Legislative Assembly of Ontario

Assemblée législative de l'Ontario

STANDING COMMITTEE ON PUBLIC ACCOUNTS

TELETRIAGE HEALTH SERVICES

(section 3.13, 2009 Annual report of the Auditor General of Ontario)

2nd Session, 39th Parliament
59 Elizabeth II

Library and Archives Canada Cataloguing in Publication Data

Ontario. Legislative Assembly. Standing Committee on Public Accounts
Teletriage health services (Section 3.13, 2009 Annual report of the Auditor General of Ontario) [electronic resource]

Issued also in French under title: Services de télétriage (Rapport annuel 2009 du vérificateur général de l'Ontario, section 3.13)
Electronic monograph in PDF format.
Mode of access: World Wide Web.
Issued also in printed form.
ISBN 978-1-4435-4827-4

1. Telehealth Ontario – Auditing. 2. Ontario. Telephone Health Advisory Services – Auditing. 3. Triage (Medicine) – Ontario. 4. Telephone in medicine – Ontario. 5. Ontario. Ministry of Health and Long-Term Care. I. Title.

RC86.7 O5 2010 362.18 C2010-964043-8

Legislative Assembly of Ontario

Assemblée législative de l'Ontario

The Honourable Steve Peters, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

Norman W. Sterling, MPP
Chair

Queen's Park
October 2010

STANDING COMMITTEE ON PUBLIC ACCOUNTS
COMITÉ PERMANENT DES COMPTES PUBLICS
Toronto, Ontario M7A 1A2

STANDING COMMITTEE ON PUBLIC ACCOUNTS

MEMBERSHIP LIST

2nd Session, 39th Parliament

NORMAN W. STERLING
Chair

PETER SHURMAN
Vice-Chair

WAYNE ARTHURS

AILEEN CARROLL

FRANCE GÉLINAS

JERRY J. OUELLETTE

DAVID RAMSAY

LIZ SANDALS

DAVID ZIMMER

Katch Koch and Trevor Day
Clerks of the Committee

Susan Viets
Research Officer

STANDING COMMITTEE ON PUBLIC ACCOUNTS

LIST OF CHANGES TO COMMITTEE MEMBERSHIP

MARIA VAN BOMMEL was replaced by WAYNE ARTHURS on September 22, 2010.

Formatted: Bullets and Numbering

CONTENTS

PREAMBLE

The Auditor General (Auditor) noted that the number of calls to teletriage health services (Telehealth Ontario and the Telephone Health Advisory Service – THAS) is declining. The Ministry of Health and Long-Term Care (Ministry) contracts with a private service provider, Sykes Assistance Services, to deliver both programs. The Auditor said that an independent survey indicated that those who use Telehealth Ontario are generally satisfied, but that only a small proportion of Ontario's population uses teletriage services. The Auditor suggested improvements to enhance the services and also said that although the Ministry acquired the services in a competitive manner, the Ministry should assess the significant difference between the cost for calls in Ontario versus much lower costs for calls in other provinces. These were two of the key findings of the Auditor's value-for-money audit of the Teletriage Health Services (section 3.13 of the Auditor's *2009 Annual Report*).

In April 2010 the Standing Committee on Public Accounts held a day of public hearings on the Auditor's report. Senior officials from the Ministry and Sykes participated in the hearings. (For a transcript of the Committee proceedings please see Committee *Hansard*, April 14, 2010.) The Committee endorses the Auditor's findings and recommendations. This Committee report presents the Committee's findings, views, and recommendations. The Committee requests that the Ministry provide the Committee Clerk with its written responses to the Committee's recommendations within 120 calendar days of the tabling of the report with the Speaker of the Legislative Assembly, unless otherwise specified in a recommendation.

Acknowledgments

The Standing Committee on Public Accounts extends its appreciation to officials from the Ministry of Health and Long-Term Care and Sykes Assistive Services for their attendance at the hearings. The Committee also acknowledges the assistance provided during the hearings and report writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and staff in the Legislative Research Service.

OVERVIEW

Objective of the Auditor's Audit

The main objective was to assess whether teletriage services were providing confidential access to timely advice in an economical manner that met the health-care needs of Ontarians. The audit focused on Telehealth Ontario and THAS.

Background

Ontario's teletriage services provide callers with free, confidential telephone access to a registered nurse for health-care advice and information. Callers enrolled with physicians participating in family health teams can call THAS Monday to Friday nights and anytime on the weekend. THAS facilitates patients' access to on-call physicians if needed.

The service provider, Sykes, employs almost 300 registered nurses at five call centres. During the 2008/09 fiscal year, nurses responded to 905,000 calls; payments to the service provider totaled $35.1 million. The Ministry said that one of the purposes behind the Telehealth and THAS services is to determine whether an individual calling should actually present at a hospital's emergency department or use other reliable and effective methods of dealing with the health care issue.

Health Care Connect

The Ministry said that Telehealth Ontario supports Health Care Connect, a program that helps individuals find a family physician in their area. Telehealth is the primary intake method for Health Care Connect. The Committee commented that it had not been aware of Telehealth's role in Health Care Connect.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

Significant issues were raised in the audit and before the Committee. The Committee attaches particular importance to those issues discussed below.

Access to Teletriage Services

Public Awareness

The Auditor noted various promotional campaigns to increase public awareness of Telehealth within the first few years of the inception of the program. As well, the Ministry's contracts with physician practices specify that promoting THAS is a joint responsibility. Physicians are to advise their patients about this service. (Tripartite contractual arrangements are in place between the Ministry, primary care groups, which comprise varying numbers of physicians, and the Ontario Medical Association.)

The Auditor said that about 5% of Ontario's population made calls to teletriage services in 2008/09; similar programs in other provinces were called more frequently. For example, Quebec's service received 2 million calls from a population of 7.4 million and Alberta received 1 million calls from a population of 3.3 million. THAS received calls concerning only about 1% of eligible individuals. The Auditor recommended that the Ministry should consider the continued need for a separate THAS service or options for increasing the level of awareness and acceptance of teletriage services, especially among individuals eligible to use THAS and among those demographic groups, such as seniors, that underutilize the services.

Survey

The Ministry said that it is measuring public awareness and the use of teletriage services through a survey. The survey was conducted in March 2010. It focused on seniors and residents in northern Ontario.

Supplementary information on Survey

After the hearings the Ministry reported that the survey closed at the end of March 2010. The survey firm collated and tabulated the results, which were presented to the Ministry on April 23, 2010. The Ministry will use the results in developing a strategy for marketing teletriage services and increasing their acceptance and use.

Primary Care Providers and THAS Promotion

The Committee wished to know what requirements exist for family health teams and other primary care providers to inform patients about THAS. The Ministry said that the survey will help determine awareness of THAS but added that low call volume suggests low knowledge of the service. Currently wallet cards, brochures and posters in primary care group offices are all used to promote THAS. The Ministry said that it needs good information in order to avoid generating marketing material with little impact and is months away from finalizing decisions on such issues as new marketing measures for THAS.

The Ministry said that there is no requirement for family health teams to regularly notify patients about THAS but their contracts do oblige them to inform patients about the service and the extended hours of service. The survey will help determine the best means of communicating such information and also help determine how many on-call physicians are needed.

Ontario Medical Association (OMA) and THAS Promotion

The Ministry has contacted the OMA to discuss how the OMA could facilitate its members' promotion of THAS to patients. The Ministry emphasized that it hopes that THAS would help reduce unnecessary hospital emergency department visits.

Contact Centre

The Committee asked whether a contact centre that incorporates a number of multimedia devices such as web chat and e-mail, might better serve Ontario's population than a call centre. Sykes said that there is a transition in the industry from call centres to contact centres. It agreed that a contact centre might better attract younger users in particular. However, Sykes added that the Ministry sets the guidelines and noted that sometimes a call back centre works best. For example, for a smoking cessation program to work well, clients needed to be called back by their regular contact person in order to build a relationship of trust. This trust is necessary for behaviour change. Trust is more difficult to build if a client reaches a different person each time the client calls.

The Ministry said that nurses' judgment is a critical feature of the teletriage call-in services. It is, however, interested in a multi-channel approach and already uses a "robust" website for Health Care Connect.

Underutilization in Certain Segments of the Population

The Ministry noted that the Auditor's work identified underutilization of teletriage services in certain segments of the population. The services are primarily used by women in child-bearing years who often phone about their children but are underutilized by seniors. The survey, among other things, is to help determine what would increase the use of Telehealth and THAS and provide information on barriers to use of these services.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

1. **By March 31, 2011 the Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the results of the Ministry's survey on public awareness and use of teletriage services as well as any new measures planned by the Ministry to address issues identified in the survey. Specifically, the Ministry should**

    - **specify measures intended to ensure that primary care groups routinely communicate information about the Telephone Health Advisory Service (THAS) to their patients;**
    - **report on the reasons identified in the survey for underutilization of teletriage services in certain segments of the population, what these groups say would increase their use of the services, and how the Ministry intends to follow-up on these findings; and**
    - **provide a timeline for the introduction of any planned new measures.**

Telephone Number

The Auditor noted that in July 2005, the Canadian Radio-television and Telecommunications Commission set aside the phone number "811" for provinces to use for non-urgent health teletriage/telehealth services. British Columbia and Quebec have adopted the "811" number. The Auditor recommended that the Ministry explore the use of an easily remembered phone number, such as "811", for both Telehealth Ontario and THAS.

The Ministry said that adopting the "811" number had not been "on its radar screen" before the Auditor raised the issue. Telehealth Ontario, which has a 1-800 number, has been in place for over 10 years. The Ministry believes that the public's knowledge of Telehealth is better than that of THAS, a somewhat newer service.

The Ministry referred to the quick increase in call volume (identified by the Auditor) in Quebec resulting from the introduction of an "811" number and said that the survey will help determine whether remembering an "811" number will be easier for individuals in Ontario than, for example, remembering where they put a fridge magnet that displays the current service number. In response to a Committee question, the Ministry said that it did not believe that there would be any technical problems associated with use of an "811" number.

Cost Analysis of 811

The Ministry said it would examine the survey results and the costs associated with implementing an 811 number, and would then undertake a cost-benefit analysis to assess the business case. Government approval would be required. The Ministry, anticipating that the introduction of an 811 number would result in more calls and therefore greater expense, is also working with the service provider to determine what associated cost-effectiveness measures could be introduced.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

2. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts by March 31, 2011 on the outcome of its cost-benefit analysis to assess the business case for introducing an 811 number for teletriage services in Ontario. The Ministry should specify whether it supports the introduction of the 811 number, how this number would be publicized, what the costs associated with a possible associated increase in call volume would be and what cost-saving measures might be simultaneously introduced.**

Demographics and Out of Province Calls

The Auditor's analysis of caller data from 2008 noted that calls to Teletriage services concerned only about 4% of Ontario's seniors and that almost 2,000 registered calls came from outside Ontario. Sykes said the toll-free numbers that exist for Telehealth Ontario and THAS are only accessible from an Ontario number. Anyone calling from out of province/country on a phone with an Ontario number (such as an Ontario cellphone) will obtain access.

Call Management

Wait Times

The Auditor's calculation of wait times for individuals in the call-back queue differed (i.e., was longer) from the service provider's because the Auditor determined that the wait time for a call-back started when the incoming call was initially answered by an automated attendant, not when the caller was put in the call-back queue. The service provider did not track the time callers waited in the live queue. The Auditor recommended that the Ministry require the service provider to measure the wait time for callers from the time the call was initially received for both the live and call-back queues.

Call-back Queue Wait Time

The Ministry said that the Auditor's report and questions from the Committee helped the Ministry understand that it did not necessarily perceive wait times in the same way as consumers, and that as far as consumers are concerned, wait time begins when a call is made. The Ministry has now worked with Sykes to ensure that Sykes can measure wait time from the time when an incoming call is answered by an automated attendant. The Ministry noted that most people will only wait for about six minutes to talk to a nurse before opting to leave a message for a return call. It said that Sykes has had a good record in terms of returning calls within specified standards (based on the contract parameters). The Ministry will assess the new data that it receives from Sykes to determine whether any contract amendment is required.

Live Queue Wait Time and Call Abandonment

Sykes said that although it was not initially requested to measure live queue wait times that it has now looked at 14 months worth of data for this and found that the average time that a caller waited before abandoning a call in the live queue was 6.7 minutes. The average wait time before a call was answered was 6.4 minutes. Six percent of total calls that reached the switchboard were abandoned. The Ministry said the objective of such reviews is to improve the response time to ensure that all callers' questions are answered in a reasonable amount of time.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

3. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on whether the Ministry has requested its service provider to change its wait time measure to start when the call is received rather than when the caller is subsequently put in a queue to wait to talk to a nurse. The Ministry should also specify any measures that it and its service provider are considering to improve any excessive wait times identified.**

Paging On-call Physicians

The Auditor noted that in 2008 roughly one in five THAS calls resulted in a nurse who handled a call deciding to page an on-call physician. In over 70% of these cases the on-call physician had to be paged more than once, and in 9% of cases the pages were not returned. The Auditor noted that about 10% of family practices did not return at least one-third of pages they received. There is no financial penalty to the family practice if a page is not returned within a reasonable time frame or is not returned at all. The Auditor recommended that the Ministry should review alternative ways to promote timely physician responses to pages, such as financial penalties when on-call physicians do not respond when paged or financial incentives for those physicians who consistently exceed standards.

Five Primary Care Groups Did Not Return Calls Consistently

The Ministry is reviewing ways to ensure that on-call physicians respond to their pages in a timely fashion. It said that in most cases physicians respond to pages. There are more than 600 primary care groups of physicians representing approximately 6,700 physicians. The Auditor's findings helped the Ministry to determine that five primary care groups did not return pages consistently (there were occasions when they did not return pages at all). The Ministry is now able to converse directly with those primary care group physicians.

The Ministry now receives data from Sykes about unanswered pages, which will be monitored monthly, and will further assist the Ministry in beginning conversations with primary care groups of physicians regarding their contractual responsibilities. The Ministry said that it will also continue to work with the OMA on this issue. There has been no indication that discussions on responses to pages need to be a formal part of contractual discussions.

Supplementary Information

After the hearings the Auditor provided the Committee with information and an analysis of call centre data indicating that during 2008 there were 20,491 pages made to 605 physician groups. The Auditor said that to obtain a fair perspective on the doctors' timely responses to their pages, only those physician groups that had received at least five pages, but had not responded to two or more of these pages, were considered. This resulted in 427 practices that had received at least five pages during the year, of which 281 had not responded to two or more of these pages. Of these 281 physician groups, there were 97 that had responded to less than 80% of their pages.

Paging and Use of Technology

The Committee asked whether the Ministry had considered using technology such as the BlackBerry to page physicians, to facilitate direct communication. The Ministry thought this was an interesting suggestion. It said it would need to determine such factors as whether all physicians use the same technology, and whether they have a push or pull approach regarding electronic communication. Once the Ministry determines how physicians prefer to receive information, it can channel its efforts accordingly. (On a slightly different matter, the Ministry said that repeated attempts to convince the Information and Privacy Commissioner to allow the use of BlackBerrys for communicating sensitive patient information have been rejected; the Ministry is continuing discussions with the Commissioner on ways to improve communication and response times.)

Possible Need for Fewer Doctors to Respond to Pages

The Ministry said that it will also try to assess whether too many physicians are on call for THAS. In some cases, pages that went unanswered had been made to physicians who had never been paged before. The Ministry wondered whether it might be better to have fewer physicians responding to pages so that those physicians would know that they would be called and would be ready to assist nurses. The Ministry will consult with the OMA on this matter and noted that if

the number of doctors on call was decreased, there would be corresponding savings. It will also discuss the issue of incentives or penalties for unanswered pages with the OMA. The Ministry wants to understand issues associated with unanswered pages before responding to the problem.

The Committee wished to know when this problem would be remedied. The Ministry said that it might just take a few weeks to identify and alert those groups with the most serious difficulties in responding to pages. However, it is possible that the problem might shift from those groups to others. The Ministry said that it will expedite discussions with the OMA and will convey the Committee's and the Chair's views that it is urgent to begin negotiations to address the problem of unanswered pages.

Committee Recommendation

The Standing Committee on Public Accounts is extremely concerned that some physicians failed to respond to pages and recommends that:

4. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on measures, including potential financial penalties, that the Ministry has considered to ensure that physician input is available when needed for callers to the Telephone Health Advisory Service (THAS) and the implications of those measures. The Ministry should include information on monthly data that it is now receiving and monitoring from the service provider on unanswered pages. It should report on the outcomes and any proposed remedies resulting from the Ministry's consultations with primary care groups and the Ontario Medical Association on the issue of unanswered pages. The Ministry should also specify whether enhancements to information technology are being considered to help improve physician response rates to pages.**

Information Requests

The Auditor noted that 11% of registered calls related to health information requests, and 4% related to information about community services. The service provider maintains an audiotape library as well as a list of Ontario community services. Although the service provider's contract with the Ministry requires that a nurse speak to all callers, the Auditor noted that 99% of information requests were handled entirely by a nurse, rather than the nurse connecting the caller to the audiotape library. The Auditor recommended that the Ministry ask the service provider to instruct its nurses to redirect information requests for phone numbers and addresses of community services to non-nursing staff.

The Ministry said that it is working with Sykes to direct information-related calls to non-nursing staff and to have demographic information collected by non-nursing staff. The Ministry said that it has a medical advisory committee comprised of various medical professionals who are outstanding in their fields –

both in medicine and medical ethics. The committee reviews the protocols and related information provided to callers.

Confidentiality

The Auditor noted that the service provider does not perform any vulnerability or penetration testing on its teletriage services' service and network equipment. The Ministry referred to its 2008 Threat Risk Assessment (noted by the Auditor) and said that another such assessment would be undertaken in 2010. It said that the Threat Risk Assessment includes penetration testing as one component of multiple steps in the assessment.

Advice to Callers

The Committee cited the Ministry's intention to work with the service provider to research and review ways to determine the impact of the advice provided to callers and wished to know whether this formed part of the Ministry's survey. The Ministry said that it did not and that it would begin a procurement process in fall 2010 for a formal evaluation of the impact of advice provided to callers. The Ministry hopes to have the evaluation completed by the end of the fiscal 2010/11 but added that some aspects of the evaluation may take longer. The Ministry noted that it commissioned an external consultant to undertake a longitudinal evaluation of Telehealth Ontario which began in April 2003 and ended in June 2005. The Ministry said that it learned a great deal from the evaluation including measures for cost avoidance and cost saving as well as identifying standards that might be improved.

Staffing

As of December 21, 2008 almost 300 nurses staffed Sykes' call centres. The Auditor's sample of nurses hired in 2008 indicated that 23% had less than one year of acute-care experience, and 20% had less than three years of total nursing experience (the service provider's 2007 proposal to the Ministry said the nurses would have at least three years of nursing experience). Training activities include a monthly case study. The Auditor noted that over 25% of team managers completed less than half the required case studies in 2008.

The Auditor recommended that the service provider hire nurses with at least three years of nursing experience, including at least one year of acute-care or clinical experience, as per its proposal to secure the contract to provide teletriage services and its internal polices. The Auditor also said the service provider should ensure that nurses complete their ongoing training in accordance with policies.

Nurses: Experience and Testing

The Ministry said that it will ensure that requirements set out in its agreement with the service provider are followed. It has implemented additional reporting requirements that document monthly data on nurse training and a quality assurance program, with the co-operation of Sykes. Sykes said that it no longer hires nurses with less than three years' experience. It currently has 22 nurses on

staff who do not meet that requirement. According to Sykes, its nurses undergo extensive testing during recruitment, including a number of tests to objectively assess critical thinking ability. Other tests are for keyboard, English and Windows skills (computer competencies are important for the job). Those 22 nurses have passed these tests. Sykes believes some of these 22 nurses are as good as or better than others with three (or more) years' experience. Sykes is confident that its staff members are delivering the necessary service but added that if it is out of compliance, that it will get back into compliance.

Nurses: Satisfaction Rate and Retention

Sykes said that in 2009, 90% of its nurses reported that overall they were very happy with Sykes as a place to work. Sykes drew attention to nursing shortages and the fact that alternative jobs are available. Sykes jobs are in non-traditional nursing. Demand is primarily on evenings and weekends, which poses a challenge for scheduling, recruitment and retention.

The turnover rate for nurses is 48% per year. Sykes said that it must provide an incentive for nurses to give up time with their families to come into work on evenings and weekends. One incentive for weekend work is a compressed work week whereby a nurse is employed for 30 hours (in three 10-hour shifts) but is paid for 40 hours.

Service Level

On average 50 or more Sykes nurses work at any one time, with the number increasing to 75 or 80 in a busy season. Sykes strives to have the right number of people in seats at the right time to meet service levels. It said that service level is inversely proportional to productivity. A very high service level (for example, a 90% service level in 20 seconds) means that some staff will be sitting waiting for a call to come in. On the other hand, a very low service level will result in burnout. The fully loaded cost for a nurse is about $75,000 (per year).

Supplementary Information

After the hearings, Sykes provided information on nurse attrition data that illustrated a decline in attrition during orientation from 15.6% in 2007 to 1.1% in 2009 and a decline in the percentage of nurses who left Sykes within the first 30-days of their hire from a 25% turnover rate in 2007 to a 10% turnover rate in 2009. Sykes concluded that it has seen an improvement in the quality of new nurses hired since the implementation of its new recruitment process with a strengthened focus on nurse competency. Further, at the time of the audit, the service provider had indicated that it employs some nurses that work from home in order to minimize nurse turnover and mitigate the risk of call centre closures associated with a potential pandemic crisis.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

5. **While recognizing that the service provider has a small percentage of its nurses currently working from home, the Standing Committee on Public Accounts encourages the Ministry of Health and Long-Term Care and its service provider to assess the impact the work-from-home option has on nurse recruitment and the service provider's ability to retain an experienced, stable workforce. This assessment should also cover**

    - **whether working from home impacts the quality of nurses' work; and**
    - **whether effective safeguards are in place to protect client privacy.**

Compliance with Clinical Guidelines

Advice to callers is based on decision support software (with medical algorithms) that provides clinical guidelines, in combination with a nurse's own clinical judgment. Schmitt-Thompson Clinical Content developed the guidelines. The Auditor said that according to the service provider, in 2008/09 nurses' judgments led them to deviate from the clinical guidelines for 5% of callers. No reason for the deviation was documented for 30% of these deviations. The Auditor recommended that the service provider require nurses to document the reason for providing advice that does not follow a clinical guideline or protocol. The Ministry said that nurses must now do this.

Callers' Compliance

The Auditor analyzed service provider data on callers' initially planned actions compared to the advice callers received from a nurse. The Auditor considered the levels of care from lowest to highest, to be to self-treat, see a doctor, or go to the emergency department. The Auditor noted that nurses advised 38% of callers to use the same level of care as originally planned; 33%, to use a lower level of care; and 29%, to use a higher level of care. Overall, about the same percentage of callers were advised to go to the emergency department as had originally intended to go there, but many of the callers who were referred there were not the ones who had originally planned to go.

Based on the service provider's 2008/09 data the Auditor noted that 94% of callers indicated that they intended to comply with the nurse's advice. Since callers were not asked to provide their Ontario health card (OHIP) number to the service provider, the Auditor said it is difficult to confirm whether they did. The Auditor recommended that the Ministry, in conjunction with the service provider, should develop a process (such as obtaining Ontario health card numbers and following up on a sample of the callers' subsequent actions) for periodically assessing the extent to which callers follow the nurses' advice.

The Ministry said that it would work with the service provider to research ways to determine the impact of the advice provided to callers. It has consulted with the Information and Privacy Commissioner (the discussions are continuing) regarding the collection of health card numbers to assist with this determination. The Ministry is examining the impact such a change would have on the service.

Sykes said that OHIP number provision would help address the issue of out-of-province access to Ontario's teletriage services. If a caller has an OHIP number (regardless of caller location), the caller would be authorized to use the service. Provision of an OHIP number would also enable Sykes, in collaboration with the Ministry, to determine whether a caller advised not to go to emergency went.

The Ministry said that initially it was concerned that asking callers (predominantly mothers) for an OHIP number would distract their attention (from health issues) while they looked for their cards. However, the Ministry said that it knows of at least one other jurisdiction that collects health card numbers and that Health Care Connect callers are asked for these numbers and have been ready with them when they call. The Ministry said that if OHIP numbers were to be requested for teletriage health services, the Ministry might be able to warn people in advance through marketing initiatives.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

6. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the Ministry's decision on whether or not to ask people calling into the Telephone Health Advisory Service and Telehealth Ontario to provide their Ontario health card (OHIP) number. The Ministry should provide a rationale for its decision.**

Quality Assurance

Call Audits and Complaints Process

The Auditor noted that reviewers (often a clinical team manager or a senior nurse) listen to at least 15 calls per month per call centre. The reviewers select calls to audit. The Auditor noted issues including the fact that reviewers can only audit calls as they take place and when call volumes permit (calls are not recorded) so most audits are performed during off-peak periods. One Canadian jurisdiction uses mystery callers (Ontario does not). The Auditor noted that most of the provinces consulted tape calls to use for quality assurance purposes. The Ministry's 2003 internal privacy impact assessment indicated that calls should generally not be taped. The Auditor felt that because calls were not taped it was not possible to know what transpired during the calls and concluded that it was not possible to assess the quality of medical advice being given.

The Auditor recommended that Sykes should have independent reviewers conduct an established number of random audits on calls received at different times of the day and on different days of the month, including weekends and holidays. The Auditor also recommended that Sykes should periodically analyze the overall issues noted in call audits and complaints to determine whether there are any systematic issues or trends that warrant follow-up. The Auditor also felt that the Ministry should request the Information and Privacy Commissioner's input on whether calls can be taped.

With respect to complaints, Sykes said it now has a more systematic approach. It consolidates complaints received and assesses reasons for them. One month the key issue related to customer service empathy. Sykes will work with the Ministry to determine an appropriate reporting format.

Satisfaction Surveys

The Committee wished to know what provisions exist for a quality of service review that is not based on complaints. As noted earlier (see "Advice to Callers" section) the Ministry said in fall 2010 it will conduct a formal and external evaluation of teletriage services to measure the overall effectiveness of the program against its identified objectives. This will include independent satisfaction surveys of callers, physicians and emergency department staff.

Taping Calls

The Ministry said that it has consulted with the Information and Privacy Commissioner regarding regular recording of calls. It has been told that the practice is allowable as long as callers are advised in advance and are given the opportunity to opt out. The Ministry said (if it were to tape calls) that it would work with the service provider to ensure that appropriate mechanisms, safeguards and retention processes would be in place. Taping calls would assist with assessing the quality of advice provided by nurses.

The Ministry said that it had not yet made a decision on taping calls but indicated that it was close to doing so. Retention of tapes is one matter that needs to be considered. Information from different jurisdictions varies greatly over the issue of how long tapes should be retained. The Ministry said that further consultation with the Information and Privacy Commissioner will be required on this matter.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

7. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the outcome of the Ministry's ongoing consultations with the Information and Privacy Commissioner regarding the possibility of recording calls made to Ontario's teletriage health services. Taping calls would enable better quality assurance processes, such as independently determining the**

appropriateness of advice provided by teletriage nurses. The Ministry should outline its current position on this issue.

Payments for Teletriage Services

For the 2008/09 fiscal year, the service provider was paid $35.1 million for the teletriage services: a flat fee of $35 million for the first 900,000 registered calls (or about $39 per registered call) and about $27 per registered call after that. According to the Auditor three provinces which shared cost information indicated that their cost per call was about $20.

The Auditor said the Ministry had not investigated the reasons underlying significant differences in cost per call between Ontario and other jurisdictions, but indicated that possible explanations could include different costing methodologies, such as not including all capital costs, and variances in nurses' salaries. The Auditor recommended that the Ministry obtain information on the delivery of teletriage services in other provinces to determine whether there are areas where Ontario's teletriage services could be delivered more economically.

Costs in Other Jurisdictions

The Ministry said that even before the Auditor issued his report that it had always attempted to keep up to date regarding how teletriage services were delivered in other provinces. After the Auditor's audit, the Ministry consulted with several provinces about their payment structures. The provinces were only willing to share a high level of information, not the level of detail that the Ministry had hoped for and expected. It said that it is currently exploring different ways to streamline services with the goal of making them more cost effective.

The Ministry spoke to British Columbia (B.C.), New Brunswick, Alberta and Quebec. B.C. and Alberta provide their own teletriage services in-house. The Ministry calculated the cost per call to be between $26 and $29. The Ministry said that since B.C. and Alberta provide their services in-house and do not use activity-based costing their costs are not fully loaded. Overhead, such as HR support and infrastructure needs, would be absorbed in the overall budget. Additionally, the Ministry was unable to assess the performance measures associated with levels of service provided in B.C. and Alberta. The Ministry said that it was told confidentially by New Brunswick that New Brunswick's costs are higher than Ontario's. Both provinces use the same service provider. The Ministry was not able to obtain much information about the service in Quebec.

The Auditor said that Quebec has 15 call centres. It pays $14.48 per call plus an administration fee of $5.56 per call. The Auditor noted in the audit that it was not clear how the cost of infrastructure was accounted for but said to the Ministry that because the difference is so big between the other jurisdictions' cost per call of about $20 versus Ontario's cost per call of about $40 it would be worth examining if the other jurisdictions operate differently or more cost-effectively.

The Ministry noted that the difference in the cost per call may relate to differing service standards. In other provinces, service providers may be allowed one hour for call backs, instead of Ontario's 30 minutes. In Alberta, for example, callbacks are permitted to be made within 120 minutes. Some IT and human resources costs would not be represented in the cost per call.

In Ontario Nurses Must Handle Registered Calls

Sykes added that Ontario's contract specifies that a registered call must be handled by a nurse. The Ministry said that savings might, for example, be realized through increased use of patient assistant representatives (PARs) and the use of registered practical nurses (RPNs). In other jurisdictions, not all calls are handled by nurses. Sykes believes that many incoming calls do not require a nurse and pointed to the difference in costs between a $30/hour nurse versus a $10/hour PAR. It said that the Ministry agrees and that the two will jointly identify the appropriate level (of nurses to handle calls). The Committee asked whether RPNs are used in other jurisdictions' teletriage health services. The Ministry said it did not believe so; Ontario may break new ground. However PARs, who are neither registered nurses (RNs) nor RPNs, are used in many other jurisdictions, for example, for the collection of demographic information (not for patient triage).

Demand and Call Cost per Minute

The Ministry said that demand for Ontario's teletriage services has been flat with 900,000 to one million registered calls per year over the last eight or nine years. The Ministry will explore different means of increasing call volume.

Registered calls are 11 minutes long on average. The Committee wished to know whether Sykes had considered charging based on cost per minute as opposed to a flat rate of cost per call. Sykes said that although it is not averse to doing this that it has not considered it because it responded to an RFP based on cost per call. Sykes said that nurses are paid by the hour. The Committee noted this means that the nurses' compensation is time-based, while the call centre's compensation is call-based.

The Ministry said that it wishes to examine all options for saving money, excluding re-opening the contract with the service provider. While the Ministry said it would take the cost per minute model under consideration, it also explained the rationale underpinning the current model. In 2007 the Ministry decided to set pricing based on the idea that the service provider would run a contact centre, as opposed to a call centre. The Ministry further noted that:

- A key issue (discussed earlier) is the retention of clinically skilled individuals, which can be challenging.
- It wishes to have respect for people's health needs and not to create what it described as a perverse environment of calls being ended quickly because more money can be made that way.
- "This is not a volume business, it's a quality business."

The Ministry repeated, however, that it is prepared to revisit the model should it be in the best public policy interests of Ontarians.

Supplementary Information

After the hearings Sykes provided the following table of cost per call minute data:

April 2008-March 2009	Value
Invoice Revenue	$35,117,839
Invoiced calls	905,200
Handled Incoming (Nurse and PAR)	1,115,624
Productive Minutes	13,329,864
Staffed Minutes	20,291,758
Cost per Invoiced Call	$38.80
Cost per Handled Call	$31.48
Cost per Productive Minute	**$2.63**
Cost per Staffed Minute	**$1.73**

"Productive" minutes represent the occupied time for all agents, or the total number of minutes all agents were actively processing calls. "Staffed" minutes represent the amount of time where all staff was both actively processing calls and waiting, available to receive the next call.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

8. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the results of its efforts to reduce the cost of calls to its teletriage services. The Ministry should specify:**

   - **whether it would consider changing its current payment model for calls handled by the service provider, specifying what, if any, other model is under consideration;**
   - **decisions taken by the Ministry and the service provider regarding service provider staffing, for example, whether patient assistant representatives (PARs) could gather demographic information from callers, and whether registered practical nurses (RPNs) could also be employed by the service provider and if so, in what capacity;**
   - **whether the Ministry would consider using more than one service provider, specifying if not why not or if so, why; and**
   - **what measures are in place for the Ministry to oversee service delivery by the service provider.**

H1N1 Call Volume Increase

The Ministry provided information on the surge of calls in October-November 2009 in connection with the H1N1 virus. The surge resulted in long wait times for callers. The Ministry noted numerous strategies implemented by Sykes to address this, including adjusting shifts and having staff work additional hours. Sykes referred again to the contract provision requiring nurses to handle registered calls. It said that many calls, such as those requesting the location and hours of H1N1 clinics, did not need to be answered by a nurse. During the crisis, Sykes implemented recorded messages which assisted those people who wanted only very general information and did not necessarily wish to speak to a nurse.

Procurement

The Ministry said that the 2007 procurement process for teletriage services provided assurance that the amount set for the service was competitive within Ontario. It provided details on the Request for Qualifications (RFQ) and Request for Proposals (RFP) processes and noted that a fairness commissioner oversaw the procurement process.

Translation Services

Sykes uses CanTalk, a Winnipeg company, for its translation services. The Committee wished to know why Sykes did not use an Ontario company. It said that it is currently looking at alternatives but that no decision has been made. The Ministry (explaining the decision to use CanTalk) stressed the Ministry's high service level standard comprising the need for a service provider with a 100-plus multilingual capability that is able to provide service within 90 seconds.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

9. **The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the outcome of the service provider's review to determine whether an Ontario based company could perform the necessary call centre translation services for Ontario's teletriage services.**

CONSOLIDATED LIST OF RECOMMENDATIONS

The Standing Committee on Public Accounts requests that the Ministry of Health and Long-Term Care provide the Committee Clerk with a written response to each of the Committee's recommendations within 120 calendar days of the tabling of the report with the Speaker of the Legislative Assembly, unless otherwise specified in a recommendation.

The Standing Committee on Public Accounts recommends that:

1. By March 31, 2011 the Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the results of the Ministry's survey on public awareness and use of teletriage services as well as any new measures planned by the Ministry to address issues identified in the survey. Specifically, the Ministry should

- specify measures intended to ensure that primary care groups routinely communicate information about the Telephone Health Advisory Service (THAS) to their patients;
- report on the reasons identified in the survey for underutilization of teletriage services in certain segments of the population, what these groups say would increase their use of the services, and how the Ministry intends to follow-up on these findings; and
- provide a timeline for the introduction of any planned new measures.

2. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts by March 31, 2011 on the outcome of its cost-benefit analysis to assess the business case for introducing an 811 number for teletriage services in Ontario. The Ministry should specify whether it supports the introduction of the 811 number, how this number would be publicized, what the costs associated with a possible associated increase in call volume would be and what cost-saving measures might be simultaneously introduced.

3. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on whether the Ministry has requested its service provider to change its wait time measure to start when the call is received rather than when the caller is subsequently put in a queue to wait to talk to a nurse. The Ministry should also specify any measures that it and its service provider are considering to improve any excessive wait times identified.

4. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on measures, including potential financial penalties, that the Ministry has considered to ensure that physician input is available when needed for callers to the Telephone Health Advisory Service (THAS) and the implications of those measures. The Ministry should include information on monthly data that it is now receiving and monitoring from the service provider on unanswered pages. It should report on the outcomes and any

proposed remedies resulting from the Ministry's consultations with primary care groups and the Ontario Medical Association on the issue of unanswered pages. The Ministry should also specify whether enhancements to information technology are being considered to help improve physician response rates to pages.

5. While recognizing that the service provider has a small percentage of its nurses currently working from home, the Standing Committee on Public Accounts encourages the Ministry of Health and Long-Term Care and its service provider to assess the impact the work-from-home option has on nurse recruitment and the service provider's ability to retain an experienced, stable workforce. This assessment should also cover

- whether working from home impacts the quality of nurses' work; and
- whether effective safeguards are in place to protect client privacy.

6. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the Ministry's decision on whether or not to ask people calling into the Telephone Health Advisory Service and Telehealth Ontario to provide their Ontario health card (OHIP) number. The Ministry should provide a rationale for its decision.

7. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the outcome of the Ministry's ongoing consultations with the Information and Privacy Commissioner regarding the possibility of recording calls made to Ontario's teletriage health services. Taping calls would enable better quality assurance processes, such as independently determining the appropriateness of advice provided by teletriage nurses. The Ministry should outline its current position on this issue.

8. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the results of its efforts to reduce the cost of calls to its teletriage services. The Ministry should specify:

- whether it would consider changing its current payment model for calls handled by the service provider, specifying what, if any, other model is under consideration;
- decisions taken by the Ministry and the service provider regarding service provider staffing, for example, whether patient assistant representatives (PARs) could gather demographic information from callers, and whether registered practical nurses (RPNs) could also be employed by the service provider and if so, in what capacity;
- whether the Ministry would consider using more than one service provider, specifying if not why not or if so, why; and
- what measures are in place for the Ministry to oversee service delivery by the service provider.

9. The Ministry of Health and Long-Term Care shall report back to the Standing Committee on Public Accounts on the outcome of the service provider's review to determine whether an Ontario based company could perform the necessary call centre translation services for Ontario's teletriage services.