

Chapter 1—Service Information

Introduction

The purpose of this chapter is to evaluate available information that describes organizations involved in providing health care treatment services for Ontario children. Four major sectors of organizations were identified as major providers: the hospital sector, children's rehabilitation centres, children's mental health centres, and community care access centres.

There is no comprehensive inventory of organizations providing services to children and no identifiable central blueprint providing information on mandate and reporting. Province-wide encounter level data is currently available only for hospital, physician and community care services.

Service inventory

While a directory of services is available to help health practitioners identify resources on a regional basis for the purpose of referral, this type of resource provides insufficient information for study. A comprehensive inventory of information on all the major organizations and services for children was sought, but could not be identified. Knowledge and documentation on some service sectors (e.g., children's mental health) was available through individual Government of Ontario offices and associations (e.g., Ontario Association of the Children's Rehabilitation Centres, Association of Community Care Access Centres, etc.). Governmental supervision and knowledge of services involving children are distributed among several offices and ministries, including the Ministry of Health and Long-Term Care, the Ministry of Community and Social Services, and the provincial government's Department of Integrated Services for Children.

In addition to private professional practices, the organizations identified as most consistently involved in delivering health treatment services to children were structured in clusters within 6 sectors. These include hospitals, Community Care Access Centres (CCAC), Children's Rehabilitation Centres (CRC), Mental Health (MH), Community Health Centres (CHC), Public Health Units (PHU). It was apparent that there were also numerous other programs and organizations involving children's health care that did not fit into these sectors or had less-defined associations within these sectors. Examples of these include Community Living organizations (CL), Easter Seals, Canadian National Institute for the Blind, and Pediatric Oncology Group of Ontario. For some of these groups, it is also difficult to obtain clear information and definition of their role in actual service delivery versus activities such as liaison, referral, coordination, information, support, research and/or advocacy. These organizations also may receive a mix of funding including government grants as well as charitable donations for their activities.

The 6 organization sectors and their roles in providing health care treatment services to children are shown in Exhibit 1.1. These sources do not consistently provide a detailed delineation of services provided or mandates with respect to specific populations or services. Furthermore, a blueprint document for all sectors, providing details or outlining their respective roles could not be identified.

Service information

Annual reports and other information activities

Hospitals are required to regularly submit detailed abstracts on all admissions to the MOHLTC, in addition to an annual summary of services types and volumes. Most hospitals also participate in the Hospital Reports series co-sponsored by the Ontario Hospital Association and MOHLTC. One-third of hospitals reported carrying out additional quality reports, needs assessments, or evaluation research related to child health.

The majority (92%) of the non-hospital organizations responding to the survey also stated that they produce an annual report. Eighty-three percent produce information on the types and volumes of services provided, and 45% conduct some form of child-specific research or analysis. There does not appear to be any public-access compilation or collections of reports from these organizations.

Administrative data

Province-wide administrative data are available for acute care hospitals (CIHI discharge abstract database) and fee-for-service physician billings (OHIP). Administrative data for the province's CCAC activities (Ontario Home Care Administration Service dataset) has also become available for research. All of these databases provide some level of detail on individual health care encounters, including the unique health care number, and can be linked to allow research on population-based utilization and effectiveness using individual level data. However, the same cannot be said of the other sectors. No comprehensive administrative information with individual level records is compiled for MH, CHC, PH and CRC services. Utilization of these services by individuals cannot currently be studied at a population level.

Survey responses

Of the more than 200 Ontario hospital sites, 139 hospital corporations (some have multiple sites) were identified for study. Data for services of 116 hospital corporations, including all the major regional centres was obtained from the Hospital Inventory, a 2001 survey of Ontario hospitals.²⁰ Surveys were sent to seventy-six hospitals that provided more than one service for children (i.e., more than just a level 1 nursery) and to organizations in other sectors. Exhibit 1.2 shows the survey response rates by major sector. The overall response rate was 73%, but varied from a low of 62% from Public Health Units to 98% from CCACs and 100% from DHCs.

Discussion

Four major health sectors indicate a mandate that includes a primary role in children's treatment services. Two of these, hospitals and community care access centres, are involved in providing care across the population spectrum. The other two sectors, children's mental health organizations and children's rehabilitation centres, are concerned primarily with services for children and adolescents with special needs. Another category of treatment services is individual practitioners with claims paid through OHIP. These are predominantly physician services, in many cases, provided to hospitalized individuals. Based on the survey, two other types of organizations indicated provision of some children's treatment services—community health centres and public health units. However, these sectors have mandates emphasizing health promotion and preventive services.

Most of the organizations produce annual reports and have reporting relationships with governmental departments. Provincial encounter-level data with individual health care numbers is available for research and management only from hospital and physician claims, and home care services.

The environmental scan identified additional services and organizations with strong interest and activities in child health. Some of these, such as CL organizations are organized and distributed across the province. They appear to play a crucial role in advocacy, information and referral, but offer little in direct treatment services. Other examples include an extensive list of programs for early intervention or developmental support, which may or may not be affiliated with organizations in the above sectors. Also included in the group of additional providers are networks (such as the Pediatric Oncology Group of Ontario and the Canadian National Institute for the Blind) or organizations with highly specialized roles around specific problems (e.g., cancer, blindness). Most of these organizations indicated little or no direct involvement in providing treatment services and are not discussed in detail in this report. Nevertheless, it should be noted that this sector of adjunct health organizations appears to be extensively involved in information and support services, health promotion, and advocacy.

Chapter 1—Service Information

Exhibits

Exhibit 1.1

Major service sectors for children's health and their roles in Ontario, 2002

Exhibit 1.2

Survey responses of organizations involved in children's health in Ontario, 2002

Exhibit 1.1 Major service sectors for children's health and their roles in Ontario, 2002

Sector ▼	Role
<p>Public Hospitals</p> <p>▶ Ontario Hospital Association (OHA)</p> <p>http://www.oha.com 160 public hospital corporations; 225 sites</p>	<p><i>"... provide a wide variety of essential services, such as acute, including emergency, chronic, rehabilitation and mental health services;..."</i></p> <p>The OHA recommends that the OHA and hospitals with the Ontario Government to develop and promote new forms of health enterprises and networks, from specialized centres of excellence to comprehensive care centres that meet the diverse needs of patients in their community.</p>
<p>Non-Hospitals</p> <p>Children's Mental Health Centres</p> <p>▶ Children's Mental Health Ontario (CMHO)</p> <p>http://www.cmho.org 87 member centres</p>	<p><i>"...support and treat children and youth who suffer from emotional, behavioural and mental health problems, and their families."</i></p> <p>"We are committed to advocating for the well being of children and families, promoting an environment that leads to mental health and promoting quality children's mental health programs."</p>
<p>Children's Rehabilitation Centres</p> <p>▶ Ontario Association of Children's Rehabilitation Services (OACRS)</p> <p>http://www.oacrs.com/ 19 treatment centres</p>	<p><i>"...promotes a province-wide, co-ordinated, community-based service system for children and youth with special needs and their families."</i></p> <p>"We are about children—children with physical disabilities and those professionals who provide services and support to these children, their families, their schools, and their communities."</p>
<p>Community Care Access Centres</p> <p>▶ Ontario Association of Community Care Access Centres (OACCAC)</p> <p>http://www.oaccac.on.ca 43 regional CCACs</p>	<p><i>"...provide a simplified service access point and are responsible for:</i></p> <ul style="list-style-type: none"> • <i>determining eligibility for, and buying on behalf of consumers highest quality best priced visiting professional and homemaker services provided at home and in publicly-funded schools,</i> • <i>service planning and case management for each client."</i> <p>School health support services were implemented in 1984 to provide children with universal access to the publicly funded education system.</p>
<p>Community Health Centres</p> <p>▶ Association of Ontario Health Centres (AOHC)</p> <p>http://www.aohc.org 63 member centres</p>	<p><i>"...provide community-based primary health, health promotion and illness prevention services to tens of thousands of Ontarians in over 70 communities."</i></p> <p>Health Centres are vehicles for health promotion. This includes: primary care, health education, individual advocacy, community development, social action, building healthy public policy, and creating supportive environments.</p>
<p>Public Health Units</p> <p>▶ Association of Local Public Health Agencies (aLPHa)</p> <p>http://www.alphaweb.org 27 county-district health units; 9 regional health departments; 1 amalgamated city (Toronto).</p>	<p><i>"...deliver programs and services for the long-term improvement in the health of the population."</i></p> <p>Over the years, [PHUs] have developed a strong, effective provincial structure to promote and protect health, and prevent disease.</p>

Data source: Environmental Scan

Exhibit 1.2 Survey response rates of organizations involved in children's health in Ontario, 2002

Rank	Survey Organization	Number Sent Surveys	Survey Responses	Response Rate =
1	District Health Councils	16	16	100%
2	Community Care Access Centres	43	42	98%
3	Children's Rehabilitation Centres	19	17	84%
4	Public Hospitals	76	57	75%
5	Association of Community Health Centres	57	38	70%
6	Children's Mental Health Ontario	105	70	67%
7	Public Health Units	37	23	62%

Overall Response Rate = 73%

©Institute for Clinical Evaluative Sciences

Data source: Survey of Organizations