new screening tool. The HBHC Screen for use during pregnancy through to school entry replaces the much shorter Larson (prenatal) and Parkyn (postpartum) tools. The new screen will take significantly longer to complete. The purpose of the new screening tool is to best identify families requiring service.

**HBHC Protocol Evaluation**

The development of the new protocol has been informed by an evaluation process, which is still underway.

During Phase One of the evaluation, the new screening tool was tested in several health units across Ontario, including Hamilton. At St. Joseph’s Healthcare and Hamilton Health Sciences, hospital nurses completed the new, longer screening tool in addition to existing screening tools. MCYS has not yet provided the results of this evaluation. However, representatives have stated that the results show that the “HBHC Screen has good predictive validity to identify with risk families”. Families with two or more risk factors identified through the screen are to receive in-depth assessments in the home. Designed with a focus on ensuring that all families in need are identified and offered service, this screening approach is expected to result in 80% sensitivity. This
means that 80% of families who need service will be identified and appropriately referred; this is estimated to be an improved level of identification compared to past practice. The remaining 20% of families who need service may be identified through the 48 hour postpartum contact, and may also self-refer at any time. All postpartum families will receive information about how to access the HBHC program. The screening approach is also expected to result in false positive rate of 34%. This means that 34% of clients identified with risk using the screening tool will be determined not to require service upon in-depth assessment.

Phase Two of the evaluation, still underway, is primarily intended to identify which of three models is the best approach for post-partum screen administration:

- Model 1: Hospital Nurse Administration (Control Group)
- Model 2: Public Health Unit Liaison/Outreach
- Model 3: Public Health Nurse Administration in Hospital

Hamilton is not participating in Phase Two. MCYS has reported that preliminary results show better quality and completeness of the screens in Model 3 (with PHNs completing the screening tool). This is the model planned for use in Hamilton.

**HBHC Protocol Implementation in Hamilton**

The postpartum period provides a universal opportunity for effective screening and identification of needs which are time-sensitive. The initial focus will be to implement the new protocol for postpartum clients. Once the postpartum process is well established, more attention will be given to full implementation of the protocol for prenatal clients and families with toddlers and preschoolers. In addition, families not identified with risk will continue to be connected to appropriate community resources.

Representatives from St. Joseph’s Healthcare and Hamilton Health Sciences are very collaborative partners and have welcomed discussions with Public Health Services (PHS) regarding implementation of the protocol. Working together, an approach has been developed to provide the best service to families, taking into account the needs of all organizations.

In Hamilton, hospital nurses currently complete the postpartum screening tool. PHNs working in a liaison role (0.6 FTE) provide support to hospital nurses completing screening tools and expedite service for families with particularly high needs. St. Joseph’s Healthcare, Hamilton Health Sciences and PHS have agreed that PHNs will share the role of completing the HBHC postpartum screen. Reasons for this plan include:
• Quality and completeness of screens will be optimal. This will support timely follow-up with families and will reduce time spent by clerical staff seeking missing information.

• PHNs completing screens will do so for half of their work time, and spend their remaining work time providing HBHC home visits (as do current liaison PHNs). This allows PHNs in the hospital to speak very knowledgeably to families about HBHC services. In some cases, the PHN completing the screen in hospital would also be the PHN providing subsequent home visits, increasing continuity of service for the family.

• This approach will build on the existing relationships between hospital nurses and PHNs.

• MCYS has provided funding for an additional 1.0 FTE “HBHC Screening Liaison” PHN (Report BOH12038) and this model allows optimal utilization of this new complement.

Details of this model, such as scheduling, are being finalized.

**Challenges**

Although the development of the protocol has spanned a few years, the implementation timeframe is quite compressed. MCYS has scheduled the implementation of the HBHC protocol across Ontario in three waves:

• South-West and Northern – February 25, 2013

• Central East, Central West (including Hamilton) and Eastern – March 25, 2013

• Central (GTA) – April 8, 2013

The introduction of the new screening tool and related processes is a significant undertaking. As we redirect resources to assist with protocol implementation, it is quite possible that wait times for families will be temporarily increased.

The new screening tool is anticipated to increase the number of in-depth assessment visits required from 426 across the program in 2012 to 2,140 in 2013 for postpartum families alone. This increased workload will be offset to some extent by discontinuing postpartum visits to families not identified with risk by the new screening tool. It is difficult to accurately predict the overall impact of the new protocol on workloads and client wait times. This will be monitored in the upcoming months.
Also, at the time of writing this report some important issues to be addressed by MCYS remain outstanding, presenting significant barriers to implementation within the prescribed timeframe. These issues have been summarized in a letter to MCYS (Appendix A) and include:

- The screening tool is difficult to read and complete, and is not AODA compliant.
- Current changes to the electronic documentation system (ISCIS) to meet MCYS needs for program statistics do not support nursing practice requirements for documentation in the postpartum period.
- The timelines are extremely challenging given the amount of work required by each health department to address the significant changes in procedures.
- Some of the ministry guidelines for screening are not client-centred and are an inefficient use of already limited resources. For example, families referred during their pregnancy and actively receiving HBHC services at birth must be re-screened in the postpartum period.
- The screening tool is not available for use electronically; provision of an electronic screening tool would increase productivity and help to offset the anticipated increase in workloads.
- Hospitals have not received formal communication from MCYS regarding this significant change.

Despite these challenges, PHS staff will continue to work with local and provincial partners to implement the revised HBHC protocol and “help children reach their full potential”.

Vision: To be the best place in Canada to raise a child, promote innovation, engage citizens and provide diverse economic opportunities.

Values: Honesty, Accountability, Innovation, Leadership, Respect, Excellence, Teamwork
February 22, 2013

Darryl Sturtevant  
Assistant Deputy Minister  
Strategic Policy and Planning Division  
Ministry of Children and Youth Services  
56 Wellesley Street West, 14th Floor  
Toronto, ON  
M5S 2S3

Dear Assistant Deputy Minister Sturtevant:

I would like to thank you and the many staff that have worked to develop and now implement the revised Healthy Babies Healthy Children (HBHC) protocol. We fully support the stated goals to strengthen and streamline the HBHC program, and to ensure that it is effective and efficient. We are grateful for new HBHC Screening Liaison PHN position funded by Ministry of Children and Youth Services (MCYS).

We have been advised by MCYS representatives to prepare to implement the new protocol on March 25th, 2013. There are significant barriers that we have raised but remain unresolved. I am writing to draw them to your attention:

- The new screening tool is not AODA compliant. It is very difficult to read and complete. Both our hospital partners and our staff have expressed serious concerns with the formatting of the tool and feel it will be extremely difficult to complete given the small font and crowding. There is insufficient space for legal signatures for those completing the tool. We are also very concerned about the legibility of the tool when it is faxed to surrounding Health Units as many families who deliver babies in Hamilton do not reside in Hamilton.

- The new 48 hour "without risk" contact standardized assessment tool in ISCIS does not allow for entry of nursing notes beside each of the topic categories. In practice, nurses need to be able to make notations regarding client or nurse identified concerns, nursing interventions (such as health education) and outcomes for each topic category addressed with families. The new tool in ISCIS does not allow for notes. Instead, direction was given during the MCYS protocol training to lump nursing practice notes at the bottom of the tool under "other", or add in the notes box.
in the interaction field. These options do not support efficient documentation of nursing practice.

- The timelines are extremely challenging given the amount of work required by each health department to address the significant changes in procedures within Public Health and at both Hamilton Health Sciences Corporation and St. Joseph’s Healthcare Hamilton. We have reallocated some staff from direct service delivery to prepare for the implementation which has lead to increased wait times for families and increasing workload stress for HBHC PHNs.

- Some of the expectations for screening shared during the MCYS training are not client-centred and are an inefficient use of limited resources. For example, we have been informed that families referred during their pregnancy and actively receiving HBHC services at birth must be re-screened in the postpartum period. It does not make sense that high risk families who are already receiving HBHC services and have an active family service plan would be asked sensitive screening questions during their postpartum hospital stay.

- Hospitals in Hamilton have still not received formal communication from MCYS regarding this significant change. We are working hard to collaborate effectively and find optimal solutions, drawing on the goodwill of our hospital partners. However, this process would be easier if MCYS were to secure support for the protocol from the Ministry of Health and Long Term Care.

- We continue to request the results of the Phase One evaluation, which included Hamilton. To date we have received overview slides, presented at the November 2012 Directors’ meeting, but not a report. Such a report would help us in our efforts to collaborate with hospitals.

- We are concerned that the new screening tool is not available for use electronically; provision of an electronic screening tool would increase productivity and possibly help to offset the anticipated increase in workloads. Since many processes need to be changed now to comply with the new protocol, this would be an excellent opportunity to introduce new technology.

We are doing our best to follow the direction provided. However, I respectfully request that the implementation time line be moved to May 1st to allow MCYS to address the issues raised above, and Hamilton Public Health Services to implement the protocol without negatively impacting services for families and straining our relationships with our hospital partners. Such a delay would align well with the stated goals of the protocol revision.
Thank you for your consideration of our concerns.

Yours truly,

[Signature]

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services
City of Hamilton