2006/2007 Annual Report

Child Health Network For The Greater Toronto Area

The Hospital for Sick Children
Kevin
Age 16

CHILD HEALTH NETWORK

for the Greater Toronto Area

Working Together for Children's Health

Thank you to the members of the CHN who submitted photographs
for use in this year's Annual Report.

The drawing on the front cover was done by Kevin, Age 16
and submitted by The Hospital for Sick Children

Message from the Chair & Executive Director

We have the honour to present the 2006/07 Annual Report for the Child Health Network for the Greater Toronto Area. The report was prepared under the Board's direction, in accordance with the Membership Agreements signed by CHN members and in support of the new *CHN Accountability Framework* adopted by the CHN Board during the past year.

On April 1, 2007, the provinces 14 LHINs assumed full responsibility for planning, funding and integrating local health, overseeing a substantial portion of the provinces healthcare budget. We believe that the Network can play an important role in supporting the work of LHINs by raising awareness of the important needs of the maternal/newborn/child population, providing data and relevant information to support planning and decision making, and facilitating strong linkages across the LHIN boundaries.

In the context of the changing provincial landscape and taking into consideration the feedback we received during our Strategic Planning Review, our efforts over the past year have focused primarily on:

- ✓ Developing relationships with the Local Health Integration Networks (LHINs),
- ✓ Enhancing awareness of the need for a provincial focus on maternal/child health care to address the needs of these target populations, and
- ✓ Strengthening the collection of information on maternal/newborn and paediatric indicators to support planning and decision-making among healthcare providers, individual healthcare organizations, policy makers and across LHINs.

We believe that the expansion of the Niday Perinatal Database and the implementation of the CHN Paediatric Indicators Project provide us with a solid foundation upon which to advance our strong leadership role in all of these areas.

As we look back over the past year, we want to once again acknowledge the passion and dedication of our members and partners. Together we can fulfill our vision of *building 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.*

Respectfully submitted,

Wayne Fyffe, Chair, Board of Directors

Alison Quigley, Executive Director

CHN Board of Directors

REPRESENTATION	MEMBER	TITLE/ORGANIZATION
Tertiary Care Centres	**Mary Jo Haddad**	*President & CEO, SickKids*
	Sheila Jarvis	*President & CEO*, Bloorview Kids Rehab
	Leo Steven	*President & CEO, Sunnyb*rook Health Sciences Centre
Regional Children's Health Centres/Advanced Level II NICUs	**Bonnie Adamson**	*President & CEO*, North York General Hospital
	Wayne Fyffe *(Chair)*	*President & CEO*, The Credit Valley Hospital
	Brian Lemon	*President & CEO*, Lakeridge Health Corporation
Regional Children's Health Centres/Level II NICUs	**Robert Devitt**	*President & CEO*, Toronto East General Hospital
Short Stay Paediatric Units/Level II NICUs	**Janet Beed**	*President & CEO*, Markham Stouffville Hospital
Community Care Access Centres	**Janet Harris** *(Vice Chair)*[1] **Cathy Szabo**	*Executive Director*, Durham Access to Care *Executive Director*, Central LHIN CCAC

[1] - Resigned November 2006

Executive Summary

The Child Health Network for the Greater Toronto Area (CHN) is pleased to present its ***2006/07 Annual Report*** highlighting the accomplishments achieved by the Network through the commitment, skill and dedication of CHN members, staff and a growing number of partners.

Over the past year, the CHN:

√ Began implementation of its new strategic directions that emerged from extensive Strategic Planning Review undertaken in 2006.

√ Played a lead role in supporting key provincial initiatives including development of an ***Ontario Perinatal Surveillance System (OPSS)*** and a plan to advocate for a provincial focal point to address the needs of the maternal/newborn population.

√ Continued to support development of standardized datasets to strengthen planning and decision-making including enhancements to the ***Niday Perinatal Database Project*** and development of the ***CHN Paediatric Indicator Project (PIP)*** in collaboration with the Provincial Council for Children' Health (PCCH) benchmarking work.

√ Undertook a ***review of the CHN governance model*** including renewal of the membership, completion of ***Governance Policies & Procedures***, and development of a supporting ***Accountability Framework***.

CHN 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.

CHN 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.

√ Finalized the revisions to the maternal, newborn and paediatric ***Scope of Services Guidelines*** associated with the different levels of care including enhancing services at four of the CHN Regional Centres.

√ Continued to strengthen and ***improve patient care and service delivery*** with a special focus on developing best practices and region-wide quality and patient safety initiatives (e.g., use of fetal fibronectin, NRP, review of C-section rates).

√ Facilitated connections among members to streamline and enhance pandemic planning for the maternal/newborn and paediatric populations.

Overview of the CHN

Established in 1999, the CHN is a partnership of hospital and community providers committed to establishing a more coordinated regional system of health care delivery for mothers, newborns, children and youth. The Network is funded by the members with periodic support received from the Ministry of Health and Long-Term Care in support of specific projects.

The CHN facilitates and supports development of a regional maternal/newborn and children's health services system. Members of the Network:

- ✓ Share knowledge and coordinate services throughout the GTA with a focus on strengthening access to quality care and enhancing continuity and consistency of care across the region.
- ✓ Collaborate to set and achieve practice standards, carry out research and education activities, and facilitate the planning and delivery of coordinated family-centred perinatal and pediatric care of the highest quality in accordance with its vision, mission and core values.

Membership of the Network includes eighteen (18) acute care hospitals (consisting of 26 hospital sites), one (1) children's tertiary level rehabilitation and complex continuing care centre and five (5) Community Care Access Centres (CCACs).

About The CHN

1. *The CHN is one of the largest voluntary healthcare networks in Ontario.*
2. *The CHN is the largest Network in the country representing the interests of both maternal/newborn and paediatric care providers.*
3. *More than 50% of all births in Ontario, and approximately 20% of all births in Canada occur in the GTA.*
4. *The GTA region includes over 400 paediatric inpatient beds located on 20 sites.*
5. *More than 50% of paediatric hospital care in the province is delivered by GTA hospitals.*
6. *20% of the CCAC caseload in the GTA is focused on paediatric clients*
7. *Each day approx 2,700 children on the daily active caseload receive in-home care through CCACs. This volume of care is equivalent to that provided by a large community hospital.*

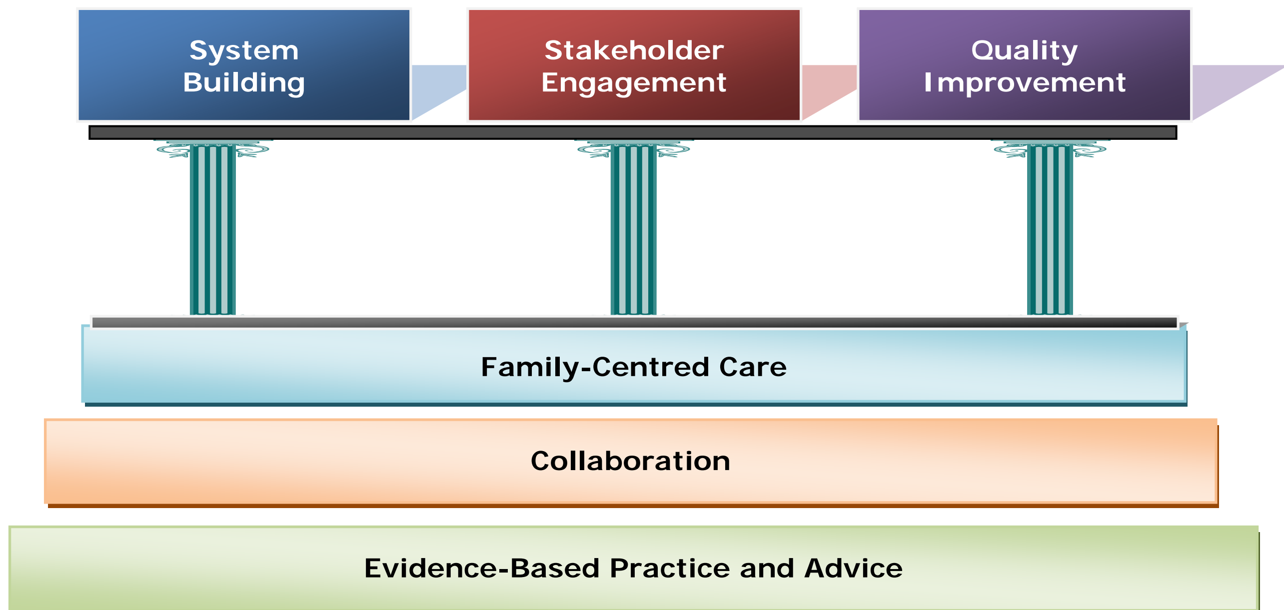
CHN Members

LHIN	CHN Members
Central East *	• Lakeridge Health Corporation • Rouge Valley Health System • The Scarborough Hospital • Central East CCAC
Central	• Bloorview Kids Rehab • Humber River Regional Hospital • Markham Stouffville Hospital • North York General Hospital • Southlake Regional Health Centre • York Central Hospital • Central CCAC
Central West	• William Osler Health Centre • Central West CCAC
Mississauga- Halton	• Halton Healthcare Services • The Credit Valley Hospital • Trillium Health Centre • Mississauga-Halton CCAC
Toronto Central	• Mount Sinai Hospital • SickKids • St. Joseph's Health Centre • St. Michael's Hospital • Sunnybrook Health Sciences Centre • Toronto East General Hospital • Toronto Central CCAC

* Central East CCAC withdrew its membership to the Child Health Network in September 2007

ADVANCING THE STRATEGIC GOALS OF THE NETWORK

This year the CHN began implementation of its new strategic plan. The strategic goals identified during the strategic planning process reflect a focus on the following strategic pillars and goals guiding the work of the Network:



Strategic Pillars	Goals
SYSTEM BUILDING	1: Align with and influence Ontario's health transformation agenda.
	2: Influence implementation of an integrated system.
STAKEHOLDER ENGAGEMENT	3: Enhance opportunities for collaboration and participation.
QUALITY IMPROVEMENT	4: Improve knowledge transfer and evidence based practice across the Network.
	5: Strengthen measurement and evaluation of system performance.

PILLAR 1: SYSTEM BUILDING

Strategic Goal 1: Align with and influence Ontario's health transformation agenda

Strengthening provincial advocacy for maternal/newborn care

A number of provinces across Canada have implemented regionalized systems of maternal/newborn care and recognized the importance of an overarching strategy to guide provincial stewardship to address the needs of this population group. While Ontario has made some strides in 'regionalizing' parts of the maternal and newborn health system (e.g., designation of tertiary care centres for accessing high risk birthing services) most of the efforts undertaken to better align maternal/newborn services has emerged voluntarily within and across regions. The one exception has been the GTA region where the CHN has worked with the Ministry of Health and Long-Term Care to develop guidelines that support designation of perinatal care services as part of the vision of building a regionalized maternal/newborn services system.

This past year, the CHN led a provincial process to raise awareness of the need to establish a provincial focal point (i.e., a Maternal/Newborn Advisory Council) to advise on policy, planning, and delivery of maternal/ newborn care in Ontario. The work was undertaken in partnership with the Ontario Perinatal Partnership Program (OP3) - a voluntary network of perinatal programs and organizations committed to fostering optimal maternal/newborn care.[1] This work was undertaken in recognition of the need to address continued challenges that are prohibiting effective planning and management of maternal/newborn services in the province [see insert].

Challenges Confronting Maternal/Newborn Care in Ontario

1. *Inadequate access to primary maternity care in all regions of the province.*
2. *Inadequate access to high risk maternity services throughout the province.*
3. *Declining health status indicators (e.g., LBW, Infant Mortality).*
4. *Growing shortages and an "unstable" supply of human resources at all levels of care; and, an unsustainable pool and distribution of care provider groups to meet population needs.*
5. *Rising rates of interventions (e.g., C-section rates, induced labour) contributing to longer hospital stays, increased nursing workload demands, and escalating costs.*
6. *Wide variations in practice patterns across the system.*
7. *Opportunities to improve maternity care by leveraging current provincial reforms (e.g., primary care, chronic disease strategies).*
8. *Local service pressures arising from instability of coverage for obstetrical services (e.g., Ajax, Georgetown).*
9. *Barriers to implementing innovative models of inter-professional care.*

[1] OP3 includes representation from all regions of the province. The group meets twice a year with a focus on facilitating provincial resolution to issues of concern for this population group.

The group concluded that an integrated approach is required inside the Ministry of Health and Long-Term Care to provide system level management and guidance that will support greater clarity with respect to the roles (i.e., designated levels of care) of hospitals, their relationships with one another, and the range of issues impacting on adequate and appropriate care within and across LHINs.

Renewing Board Governance & Accountability

The CHN's strategic planning review (2006) identified the need to renew the Network's current governance structure and consider changes required to respond to the following circumstances:

- ✓ Uncertainty arising from the current environment in which the CHN operates,
- ✓ Filling of vacant seats on the CHN Board and confirmation of a process to replace Board members whose terms have expired, and
- ✓ Strengthening governance practices and accountability to members.

In response, the CHN Board established a *Governance Working Group* to review and provide advice on the current governance model and develop ***CHN Governance Policies and Protocols*** including an ***Accountability Framework***.

Governance Reporting & Accountability

Consistent with the growing trend of organizations disclosing governance practices and how these compare to best practices, the CHN embarked on a process to formalize many of its governance practices and strengthen its accountability to members. The agreed about *CHN Accountability Framework* includes comparison of the CHN Board's corporate governance practices against relevant guidelines currently in place for other organizations.

The table in Appendix 1 summarizes and provides comments on CHN's current status/compliance with the ***CHN Accountability Framework Guidelines.***

Assumptions Guiding CHN Governance Renewal Process

1. *The CHN is a voluntary collaborative comprised of members from hospitals and CCACs in the GTA. The CHN is not an incorporated entity with powers granted to it under formal legislation or regulation.*
2. *The CHN Board should remain small and cohesive and be comprised of members with the appropriate experience, knowledge, and skills needed to govern the activities of the Network.*
3. *The CHN does not need a formal facilitated governance renewal process at the present time. It requires agreement among the membership on how current vacancies on the Board should be filled, how better linkages can be established between the Board, Coordinating Committee and Task Forces, and how Board accountability can be strengthened.*
4. *Changes to the CHN Board need to consider how the composition and membership of the Board needs to change to: better position the Board to achieve the 5 strategic directions confirmed during the strategic planning process; strengthen the Network's working relationship with LHINs; and include the views and perspectives of 'new' voices around the table.*

The CHN Board of Directors will seek endorsement of the governance policies and accountability framework from the full membership at its October 2007 Annual General Meeting.

Strategic Goal 2: Influence implementation of an integrated system

Building A Partnership With LHINS

This past year, the CHN began discussions with the five (5) Local Health Integration Networks (LHINs) within its membership catchment area. These discussions explored opportunities to work together to strengthen planning, coordination and integration of services for the maternal/newborn and paediatric population within and most importantly across the LHINs.

The CHN's efforts to plan, coordinate and integrate health care services for the maternal/newborn and paediatric populations across the five LHINs is building on key findings arising from the significant body of work that has been undertaken over the past decade. In particular, there are opportunities to utilize solid evidence and information arising from:

√ Current databases and data management initiatives (e.g., the Niday Perinatal Database system, the CHN Paediatric Indicator Project).

√ Previous planning efforts (e.g., 2003-05 Internal Review process undertaken by the CHN in response to a request by the MOHLTC).

√ Existing policy guidelines/documents e.g., MOHLTC endorsed scope of service guidelines for levels of maternal/newborn and paediatric care).

√ Human resource initiatives (e.g., human resource planning, recruitment, inter-professional models of care emerging across the Network).

Milestones achieved in advancing the LHIN/CHN partnership in 2006/07 included:

√ A number of meetings with LHIN staff focused on increasing understanding the current organization of maternal and paediatric health care services across the province and regions, and the immediate and longer term opportunities and challenges for improving care for these population groups.

√ Confirmation of "Endorsements of Support" by the Central East LHIN, Central West LHIN, and Central LHIN supporting the CHN's proposal to invite hospitals within their regions whom are not currently members of the CHN to join the Network.

√ Inclusion of a LHIN analysis as part of the *2006/07 Niday Annual Report*.

√ An opportunity to be part of LHIN-based planning teams for maternal/newborn and paediatric services.

Future plans to strengthen the LHIN/CHN partnership include:

√ Providing objective expert evidence and information to support LHINs as they engage their communities in planning for the maternal/newborn and paediatric populations.

√ Facilitating cross-LHIN planning among the five LHINs with a focus on educating target audiences about what these linkages can offer in terms of improved health outcomes for mothers, newborns and children.

√ Testing innovative solutions (built on collaboration and partnership) to improve care delivery for mothers, newborns and children that could be a *model for positive change* elsewhere in Ontario and across the country.

Clarifying Scope of Service Guidelines

During the past year, the CHN continued efforts to clarify the scope of services associated with the defined levels of care that underpin the regionalized model of maternal, newborn and paediatric care in the GTA.[2] The revised ***Scope of Service Guidelines*** seek to standardize the definitions and service requirements for the different levels of care including clarification of the scope of services associated with each level. The amendments also recognize advances in clinical practice that support quality of care.

[2] The original Guidelines built on a policy statement released by the Ontario Ministry of Health and Long-Term Care (MOHLTC) in February 2000. The statement confirmed establishment of the Network, and endorsed the fundamental components of the Network model including the level of care designations related to the scope of services/level of acuity/complexity of patients receiving care at each hospital.

The revised Guidelines support the establishment of a reconfigured and consolidated system of care within the GTA based on three levels of maternal/newborn and paediatric care while recognizing the importance of the continued existence of five Level 1 obstetric units within multi-site organizations:

- ✓ Level 1 obstetrical centres associated with Community Hospitals (located at a different site of an amalgamated, multi-site hospital)
- ✓ Care delivered at COMMUNITY HOSPITALS (including four (4) Level 1 Obstetric units)
- ✓ Care delivered at REGIONAL CENTRES (including one (1) Level 1 Obstetric unit)[3]
- ✓ Care delivered at TERTIARY CENTRES

Once approved, it is expected that implementation will occur gradually, thus providing hospitals an opportunity to align with the new guidelines as the system evolves. It is also expected that a collaborative approach will underlie decisions regarding changes that occur within and between organizations as the system develops.

PILLAR 2: STAKEHOLDER ENGAGEMENT

Strategic Goal 3: Enhance opportunities for collaboration and Participation

Assisting with pandemic influenza planning

In March 2007, the CHN convened a discussion forum providing members with an opportunity to share their progress with respect to pandemic influenza planning. Consistent messages emerging from the session were as follows:

- √ Current planning for the maternal/newborn and paediatric populations is not being given the priority needed at the provincial level.
- √ More information is needed on the actual effect of the pandemic influenza on specific populations (e.g., pregnant women and newborns).
- √ The system must be able to effectively prepare for and manage birthing and paediatric services during an outbreak. In particular, there is a need to develop (and agree on)

Pandemic Priorities for the Network

1. *Review, clarify and confirm planning assumptions and guidelines related to capacity, supplies, human resources, training, and equipment across the Network.*
2. *Identify and confirm linkages with other groups important to the planning process.*
3. *Confirm public education needs including roles and responsibilities in this area.*
4. *Facilitate advanced skill training for nurses by tertiary centres.*
5. *Review, clarify and confirm clinical and ethical assumptions.*
6. *Clarify/confirm triage and transfer guidelines.*
7. *Clarify medical guidelines and transfer/triage process re: level of care.*
8. *Profile needs of special populations.*
9. *Continue process of collaboration/ communication as part of current planning efforts*
10. *Test the plan.*

[3] Rouge Valley Health System includes a Level 1 Obstetric Unit at Ajax Pickering Hospital

ethical strategies and undertake surge capacity reviews related to maternal child management.

√ There is a strong desire to facilitate greater collaboration and coordination among those planning for these population groups. The CHN is viewed as being well-positioned to work with members to improve communication and planning across member organizations.

The involvement of the CHN in pandemic planning is closely linked to the leadership role being played by Sick Kids in providing a provincial planning role for paediatrics particularly with respect to the following areas: Medical Management (clinical guidelines), Paediatric/Neonatal and Obstetrical Capacity.[4]

PILLAR 3: QUALITY IMPROVEMENT

Strategic Goal 4: Improve knowledge transfer and evidence-based practice across the Network

Implementing the CHN Paediatric Indicators Project

This past year, the CHN launched the Paediatric Indicators Project (PIP). The project is aligned with provincial and national initiatives focused on developing standard indicators to monitor the paediatric healthcare system for the purpose of quality improvement[5] and access management across the care continuum. It also marks the first time community and non-paediatric academic health sciences centres have been involved in measuring and comparing their paediatric activity data in an effort to better inform stakeholders about the breadth of paediatric care being delivered in hospitals.

The project is being undertaken with the unanimous participation, support and collaboration of CHN hospitals and CCAC partners as leaders in the delivery of paediatric

PIP: Objectives

- ✓ *Coordinate regional data sharing, networking and benchmarking for the paediatric community.*
- ✓ *Report paediatric relevant indicators for evidence-based decision support.*
- ✓ *Identify, report and promote the use of paediatric relevant indicators both at the institution and system level across the CHN.*
- ✓ *Identify benchmarks to promote best practices and enhance health outcomes.*
- ✓ *Develop annual paediatric indicator reports that build on the OCHN Benchmarking Annual Report and provides an analysis of the Paediatric Health System in the GTA.*
- ✓ *Define the age for paediatrics that will be consistently used by all organizations across the GTA.*

[4] Sick Kids was given this leadership role by the Ministry of Health and Long-Term Care

[5] Quality improvement in the following areas: operational efficiencies, data quality, clinical outcomes and benchmarking best practices across the continuum.

healthcare in the Greater Toronto Area. As the result of the CHN's role in this project, other community hospitals within the province are planning to participate in the next annual report cycle.

The PIP builds on the experience and success of the Ontario Child Health Network (OCHN) Benchmarking Report and applies the CIHI/Hay Group methodology to the data of the CHN member hospitals and is undertaken collaboratively with the Provincial Council for Children's Health (PCCH). The project will advance adoption of a consistent approach for collecting, analyzing, monitoring and/or reporting on paediatric relevant indicators across the Network. Advancement of the initiative will inform future planning and policy development, identify continuous quality improvement opportunities to improve clinical outcomes, operational efficiencies, benchmarking practices, and quality measures at both the institution and system levels.

The CHN staff and project chair visited each Network hospital to present and discuss both their individual and peer-aggregate data. Members demonstrated a strong commitment to embark on a process to address both system and organizational variances.

The first report – planned for release in December 2007 – will provide analysis of 2005/06 data from the CIHI Discharge Abstract Database (DAD). Subsequent reports will include analysis other paediatric data sources (i.e., NACRES, Same-Day Surgery and CCAC) to meet the objectives of examining paediatric care across the continuum.

Improving Patient Care: ENHANCING practice standards

Fetal Fibronectin Testing: As the incidence of preterm birth continues to rise and the stress on tertiary beds increases, the importance of identifying those mothers in true preterm labour will become even more important. Many mothers exhibiting signs and symptoms of preterm labour are not in true labour and will not deliver a preterm baby. However, in the past, it was difficult to predict which mothers would actually give birth prematurely. A test for the presence of fetal fibronectin in a vaginal swab has now been developed and the CHN has embarked on a Network-wide practice initiative to test all mothers with signs of pre-term labour to determine those at risk of delivering a preterm baby. All CHN members are participating in adoption of a universal testing program. It is anticipated that the use of the test will result in better utilization of scarce maternal antenatal beds and resources in regional and tertiary hospitals. Those mothers with negative test results will no longer need to be transferred to tertiary hospitals and those truly needing tertiary care will have improved access to those resources. It is also hoped that this will address the one-third incidence of preterm babies less than 32 weeks gestation currently not having access to birthing services at a tertiary centre.

Neonatal Resuscitation Program: The Neonatal Resuscitation Program (NRP) developed by the American Heart Association and the American Academy of Pediatrics has long been the standard for resuscitation of the newly born infant in Canada. Recently, the responsibility for

setting standards and overseeing the practice guidelines in Canada was assumed by the Canadian Paediatric Society (CPS). The CPS has recently adopted standards that are unique to Canada. The CHN has been instrumental in implementing these new guidelines into practice within the Network hospitals. Numerous workshops were held across the Network to familiarize the NRP Instructors with the practice changes. The work of the CHN in updating instructors will ensure that babies born within network hospitals receive quality, evidence-based care at the moment of birth should they require assistance.

Acute Care of the at-Risk Newborn(ACoRN): In addition to the NRP Guidelines, the CPS has recently released an education program entitled Acute Care of the at-Risk Newborn, otherwise known as the ACoRN Program. In June 2007, the CHN offered the first in a series of sessions to implement this program and enable upgrading of nurses delivering care to babies within the NICUs of the Network hospitals. This program will ensure high-quality, evidence-based care to all newborns experiencing problems around the time of birth.

Caesarean-section review: The CHN has initiated a 'voluntary review' of the caesarean-section (C/S) rates in CHN member hospitals. The intent of this review is to raise awareness of the current C/S rates in a way that will allow for consistent understanding and interpretation of current practices and suggest areas where practices could possibly be improved. The review is assessing the current C/S trends using Robson's 10 point classification system based on analysis of information from the Niday dataset (2003/04 -2006/07). It is also anticipated that this work will be used as the basis for development of continued local monitoring of C/S rates and indications. The findings will be disseminated to CHN members to inform discussion and possible strategies for further improvements in quality of care and service provision for maternity care for specific prospective groups of women.

Strategic Goal 5: Strengthen measurement and evaluation of system performance

Building on the Success of the Niday Perinatal Database

The CHN continued to enhance development of the Niday Perinatal Database. The release of the *Fourth Annual Statistical Report* (October 2007) builds on analysis undertaken in previous reports and profiles the benefits and utility of the Niday database in facilitating access to reliable, real-time data related to maternal and newborn volumes in the GTA.

The 2006/07 Niday report differs from previous reports in that much of the analysis was undertaken based on Local Health Integration Network (LHIN) boundaries. Information arising from the data will:

- ✓ Contribute to planning, continuous quality improvement, benchmarking and evaluation initiatives being undertaken by LHINs, individual hospitals, the public health sector, and the CHN.
- ✓ Inform future planning and policy development at the LHIN level with respect to maternal/child health services in the region.
- ✓ Enhance awareness and allow for comparison of particular healthcare practices within and across health care organizations by supporting the development of benchmarking at the regional, provincial and national level.
- ✓ Identify regional trends, continuing professional education needs, and areas for future program development/reconfiguration.
- ✓ Identify specific areas/issues emerging from the data and establish action plans, where needed.
- ✓ Support hospitals in meeting accreditation and risk management requirements.
- ✓ Enable participation of the GTA in provincial and national reporting and support development of the Ontario Perinatal Surveillance System.

In response to changing planning needs of hospitals, LHINs and the Network, the CHN has also decided to produce a separate report looking at efficiency indicators. This report will be developed for release in early 2008.

Attachment 1: CHN Accountability Framework

Accountability Framework Guidelines	Progress/Status: Compliance & Comments	Future Plans to Strengthen Accountability
1. The Board should explicitly acknowledge responsibility for stewardship of the organization.[6]	✓ The mandate of the CHN Board is to provide oversight with respect to operation and policy direction on behalf of the members. ✓ Members sign a Membership Agreement which sets out how the Network will operate; members pay an annual fee to support operation of the Network.	
a) Adoption of a strategic planning process.	✓ The CHN Board is responsible for overseeing the development of a strategic plan for the Network. The Board receives input to its strategic planning process from staff, CHN Committees/Working Groups, Chiefs of Obstetrics and Paediatrics, and key stakeholders. A strategic planning review was undertaken in 2006. ✓ The Board reports on the progress/milestones with respect to the strategic plan through an Annual General Meeting (AGM). It also oversees production of an Annual Report that is released at the AGM.	✓ A portion of all CHN Board meetings will be dedicated to reviewing and monitoring achievement of the strategic directions outlined in the Strategic Plan.
b) Identification of the principal risks to the organization and ensuring the implementation of appropriate systems to manage these risks.	✓ The Board Chair and Executive Director are responsible for the identification of major risks and the assessment and mitigation of these risks. ✓ The Board monitors financial risks and performs an oversight role to manage all risks faced by CHN.	
c) Succession planning.	✓ The *CHN Governance Policies & Protocols (2007)* document outlines the responsibilities of the Board in appointing and overseeing performance of the Executive Director and in ensuring that succession planning and organizational training and development programs are in place.	
d) A communications policy.	✓ Regular reports are issued to CHN members through a newsletter and/or through frequent mailings to members. ✓ Regular reports are provided to the Ministry of Health and Long-Term Care and LHINs on the status of key projects.	✓ Develop a formal communications program to support effective communication with internal and external stakeholders and the public ✓ Develop a plan to clarify and strengthen communication with LHIN and government partners.
e) Integrity of internal control and management information systems.	✓ An annual independent Audit is in place and reports on the CHN's activities annually. This report is tabled for approval at the AGM.	✓ As part of its renewal, the Board will establish an ***Audit & Finance Committee*** that will have oversight responsibility to ensure that management has implemented adequate internal control and management

[6] Note: CHN is a voluntary network, not a corporation operating under legislation or formal letters patent

Accountability Framework Guidelines	Progress/Status: Compliance & Comments	Future Plans to Strengthen Accountability
		information systems. ✓ The ***Audit & Finance Committee*** will report on its activities to the Board on a quarterly basis.
f) Development of corporate governance principles and guidelines that are applicable to the organization.	✓ The Board, in all of its activities, acts according to high ethical standards within the framework provided by the Membership Agreement and the *CHN Governance Policies & Protocols (2007)* document	
2. The mandate of the Board identifies expectations and responsibilities of Members, including basic duties and responsibilities with respect to attendance at board meetings and advance review of meeting materials.	✓ The *CHN Governance Policies & Protocols (2007)* document outlines expectations for the Board including expectations of Individual Board Members and responsibilities with respect to attendance at Board meetings and review of meeting materials. ✓ The Board acts in a governance role and delegates matters of day-to-day operation to the Executive Director as outlined in Board policies.	
3. The Board should be independent.	✓ The Board conducts itself based on a Code of Conduct outlining ethical and professional expectations for itself and each of its Members [these are articulated in the *CHN Governance Policies & Protocols (2007)* document]. ✓ Upon appointment and annually, Board Members are reminded of their responsibility for representing the interests of the people served by the CHN. This accountability supersedes any conflicting loyalty such as that to advocacy or individual interest groups and the personal interest of any Board Member.	✓ Board members will be required to sign a Code of Conduct form.
4. Provide orientation and continuing education programs for newly appointed and existing Members of the Board.	✓ CHN has a process in place for providing orientation to newly appointed Board Members and Board Participants	✓ CHN to arrange and provide for ongoing continuing education to Members at Board and Committee meetings. Future Annual Reports will include a summary of activities undertaken.
5. Implement a process for assessing the effectiveness of the Board, its committees and the contribution of individual Members.	✓ The accountability framework has been developed and will be included in the *2006/07 Annual Report*	✓ As part of its renewal, the CHN Board will evaluate its effectiveness and that of its committees annually with the purpose of identifying and acting on areas for improvement. ✓ The Chair will meet annually with individual Board Members to review individual contributions. ✓ The Board will initiate a practice to support it being apprised of emerging trends, issues and governance practices on an ongoing basis
6. Review adequacy and form of compensation of the Executive Director.	✓ The Board evaluates Executive Director performance annually based on Board policies and predetermined goals. Terms of employment and compensation are negotiated and implemented based on Board direction.	

Accountability Framework Guidelines	Progress/Status: Compliance & Comments	Future Plans to Strengthen Accountability
7. Develop position descriptions for the Board and Executive Director which includes delineating Management's responsibilities, and approve or develop corporate goals and objectives the ED is responsible for meeting.	✓ The mandate of the Board is defined in the ***CHN Governance Policies & Protocols (2007)*** document and the CHN Membership Agreement. The role of the Board Chair, the role of the Board, and Delegation to the Chair and ED is in place.	
8. Establish procedures and structures that enable the Board to function independently of Management.	✓ The Board is appointed based on nominations by the membership and includes no Management members. ✓ The Board functions independently of Management. ✓ The Board Chair is appointed from within the Board	
9. Establish an ***Audit Committee*** with specifically defined roles and responsibilities, which should have direct communication with internal and external auditors, and should review Management reporting on internal controls.		✓ Proposal to establish an ***Audit & Finance Committee*** as a subcommittee of the Board to be responsible for monitoring of internal and external audit functions, the review of financial statements, the review of annual and quarterly reporting documents, and meeting with external auditors independently of management.
10. The Board should adopt a written code of business conduct and ethics and monitor compliance with the code.	✓ Board policies are in place to ensure that the Board meets CHN's mandate to strengthen the regionalized system of care for mothers, newborns and children, provide good governance, and ensure that business is conducted in a manner which represents good value to the members. The Board has oversight and control over the policy.	✓ The CHN will develop and adopt a Charter of Expectations and Code of Conduct to support it in its deliberations and shape the organization's business activities.
11. The Board should hold regularly scheduled meetings at which members of Management are not in attendance.	✓ The Board meets regularly without management present for a portion of its meetings.	

Attachment 2: Financial Summary 2006/2007

For fiscal year ending March 31, 2007

REVENUE	
Member contributions	$543,641
MoHLTC contributions	$60,000
Special events and other	$111,220
TOTAL REVENUE	**$714,861**
EXPENSES	
Staffing and benefits	$560,292
Project support (includes professional fees)	$67,022
Other expenses	$112,753
TOTAL EXPENSES	**$740,067**
Excess (deficiency) of revenue over expenses for the year	($25,206)
Carry forward from previous fiscal year	$237,576
OPERATING RESERVE	**$212,370**

Accounting services are provided by Ernst & Young.

CHILD HEALTH NETWORK FOR THE GREATER TORONTO AREA

180 Dundas Street West, Suite 1700

Toronto, ON M5G 1Z8

Telephone: 416-813-6137   Fax: 416-813-8309

Email: chn.gta@sickkids.ca

Web Site: www.childhealthnetwork.ca