

Ministry of Children and  
Youth Services

Assistant Deputy Minister

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Division

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56, rue Wellesley Ouest  
Toronto ON M5S 2S3



October 19, 2012

Dr. Graham Pollett  
Medical Officer of Health  
Middlesex-London Health Unit  
50 King Street  
London, ON N6A 5L7

Dear Dr. Pollett:

Further to the recent letter from the Honourable Eric Hoskins, Minister of Children and Youth Services, regarding the 2012 Healthy Babies Healthy Children (HBHC) Protocol and increases to your HBHC base funding, I am writing to provide detailed information on the HBHC Protocol (2012) and the accountability and administrative details for the new PHN positions.

Healthy Babies Healthy Children Protocol (2012)

The new HBHC Protocol (2012) will support a strengthened HBHC, the universal nature of the program at the postpartum period, collaborative partnerships with health care providers and personalized interventions to respond to child and family needs. Approval has been received for a revised HBHC Protocol under the Family Health, Reproductive Health/Child Health Ontario Public Health Standard (OPHS). The new protocol will:

1. Require all public health units (PHUs) to use a new evidence-informed HBHC Screen at the prenatal, postpartum and early childhood periods. This new screen replaces the current Larson and Parkyn;
2. Allow flexibility for PHUs to work in partnership with their hospitals for administration of the post-partum screen or to administer the HBHC Screen in hospital by public health nurses (PHNs). The screening target will continue to remain the same - 100% of all new mothers screened with the new HBHC Screen;
3. Streamline the HBHC screening process to eliminate additional and duplicate screens currently administered to families. In addition, the universal postpartum contact by a public health nurse for all families will continue to occur within 48 hours of discharge from a birth admission.
4. Require all PHNs/family home visitors to use the Family Service Plan (FSP) to set goals, identify strategies and track family progress. Strengthened capacity in home visiting will be achieved through education in NCAST and Partners in Parenting Education curricula and a standardized and evidence-informed home visiting intervention.

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In addition, the changes to HBHC will provide greater access for parents and families to information on the early years and the HBHC Program through various media formats, including an information package provided prior to hospital discharge to all new parents immediately post-partum and a refreshed early years website.

The HBHC Program, including implementation of the new evidence-informed HBHC Screen and HBHC Protocol (2012), will be evaluated during the first six months following full implementation of the new screen and protocol. This evaluation will support decision-making for further program modifications and efforts to achieve standardization.

**9,000 Nurses Commitment: HBHC Screening Liaison Role**

Approval has been received for new funding to support 36 PHN full-time equivalents (FTEs) to support the implementation of the HBHC Program Screening Liaison Model.

The funding approved for each health unit will support salary and benefits related to the new HBHC Screening Liaison PHN positions as part of the 9,000 Nurses Commitment, a key component of the province's health human resources strategy.

These HBHC Screening Liaison PHN positions will provide enhanced program supports. This includes:

- Liaison and outreach with prenatal service providers;
- HBHC postpartum screening at hospital and midwifery settings; and,
- Collaboration with primary care in the delivery of the Enhanced 18-Month Well-Baby Visit as well as other screening opportunities in the early years.

By supporting infant and early childhood screenings, the work of HBHC Screening Liaison PHNs will focus on vulnerable families. The Screening Liaison PHN role will also support the delivery of other aspects of the HBHC Protocol (2012) including, but not limited to, 'Support Services' which outlines the provision of universal postpartum contact.

Please note that funding is subject to the following conditions:

- Funds must be used for the intended purpose (i.e. recruitment of new PHN FTEs);
- Proof of offer of employment including starting salary level and benefits for each FTE must be submitted to the Ministry to enable the release of funds.

Further details are set out in:

- Appendix A: Screening Liaison Nurse Job Description;
- Appendix B: Screening Liaison PHN Role including specifications for the recruitment of the PHNs, timelines and the reporting requirements; and
- Appendix C: The 9,000 Nurses Commitment Funding - HBHC Screening Liaison PHN Role Progress Report.

**Action Required:**

In order to receive this new base funding, please submit:

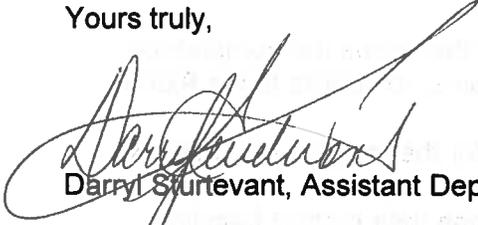
1. A signed copy of Appendix D: Sign-Back Agreement for Board of Health; and,
2. Proof of employment for the new position(s) to:

Stacey Weber  
A/Director, Early Learning and Child Development Branch  
Strategic Policy and Planning Division  
Ministry of Children and Youth Services  
101 Bloor Street West, 3<sup>rd</sup> floor  
Toronto ON M5S 2Z7

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If you have any questions about the HBHC Protocol (2012) or the HBHC Screening Liaison PHN role please do not hesitate to be in touch. **I ask that you not make any official or public announcement of this funding until the ministry makes a public announcement in the coming weeks.** Thank you for your ongoing support of this important program.

Yours truly,



Darryl Sturtevant, Assistant Deputy Minister, Strategic Policy and Planning Division

Cc: Stacey Weber, Director (A), Early Learning and Child Development Branch  
Marilyn Wang, Interim Director, Nursing Secretariat

## **Appendix A**

### **Screening Liaison Nurse** **Job Description**

The 9,000 Nurses Commitment is a workforce stabilization strategy that forms the cornerstone of Ontario's Comprehensive Nursing Strategy. The recipient is required to adhere to the 9,000 Nurses Funding Accountability Principles as follows:

- Funding from the 9,000 Nurses Commitment must be used for the creation of additional hours of nursing service (full-time equivalents);
- Boards of Health must work towards the objective of sustaining their current baseline nurse staffing levels and create new and additional nursing full-time equivalents (FTEs) to fulfill the role described below;
- Boards of Health will be required to report financial and statistical data to the ministry on various outcomes;
- Funding is for nursing salaries/benefits only and cannot be used to support operating or education costs; and,
- Boards of Health must commit to maintenance of, and gains towards, the 70% full-time employment targets for nurses.

As a member of the Healthy Babies, Healthy Children (HBHC) program, the nurses will:

- Be accountable for the implementation of the assigned requirements of the Ontario Public Health Standards (OPHS) and HBHC protocol.
- Areas of emphasis will include:
  - Implementation of the Screening Liaison Model as outlined in the HBHC Guidance Document (p.36) through liaison and outreach at HBHC serving hospitals to support quality assurance for completion of the HBHC screens in prenatal clinics, postpartum units and/or paediatric clinics as appropriate. This may include the following functions:
    - Education and training related to population health, screening, health impacts of the early years and risk factors to child development.
    - Development of tools or job aids to support quality completion of HBHC screens.
    - Creating partnership and collaboration to improve HBHC screen completion.
  - Liaison and outreach to other providers of prenatal services (e.g., including, but not limited to, Midwifery services, high risk antenatal clinics, OB/GYNs, Family Health Teams, Teen Supper Clubs, and/or prenatal education groups).
  - Collaboration and partnership with primary care in the implementation and delivery of the Enhanced 18-Month Well-Baby Visit and other early years screening opportunities.
  - Addressing the program and service needs of specific populations of high risk families through:
    - Advocacy for support related to the HBHC suite of early years screens (HBHC Screen applied pre-natally, post-partum, in the early years, use of the Nipissing District Developmental Screen, and other screens as developed).
    - Building community capacity to access the HBHC suite of early years screens.
- Support the Public Health Unit's reporting requirements by providing the appropriate data as requested.

- Be immersed in the community setting by supporting the delivery of other aspects of the HBHC Protocol (2012) including, but not limited to, 'Support Services' which outlines the provision of universal postpartum contact.
- Participate in province wide efforts to support the role of liaison/partnership nurse.

The HBHC nurse must also:

- Be qualified as a public health nurse as defined by the Health Protection and Promotion Act.
- Be aware of and guided by the Core Competencies for Public Health in Canada and current best practices for Public Health Nursing.
- Experience in the current delivery of HBHC and knowledge of the proposed changes.
- Have experience working with priority populations, community mobilization and capacity building.
- Demonstrate skills such as team building, negotiation, conflict management and group facilitation to build partnerships.
- Demonstrate an ability to:
  - Communicate effectively with individuals, families, groups, communities and colleagues.
  - Interpret information for professional, non-professional and community audiences.
  - Mobilize individuals and communities by using appropriate media, community resources and social marketing techniques.
- Have proof of current registration with the College of Nurses of Ontario.
- Have a working knowledge of the OPHS.

## **Appendix B**

### **Screening Liaison PHN Role**

The Screening Liaison PHN role has been established to support 36 new full time equivalents (FTE) public health nursing positions for Healthy Babies Healthy Children program as part of the 9,000 Nurses Commitment.

Public health nurses with specific knowledge and expertise will provide support to the Screening Liaison Model as described in the HBHC Guidance Document by encouraging the ongoing support and involvement of:

- Prenatal clinics and service providers,
- Postpartum units and service providers and/or,
- Paediatric clinics and early years service providers.

This will include education in healthy child development, information on screening/surveillance and the provision of appropriate screening tools, as well as HBHC Program information. The Screening Liaison PHN role will also support the communication of tips for new parents in the first year, online and community resources and help to ensure that families are provided local public health unit contact details.

The Board of Health is required to adhere to the 9,000 Nurses *Funding Accountability Principles* as follows:

- Funding from the 9,000 Nurses Commitment must be used for the creation of additional hours of nursing service (full-time equivalents);
- Boards of Health must commit to maintaining baseline nurse staffing levels and creating new nursing full-time equivalents (FTEs) above this baseline;
- Boards of Health are required to report financial and statistical data to the ministry on various outcomes;
- \$85,021 per FTE, of the funding \$100,000 per FTE funding, is for nursing salaries/benefits only and cannot be used to support operating or education costs; and
- Boards of Health must commit to maintenance of, and gains towards, the 70% full-time employment targets for nurses.

#### **Full-Time Equivalent (FTE) Positions**

The province is committed to moving towards 70% of nurses working full-time in Ontario. This movement promotes enhanced continuity of care, improved patient outcomes, inter and intra professional collaboration, retention and recruitment of nurses, sustainability of the nursing workforce, and system cost-effectiveness. All the initiatives within Ontario's Comprehensive Nursing Strategy support increased movement towards 70% full-time nursing employment through effective nursing health human resources planning and the creation of full-time nursing positions.

An FTE represents a minimum of 35 hours of nursing service per week or a minimum of 1,820 hours of nursing service per year.

#### **Public Health Nurses (PHN)**

The new public health nurses with specific knowledge and expertise will provide supports to address the program and service needs of specific populations. Public health nurses dedicated to this work in the Healthy Babies Healthy Children (HBHC) program will adhere to the Screening Liaison Nurse Job Description as provided in Appendix A.

Recruitment of the PHN must consider the following:

- Applicant must be a registered nurse.
- Applicant must be a nurse and must have or be committed to obtaining the qualifications of a public health nurse as specified under the *Health Protection and Promotion Act* - section 71 (3).
- Boards of Health are encouraged to accept applicants that have experience that reflects an understanding of the priority population's values, cultural beliefs, and social norms.
- Boards of Health are encouraged to accept applicants that have the knowledge and skills required to work with the HBHC Program consistent with the requirements of the Ontario Public Health Standards.

### **Timelines**

One PHN FTE will be created and implemented starting in the fall of 2012 and sustained for funding year 2012 and beyond.

### **Funding and Reporting**

Of the \$100,000 provided, \$85,021 must be used for FTE salary and benefit only. Benefits should not exceed 24% of salary. The remainder may be used for top-up salary or ancillary cost (e.g., operating or education costs).

Proof of employment of each new FTE must be provided to the Ministry of Children and Youth Services (MCYS) so that new base funding can be flowed.

As you are aware, Ontario has felt the effects of the global recession and is running a deficit in order to create jobs and protect public services. While the contributions of those who deliver public services are valued and appreciated, the public also expects those who are paid by tax dollars to do their part to help sustain public services.

The government has passed the Public Sector Compensation Restraint to Protect Public Services Act, 2010, which freezes compensation plans for all non-bargaining employees in the broader public sector, including the Ontario Public Service, for two years. For employees who bargain collectively, the government will respect all current collective agreements. When these agreements expire and new contracts are negotiated, the government will work with transfer payment partners and bargaining agents to seek agreements of at least two years' duration that do not include net compensation increases. The fiscal plan provides no funding for compensation increases for future collective agreements.

Funding provided by the province to transfer payment partners and agencies is for the purpose of providing and protecting public services and is not to be diverted to fund increases in employee compensation.

### **For 2012 and all subsequent funding years**

For the 2012, within one (1) month of completing each three (3) month period from the time the Project commences, the Board of Health shall provide an interim progress report to the Ministry. Within one (1) month after December 31, 2012, the Board of Health shall submit an annual report to the Ministry:

<b>Name of Report</b>	<b>Reporting Period</b>	<b>Due Date</b>
Project Report and confirmation of 36 PHN positions sustained in PHUs		
Fourth/Annual Quarterly Interim Project Report	October 1, 2012 to December 31, 2012	January 30, 2013

After 2012, within one (1) month of completing each three (3) month period from the time the Project commences, the Board of Health shall provide an interim progress report to the Ministry. Within one (1) month after December 31 in any year of the Project, the Recipient shall submit an annual report to the Ministry.

**Reporting Details**

- 1) Quarterly Interim Project Report to include:
  - 9,000 Nurses Commitment Funding: HBHC Screening Liaison Nurse Role Report.
  
- 2) Annual Project Summary to include:
  - 9,000 Nurses Commitment Funding: HBHC Screening Liaison Nurse Role Report;
  - Key achievements and activities related to the new PHN FTEs; and
  - The impact of the HBHC program PHN FTEs on priorities related to HBHC services:
    - The activities used to support the Screening and Liaison Model as described in the HBHC Guidance Document (2012) such as:
      - i. Description of the liaison model and the division of the FTE to components of this model.
      - ii. Service agreements with area hospitals and midwifery services as well as other service providers for the prenatal and early years periods.
      - iii. Number and type of education and training opportunities related to HBHC Screening.
    - Accuracy rates of HBHC Screens received at each of the three periods: prenatal, postpartum and early childhood.
    - Number of families that screen positive and are confirmed with risk following the In-Depth Assessment.

**Appendix C**

**9,000 Nurses Commitment Funding - HBHC Screening Liaisons PHN Role Progress Report**

<b>Project Report (used for the Interim Progress Report and the Annual Report)</b>			
<b>Reporting Period :</b>			
<b>Date Submitted:</b>			
		<b># of PHNs</b>	<b># FTEs</b>
<b># HBHC PHNs funded by 9,000 Nurses Funding</b>			
<b>Description of Recruitment Strategies</b>			
<b>FINANCIAL REPORT</b>			
Document the <b>TOTAL</b> amount of funding flowed to Health Unit.			
	<b>Authorized Budget</b> \$	<b>Actual Expenses</b> \$	<b>Variance</b> <b>UNDERSPENT</b> <b>(OVERSPENT)</b>
<b>Salaries and Wages</b>			
<b>Employee Benefits</b> (maximum of 24% Salaries and Wages)			
<b>Operating Costs</b>			
<b>Total Expenditures</b>			
<b>Explanations of variance:</b>			
<b>SIGNATURE SIGN-OFF</b>			
<b>Medical Officer of Health</b>	<b>Signature</b>		
Dr. Graham Pollett Medical Officer of Health Middlesex-London Health Unit			

**Appendix D**

**Sign-Back Agreement for Board of Health**

On behalf of the Board of Health, I acknowledge that our organization has been approved a total of \$100,000 that is to be used for one public health nurse FTE under the 9,000 Nurses Commitment as identified in the accompanying funding letter.

A signature from a representative who has the authority to bind the Board of Health is required below to indicate acceptance of the conditions as noted in Appendix B, and the funding letter. This funding will be subject to audit, report back, and reconciliation.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Board of Health: Middlesex-London Health Unit

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Please return a signed copy of this form using one of the following methods:

By fax or mail to: 416-326-0478,  
Attention: Stacey Weber  
A/Director, Early Learning and Child Development Branch  
Strategic Policy and Planning Division  
Ministry of Children and Youth Services  
101 Bloor Street West, 3<sup>rd</sup> floor  
Toronto ON M5S 2Z7

or  
Electronic copy by email to [stacey.weber@ontario.ca](mailto:stacey.weber@ontario.ca)