SUBJECT: Public Health Nurse Secondment to the Hamilton Family Health Team
BOH09018 (City Wide)

RECOMMENDATION:

That the Board of Health approve the addition of a 0.5 FTE Public Health Nurse (PHN) to be seconded for a one year project to the Hamilton Family Health Team who will provide 100% of the funding.

EXECUTIVE SUMMARY:

The Ontario provincial strategy "Getting it Right at 18 Months and Making it Right for a Lifetime", is intended to shift the focus of the universal 18 month visit from a "check-up" to a pivotal assessment of developmental health, communication and identification of developmental delay.

The Hamilton Family Health Team (HFHT) approached Public Health Services to discuss ways that they could work more closely with Public Health Services to meet the needs of families. They identified a need for further mentoring/training on the 18-month assessment, and knowledge about PHS programs and the community resources that could support families.
The HFHT is proposing that they provide funding for a seconded PHN from the Family Health Division for a one year pilot. The main focus would be:

- Providing training and mentoring for HFHT nurses and physicians re implementing the 18-month development assessment
- Educate HFHT staff re public health services and programs and community resources

**BACKGROUND:**

The Ontario provincial strategy "Getting it Right at 18 Months and Making it Right for a Lifetime", is intended to shift the focus of the universal 18 month visit from a "check-up" to a pivotal assessment of developmental health, communication and identification of developmental delay. This visit provides opportunities to encourage and support literacy and positive parenting, and an opportunity to connect families with community and community with primary care.

In 2006, primary care, Public Health Services and Ontario Early Years Centre (OEYC) representatives formed a sub-committee under Hamilton’s Best Start Network. A team that included a physician opinion leader, public health nurse and OEYC facilitator delivered presentations on early identification and the availability of community resources to primary care practitioners. This strategy was successful in raising awareness of the importance of the universal 18 months Well Baby Assessment.

In 2008, the Hamilton Family Health Team (HFHT) approached Public Health Services to discuss ways that they could work more closely with Public Health Services to meet the needs of families. They identified a need for further mentoring/training on the 18-month assessment, and knowledge about PHS programs and the community resources that could support families.

The HFHT is proposing that they provide funding for a seconded PHN from the Family Health Division for a one year pilot. The main focus would be:

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Evaluation components would include:

- Quantitative data: number of patients seen per month, frequency of use of tools appropriately, number of referrals to services including Public Health Services and community programs, number of children in registry
- Qualitative data: patient satisfaction and HFHT provider satisfaction with the services provided, change in practice with respect to use of the Rourke Baby Record and Nipissing District Developmental Screen, increased understanding and satisfaction with role in developmental health, increased knowledge of community resources and Public Health Services.
Other Ontario Public Health Units have developed unique models that support partnership and collaboration with primary care in order to meet the requirements of the Ontario Public Health Standards.

ANALYSIS/RATIONALE:

Since April 2005, the Ontario government has approved 150 Family Health Teams across the province. The HFHT is the largest, serving approximately 250,000 patients in the City of Hamilton. Family physicians are, in many cases, the primary point of contact for health issues within the community and are in a strategic position to refer patients to Public Health Services programs and community services.

This project is in line with the PHS strategic plan priority “to be recognized as public health experts in the community through building and maintaining positive relationships with key community stakeholders.” The relationship building and partnerships that should occur with HFHT as a result of this initiative has the potential to be dramatic as PHS programs are currently underutilized by many practices. The opportunity to establish more effective communication between PHS programs and primary is congruent with the Ontario Public Health Standards principle of Partnership and Collaboration.

ALTERNATIVES FOR CONSIDERATION:

Public Health Services could continue with marketing strategies and promotion of early child development through initiatives such as Best Start Primary Strategy and distribution of public health printed material through primary care practices. However, this strategy is uni-directional and does not provide opportunity for joint communication and partnerships between Primary Care and Public Health Services.

FINANCIAL/STAFFING/LEGAL IMPLICATIONS:

All costs (salaries & wages, cell phone, travel, mileage, and professional development) associated with this and the additional 0.5 FTE Public Health Nurse secondment will be assumed by the HFHT. Evaluation costs will be covered by Public Health Research, Education and Development (PHRED) funds.

POLICIES AFFECTING PROPOSAL:

The Ontario Public Health Standards, 2008, is founded on the principle of Partnerships and Collaboration in delivering public health programs. The secondment contract will be implemented in compliance with the Human Resources Secondment Policy & Procedure.
RELEVANT CONSULTATION:

This proposal was developed in consultation with the HFHT and the Best Start Primary Care Strategy. Legal Services and Risk Management were consulted re the preparation of the secondment contract.

CITY STRATEGIC COMMITMENT:

By evaluating the “Triple Bottom Line”, (community, environment, economic implications) we can make choices that create value across all three bottom lines, moving us closer to our vision for a sustainable community, and Provincial interests.

Community Well-Being is enhanced. Yes X No
Public services and programs are delivered in an equitable manner, coordinated, efficient, effective and easily accessible to all citizens.

Environmental Well-Being is enhanced. Yes X No
Human health and safety are protected.

Economic Well-Being is enhanced. Yes X No
Improved outcomes for high risk families should improve these families’ individual economic situation, reduce the need for health and social services and improve contributions to community well-being.

Does the option you are recommending create value across all three bottom lines? Yes x No

Do the options you are recommending make Hamilton a City of choice for high performance public servants? Yes X No
Life-long learning is supported.