

# 2005/2006 Annual Report



**CHILD HEALTH NETWORK FOR THE GREATER TORONTO AREA**  
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**CHILD HEALTH NETWORK  
FOR THE GREATER TORONTO AREA**

*Working Together for Children's Health*

## Who We Are

Building on a concept first envisioned more than 20 years ago, the Child Health Network for the Greater Toronto Area (CHN) was officially established in 1999 as a partnership of hospital and community providers committed to establishing a more coordinated system for the delivery of quality, family-centered care for mothers, newborns, children and youth. Current membership of the Network includes eighteen (18) acute care hospitals, one (1) children's tertiary level rehabilitation and complex continuing care centre, nine (9) Community Care Access Centres (CCACs), and an array of health service providers including nursing and allied professionals, physician specialists, sub-specialists, researchers and educators.

The CHN operates in Canada's largest and most diverse metropolitan area. Its size – and the impact of its role in a provincial context – is reflected in the following facts:

- More than 67,000 babies are born each year in the Greater Toronto Area (GTA), representing approximately 51 percent of the province's total births (based on the 2004/05 Statistics Canada estimate of 131,454 births in Ontario).
- Over half of the children living in Ontario reside within the GTA.

## What We Do

The members of the Network work collaboratively to share knowledge and coordinate services throughout the region with a goal of strengthening the continuity and consistency of high-quality care across the region. It does this by finding ways to improve access to services, address gaps in service, reduce fragmentation in service delivery, and foster the adoption of common protocols and standards of care across the care continuum.

## How We Do It

The Network examines and analyzes the information needs of the system with a view to developing better systems for data collection to support best practice, enhance research and education opportunities, improve clinical outcomes, and track performance. Collectively, Network members have the critical mass required to bring about significant change that would be difficult for any single organization to achieve. It does this by pooling member resources, expertise, experience and ideas to generate solutions to current challenges, and to advocate for changes that will improve patient outcomes and care.

## A Special Thank You to Our Members

The photographs in this 2005/2006 Annual Report were provided by the following organizations:

| PAGE # | ORGANIZATION                   | DESCRIPTION  |
|--------|--------------------------------|--------------|
| 5      | St. Joseph's Health Centre     | Top-left     |
| 5      | Markham Stouffville Hospital   | Top-right    |
| 5      | Halton Healthcare Services     | Bottom-left  |
| 5      | Halton Healthcare Services     | Bottom-right |
| 8      | Lakeridge Health Corporation   | Top-left     |
| 8      | The Credit Valley Hospital     | Top-right    |
| 8      | Humber River Regional Hospital | Bottom-left  |
| 8      | St. Joseph's Health Centre     | Bottom-right |
| 12     | Halton Healthcare Services     | Top-left     |
| 12     | William Osler Health Centre    | Top-right    |
| 12     | Humber River Regional Hospital | Bottom-left  |
| 12     | William Osler Health Centre    | Bottom-right |
| 18     | The Credit Valley Hospital     | Top          |
| 18     | Halton Healthcare Services     | Bottom       |

We were pleased to receive your submissions and greatly appreciate your timely response to our "Call for Photos."

## Financial Summary 2005/2006

For fiscal year ending March 31, 2006

### REVENUE

|                          |           |
|--------------------------|-----------|
| Member contributions     | \$527,807 |
| MoHLTC contributions     | \$60,000  |
| Special events and other | \$39,640  |

|                      |                  |
|----------------------|------------------|
| <b>TOTAL REVENUE</b> | <b>\$627,447</b> |
|----------------------|------------------|

### EXPENSES

|  |           |
|--|-----------|
| Staffing and benefits                        | \$540,863 |
| Project support (includes professional fees) | \$30,064  |
| Other expenses                               | \$97,119  |

|                       |                  |
|-----------------------|------------------|
| <b>TOTAL EXPENSES</b> | <b>\$668,046</b> |
|-----------------------|------------------|

|   |            |
|---|------------|
| Excess (deficiency) of revenue over expenses for the year | (\$40,599) |
|---|------------|

|   |           |
|---|-----------|
| Carry forward from previous fiscal year | \$278,175 |
|---|-----------|

|                          |                  |
|--------------------------|------------------|
| <b>OPERATING RESERVE</b> | <b>\$237,576</b> |
|--------------------------|------------------|

Accounting services are provided by SickKids.

## Vision, Mission and Values

Based on the input and discussions heard at the Strategic Planning Retreat and the follow-up Board of Directors' meetings, it was determined that the Child Health Network should continue to fulfil its role within the health care system, guided by the following vision and mandate statements:

### Child Health Network for the Greater Toronto Area

#### VISION:

*A sustainable and responsive maternal, newborn and child healthcare system achieved through better integration and interaction between hospitals, Community Care Access Centres, and other partners.*

#### MISSION:

*To provide leadership in strengthening the regional maternal, newborn and child healthcare system by facilitating partnerships across the care continuum and supporting changes in care delivery through quality improvement and knowledge transfer.*

#### VALUES:

**Family-Centered Care:** *Enhancement of quality, family-centered care across the Network that is predicated on advancing consistent use of leading practices and standards identified in the CHN's family-centered care document.*

**Collaboration:** *Strengthening partnerships, interaction, and linkages across the Network and with other service providers to facilitate timely and appropriate access to maternal and child health services resulting in a collaborative system of care.*

**Evidence-Based Practice:** *Building on ongoing efforts to enhance quality improvement initiatives and knowledge transfer are critical elements in all of the CHN's work.*

## Board of Directors (2005/2006)

The role of the CHN Board is to provide strategic leadership with respect to matters of policy and broad direction to facilitate development of the regional system of care for mothers, newborns, children and youth across the Greater Toronto Area.

| REPRESENTATION   | MEMBER                                     | TITLE / ORGANIZATION  |
|--|--|---|
| Tertiary Care Centres  | <b>Mary Jo Haddad</b>                      | <i>President &amp; CEO,</i><br>SickKids                                     |
|  | <b>Sheila Jarvis</b>                       | <i>President &amp; CEO,</i><br>Bloorview Kids Rehab                         |
|  | <b>Leo Steven</b>                          | <i>President &amp; CEO,</i><br>Sunnybrook Health Sciences Centre            |
| Regional Children's Health Centres/<br>Advanced Level II NICUs | <b>Bonnie Adamson</b>                      | <i>President &amp; CEO,</i><br>North York General Hospital                  |
|  | <b>Wayne Fyffe</b><br><i>(Chair)</i>       | <i>President &amp; CEO,</i><br>The Credit Valley Hospital                   |
|  | <b>Brian Lemon</b>                         | <i>President &amp; CEO,</i><br>Lakeridge Health Corporation                 |
| Regional Children's Health Centres/<br>Level II NICUs          | <b>Robert Devitt</b>                       | <i>President &amp; CEO,</i><br>Toronto East General Hospital                |
|  | <b>Dan Carriere</b>                        | <i>President &amp; CEO,</i><br>Southlake Regional Health Centre             |
| Short Stay Paediatric Units/Level II NICUs                     | <b>Janet Beed</b>                          | <i>President &amp; CEO,</i><br>Markham Stouffville Hospital                 |
| Community Care Access Centres                                  | <b>Janet Harris</b><br><i>(Vice-Chair)</i> | <i>Executive Director,</i><br>Durham Access to Care                         |
|  | <b>Cathy Szabo</b>                         | <i>Executive Director,</i><br>Etobicoke & York Community Care Access Centre |

## Paediatric Services Task Force

| ORGANIZATION                          | MEMBER  |
|---------------------------------------|---|
| Bloorview Kids Rehab                  | Joan Ferguson                                 |
| Halton Healthcare Services            | Kathryn Doren                                 |
| Humber River Regional Hospital        | Gilbert Miller                                |
| Lakeridge Health Corporation          | Donna Brownlee, Mary Ann Hicks                |
| Markham Stouffville Hospital          | Sandy Brodie                                  |
| Ministry of Health and Long-Term Care | Marnie Weber, Catherine Pepevnak,<br>Irv Mapa |
| North York General Hospital           | Shirley Godward, Jordan Carr                  |
| Rouge Valley Health System            | Sheri Ferkl                                   |
| SickKids                              | Marilyn Booth (co-Chair), Hilary Whyte        |
| Southlake Regional Health Centre      | Lorrie Reynolds                               |
| St. Joseph's Health Centre            | Trish Crawford                                |
| St. Michael's Hospital                | Tony Barozzino, Michael Sgro                  |
| Sunnybrook Health Sciences Centre     | Michael Dunn                                  |
| The Credit Valley Hospital            | Pamela Coates (co-Chair), Cori Chapman        |
| The Scarborough Hospital              | Peter Azzopardi                               |
| Toronto Community Care Access Centre  | Margot Jeffrey                                |
| Toronto East General Hospital         | Natalie Cournoyea                             |
| Trillium Health Centre                | JoAnne Oake-Vecchiato                         |
| William Osler Health Centre           | Ivor Margolis                                 |
| York Central Hospital                 | Alison Gilmour, Jannine Ferguson              |

## Neonatal Follow-Up Data Working Group

| ORGANIZATION  | MEMBER   |
|---|--|
| North York General Hospital;<br>Sunnybrook Health Sciences Centre | Shaheen Doctor   |
| Rouge Valley Health System  | Karen Chang, Elaine Milne                                    |
| SickKids  | Hilary Whyte, Marilyn Ballantyne, Lesley Wylie               |
| St. Joseph's Health Centre  | Fernanda Coelho, Jody Kew                                    |
| St. Michael's Hospital  | Ethel Ying   |
| The Credit Valley Hospital  | Ann Bayliss, Wanda Szymonowicz, Mary Lou Bingham, Lena Lloyd |
| The Scarborough Hospital  | Avril Castagna   |
| Toronto East General Hospital                                     | Phillipe Lafaury   |
| Trillium Health Centre  | Pat Hood MacNicol, Carol Holland                             |

## Neonatal Follow-Up Patient Referral Working Group

| ORGANIZATION  | MEMBER  |
|---|---|
| Bloorview Kids Rehab  | Joan Ferguson   |
| Mount Sinai Hospital  | Karel O'Brien   |
| North York General Hospital;<br>Sunnybrook Health Sciences Centre | Shaheen Doctor  |
| Rouge Valley Health System  | Rosemary Moodie, Elaine Milne                         |
| St. Joseph's Health Centre  | Jody Kew  |
| St. Michael's Hospital  | Jeanne Zielonka                                       |
| Sunnybrook Health Sciences Centre                                 | Elizabeth Asztalos                                    |
| The Credit Valley Hospital  | Mary Lou Bingham                                      |
| The Scarborough Hospital  | Avril Castagna  |
| Toronto East General Hospital                                     | Monica Ferneyhough                                    |
| Trillium Health Centre  | Carol Holland, Pat Hood MacNicol,<br>Catherine Taylor |
| William Osler Health Centre                                       | Diane De Ruyte  |

## Message from the Chair and Executive Director

*During the past several months, the Child Health Network for the Greater Toronto Area (CHN) has been engaged in a strategic planning process. The review provided an opportunity to review the mandate and directions of the Network in light of a desire to rethink the focus and relationships needed to improve planning, coordination and integration of services for the maternal, newborn and paediatric populations within the new LHIN environment.*

*Clearly, the creation of LHINs has implications for the future scope, role and structure of the CHN and presents the Network with new opportunities to build on past successes and heighten awareness of the current challenges that need to be addressed to improve care for mothers and children.*

*The strategic plan – “A Plan to Advance Maternal, Newborn and Paediatric Care for Patients and Families Across the GTA” – identifies the following three broad strategic themes that will provide the foundation for the CHN’s work over the next 24 months: system-building, stakeholder engagement, and quality improvement.*

*The breadth and depth of the partnerships and collaborations being built by the Network – regionally, provincially and nationally – continue to be the foundation of its success. During the past year, the CHN has strengthened its ties with the:*

- Ontario Ministry of Health and Long-Term Care
- Five LHINs in the GTA catchment area (Central, Central West, Central East, Toronto Central, Mississauga Halton)
- Ontario Provincial Perinatal Partnership Program and its members and sub-committees
- Other regionally-based paediatric networks in the province of Ontario
- Ontario Child Health Network

*We thank the hundreds of individuals who serve on CHN committees and task forces, the CHN staff, and countless supporters who share our commitment to mothers, newborns and children across the GTA. We are excited by the possibilities for the Network to continue to improve patient care and outcomes.*



**Wayne Fyffe,  
Chair**



**Alison Quigley,  
Executive Director**

## Niday Perinatal Database Working Group

| ORGANIZATION                      | MEMBER                                      |
|-----------------------------------|---|
| Halton HealthCare Services        | Kathryn Doren                               |
| Mount Sinai Hospital              | Mathew Sermer                               |
| North York General Hospital       | Nazira Jaffer                               |
| SickKids                          | Hilary Whyte                                |
| Sunnybrook Health Sciences Centre | Andrew Shennan, Jo Watson, Monica Nicholson |
| The Credit Valley Hospital        | Mathias Gysler (Chair)                      |
| Toronto East General Hospital     | Janice Ward                                 |
| Toronto Public Health             | Wil Ng                                      |

## Neonatal Follow-Up Task Force

| ORGANIZATION                                   | MEMBER   |
|--|--|
| Bloorview Kids Rehab                           | Joan Ferguson  |
| Lakeridge Health Corporation                   | Donna Brownlee, Colleen Golding, Mary Ann Hicks, Mary-Beth Ryan Baxter |
| Mount Sinai Hospital; SickKids                 | Karel O'Brien  |
| North York General Hospital                    | Shaheen Doctor, Wanh Porter  |
| Rouge Valley Health System                     | Rosemary Moodie (co-Chair), Karen Chang, Elaine Milne                  |
| SickKids                                       | Hilary Whyte, Anne-Marie Hamilton                                      |
| Southlake Regional Health Centre               | Lorrie Reynolds  |
| St. Joseph's Health Centre                     | Trish Crawford, Fernanda Coelho  |
| St. Michael's Hospital                         | Ethel Ying, Jeanne Zielonka  |
| Sunnybrook Health Sciences Centre              | Elizabeth Asztalos   |
| The Credit Valley Hospital                     | Ann Bayliss (co-Chair), Wanda Szymonowicz, Nancy Frank                 |
| The Scarborough Hospital                       | Avril Castagna   |
| Toronto East General Hospital                  | Philippe Lafaury, Jelena Popovic                                       |
| Toronto Preschool Speech and Language Services | Stephen Cohen  |
| Trillium Health Centre                         | Carol Holland, Catherine Taylor, Pat Hood MacNicol, Lorna Montgomery   |
| William Osler Health Centre                    | Ivor Margolis, Linda Young, Diane De Ruyte                             |



*System*

*Building*



## Evidence-Based Practice & Education Task Force

| ORGANIZATION                      | MEMBER                           |
|-----------------------------------|----------------------------------|
| Halton Healthcare Services        | Kathryn Doren                    |
| Lakeridge Health Corporation      | Elaine Boeck                     |
| North York General Hospital       | Steven Moss (Chair), Dianne Rice |
| Rouge Valley Health System        | Yvette Dalrymple                 |
| SickKids                          | Kelly Keogh                      |
| Sunnybrook Health Sciences Centre | Marion DeLand                    |

## Maternal and Newborn Services Task Force

| ORGANIZATION                             | MEMBER                                     |
|--|--|
| Association of Ontario Midwives          | Maureen Silverman                          |
| Bloorview Kids Rehab                     | Joan Ferguson                              |
| Halton Healthcare Services               | Kathryn Doren                              |
| Humber River Regional Hospital           | Beverley Philp                             |
| Lakeridge Health Corporation             | Kim Moran                                  |
| Markham Stouffville Hospital             | Sally Rogers                               |
| Ministry of Health and Long-Term Care    | Marnie Weber, Catherine Pepevnak, Irv Mapa |
| Mount Sinai Hospital                     | Mathew Sermer                              |
| North York General Hospital              | Bonnie Kerr, Eugene Ng                     |
| Rouge Valley Health System               | David Samra                                |
| Scarborough Community Care Access Centre | Jennifer Cameron                           |
| SickKids                                 | Hilary Whyte, Aideen Moore                 |
| Southlake Regional Health Centre         | Lorrie Reynolds                            |
| St. Joseph's Health Centre               | Ann Holden                                 |
| St. Michael's Hospital                   | Jo-Anne Copeland                           |
| Sunnybrook Health Sciences Centre        | Michael Dunn, Jo Watson                    |
| The Credit Valley Hospital               | Mathias Gysler (Chair), Carol Wade         |
| The Scarborough Hospital                 | Peter Azzopardi, Ann MacKinnon             |
| Toronto East General Hospital            | Claudette Manhue                           |
| Toronto Public Health                    | Wil Ng                                     |
| Trillium Health Centre                   | Kim Moore                                  |
| William Osler Health Centre              | Maher Abou-Seido, Linda Young              |
| York Central Hospital                    | Alison Gilmour, Leanne McCullough          |

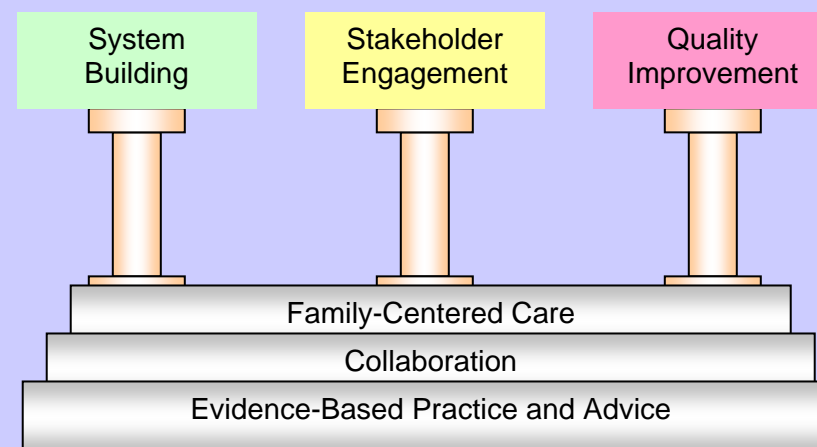
## Strategic Planning Initiative

The CHN initiated a strategic planning review in the spring of 2006. The purpose of the process was to assess the strengths and challenges confronting the Network and articulate a series of renewed strategic directions to guide future work.

In the context of the shifting provincial landscape and taking into consideration the feedback received during the consultation process, the strategic planning process confirmed that:

- The strategic plan will focus on the next 24 months and will be viewed as a transition period for the CHN given the uncertainties surrounding the broader transformation agenda unfolding in the healthcare sector.
- The CHN will strengthen its efforts to contribute to a provincial vision for maternal and child care to address the needs of the target population at a broader, sustainable level.
- The CHN can continue to add value to current members by building on its key strengths: *collaborative stakeholder partnerships, information sharing, and evidence-based advice.*
- Enhancing greater patient/family engagement is critical. Efforts in this area will need to be strategic with a focus on creating meaningful opportunities for patients and families to participate in both planning and communications.
- The following areas will be the central focus guiding the CHN's work in the coming transition period as the basis for meeting the needs of patients, families and care providers: *system building, stakeholder engagement, and quality improvement.*

### STRATEGIC PILLARS GUIDING CHN'S WORK



## Enhancement of Regional Centres

Building on recommendations arising from the CHN internal review process undertaken last year, the Network developed an *Implementation Plan* and submitted it to the Ministry in March 2006. There are no closures of services associated with this implementation plan. The proposed implementation model is based on a phased-approach that includes enhancement of services at four of the CHN Regional Centres. Enhancement of maternal, newborn and paediatric services at these Centres would:

- Ensure that secondary paediatric caseload volumes (i.e., moderate risk/ moderate complexity), moderate risk neonatal and moderate-risk obstetrical services are designated on a single site (Regional Centre) within a geographic area and are complemented by low-risk services at community hospitals and supported by high-risk/high complexity services at Tertiary Centres.
- Foster the development of a regional program of service delivery for maternal/newborn and paediatric care by working in close collaboration with the Tertiary Centres, Community Hospitals, CCACs, LHINs, and other care providers in the region.
- Promote the development of a physician human resources strategy that includes planning for on-call coverage and hospital work that is supported by a comprehensive compensation package that would eliminate the need for stipends.

## Chiefs of Obstetrics

| ORGANIZATION                      | MEMBER                                   |
|-----------------------------------|--|
| Halton Healthcare Services        | Robert Morrow                            |
| Humber River Regional Hospital    | Ben Tse                                  |
| Lakeridge Health Corporation      | Myles Beatty                             |
| Markham Stouffville Hospital      | George Arnold                            |
| Mount Sinai Hospital              | Alan Bocking, Mathew Sermer              |
| North York General Hospital       | Titus Owolabi                            |
| Rouge Valley Health System        | David Samra                              |
| St. Joseph's Health Centre        | Nicholas Leyland, Suzanne Wong           |
| St. Michael's Hospital            | Guylaine Lefebvre, Tatiana Freire-Lizama |
| Southlake Regional Health Centre  | David Rouselle                           |
| Sunnybrook Health Sciences Centre | Jennifer Blake, Hani Akoury              |
| The Credit Valley Hospital        | Mathias Gysler (Chair), Carol Wade       |
| The Scarborough Hospital          | Haidar Mahmoud                           |
| Toronto East General Hospital     | Brenda Woods                             |
| Trillium Health Centre            | Catherine Cowal                          |
| William Osler Health Centre       | Maher Abou-Seido                         |
| York Central Hospital             | Ford Luk                                 |

## Chiefs of Paediatrics

| ORGANIZATION                      | MEMBER            |
|-----------------------------------|-------------------|
| Bloorview Kids Rehab              | Golda Milo-Manson |
| Halton Healthcare Services        | Gian Egger        |
| Humber River Regional Hospital    | Gilbert Miller    |
| Lakeridge Health Corporation      | Rashid Rajah      |
| Markham Stouffville Hospital      | Larry Pancer      |
| Mount Sinai Hospital              | Kin Fan Young Tai |
| North York General Hospital       | Glenn Berall      |
| Rouge Valley Health System        | Rosemary Moodie   |
| SickKids                          | Daune MacGregor   |
| Southlake Regional Health Centre  | Muniini Mulera    |
| St. Joseph's Health Centre        | Mark Feldman      |
| St. Michael's Hospital            | Tony Barozzino    |
| Sunnybrook Health Sciences Centre | Michael Dunn      |
| The Credit Valley Hospital        | Pamela Coates     |
| The Scarborough Hospital          | Peter Azzopardi   |
| Toronto East General Hospital     | Marty Perlmutar   |
| Trillium Health Centre            | Angelo Simone     |
| William Osler Health Centre       | Ivor Margolis     |
| York Central Hospital             | Gerald Friedman   |

**Special appreciation and thanks are extended to hundreds of individuals participating at the task force and cluster tables as well as those who have been represented on the expert panels convened over the past year to provide advice on Network activities.**

## Coordinating Committee

| ORGANIZATION                                | MEMBER   |
|---|--|
| Bloorview Kids Rehab                        | Joan Ferguson  |
| Community Care Access Centre of Halton      | Sandra Henderson                                     |
| Community Care Access Centre of York Region | Bill Innes, Cathy Rogers                             |
| Community Care Access Centre of Peel        | Robert Morton  |
| Durham Access to Care                       | Lynda MacGregor                                      |
| Electronic Child Health Network             | Andrew Szende  |
| Halton Healthcare Services                  | Cindy MacDonald                                      |
| Humber River Regional Hospital              | Beverley Philp                                       |
| Lakeridge Health Corporation                | Donna Brownlee                                       |
| Markham Stouffville Hospital                | Joanne MacKenzie                                     |
| Ministry of Health and Long-Term Care       | Marnie Weber, Catherine Pepevnak                     |
| Mount Sinai Hospital                        | Tracy Kitch  |
| North York General Hospital                 | Nazira Jaffer, Steven Moss, Saul Goodman             |
| Rouge Valley Health System                  | Rosemary Moodie                                      |
| Scarborough Community Care Access Centre    | Janet Rajroop  |
| SickKids                                    | Marilyn Booth, Hilary Whyte                          |
| Southlake Regional Health Centre            | Annette Jones  |
| St. Joseph's Health Centre                  | Trish Crawford                                       |
| St. Michael's Hospital                      | Jo-Anne Copeland, Jennifer Dockery                   |
| Sunnybrook Health Sciences Centre           | Andrew Shennan                                       |
| The Credit Valley Hospital                  | Pam Coates, Mathias Gysler, David Rowe, Cori Chapman |
| The Scarborough Hospital                    | Bev St. Martin, Ann MacKinnon                        |
| Toronto Community Care Access Centre        | Margot Jeffrey, Carol Millar                         |
| Toronto East General Hospital               | Natalie Cournoyea                                    |
| Trillium Health Centre                      | JoAnne Oake-Vecchiato                                |
| William Osler Health Centre                 | Brenda Elsbury, Linda Young                          |
| York Central Hospital                       | Ursula Manuel  |



# Stakeholder Engagement



## *LHINs, Maternal/Child Health Care and the CHN*

The CHN initiated a series of meetings with the Chief Executive Officers, Board Chairs and Planners of the five Toronto-area LHINs in which its members are situated. During these meetings, the work of the CHN was discussed as well as the participation of the members and the network of resources available to assist in planning, coordination and integration with respect to the maternal/newborn and paediatric populations.

The CHN is uniquely positioned to play a leadership role in contributing to the development of LHIN plans and a provincial vision to enhance care and outcomes for the maternal/newborn and paediatric population based on the following:

- Historically, the CHN has been the only network within the province with a combined focus on the maternal/newborn and paediatric population and – as a result – has experience in working to address the needs of the full spectrum of this combined population.
- The number and diversity of the providers and the community which comprises the CHN currently provides a base of experience to draw upon within the total provincial landscape.
- The CHN has in place a strong clinical and operational stakeholder base from which to contribute to the planning process.
- The CHN currently crosses five LHIN jurisdictions and as a result is in a position to contribute to the vision of services across jurisdictions. As well, in the context of the LHIN boundaries, there are opportunities for the CHN to expand its membership to align with the LHINs (see diagram, opposite).

## *Committees,*



## *Task Forces and*



## *Working Groups*

## Improving the Health and Neuro-Developmental Outcomes of High-Risk Newborns

Given its large population base, the GTA is an ideal region to develop a Regional [Standardized] Neonatal Follow-Up Program (NNFU) that ensures consistency in service provision as well as collection of population-based data and that allows members of the Network to put in place a system where monitoring and continuous quality improvement are integral to program design.

The CHN has initiated a project to improve the quality of care and outcomes for high-risk newborns. The project, to be implemented over the next 18 months, will focus on optimizing the health and neuro-developmental outcomes of high-risk newborns through achieving greater collaboration among community and hospital care providers who are committed to building a Regional Neonatal Follow-Up Program. The focus of the project is to identify “best practice” initiatives that have emerged in the community and in the eleven NNFU clinics currently operating in hospitals across the GTA region and to disseminate them across the GTA.

*By focusing on what we know is “best practice” for this population group (from infancy to school age) and standardizing care practices across the “system,” over a period of five or ten years, we will be able to make a real difference in the health of the population.*

The number of low birth weight and preterm births and recipients of fetal interventions is increasing. Advancing development of a Regional NNFU Program in the GTA will provide a prototype for establishing a “gold standard” of care in this area resulting in significant provincial and international implications.

## Continuing Education for Paediatric Health Care Professionals

In the spring and fall of 2006, the CHN facilitated workshops for community and hospital nurses to update their clinical skills in paediatric nursing. The workshops were a collaborative effort between Toronto CCAC, SickKids and the CHN.

The CHN also coordinated update sessions for NRP Instructors to disseminate new and revised guidelines released by the American Heart Association/American Academy of Pediatrics and the Canadian Paediatric Society.

## MOVING FROM A CLUSTER MODEL TO A LHIN MODEL

### CHN Clusters (2000-2005)

| East   | North  | West  | Central   |
|--|--|---|---|
| <ul style="list-style-type: none"> <li>Durham Access to Care</li> <li>Lakeridge Health Corporation</li> <li>Markham Stouffville Hospital</li> <li>Rouge Valley Health System</li> <li>Scarborough CCAC</li> <li>The Scarborough Hospital</li> <li>CCAC of York Region</li> </ul> | <ul style="list-style-type: none"> <li>Bloorview MacMillan Children’s Centre</li> <li>North York CCAC</li> <li>North York General Hospital</li> <li>Southlake Regional Health Centre</li> <li>Sunnybrook and Women’s College Health Sciences Centre</li> <li>York Central Hospital</li> <li>CCAC of York Region</li> </ul> | <ul style="list-style-type: none"> <li>CCAC of Halton</li> <li>CCAC of Peel</li> <li>Etobicoke CCAC</li> <li>Halton Healthcare Services</li> <li>The Credit Valley Hospital</li> <li>Trillium Health Centre</li> <li>William Osler Health Centre</li> </ul> | <ul style="list-style-type: none"> <li>East York Access Centre</li> <li>Humber River Regional Hospital</li> <li>Mount Sinai Hospital</li> <li>St. Joseph’s Health Centre</li> <li>St. Michael’s Hospital</li> <li>The Hospital for Sick Children</li> <li>Toronto CCAC</li> <li>Toronto East General Hospital</li> <li>York CCAC</li> </ul> |

### Local Health Integration Networks (2005-2006)

| Central East  | Central  | Central West  | Toronto Central   |
|---|--|---|---|
| <ul style="list-style-type: none"> <li>Durham Access to Care</li> <li>Lakeridge Health Corporation</li> <li>Rouge Valley Health System</li> <li>Scarborough CCAC</li> <li>The Scarborough Hospital</li> </ul>                   | <ul style="list-style-type: none"> <li>Bloorview Kids Rehab</li> <li>Humber River Regional Hospital</li> <li>Markham Stouffville Hospital</li> <li>North York CCAC</li> <li>North York General Hospital</li> <li>Southlake Regional Health Centre</li> <li>York Central Hospital</li> <li>CCAC of York Region</li> </ul> | <ul style="list-style-type: none"> <li>CCAC of Peel</li> <li>William Osler Health Centre</li> </ul> | <ul style="list-style-type: none"> <li>East York Access Centre</li> <li>Mount Sinai Hospital</li> <li>SickKids</li> <li>St. Joseph’s Health Centre</li> <li>St. Michael’s Hospital</li> <li>Sunnybrook Health Sciences Centre</li> <li>Toronto CCAC</li> <li>Toronto East General Hospital</li> </ul> |
| <b>Mississauga/Halton</b> <ul style="list-style-type: none"> <li>CCAC of Halton</li> <li>Etobicoke-York CCAC</li> <li>Halton Healthcare Services</li> <li>The Credit Valley Hospital</li> <li>Trillium Health Centre</li> </ul> |  |   |   |

## Pandemic Influenza Planning

The importance of developing a provincial plan that includes clear definitions with respect to the role, scope, supplies and resources that need to be available in traditional as well as non-traditional (alternate) sites to care for sick neonates and children, laboring mothers and healthy babies is evidenced by the following facts:

- 24-25 percent of all hospital separations are related to perinatal care.
- Maternal/child issues were not initially considered as part of SARS planning and were consequently “crisis managed” during the SARS outbreak.
- Previous history with respect to other pandemics has shown that the population group most vulnerable has been the population group under the age of 35.

Earlier this year, SickKids was asked by the Ministry to lead a province-wide, cross-sectoral process to create a framework for an approach to pandemic influenza planning for the paediatric population, to ensure that the special and unique needs of children are appropriately addressed. The work done by the Provincial Pandemic Planning for Paediatrics (P4) Steering Committee formed the basis for a special “annex” to the Ontario Health Plan for an Influenza Pandemic (OHPIP). A baseline of paediatric specific issues was identified and comprehensive summaries prepared highlighting gaps and proposed solutions in six areas of focus including:

|                                       |
|---------------------------------------|
| 1. Communication & Education          |
| 2. Psychosocial Support & Ethics      |
| 3. Capacity, Supplies & Equipment     |
| 4. Infection Control & Public Health  |
| 5. Medical Management & Laboratory    |
| 6. Human Resources & Support Services |

Alison Quigley, CHN Executive Director, chaired the Capacity, Supplies & Equipment Sub-committee. The work of this group provided the CHN and other provincial partners with an opportunity to contribute to the development of the P4 Annex with a focus on profiling the importance of special circumstances required to plan effectively for the perinatal and paediatric populations. Included in the plan was a description of key planning considerations to facilitate triage and management, appropriate site of care, and inter-facility transfer/transport of mothers, their newborn infants and children.

## Putting “Best Practice” Into Practice

### FETAL FIBRONECTIN

A practice guideline addressing the testing of women in preterm labour for the presence of Fetal Fibronectin [fFN] has been developed by the CHN fFN Expert Panel and has been approved by the CHN’s committees and Board of Directors.

| ORGANIZATION                      | MEMBER                                 |
|-----------------------------------|--|
| Halton Healthcare Services        | Glen Hunter                            |
| Mount Sinai Hospital              | Nan Okun, Rory Windrim                 |
| North York General Hospital       | Nicholas Shillette, Nazira Jaffer      |
| Rouge Valley Health System        | Terry Logaridis                        |
| St. Joseph’s Health Centre        | Suzanne Wong (Chair)                   |
| St. Michael’s Hospital            | Tatiana Freire-Lizama                  |
| Sunnybrook Health Sciences Centre | Andrew Shennan, Jon Barrett            |
| The Credit Valley Hospital        | Mathias Gysler, Kathryn Hayward-Murray |
| William Osler Health Centre       | Tony Addison                           |
| York Central Hospital             | Ford Luk, Tony Wong                    |

The Network will be implementing the guideline as part of a pilot testing the use of fFN for appropriate patients. It is expected that many women currently transferred to tertiary centres (and sometimes out of region or country) could be discharged home with the assurance that the birth of their babies will not occur. This will help address the unnecessary use of maternal tertiary beds and interventions (tocolytics, corticosteroids, etc.) that are currently undertaken during admission for preterm labour.

As part of the “testing” of fFN, the CHN will establish a monitoring process to assess the effectiveness of the test and the changes in utilization of maternal tertiary beds.

### BILIARY ATRESIA

The CHN has recommended that member hospitals implement practice guidelines from the North American Society for Paediatric Gastroenterology, Hepatology and Nutrition regarding management of jaundice in the neonatal period. These guidelines recommend early testing for direct bilirubin for babies with jaundice. This recommendation results from information about some babies being diagnosed with biliary atresia that would have achieved better outcomes with earlier diagnosis.

## *Appropriate Place of Birth for High-Risk Newborns*

Currently, more than 200 babies each year in the GTA are born in a hospital considered “not appropriate” placing them at risk of higher levels of morbidity and mortality. In fact, about 30 percent of preterm births in the GTA occur at non-tertiary hospitals.\* This percentage has not improved over the past five years despite concerted efforts to improve access to tertiary centres.

Recently, the CHN Maternal and Newborn Services Task Force initiated a project to identify the actual reasons preventing “appropriate place of birth” for infants born at <32 weeks gestation. The objectives of the project are:

1. To undertake a retrospective review (audit) of the outcomes of infants who are at risk and cared for in Levels II, II+ and III facilities.
2. To determine the reasons why transfer to a tertiary facility did not occur.
3. To develop an action plan to address this quality of care issue.

The project results will help the system gain a better understanding of the specific issues related to “appropriateness of care” and, in particular, the reasons why a significant number of newborns <32 weeks gestation are not being delivered at the optimal level of care based on evidence that defines best practice. Once this has been determined, an action plan will be developed using quality improvement tools to address the issues.

\* Niday Perinatal Database, 2005/06

## *Paediatric Database*

The success of the Niday database has stimulated interest in having a similar database for paediatrics. As a result, work has commenced on the development of a database to measure and monitor paediatric activity in CHN member hospitals. Preliminary discussions with Network members have resulted in draft terms of reference, committee membership and a plan to coordinate the work with Canadian Association of Paediatric Health Centres and the Ontario Child Health Network to avoid duplication and to build on work that has already been undertaken. The project is being coordinated by Barbara Chapman and is chaired by Irene Blais from SickKids.



★ ★ ★  
★ *Quality* ★  
★ ★ ★  
*Improvement* ★  
★



## Niday Perinatal Database Project

*The Niday Perinatal Database is now recognized as a key resource for planning and accountability across the province with potential to contribute to changes in population health, healthy behaviours, disease prevention, obstetrical and neonatal practice patterns, and patient outcomes.*

In September 2006, the CHN released its *Third Annual Statistical Report* on the *Niday Perinatal Database*. This year's report (2005/06 analysis) allows the CHN to provide a more comprehensive and complete set of data to draw upon in light of the following:

- Inclusion of home birth data for the entire GTA region.
- Geographic analysis undertaken by LHIN (by hospital location and by residence). In addition, as per the previous year, analysis by level of care, analysis by hospital size (based on birth volumes), and analysis of variables related to infant outcomes based on a breakdown of gestational age (i.e., <30, 31-32, 32-36, and >36 weeks).

This year's report also reflects enhancement of the CHN's ability to analyze the data and allow for greater certainty in drawing general observations with respect to changes, trends and concerns related to patient access, quality of care/safety, and patterns of practice.

| Highlights Emerging from the<br>"Niday Perinatal Database: Third Annual Statistical Report (2005/06)"   |
|---|
| <ul style="list-style-type: none"> <li>• There were 67,315 hospital births and 795 home births for a total of 68,110 live births in the GTA. The region continues to experience an increasing birth rate in comparison to many regions in the province.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• The stillbirth rate was highest in the Central West LHIN (7.3 per 1,000).</li> </ul>   |
| <ul style="list-style-type: none"> <li>• The low birth weight rate was highest for infants residing in the Central East (7.0%) and Central West (7.2%) LHINs.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• The GTA has the highest rate of women who gave birth over 40 years of age and the lowest rate of women under 20 compared to other regions in the province with large variations across hospitals and LHINs.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Sunnybrook and Women's College Health Sciences Centre (SWCHSC)* had the highest rate for women giving birth over 40 years of age (8.2 percent) and the lowest rate of women less than 20 years of age (1.2 percent). An opposite trend was observed at Lakeridge Health Corporation where 2.0 percent of women giving birth were over 40 years of age and 5.6 percent were under 20 years of age.</li> </ul> |
| <ul style="list-style-type: none"> <li>• The GTA continues to experience a declining trend in family physician and midwifery attended hospital births (with a commensurate higher attendance by obstetricians).</li> </ul>  |
| <ul style="list-style-type: none"> <li>• There were 563 maternal transfers to a GTA hospital to give birth with 160 of these women being transferred from outside the CHN region.</li> </ul>  |

- 36 percent of total transfers were women of <32 weeks gestation.
- The Toronto Central LHIN, where the two Level III centres are located (Mount Sinai Hospital and SWCHSC), received almost 50 percent of the maternal transfers.
- Infants <32 weeks born outside of Level III continued to occur at a high rate of 30.1 percent with improvements observed in Level I hospitals, but continued challenges experienced for the Level II and Level II+ hospitals.
- The induction rate increased by 3.5 percentage points in 2005/06 to 22 percent.
- Cesarean section rates climbed upwards by 2 percentage points to 28 percent. Elective cesarean sections influenced the increase. The highest cesarean section rates were in women over 40 years of age.

*\* Sunnybrook and Women's College Health Sciences Centre officially de-amalgamated in April 2006. As of April 2006, perinatal services are under Sunnybrook Health Sciences Centre. Data analyzed in this report was prior to de-amalgamation, therefore reference will be made to SWCHSC.*

## Building a Provincial Perinatal/Infant Surveillance System

*A Provincial Perinatal/Infant Surveillance System streamlines and integrates maternal/fetal and infant information from conception through infancy.*

Historically, Ontario has not had a perinatal/infant surveillance system and consequently, has lagged behind other provinces that have established government-funded surveillance programs. During the past year, working with other members of the Ontario Provincial Perinatal Partnership Program,\* a proposal for development of a Provincial Perinatal/Infant Surveillance System was developed and presented to the Ministry of Health and Long-Term Care.

The project was initiated in recognition of the immediate opportunities available to align other data holdings within the Niday Perinatal Database to reduce the burden of data collection and provide better quality data for cross-organization, cross-sectoral, and cross-ministerial needs. The expected end result is development of a comprehensive and flexible system to support perinatal/infant surveillance for the province that will streamline information management at the point of care to facilitate improved care, better planning and decision-making.

*\* The OP3 partnership has been cultivated over the past decade and has worked to build strong linkages and relationships both within and across individual organizations in an effort to improve the health and well-being of mothers and newborns. OP3 includes representation from all regions of the province. Membership includes clinicians, public health professionals, administrators, epidemiologists and researchers.*