Questions and Answers: Healthy Child Development (HCD)-ISCIS Implementation

Q1. What is the Healthy Child Development initiative (HCD)?

A1. MCYS supports children in Ontario to reach their full developmental potential through a number of programs that are collectively helping to provide children with the best possible start in life. For the purpose of this initiative, these include Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing (IHP) and Blind Low-Vision (BLV). Each of these programs supports children and their families with particular risks and challenges, individually or in combination. These programs, under the HCD umbrella, provide screening, assessment and intervention services, family support and referrals to community resources – and all of these activities are entered and tracked in a database called HCD-ISCIS.

HBHC supports children and their families by promoting Healthy Child Development to ensure that children achieve their full potential. The program provides prevention, early identification and intervention services to women and their families in the prenatal period and to families with children from birth to their transition to school.

PSL identifies children with speech and language disorders as early as possible and provides these children and their families with services to enable them to develop communication and early literacy skills so they are ready to start school.

IHP identifies babies born deaf or hard of hearing and provides services to these children and their families to support language and early literacy development so they are ready to start school.

BLV provides critical early intervention and parent education services needed by families of children born blind or with low vision to help them achieve healthy development.

Additional information about these programs can be obtained through the MCYS website.

Q2. What is Healthy Child Development (HCD)-ISCIS?

A2. HCD-ISCIS is the consolidation of two existing data applications: HBHC-ISCIS (currently supporting HBHC) and PSL-ISCIS (supporting PSL, IH and BLV). The main driver for the integration of the two information systems was the need to replace PSL-ISCIS with a more modern information system in order to prevent potential loss of critical business information that is used to manage the PSL, IH and BLV programs.

HCD-ISCIS is an enhanced version of HBHC-ISCIS. For HBHC users, there will be no change in the way assessments, family service plans and nursing notes are recorded. However, for users in the PSL, IH and BLV programs, there will be enhancements related to the way outcome measures are recorded, and new service types and risk factors added.

An additional component in the HCD-ISCIS application is the ability to share and search for demographic/family data from within the entire database, including any of the four programs and across all the health units/lead agencies across the province.   This enhancement means that the demographic/family information currently entered twice for all newborns in Ontario (through HBHC and IH) may be entered once.

Q3. How will the demographic/family data be entered into the new HCD-ISCIS application?

A3. Based on the feedback we have obtained, HBHC is, in many cases, the first program to collect the family's demographic information and with the appropriate consent, will be the first program to enter the family's information in the HCD-ISCIS application. However, in other cases, IH may be the most appropriate program to request consent to enter the demographic/family information in the HCD-ISCIS database. We encourage coordination among the public health units and lead agencies at the local level to decide on the best approach to enter the demographic/family information in HCD-ISCIS for your catchment area.

After the demographic/family information is entered in HCD-ISCIS, either by HBHC or IHP, the other programs can search for the family's information and enter their own program-specific information. The first program which provides service to the family will be responsible for obtaining consent to collect and enter the demographic/family information in the HCD-ISCIS provincial database. Existing legislation will continue to apply for the collection and sharing of personal information.

Q4. What is the demographic/family information that will be visible to users of HCD ISCIS?

A4. The consolidation of the two information systems, HBHC-ISCIS and PSL-ISCIS offers the opportunity to streamline the task of entering the demographic data/family information for any of the programs. In HCD-ISCIS, demographic/family information will be entered once and will be accessible to approved users of the system within the Healthy Child Development initiative across the province. The following information will be visible with consent:

- Address
- Contact information
- Family members names, dates of birth
- Programs enrolled in, or discharged from
- Referral date and/or discharge date

Q5. Will client/service information be shared?

A5. Service information specific to each program will remain in separate databases and will not be accessed by staff from the other programs or other regions in HCD-ISCIS. Only demographic/family information will be shared with consent.

A user belonging to PSL/IH/BLV site will continue to access PSL/IH/BLV cases in their site. All users belonging to HBHC only sites will continue to access HBHC cases in their site. In the case of agencies responsible for the delivery of all four programs, PSL/IH/BLV and HBHC, users will have program-specific authorizations.

Q6. What if a family declines consent for having their data entered into HCD-ISCIS? Can I still provide service?

A6. A family can still receive service from any program using the HCD-ISCIS database even if the family does not want their information shared. The HCD-ISCIS application includes a feature that will not permit the record to be shared if the family does not consent to share their demographic/family information.

Q7. What are the implications of HCD-ISCIS on the process already in place with partners for obtaining consent from families?

A7. Public health units and lead agencies are encouraged to communicate with their program delivery partners (e.g. hospitals and other service providers delivering respective HCD programs) as soon as possible in order to discuss implications related to the consent process for HCD-ISCIS. Best practice research on partnership building, as well as recent experience of health units with their hospital partners in implementing the new HBHC Protocol 2012, highlight the importance of early opportunities for all partners to identify their concerns and collaborate on solutions that consider all partners' needs.

Public health units and lead agencies must consider the needs of their program delivery partners in determining the most effective way to operationalize HCD-ISCIS. For example, information sharing and training may be necessary before any change to process takes place. Another example may be to focus initially on an approach for integrating existing families, followed by establishing new consent processes for new families. Public health units and lead agencies are encouraged to discuss their plans for operationalizing HCD-ISCIS with their ministry program leads.

Q8. Has the Ministry conducted a Privacy Impact Assessment (PIA) on this new application and what are the findings of the PIA?

A8. The Ministry has conducted a PIA of the HDC program (HBHC, IH, BLV, and PSL). The assessment's findings and proposed mitigation strategies will be distributed to public health units and lead agencies to assist them with their internal privacy assessment work. It is important to note that none of the findings are found to be a barrier for the implementation of HCD-ISCIS.

The PIA for HCD-ISCIS reviewed the Ministry's Privacy practices related to the HCD program. Also included in the assessment was a review of the privacy risks associated with the application and its features. The two key findings are that (a) public health units and lead agencies are deemed the data owners and that (b) HCD-ISCIS is required to adhere to the requirements set out in the Personal Health Information Protection Act (PHIPA) with respect to the collection, use and disclosure of personal health information.

Q9. What is the protocol for updating the demographic data and who is responsible for updating it?

A9. Only regions and programs that provide services to the family can update the demographic information. When a family comes into service or continues with service, each program will have the responsibility of confirming the consent to share and confirming the same in HCD-ISCIS. There will be an audit log on demographic records that are shared. The log will have a date/time stamp and the name of the public health unit or lead agency that last updated the information.

Q10. Can HCD-ISCIS produce program-specific monitoring reports?

A10. The HCD-ISCIS will be able to generate program-specific monitoring reports. There will be no changes to the existing reports**.**

Q11. Who will provide technical support and training for HCD-ISCIS?

A11. The service desk is still the first point of contact for the application support and eHealth Ontario (eHO) is first point of contact for connectivity and user login issue.

Additional demonstrations on the new functionality of HCD-ISCIS for the PSL/IHP/BLV users will be taking place in October 2013.

Demonstrations on the data sharing functionality of the HCD-ISCIS applications for all users in IHBHC, PSL, IHP, and BLV users will take place in November 2013.

Training on the new HCD-ISCIS application for users in all public health units and lead agencies will take place between March and May 2014. In addition, a new HCD website will be developed for HCD-ISCIS where the new training material and program guidelines will be accessed by all users of the application.

Q12. Is the Ministry of Health and Long-Term Care (MOHLTC) aware of the implementation of HCD-ISCIS?

A12. The Ministry of Children and Youth Services provides regular updates about HCD-ISCIS to the Public Health Leadership Council which is led by the Chief Medical Officer of Health with the MOHLTC and attended by Medical Officers of Health and others from the Public Health sector (e.g. COMOH, OPHA, alpha).

Q13. Who has been involved in the development of HCD-ISCIS?

A13. The development of the HCD-ISCIS application is a joint initiative of the Child and Youth Development Branch (CYDB) of MCYS and the Children, Youth and Social Services I&IT Cluster in collaboration with eHealth Ontario (eHO). The project has been developed with input from the Legal Services Branch and the Freedom of Information Unit of the Ministry of Community and Social Services (MCSS).

In addition, the development of the application requirements has been done in consultation with HBHC-ISCIS and PSL-ISCIS users from health units and lead agencies. Several PSL-ISCIS users have participated in the initial data migration training and will be conducting the first data migration testing on September 27, 2013.

There will be additional opportunities for input and feedback on the proposed functionality for HCD-ISCIS from HBHC, PSL, IH and BLV users in October and November 2013.

Q14. When does my health unit/agency need to be ready for these changes?

A14. Migration of data from PSL-ISCIS to HCD-ISCIS will take place in stages beginning in early 2014, with final deployment of the application by June 2014. This means that the ability to share demographic/family data across all the programs and across all regions/agencies will be fully functional next summer. From then on, sharing of information could be enabled/activated when a new record is added (e.g., through a new birth being added or a new service being provided) or when an existing record is accessed (e.g., when a new birth is added for an existing family, continuation of services to an existing family, discharging or transferring a family). Practically though, the sharing of demographic/family data will be a controlled process that will happen incrementally, and only with appropriate consents obtained.

Public health units and lead agencies are encouraged to discuss their plans for operationalizing HCD-ISCIS with their ministry program leads.

Q15.What is my role as a service provider in connecting with the other programs in this initiative?

A15. Additional information about programs under HCD-ISCIS is available on the MCYS website http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/index.aspx.

Public health units and lead agencies delivering any of the programs represented under HCD-ISCIS are encouraged to collaborate with services providers in their local catchment area to support an integrated approach to services for children and families that meets local needs. Service providers will benefit from increased knowledge about referral sources and community-based resources in their communities to facilitate referral and recommendation to other services and to enable effective service planning and coordination for families.

Q16. What are the timelines for implementation of HCD-ISCIS?

A16. The planned timelines are as follows:

1. Data migration testing for PSL, IH and BLV lead agencies begins on September 27, 2013.
2. Demonstration on the new functionality specific to the PSL, IHP and BLV users on October 9, 2013.
3. Demonstration on the data sharing functionality for all users (HBHC, PSL, IH and BLV) in November, 2013.
4. Trial deployments will start in December, 2013.
5. Final data migration is planned in waves between March and June 2014.
6. Final deployment of the application will take place by June 2014.

Q17. Where can I get more information?

A17. If you require additional information about HCD-ISCIS, please call Mercedes Mompel, Senior Policy Analyst, Ministry of Children and Youth Services (416) 327-7836 or mercedes.mompel@ontario.ca.