

REGION OF OTTAWA-CARLETON  
RÉGION D'OTTAWA-CARLETON

REPORT  
RAPPORT

Our File/N/Réf.  
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DATE                            10 September 1999

TO/DEST.                    Co-ordinator, Community Services Committee

FROM/EXP.                  Medical Officer of Health

SUBJECT/OBJET            **24 HOUR TELEPHONE HEALTH INFORMATION LINE**

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### **DEPARTMENTAL RECOMMENDATION**

**That the Community Services Committee direct staff to commission a study with a maximum cost of \$50,000 to analyze options outlined in this report and bring a recommendation back to Committee and Council. Funds for the study would come from Health Care Facilities Reserve Fund.**

### **BACKGROUND**

Among the recommendations of the Task Force on the Regional Government's Role in Health Care approved by Regional Council on June 9, 1999 was the following:

That the Region work towards the goal of establishing a consolidated 24 hour health information line for Ottawa-Carleton and that funds be allocated for a study that brings community partners together to prepare the detailed proposal for such a line and further that the Region's contribution to operating such a line on a pilot project basis come from within existing resources dedicated to similar functions, from restructured health care reserve funds and from provincial or federal health funding.

The service envisaged by the recommendation is similar to that operated in the Province of Québec by CLSC's. This model has been replicated in Ontario by the Eastern Ontario Health Unit funded in part by the Community Care Access Centre and the Canadian Mental Health Association. These lines have in common that they are answered by nurses using proprietary software containing approved protocols (Info-Santé by Sogique). They offer service 24 hours a day, seven days a week. The chief objective is to reduce demand and pressure on hospital emergency departments. Both these initiatives have a good track record and have been well received by their communities.

A new line based in North Bay, to serve Northern Ontario, has been funded by the Ontario Ministry of Health. The line began taking calls in the summer of 1999. This line will serve 900,000 people and is anticipated to have 25 nurses among 35 staff, a budget of \$4.9 million. Call volume is projected to be 300 to 500 calls per day.

Any attempt to introduce such a service in Ottawa-Carleton must take into account existing initiatives. The following lines are of particular relevance to the current proposal:

211 Phone Line: This is a proposal being actively pursued by the Funders Working Group of Ottawa-Carleton (including Region of Ottawa-Carleton, United Way, and the Ministry of Community and Social Services). It is a service which has been developed by the United Way in several American cities. It provides a 24 hours a day/7 days a week information and referral line for non-crisis calls relating to human services. It functions like 911 in that calls are triaged and referred to the appropriate service with a minimum of delay. A consultant commissioned by the Funder's Group has recently provided a detailed report with recommendations on the potential for this service in Ottawa-Carleton. The executive summary of this report is contained in Annex A.

Region's Public Health Information Lines: The Region of Ottawa-Carleton offers advice and information from public health professionals on a broad range of public health topics. Over the years, and number of specialty lines have evolved, however, now the Health Department is moving to consolidate lines and simplify access. Answering questions related to illness and symptoms has not been a primary function. The exception is the **Parent Child Info Line** which is only available during work hours and complements the service offered by CHEO.

CHEO Health Information Line: This is an information line to help families deal with illness, injury, and child care information. It is open to families of children 0 to 18 years of age. It is open, after the Region's Parent Child Info Line closes, from 4 p.m. to midnight during the week and 8 a.m. to midnight on weekends.

The joint efforts of the Region and CHEO provide patient information 16 hours a day. We are looking to expand this to a 24 hour/ 7 day a week service. It is interesting to note that maternal-child health makes up about 90% of the volume for any 24 line, so this would represent a major step forward in terms of 24 coverage for the community.

Community Care Access Centre: This line provides access to home care and long term care placement services and well as information about existing services.

Doctor's offices: Most doctor's offices offer advice and consultation re illness and symptoms during the day. In the evening one either gets access to a physician on call or, increasingly, callers are referred to hospital Emergency Departments.

Annex B contains a more comprehensive description of existing lines developed for the funders group as part of their 211 coordinated information project.

In summary, there are two issues to be addressed. Firstly, there exists a whole range of telephone services in Ottawa-Carleton which have grown up to serve particular needs. The public finds this confusing and difficult to navigate. Ideally, there should be one number to call. The 211 initiative

is an attempt to address this issue, however, 211 has not historically dealt with acute care problems. Secondly, in Ottawa-Carleton, after hour acute care telephone services are available only for children and then only until midnight.

Implementing the recommendation of the Task Force Report will entail considering the advantages and disadvantages of three options:

1. Negotiate a merging of several existing services to create a comprehensive service. This would likely still entail increased cost to address existing system gaps.
2. Expand an existing service to provide a 24 hour comprehensive service for all callers. Logical candidates would be the CHEO line or the Region's public health line but other agencies may also be interested.
3. Add a service or modify existing services to fill the gaps in service in the existing system but access them through the 211 system. This would allow the existing service providers to continue but it would require all calls to be transferred at least once.

Because the situation is complex and requires considerable consultation and negotiation with the different stakeholders, it is recommended that a study be commissioned to explore the pros and cons of the different options including the possibilities of external funding and joint ventures.

### PUBLIC CONSULTATION

Extensive public consultation was carried out in the development of the Task Force Report. The current report is following through on its recommendations. Extensive stakeholder consultation also took place as a result of the report commissioned by the Funders Group to look into the potential for a regional 211 system.

### FINANCIAL IMPLICATIONS

The financial implications of the different options will need to be explored, including possibilities of provincial or federal funding. It seems likely that fully implementing the recommendation will require an increased contribution from the Region. This contribution could come from the restructured health care reserve funds as recommended by the Task Force Report. Funds for the proposed study itself would come from the Health Care Facilities Reserve Fund.

*Approved by  
Robert Cushman, MD, FRCPC*

## EXECUTIVE SUMMARY

The *Coordinated Information Steering Group*, under the direction of the *Funders Working Group of Ottawa-Carleton*, initiated this study to obtain advice on a mechanism to coordinate information on a broad range of community health and social services, including those funded by the *United Way*, the *Regional Municipality of Ottawa-Carleton* and the Ottawa area office of the *Ministry of Community and Social Services*.

This study examined existing and planned information mechanisms, the needs of client groups (consumers, service providers, and others) for an information mechanism, and initiatives being undertaken elsewhere which may provide insight into future approaches.

Key requirements identified for consumers and service providers include:

- ▶ Up-to-date, integrated information covering a wide variety of areas including counselling, abuse, parenting, food, employment and training, separation/divorce, housing, legal assistance, financial issues, welfare, children's programs, seniors' services, and mental health.
- ▶ A single, highly visible telephone assistance number that is simple to remember and easy to access 24 hours a day, and capable of connecting callers automatically to a suitable agency.
- ▶ A live person to help consumers assess their needs and identify suitable service providers.
- ▶ Low or no cost access to integrated community resource information by paper and computer, with electronic versions which can be imported into service provider in-house data systems, used on a stand-alone basis or accessed via the Internet.

In a list of information mechanisms that is far from exhaustive, over 50 telephone assistance lines and 20 community information directories were identified. Limitations with the existing mechanisms included lack of visibility and confusion to consumers, cost, gaps in information, out-dated information, and unsuitable electronic formats.

Related initiatives in Ottawa-Carleton and North America were examined for their impact and insight into options for future approaches, including the Ottawa-Carleton Community Care Access Centre, the Regional Municipality of Ottawa-Carleton Call Centre Review, and Community Information Centres in several Canadian cities.

Three service delivery options were developed for a coordinated information mechanism, and these options were evaluated in terms of their ability to meet the requirements of consumers, service providers and community planners, and their costs and funding.

The 211 service delivery model is recommended as the best overall solution to meet the requirements for a coordinated information mechanism.

Key features of the 211 model include:

- ▶ Similar to 911, a 211 is a simple, easy-to-remember phone number which may be called 24 hours a day and 7 days a week to obtain information or assistance in accessing community social and health services.
- ▶ 211 does not replace agencies which provide social services, health services or specialized information services. Instead, 211 acts as a focal point and can connect callers directly to these agencies according to their needs. Consumers already familiar with the appropriate agency continue to deal with those agencies directly.
- ▶ 211 calls are answered by trained referral agents who assist callers in determining their needs and respond with appropriate information and referrals to other community agencies.
- ▶ A 211 organization can include selected specialty services such as crisis support and volunteer placement, delivered by partnering agencies with these skill sets. Health information services are not typically included due to the specialized information systems, protocols and clinical knowledge required.
- ▶ A 211 organization coordinates with other data collection agencies to integrate community resource information into a comprehensive database which is made available as freely as possible to other service providers.
- ▶ A 211 organization uses the same database to produce a range of paper and electronic directories to address consumer and service provider needs, including searchable web sites, stand alone data display programs and formats suitable for direct import into existing case management systems.

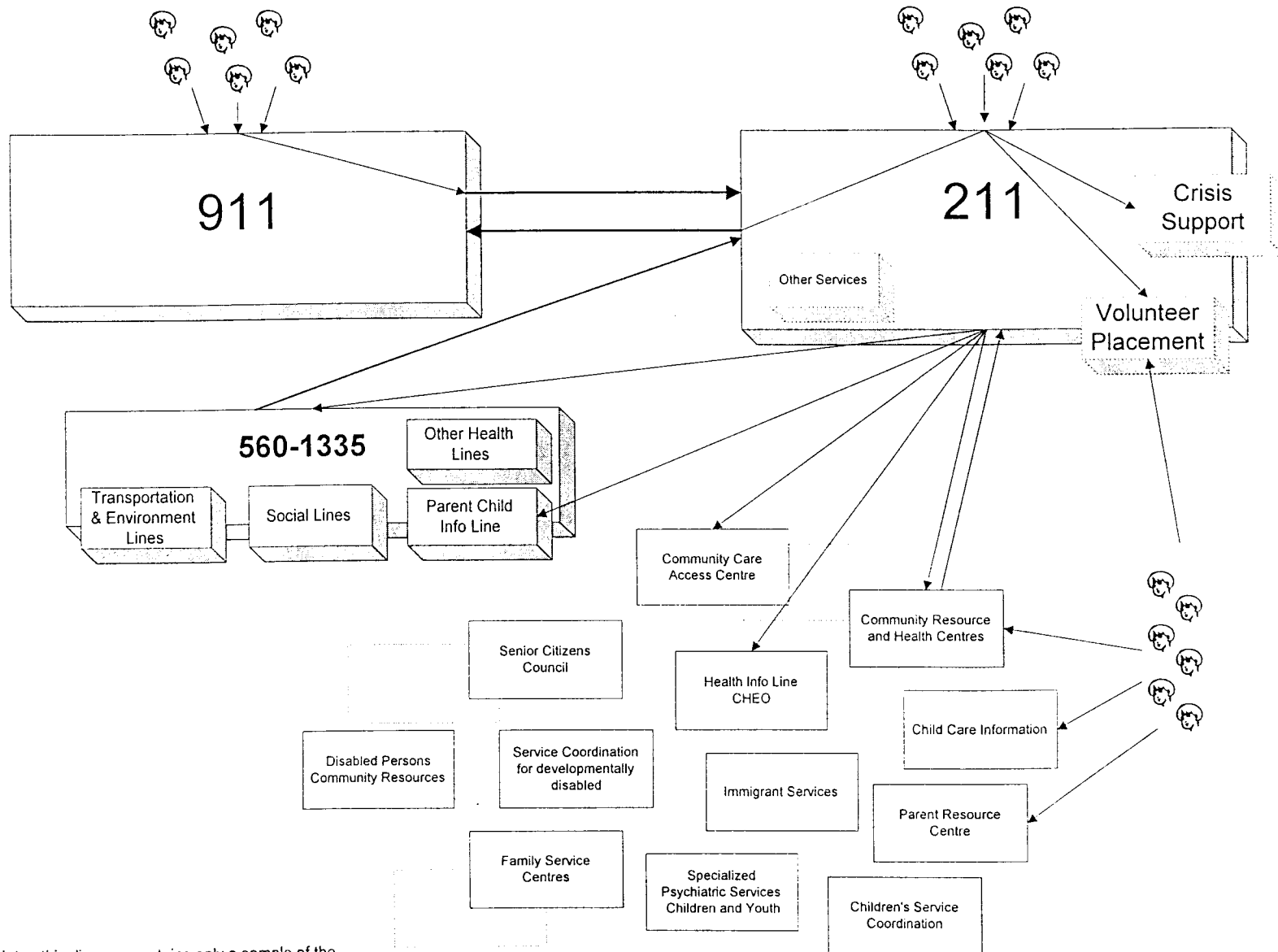
A preliminary implementation plan is developed whereby the 211 service is implemented in three phases. Preliminary budget estimates and technology requirements are also provided. Operating costs of the 211 service will depend upon its final configuration as determined by the community, but are anticipated to lie in the range of \$700,000 to \$1,200,000 annually (excludes one time and capital costs). Start up and operating costs may be reduced through cash or in-kind contributions from private sector firms, provincial or federal governments, charitable foundations, local governments, community agencies, and volunteers.

## 2.2.2 Major Telephone Information Mechanisms in the Region

Some of the major information and referral mechanisms available by telephone are summarized in the table below. This is by far not an exhaustive list.

Name of Mechanism	Provided By
24 hour Line	RMOC
AIDS/ Sexual Health Information Line	RMOC
Andrew Fleck Child Care Services, Children's Integration Support Services	Andrew Fleck Centre
Canadian Mental Health Association	Canadian Mental Health Association
Child Care Information Line*	Child Care Information
Child Care Providers Association	Child Care Providers Association
Children's Aid Society of Ottawa-Carleton	
Community Resource / Health Centres (13 centres in total, each provides information and referral line)	Community Resource & Health Centres
Disabled Persons Community Resources	Disabled Persons Community Resources
Distress Line	Distress Centre of Ottawa and Region
Distress Line	Tel-Aide Outaouais
Employee Assistance Line	Occupational Health and Safety Agency
Family Resource Centres (18 in total, 60% are integrated with a Community Resource Centres, 40% operate independently)	Family Resource Centres
Family Service Centres (3 in total, each providing information and referral lines)	Catholic Family Services, Family Services of O-C, Jewish Family Services
Health Info Line	Children's Hospital of Eastern Ontario
Health Information Line	under consideration by Ottawa Hospital
Health Info Sante Line	RMOC
Healthy Sexuality Line	RMOC
Ottawa-Carleton Community Care Access Centre	O-C Community Care Access Centre
Ottawa-Carleton Immigrant Services	Ottawa-Carleton Immigrant Services
Parent-Child Information Line	RMOC
Parent Resource Centre	Parent Resource Centre
School Immunization Line	RMOC
Senior Citizens Council	Senior Citizens Council
Social Services Line Automated menu system provides basic information regarding assistance with financial needs, employment, child care, food, shelters, homemaking. Refers caller to specific phone line for each service.	RMOC
Tobacco Information Line	RMOC
Workplace Business Health Line	RMOC

# 211 Model



Note: this diagram contains only a sample of the social and health service agencies in the region