



A Framework for the Implementation of 811 Service

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Objective of the Study

- To provide a Framework to be used for the subsequent development of detailed business and implementation plans for the deployment of 811 services by each member of the Multi-Jurisdictional Collaboration.



The Framework

- CRTC Decision
- Planning Framework
- Technology Framework
- Marketing Framework
- Deployment Framework
- Business Case Framework
- Critical Success Factors
- Jurisdictional Considerations
- Next Steps

33 Topics



Framework Topics That Must Be Considered

- Planning Framework
 - Stakeholder Engagement
 - Scope of the Service
 - Overlap With other N11 Services
 - Integration with other Health Services within a Jurisdiction
 - Target Audiences
 - Delivery Channels
 - Target Cultures/Languages
 - Delivery Approach
 - Staged Deployment
 - Governance
- Technology Framework
 - Call Steering
 - Call Handling
 - Telecom Network
 - Applications (Build & Maintain)
 - Data Management & Security
 - Website
 - Desktop Working Environment
 - Data Network

- Marketing Framework
 - Branding
 - Marketing Plan
 - Communications Plan
 - Customer Focus & Satisfaction
- Deployment Framework
 - Project Staffing
 - Operations Staffing
 - Outsourcing
 - Contact Centre Sizing
 - Service Levels
 - Privacy
 - Office Facilities
 - Knowledge Management
 - Emergency Planning
 - Business Continuity/Disaster Recovery Planning
 - Alliance of Information and Referral Systems (AIRS) Certification



Key Considerations arising from the CRTC Decision

- 811 will be for “access to non-emergency health teletriage services;”
- 811 Service Providers are “expected to undertake comprehensive and effective public awareness campaigns”
 - “... to promote awareness of their 811 services”
 - “... especially for the purpose of minimizing confusion between emergency and non-emergency services and between 311 or 211 services.”
- Local 811 calling is free but 811 is not necessarily a free call
 - as the caller must pay the access costs for calls from cell phones, satellite phones, radio phones and payphones.
- Long-distance costs will normally be paid by the 811 Service
 - by routing the 811 call to a “toll free number”.
- The routing of wireline calls is relatively straightforward, however the routing of other types of call may be problematic.
 - A roaming cell phone call will be routed to the Jurisdiction the call is in.
 - Radio, Satellite and VOIP phone users will either have go through an operator or call direct.



Key Considerations in the Business Case Framework

- The Scope of Jurisdiction's 811 service will make a significant difference to the demands placed on the service and thus the overall cost.
 - Is it a Portal to a variety of Health Services, or
 - An "easy to remember" Nurseline number?
- The largest single cost will be the labour to service phone calls.
 - Telecom costs are not that significant in comparison to staff costs.
 - Fixed costs will include the Infrastructure, including an effective Information & Referral capability.
- The MJSC Literature Review identified no economic evaluations of 811 Services and as yet little quantifiable evidence to support a proforma business case.
 - However there was plenty of support in the MJSC Literature Review for qualitative benefits arising from Healthline Services.



Critical Success Factors for the Deployment of 811

- The Scope of 811 Service must be clearly defined.
- The appropriate Stakeholders must be engaged.
- The Delivery Model must be clear and supported.
- Delivery should be staged to reduce risk.
- The correct Technology must be implemented and must work.
- Comprehensive and integrated Knowledge Management Solutions are required.
- Effective Privacy and Data Security procedures must be in place.
- Marketing and Branding must be done right.
- There must be effective plans for public emergencies.
- There must be enough staff to answer the phones.
- 811 must be integrated into the Primary Health Care System.
- The focus must remain on the customer.



Jurisdictional Considerations

- Jurisdictional variations did not significantly affect the Framework.
 - They do have different delivery models
 - They are in different stages of evolution (although in generally similar directions.)
 - The most striking difference was the uptake ranging from 6%-29%.
- Benefits of collaboration between Jurisdictions are primarily driven by economies of scale and/or improved access to clinical expertise.
- There were 9 possible collaborative projects identified:
 - 811 Implementation Planning.
 - Common Telecom Working Group.
 - Common National 811 Branding.
 - Cooperative Marketing.
 - Shared Information & Referral Infrastructure.
 - Common Applications.
 - National 811 Website.
 - Shared Emergency Backup.
 - Shared Centres of Excellence.



Issues to Discuss

- 811 forms part of Health Care delivery and since this is a Provincial/Territorial responsibility it must align with each Jurisdiction's Health Care Strategy.
 - Variations in 811 Scope and priority in different Jurisdictions will make collaboration and branding more difficult.
- Each Jurisdiction has similar implementation problems to solve and thus must develop very similar solutions.
 - Why not develop a solution once and share it?
- How can we optimise the N11 overlap?
 - Access to Health related services.
 - Information & Referral infrastructure, data collection and maintenance.
 - Emergency planning & response.
 - Ensuring Government is not funding duplication.
- 811 means a higher profile, greater use and higher costs.
 - How do we staff for this?
 - How do we pay for this?
 - Is the business case there?



Next Steps

- The first step is to determine what the Jurisdiction seeks to achieve from 811, as described in the **Planning Framework**.
- Each Jurisdiction has funding available to complete this first part of the Framework.
 - This is the basis for subsequent work which can be undertaken as and when the Jurisdiction wants to proceed.
 - Smaller Jurisdictions may want to pool resources with larger both for efficiency and to gain access to additional skills.
- MJSC should continue to act upon areas of mutual benefit and potentially expand its role to steer national initiatives and resolve broad national issues of common value.
 - The MJC should determine which of the nine identified synergy projects they want to pursue jointly.
 - Leveraging existing national initiatives to avoid duplication and minimise the potential to be surprised by conflicting decisions made elsewhere.

