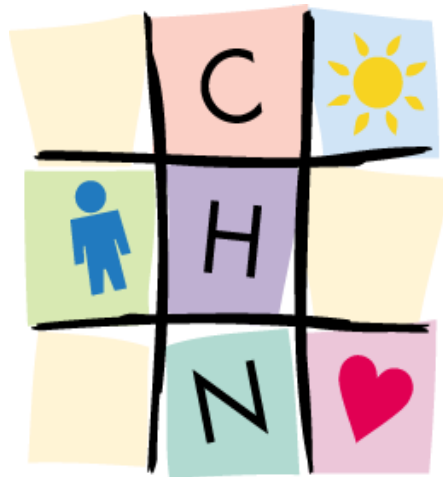


IDEAS, INNOVATION AND INTEGRATION:
THE **STORY** OF

The Child Health Network
for the Greater Toronto Area





The Child Health Network for the Greater Toronto Area

M e m b e r s

Bloorview MacMillan Children's Centre
Community Access Care Centre of Halton
Community Care Access Centre of Peel
Community Care Access Centre of York Region
Durham Access to Care
East York Access Centre
Etobicoke Community Care Access Centre
Halton Healthcare Services
Humber River Regional Hospital
Lakeridge Health Corporation
Markham Stouffville Hospital
Mount Sinai Hospital
North York Community Care Access Centre
North York General Hospital
Rouge Valley Health System
St. Joseph's Health Centre
St. Michael's Hospital
Scarborough Community Care Access Centre
Southlake Regional Health Centre
Sunnybrook and Women's College Health Sciences Centre
The Credit Valley Hospital
The Hospital for Sick Children
The Scarborough Hospital
Toronto Community Care Access Centre
Toronto East General Hospital
Trillium Health Centre
University Health Network
William Osler Health Centre
York Central Hospital
York Community Care Access Centre

E x e c u t i v e C o m m i t t e e

Sheila Jarvis, (Chair), President and CEO, Bloorview MacMillan Children's Centre
Wayne Fyffe, President and CEO, The Credit Valley Hospital
Alan Goldbloom, Executive Vice President and Chief Operating Officer, The Hospital for Sick Children
Stephen Handler, CEO, North York Community Care Access Centre
Suzanne Ivey Cook, Board Member, Mount Sinai Hospital
Murray MacKenzie, President and CEO, North York General Hospital
Allan Whiting, President and CEO, Rouge Valley Health System

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Catherine Wang, Health Planner
Donna Sims, Administrative Assistant
Yasmin Dalal, Secretary

Researched by Joann Trypuc

Foreword

This report presents a study of the Child Health Network for the Greater Toronto Area (CHN). The study included a review of existing material as well as the reflections of 26 members who were interviewed in July and August 2001.

The purpose of the study is to chronicle the history of one of the largest networks in Ontario, inform the reader about the network's accomplishments, and provide insights into the network's experiences, future opportunities and lessons learned.

Sincere thanks is extended to:

- The interviewees who generously gave of their time and offered thoughtful insights on the network,
- CHN staff for their guidance on the project, and
- The Ministry of Health and Long-Term Care for their ongoing support of CHN and its activities.

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Section One



Introduction

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*R*egionalization was accepted as a
“best practice” for providing
comprehensive maternal, newborn
and children’s services.

”

Introduction



The Child Health Network for the Greater Toronto Area (CHN) is a partnership of hospital and community providers working together to build an accessible, family-centered, high quality, regionalized health system for mothers, newborns, children and youth across the Greater Toronto Area (GTA).

The concept of developing a child health network has a long history. In the 1970s and 1980s, providers of hospital-based *children's services* in Toronto were faced with reduced occupancy rates in paediatric units, fewer paediatric specialists and sub-specialists, changes in clinical practice based upon research evidence, and pressures to provide care more efficiently and effectively. Providers of *maternal and newborn services* were faced with challenges that included increasing, and sometimes inappropriate, demands on Level 3 tertiary beds, a higher than desired number of transfers sent out of the region and pressures on available human resources. All of these pressures underscored the need to rationalize and regionalize maternal, newborn and children's services to ensure appropriate and timely access to care.

The move to establish networks gained in popularity in the 1980s and 1990s in Ontario health care. Alliances between providers were prompted by the realization that collaboration was needed to make improvements that could not be made by individual organizations. CHN has its roots in this view. Regionalization was accepted as a best practice to provide comprehensive maternal, newborn and children's services. It was recognized that good care could be provided closer to home with technological advances, improved information and communication, critical mass to support skills and expertise, and the support of other provider organizations in the network.

The source for much of the development and improvement has come from CHN's members. Indeed, the commitment and participation of the membership have been the foundation of the network's success.

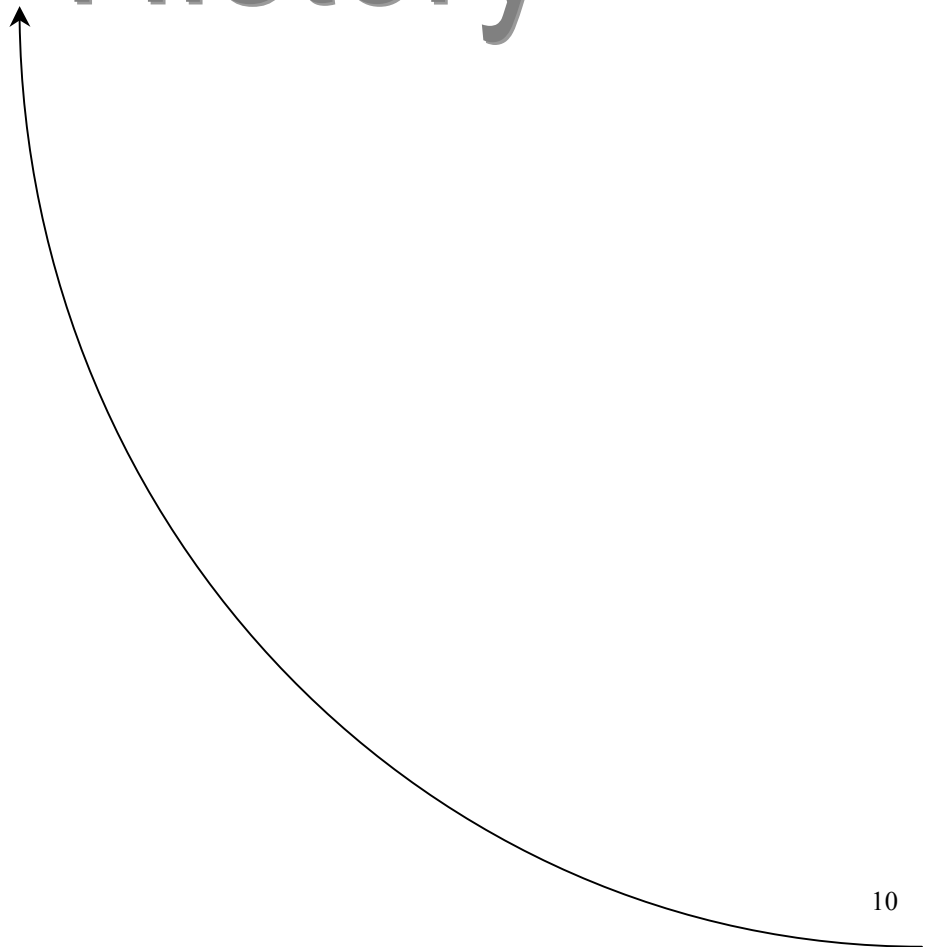
A number of key planning documents from players such as the Toronto District Health Council, the Health Services Restructuring Commission, and the Ministry of Health and Long-Term Care have guided the development of CHN. More importantly, the source for much of the development and improvement has come from CHN's members. Indeed, the commitment and participation of the membership have been the foundation of the network's success. From the beginning, clinicians and administrators volunteered their knowledge, talent and time to participate in network activities. This collaboration also signaled the first time that providers of maternal, newborn and children's care came together around a single table to build a regional system for the GTA.

This report presents CHN's story. It includes the history of the network, an overview of the current CHN model and structure, key accomplishments, future challenges and lessons learned.

Section Two



History



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Through CHN, a broad range of providers have come together voluntarily to build an integrated system of care.

”

History



Throughout the 1970s and 1980s, groups of Toronto hospitals held discussions about the need to coordinate maternal, newborn and children's health services. Typically, the tertiary facilities – The Hospital for Sick Children, Mount Sinai Hospital and Women's College Hospital – were key players in these discussions. These hospitals not only provided primary and secondary care to Toronto residents, but faced increased demands to provide tertiary and quaternary care to patients in the GTA and beyond. Once patients were admitted for this higher level of care, it became increasingly difficult to transfer them back to their local community hospitals for appropriate and timely follow-up. Although these early discussions resulted in problem-solving and improvements in maternal, newborn and children's services, the solutions tended to be limited to the local level.

A number of key initiatives occurred in the 1990s that highlighted the need for and promoted the development of a regional approach to maternal, newborn and children's health services.

- In 1992/93, the Metropolitan Toronto District Health Council (TDHC)ⁱ observed in its review of hospital operating plans that hospitals were making independent decisions about the capacity of their maternal and child programs, and developing discharge policies without coordinating changes with other hospitals and community providers. In response to these findings, the TDHC established a steering committee to develop a plan for maternal, newborn and children's health in Toronto. Released in July 1994ⁱⁱ, the report of the Maternal-Newborn and Child Steering Committee articulated a vision of a planned and managed regional system of maternal, newborn and children's health care services.
- At the same time that the TDHC was preparing to release its report, The Hospital for Sick Children developed a strategic plan that described a systems approach to the provision of child health services.ⁱⁱⁱ The proposed directions for The Hospital for Sick Children supported a regionalized systems approach to care. The directions included concentrating on high-end secondary, tertiary and quaternary care, devolving primary and low-end secondary care out to community hospitals, promoting the concept of hospitals without walls, and taking an active leadership role in education.

- In September 1995, the TDHC Restructuring Committee completed its final report,^{iv} which promoted the development of a seamless continuum of child health services across Toronto and recommended the establishment of a paediatric network. The report also recommended the concept of a regionalized system, the designation of regional paediatric centres to lead the development of programs, and the consolidation of inpatient services at these centres.
- In February 1997, the *Metro Toronto Child Health Network Letter of Agreement* was signed by The Hospital for Sick Children, Bloorview MacMillan Children's Centre and five paediatric centres in Metro (Centenary Health Centre, St. Joseph's Health Centre, North York General Hospital, York-Finch General Hospital^v and the Toronto East General Hospital). The agreement identified the need to develop a mandate, structure and accountability framework for the paediatric network, and to clarify the roles and responsibilities of network members.
- In July 1997, the Health Services Restructuring Commission (HSRC) directed the establishment of a Child Health Network for Metro Toronto, to be led by The Hospital for Sick Children.^{vi} Although the HSRC supported the paediatric network, it concluded that the network should be expanded to include newborn and maternal health services. The membership of CHN was to include all Metro Toronto hospital providers of newborn and children's services, invited representatives from hospitals in the rest of the Greater Toronto Area (GTA), and the participation of providers of obstetrical services.
- In November 1997, the HSRC issued notices to hospital providers of newborn and children's services in Peel, York, Halton and Durham region (i.e., the GTA/905) to participate in the Child Health Network.^{vii} In response to the HSRC's notices, the network proactively expanded its membership to include these representatives before the HSRC released its legal directions to do so.^{viii} With the expansion to the GTA, CHN began a process of revisiting its purpose, vision, membership, representation and structure.
- In May 1998, CHN submitted its preliminary implementation plan to the Ministry of Health and the HSRC.^{ix} The plan outlined a vision and framework for CHN, and the key initiatives to achieve the vision.

In February 2000, the Ministry released a policy framework responding to the recommendations of the Expert Advisory Panel's report and submissions from CHN. The framework expanded CHN's mandate beyond newborns and children to include maternal services, confirmed the fundamental components of a regionalized system of services organized by levels of care and designated individual hospitals.

- In October 1998, CHN held a planning retreat with over 100 participants from a broad range of organizations. The retreat confirmed the mission, purpose and values of CHN, and resulted in broad agreement on the regionalized model of children’s health services, roles and responsibilities, and critical success factors.
- In February 1999, CHN submitted its final implementation plan to the Ministry and the HSRC.^x The plan included extensive documentation on core processes, enablers, scope of service parameters, transfer plans, redistribution of paediatric cases from The Hospital for Sick Children to the regions, redistribution of secondary neonatal services from tertiary facilities, priorities and timelines for the CHN’s initiatives, financial implications and recommended sources of funding.
- In February 1999, the Ministry appointed an Expert Advisory Panel to provide advice to the Ministry about the guidelines, planning documents and transfer plans developed by CHN. In October 1999, the panel’s report was completed.^{xi} Its 30 recommendations focused on the objectives of the CHN model, regionalization of maternity care, family-centered care, community participation and involvement, the scope of newborn and children’s services, core operating processes, further data requirements, the need for collaboration and information sharing, applicability of the model to other locations, strategies to address the perceptions of regional and provincial stakeholders, and implementation.
- In February 2000, the Ministry released a policy framework responding to the recommendations of the Expert Advisory Panel’s report and submissions from CHN. The framework expanded CHN’s mandate beyond newborn and children to include maternal services, confirmed the fundamental components of a regionalized system of services organized by levels of care and designated individual hospitals, based on these levels.
- In October 2000, CHN developed a draft operating plan to stimulate discussion on the strategic directions and priorities to govern its work over the next 15 months. After consulting with its members, CHN finalized its first operating plan – *The Way Forward: Operating Plan of the Child Health Network for the Greater Toronto Area*. (January 1, 2001 – March 31, 2002).



Reflections on CHN's History

The Challenge of Establishing a Network

Establishing the network has been challenging for a number of reasons.

- Limited resources have made the environment competitive.
- A broad range of members has resulted in a broad range of opinions.
- There have been difficulties focusing on the system of care rather than the activities of individual organizations.

Influential Players in the Network's History

A number of players have been influential in the history of CHN.

The Toronto District Health Council (TDHC)

The TDHC advanced the concept of a formal regionalized approach to maternal, newborn and children's care in the GTA. The TDHC articulated a vision of a planned and managed regional system of services in its plan for maternal, newborn and children's health in Toronto and in its hospital restructuring report.

The Health Services Restructuring Commission (HSRC)

The HSRC had the legal authority to direct Ontario hospitals to make changes. Consequently, it imposed a mandatory tone on network participation by directing hospitals to participate in the network. Since the HSRC could only direct hospitals, CHN started as a hospital provider network. It was left up to CHN to determine the extent to which other players in the continuum would be invited to participate.

The Ministry of Health and Long-Term Care

The Ministry has played a supportive role in relation to CHN from the time of the HSRC's directions onward. Early on, the participation and input of an Assistant Deputy Minister at CHN's meetings helped to lay the foundation for two-way communication between the Ministry and CHN. As well, the Ministry's policy framework re-affirmed the important role of the network.

The Hospital for Sick Children

The Hospital for Sick Children has been influential in initiating and shaping CHN. The hospital's strategic plan in the early 1990s, which described a systems approach to services and a regionalized approach to care, was an important impetus for change. The HSRC directed The Hospital for Sick Children to lead CHN. The hospital's Board of Directors strongly supported the network and the active participation of senior management, especially the President and Vice-President. As well, the hospital dedicated planning staff to establish the network.

Section Three



CHILD HEALTH NETWORK
for the Greater Toronto Area

The CHN Model Today

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H.N.'s vision, mission, mandate, values, and overarching goals recognize that the network is made up of a broad range of hospital and community members across the GTA who have a common focus: improved access to high quality care for mothers, newborns and children.

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The CHN Model Today



CHN's vision, mission, mandate, values, and overarching goals recognize that the network is made up of a broad range of hospital and community members across the GTA who have a common focus: improved access to high quality care for mothers, newborns and children.

Vision

The Child Health Network members will collaborate to set and achieve standards, and to carry out research and education activities, facilitate the planning and delivery of coordinated family-centered maternal, newborn and children's care of the highest quality. CHN and its members will work in partnership with other service providers and networks to plan and advocate for access to required maternal, newborn and child health services.

Mission

The Child Health Network will generate optimal health outcomes for mothers, newborns, children and youth, by establishing and enabling a common and consistent standard of family-centered care throughout CHN.

Mandate

Our mandate is to facilitate and support the operationalization of the regional maternal, newborn and paediatric services system. Building on the collective knowledge and strength of our members, we will:

- Improve access to high quality, effective health care for mothers, newborns, children and youth.
- Adopt common standards of family-centered care throughout the network.
- Develop new approaches to care through improved standardization, enhancements and innovation in current practice.

V a l u e s

The Child Health Network is committed to excellence in the provision of family-centered care to mothers, newborns, children and youth. We will operate within the context of evidence-based practice with a spirit of inquiry and sharing of knowledge. We will work together in partnership with others in the community. We will respect diversity and advocate for an accessible, integrated and effective health care delivery system as close to home as possible.

O v e r a r c h i n g G o a l s

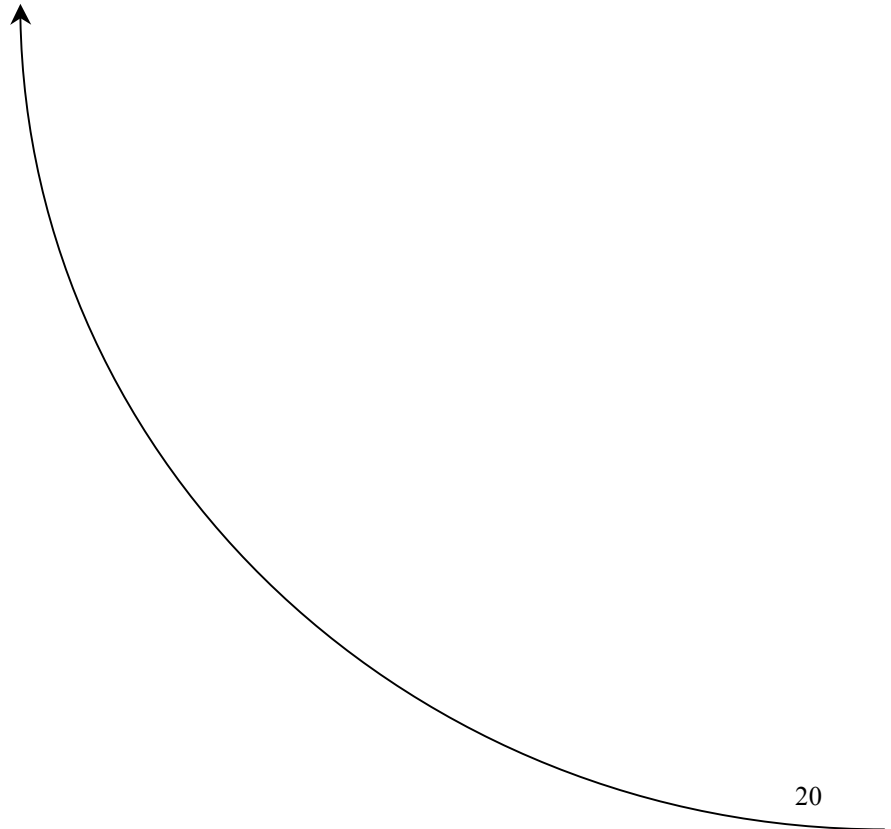
- To continuously improve the clinical outcomes and quality of life for mothers, newborns, children and youth in the GTA by ensuring that care processes are coordinated, are of the highest quality, and are based on evidence-based practice. CHN will also work to ensure that care is available at the right time, in the right place and provided in the most appropriate, consistent and cost-effective manner.
- To provide channels for the effective creation, evaluation and dissemination of knowledge to improve the health of mothers and newborns, children and youth.
- To leverage the strength of the Child Health Network to positively influence public policy on behalf of mothers, newborns, children and youth.
- To promote the development of appropriate care delivery models for mothers, newborns, children and youth throughout the GTA.

Section Four



CHILD HEALTH NETWORK
for the Greater Toronto Area

Structure



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*C*HN's committee structure has evolved in response to the changing membership, focus and priorities of the network. In 1999, CHN developed a model of shared governance.

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Structure



CHN's structure is described in terms of its membership, committees, financial and human resources, information system, and the role of the Ministry of Health and Long-Term Care.

Membership

Prior to 2000, CHN was made up of the 20 hospitals in the GTA that provide maternal, newborn and children's acute and rehabilitative services. The 10 Community Care Access Centres (CCACs) in the GTA voluntarily became members of CHN in 2000.

All of CHN's members have voting privileges and are eligible for nomination on all committees and task forces. Members are expected to uphold the vision, mission, values and goals of CHN, and fulfil the roles and responsibilities of membership. Although hospitals and CCACs belong to the network, the boards of each organization are ultimately accountable to the Ministry and the public for their operations.

CHN's members sign a membership agreement that outlines the roles and responsibilities of CHN and its staff, CHN's members, and the regional clusters. The agreement also identifies membership accountabilities, decision-making processes and the fee structure. Members sign the agreement for a three-year term.

Committees

HOSPITAL MEMBERS

Bloorview MacMillan Children's Centre
Halton Healthcare Services
Humber River Regional Hospital
Lakeridge Health Corporation
Markham Stouffville Hospital
Mount Sinai Hospital
North York General Hospital
Rouge Valley Health System
St. Joseph's Health Centre
St. Michael's Hospital
Southlake Regional Health Centre
Sunnybrook and Women's College Health Sciences Centre
The Credit Valley Hospital
The Hospital for Sick Children
The Scarborough Hospital
Toronto East General and Orthopaedic Hospital
Trillium Health Centre
University Health Network
William Osler Health Centre
York Central Hospital

CCAC MEMBERS

Community Access Centre of Halton
Community Care Access Centre of Peel
Community Care Access Centre of York Region
Durham Access to Care
East York Access Centre
Etobicoke Community Care Access Centre
North York Community Care Access Centre
Scarborough Community Care Access Centre
Toronto Community Care Access Centre
York Community Care Access Centre

CHN's committee structure has evolved in response to the changing membership, focus and priorities of the network. In October 1999, the CHN Network Organization Task Force recommended a revised organizational structure and a model of shared governance.^{xii} The recommended structure currently in place has three main committees – Council, Executive Committee and Coordinating Committee – as well as a number of task forces.



The Council

The Council is responsible for setting the direction and leading CHN toward fulfillment of its mission. The Council is made up of the CEO or her/his delegate, and a representative of the Board of Governors from each member organization. CHN's Executive Director, and its Medical and Clinical Advisors are ex-officio members of the Council. The Council meets one to two times a year.

The Executive Committee

The Executive Committee is responsible for overseeing the work of CHN, and developing and monitoring the implementation of CHN's strategic and annual operating plans. The Executive is made up of seven appointed members of Council. It meets monthly.

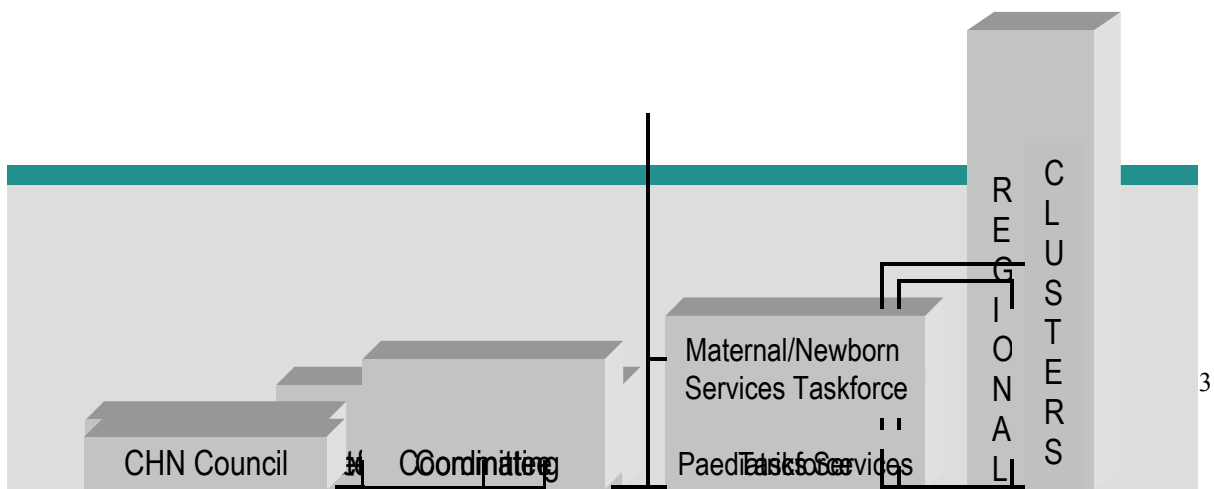
The Coordinating Committee

The Coordinating Committee is responsible for coordinating the work of the Council's committees and task forces, and ensuring the committee work is consistent with the Council's strategic and annual operating plans. The Coordinating Committee is made up of one representative from each member organization, the Ministry and the Electronic Child Health Network (eCHN). The Coordinating Committee meets monthly.

Task Forces

CHN has four task forces that address targeted areas:

- Education Task Force
- Maternal/Newborn Services Task Force
- Paediatrics Services Task Force and
- Performance Evaluation Task Force.



Financial and Human Resources

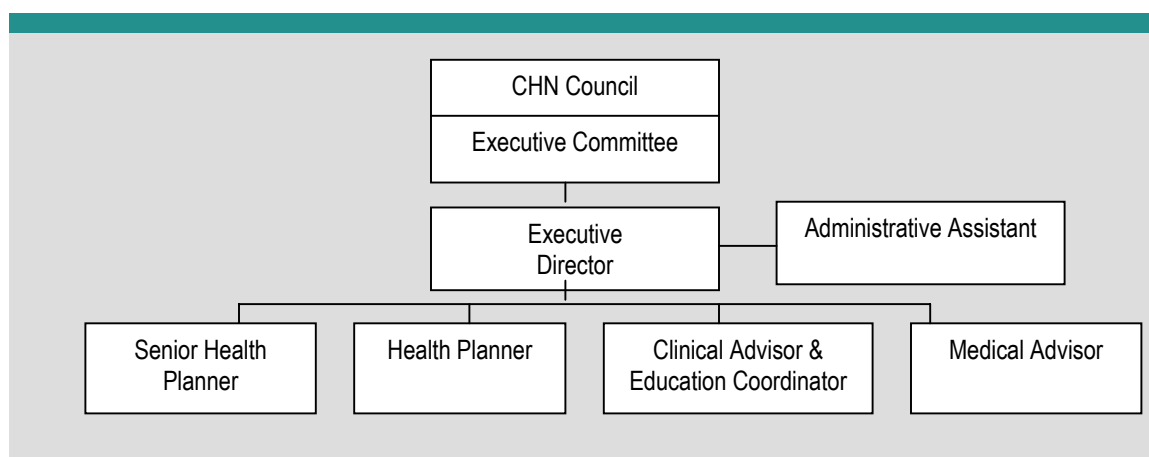
Initially, The Hospital for Sick Children funded and staffed CHN. The hospital provided capital and operating funds, hired staff dedicated to developing the network, encouraged internal staff to participate in network activities, and initiated the development of an information system to support the network.

In October 1999, CHN's members agreed to contribute financially to the network, in keeping with membership support for a shared governance model. Currently, each CHN member pays dues to support the development of the network's infrastructure.

The decision of members to pay dues corresponded with the hiring of fully dedicated staff not affiliated with any of the member organizations. In August 2000, CHN appointed a full-time Executive Director. Subsequently, five other staff positions have been put in place.

Currently, CHN employs 5.1 FTEs:

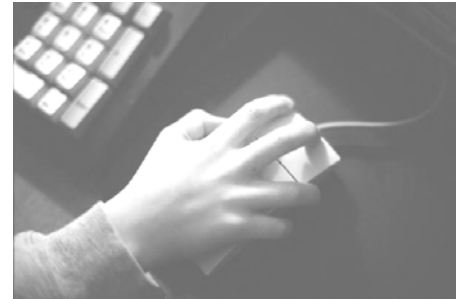
- Executive Director whose key function is to support the Executive and oversee the day-to-day operations of CHN;
- Health Planners (2);
- Clinical Advisor and Education Coordinator;
- Medical Advisor (part-time); and
- Administrative Assistant.



Information

The Hospital for Sick Children initiated the development of the Electronic Child Health Network (eCHN). Established as an independent organization in 1998, eCHN has three components:

- HiNet: electronic network that gives authorized providers of care instantaneous access to required medical information from a number of sources including hospitals and doctors' offices. Shared information includes demographics, ADT, medical history, transcribed notes, lab results and x-ray images.
- Your Child's Health: a public web site for children and their parents to learn about common childhood diseases. Includes age appropriate interactive learning games
- PROFOR: a private web site for health care practitioners to access and share current information and best practices



When it was being developed, eCHN was described as “a critical infrastructure requirement identified by numerous stakeholders for the successful implementation and operation of CHN.”^{xiii} Once eCHN was fully operational, providers were to have immediate access to a comprehensive patient record that included a description of services delivered anywhere within the network.

Although all of CHN's members can access PROFOR, currently only some members participate in eCHN. As a result, CHN does not yet have an information management system that supports its regionalized model of care.

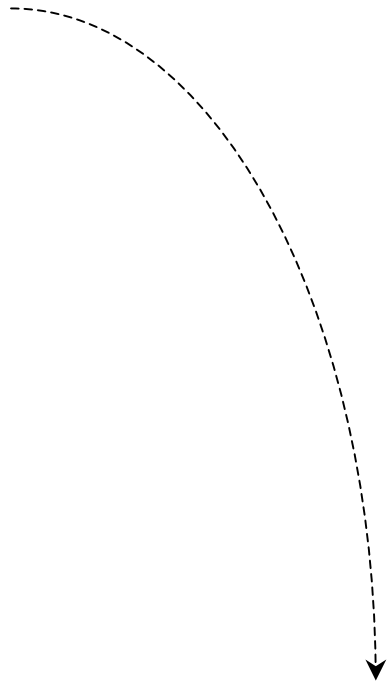
The Role of the Ministry of Health and Long-Term Care

The Ministry plays a supportive yet arms-length role with CHN, and has been an important catalyst for certain network activities. For example, the Ministry's Expert Advisory Panel appointed in 1999, and its subsequent policy framework for the network helped clarify some of CHN's priorities.

The Ministry plays a supportive yet arms-length role with CHN, and has been an important catalyst for certain network activities.

The Ministry participates in CHN as an ex-officio member on the Coordinating Committee, participates in Task Forces and makes ad hoc requests for information. For example, in the fall of 2000, the

Ministry asked CHN to assess whether the current level of services provided by member hospitals was consistent with the scope of service guidelines. While providing the information to the Ministry, the review also influenced a number of CHN priorities.



Section Five



CHILD HEALTH NETWORK
for the Greater Toronto Area

CHN's Regional Approach to Care



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The vision of creating a regional system of care is based on developing strong relationships between organisations offering different levels of care according to

complexity of patient need. Effective operation of the regional network requires that patients and families access the right level of care at the right time.

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CHN's Regional Approach to Care



The Regional Model

CHN is based on a regional approach to care within the GTA. The regional approach to care has the following key components:

- Defined levels of care based on clear scope of services, for each level.
- A determination is made about the appropriate level of care to be provided by each hospital. The decision about level and scope of services is made at the regional rather than the local level. This decision attempts to balance

care as close to home as possible, with the need to have a sufficient critical mass of patients to support specialized skills and expertise.

- Application of agreed-upon clinical, organizational and system protocols and standards to promote consistency and reduce variations in service delivery.
- Emphasis on linkages between organizations to improve communications and timely access to appropriate services in a coordinated, efficient and effective manner across the region (e.g., strategies for linkages include CritiCall, a transport system, communications and public education, and electronic links).

In keeping with its policy statement released in February 2000, the Ministry designated hospitals in the GTA according to four levels of maternal and newborn care, and three levels of children's care.

Level of Care Designations for Maternal and Newborn Services

Level I Maternal and Newborn Centres

Halton Healthcare Services Corporation (Milton site)
Humber River Regional Hospital (Church site)
Lakeridge Health Corporation (Uxbridge, Bowmanville and Port Perry sites)
Rouge Valley Health System (Ajax/Pickering site)
William Osler Health Centre (Georgetown site)

These centres meet the needs of women with healthy pregnancies. This level of care is provided by all hospitals with obstetrics.



Level II Maternal and Newborn Centres

Halton Healthcare Services Corporation (Oakville site)
Humber River Regional Hospital (Finch site)
Markham-Stouffville Hospital
Scarborough Hospital (General and Grace sites)
St. Joseph's Health Centre
St. Michael's Hospital
Southlake Regional Health Centre
Toronto East General Hospital
Trillium Health Centre
William Osler Health Centre (Etobicoke site)
York Central Hospital

These centres manage the care of mother and newborns at low to moderate risk. These centres have functional capabilities provided by Level I centres.

Advanced Level II Maternal and Newborn Centres

Lakeridge Health Corporation (Oshawa site)
North York General Hospital (General site)

Rouge Valley Health System (Centenary site)
The Credit Valley Hospital
William Osler Health Centre (Brampton site)

These centres manage moderate risk obstetrical and medical problems and carry out fetal diagnostic testing. They also manage moderately ill newborns with medical problems that are expected to resolve rapidly, including short term assisted ventilation (48 hours), and parenteral nutrition. These centres have functional capabilities provided by Level I and Level II centres.

Level III Maternal/Newborn Centres

Mount Sinai Hospital
Sunnybrook and Women’s College Health Science Centre
The Hospital for Sick Children

These centres provide:

- subspecialty care for high-risk pregnancies;
- care for unwell, unstable newborns;
- care for mothers with severe medical complications;
- care for infants with anticipated complicated antenatal genetic or fetal anomalies that require immediate medical or surgical interventions.

These centres have functional capabilities provided by Level I, Level II and Advanced Level II centres.

Level of Care Designations for Children’s Services

Acute Care Community Hospital / Short Stay Units

The Scarborough Hospital (General and Grace sites)
Rouge Valley Health System (Ajax-Pickering site)
York Central Hospital
Markham-Stouffville Hospital
William Osler Health Centre (Etobicoke site)
Trillium Health Centre

The goal of these centres is to provide care as close to the patient’s home as possible. They provide primary and ambulatory care in short stay units to children with a limited acuity of illness and a high probability of discharge within 48 hours.



Regional Children’s Health Centres

North York General Hospital
Rouge Valley Health System (Centenary site)
Toronto East General Hospital
St. Joseph’s Health Centre
Humber River Regional Hospital (Finch site)
Lakeridge Health Corporation (Oshawa site)
Southlake Regional Health Centre
William Osler Health Centre (Brampton site)

The Credit Valley Hospital

The goal of these centres is to provide care for children who have more complex health problems and require the expertise of multi-disciplinary teams including paediatric subspecialists.

Tertiary Care Centres

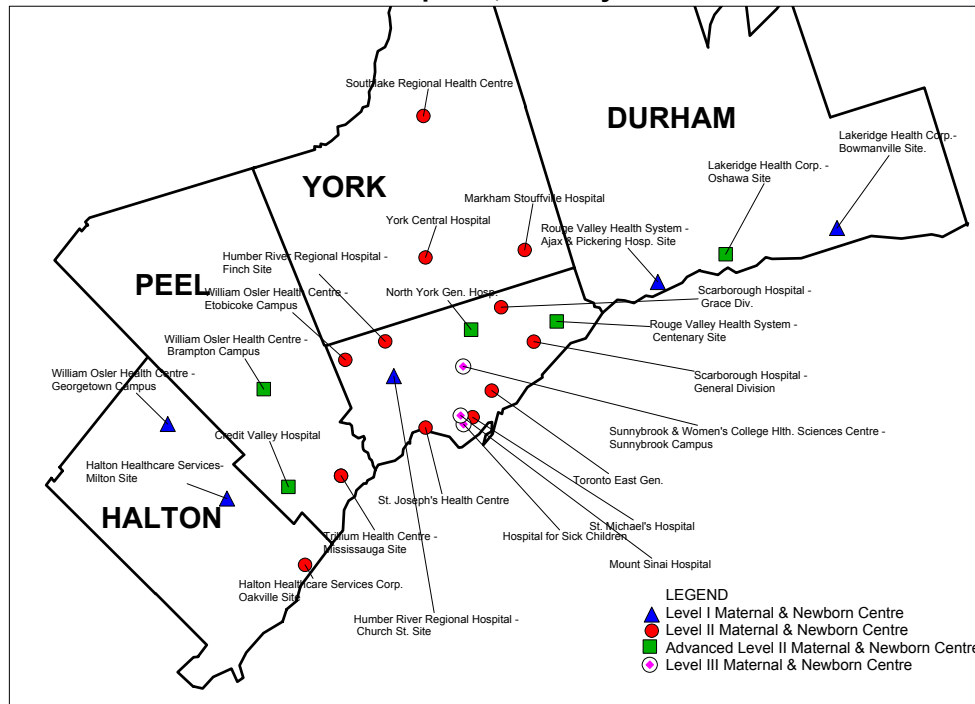
Bloorview MacMillan Children's Centre

A tertiary provincial facility providing developmental, complex continuing care and rehabilitation services including inpatient, day, outpatient and outreach services throughout the GTA and primary/secondary rehabilitation services to the local community.

The Hospital for Sick Children

A tertiary provincial facility providing acute paediatric services including inpatient tertiary level medical and/or surgical services throughout the GTA and primary/secondary services to the local community.

MOHLTC Designations for Levels of Care for Maternal & Newborn Services for GTA Hospitals, January 2002



MOHLTC Designations for Levels of Care for Children's Services for GTA Hospitals, January 2002



Since the GTA is a large geographic area, CHN determined that regional groupings or clusters of organizations within the region should be created to plan and coordinate services locally. These clusters would inter-connect with each other within CHN's overall regional approach to care.

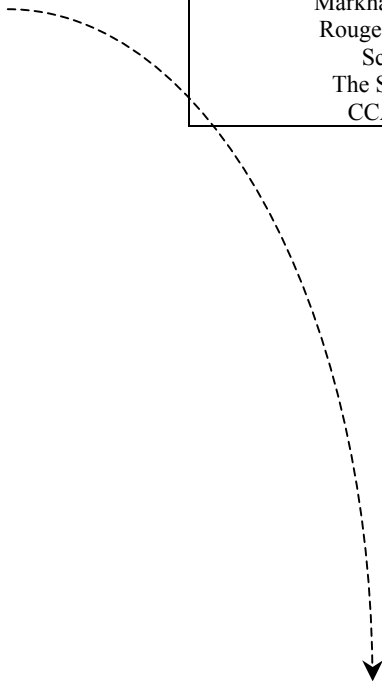
CHN used the following principles to identify cluster groupings within the GTA:

- Regional clusters should facilitate access to the continuum of care for maternal, newborn and children's services at the local level.
- Regional clusters should reflect local referral patterns, geographic proximity and consumer preferences.
- Regional clusters should build on existing partnerships and relationships between organizations.
- Regional clusters will include CCACs and hospitals, at least one of which will be a Regional Children's Health Centre. No one corporation will act individually as a cluster.
- Tertiary Children's Health Centres and Level III Maternal and Newborn Centres will participate in their local cluster for local planning, work together as a central group and be a resource to each of the regional clusters.

- Regional clusters will work with families, community health service providers and tertiary centres to ensure that maternal, newborn and children’s services meet the unique needs of the local area.

The (4) regional cluster groupings are as follows:

<p>NORTH CLUSTER Bloorview MacMillan Centre North York CCAC North York General Hospital Southlake Regional Health Centre Sunnybrook and Womens College Health Sciences Centre York Central Hospital CCAC of York Region</p>	<p>CENTRAL CLUSTER East York Access Centre Humber River Regional Hospital Mount Sinai Hospital St. Joseph’s Health Centre St. Michael’s Hospital The Hospital for Sick Children Toronto CCAC Toronto East General Hospital University Health Network York CCAC</p>
<p>EAST CLUSTER Durham Access to Care Lakeridge Health Corporation Markham Stouffville Hospital Rouge Valley Health System Scarborough CCAC The Scarborough Hospital CCAC of York Region</p>	<p>WEST CLUSTER CCAC of Halton CCAC of Peel Etobicoke CCAC Halton Healthcare Services The Credit Valley Hospital Trillium Health Centre William Osler Health Centre</p>

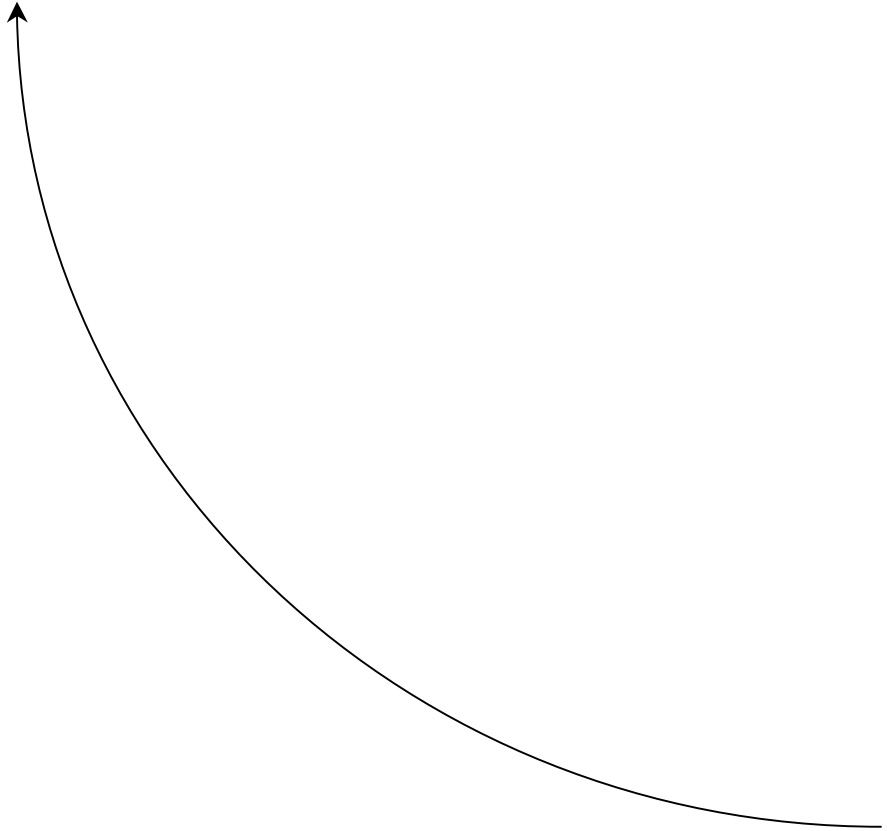


Section Six



CHILD HEALTH NETWORK
for the Greater Toronto Area

Key Accomplishments



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expectation has “raised the bar” for the performance of individual organizations.

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Key Accomplishments



Much of the early work focused on developing the vision for the network as well as a series of planning documents to support the network’s development. Since January 2000, the focus of the network has shifted from planning to activities to operationalize the network.

The key accomplishments that have been achieved by the network have included:



- Definition of scope of services for maternal, newborn and children’s services including clinical service definitions and minimum requirements for the designated levels of care associated with the CHN’s regional network;
- Establishment of four planning clusters established within the regional model to ensure that services are organized, coordinated and tailored to the individual needs and characteristics of the region;
- Development of standardized transfer and retro-transfer protocols for mothers, newborns and children;
- Activities to improve access to emergency health services for maternal, newborn and children’s services in the region;
- Development and implementation of standardized guidelines to promote greater equity and consistency in care delivery across the regionalized system;
- Sponsorship and promotion of a series of education workshops to support development of the regionalized model of care and provide members with an opportunity to learn about network activities;
- Development of a performance evaluation framework to support monitoring and evaluation of the core activities within the network; and
- Development of a communications strategy to support the vision, mission and goals of the network.

Each of these achievements is outlined in greater detail below.

Scope of Services Designated Levels of Care

A fundamental goal of the network is to facilitate the development of a strong regional system of maternal, newborn and children’s services across the GTA that best meets the needs of patients and their families. The vision of creating a regional system of care is based on developing strong relationships between organizations offering different levels of care according to complexity of patient need. Effective operation of the regional network requires that patients and families access the right level of care at the right time.

Since January 2000, the focus of the Network’s work has shifted from planning to activities that operationalize the planning concepts.

In February 2000, the CHN released a document -- *Guidelines for the Clinical Scope of Maternal and Newborn Services* – outlining the scope of services associated with the following designated levels of maternal/newborn care within the GTA:

**Level I Maternal and Newborn Centres – primary care
Level II Maternal and Newborn Centres – secondary care**

Level II+ Maternal and Newborn Centres – advanced level II care
Level III Maternal and Newborn Centres – tertiary care

A similar document - *Guidelines for the Clinical Scope of Children's Services* - outlined the scope of services associated with three designated levels of care for children's services within the GTA:

Acute Care Community Hospitals/Short-Stay Units
Regional Children's Health Centres
Tertiary Centres

These documents – and the definitions and description of scope of services included in them – marked a significant achievement for the network. The products represented the culmination of over a decade of discussions that had taken place within the province concerning levels of care.

Planning Clusters

Four planning clusters have been identified as part of the regional network: North Cluster, Central Cluster, West Cluster and East Cluster. The purpose of the clusters is to ensure that services within each of the four geographic areas are organized and provided in a coordinated manner while being tailored to the needs and characteristics of their region.

Clusters are expected to develop and implement a regional maternal, newborn and children's program consistent with CHN's standards, and facilitate implementation of CHN-wide initiatives.

Clusters are expected to develop and implement a regional maternal, newborn and children's program consistent with CHN's

standards, and facilitate implementation of CHN-wide initiatives. In carrying out their work, members of the regional clusters also work with families, community health service providers and tertiary centres to ensure that services meet the unique needs of their geographic area.



Access to Emergency Services

Initiatives that have been undertaken to improve access to emergency services include facilitation of guidelines to improve the triage of paediatric patients based on the development of the first paediatric supplemental guidelines to the Canadian Trauma and Acuity Scale (CTAS). A paediatric competency-based self-assessment tool for triage nurses has also been developed as part of this tool to advance the implementation of system-wide standards of practice.

Standardized Guidelines

Facilitating development, implementation and monitoring of standardized clinical, organizational and system guidelines to promote greater equity and consistency in care delivery across the regionalized network is a key goal of the CHN. In 2000-01, CHN developed the following guidelines:

Type/Description	Accomplishments to Date
<p>CLINICAL GUIDELINES</p> <p>These guidelines reflect care for patients with specific illnesses, diagnoses, or problems. They can encompass groups of patients and/or reflect broad care recommendations.</p>	<p>CLINICAL GUIDELINES RESOURCE INVENTORY In response to its role as a clearinghouse, CHN developed a Clinical Guidelines Resource Catalogue that includes an inventory of over 100 maternal, neonatal and paediatric clinical guidelines that currently exist within the network. Examples of “model” guidelines are also included as part of the inventory aimed at facilitating the development of best practice guidelines across the network.</p>
	<p>GUIDELINES FOR PAIN MANAGEMENT CHN has developed standards and a series of educational modules to manage pain in children. Six education modules are included in the document “Building the Blocks towards Understanding of Pain in Neonates, Infants, Children and Youth”. The education modules cover the following areas: Module i: understanding children’s pain: an overview Module ii: pain assessment and management in the neonate Module iii: non-pharmacological management of pain Module iv: procedure-related pain management Module v: pain assessment and measurement in children Module vi: pharmacological management of post-operative pain in children</p>

Type/Description	Accomplishments to Date
	<p>GUIDELINES FOR THE TREATMENT OF ACUTE ASTHMA IN CHILDREN These guidelines were developed to assist practitioners in providing best practice in the emergency and inpatient care of children with asthma. The guidelines are currently being implemented.</p> <p>CANADIAN PAEDIATRIC TRIAGE AND ACUITY SCALE (P-CTAS) CHN facilitated the roll-out of the first paediatric supplemental guidelines to the Canadian Triage and Acuity Scale (CTAS) to improve triage of paediatric patients. A paediatric competency-based self-assessment tool for triage nurses has also been developed to ensure system-wide standards of practice.</p> <p>NARCOTICS POSTER A poster entitled Intermittent Narcotic Analgesia Dosing for Infants and Children was developed to improve the safety of narcotic administration for newborns and children by providing an easily accessible reference for staff involved in medication administration.</p> <p>GUIDELINES FOR DISCHARGE OF THE HEALTHY NEWBORN These guidelines were developed to assist care providers in decision-making concerning newborns that can safely be discharged at 24 hours of age. Patient education materials are being used to disseminate the guidelines.</p>
<p>ORGANIZATIONAL GUIDELINES</p> <p>These guidelines were developed to assist individual organizations in providing appropriate care to patients or groups of patients by addressing issues related to availability and abilities of people and facilities.</p>	<p>EMERGENCY MEDICAL DIRECTIVES The CHN is working on the development of a common, consistent approach for treating common conditions presented in the ER. The initial focus is on the following areas:</p> <ul style="list-style-type: none"> ▪ Oral rehydration ▪ Respiratory/asthma treatment ▪ Fever management ▪ Pain management
<p>SYSTEM GUIDELINES</p> <p>These guidelines support development of a regionalized maternal/newborn and children’s health service system by facilitating access, quality,</p>	<p>TRANSFER GUIDELINES Three sets of transport protocols have been developed to facilitate transfer of mothers and newborns within the regionalized model of CHN:</p> <ul style="list-style-type: none"> ▪ Maternal Antenatal Transfer Protocol to facilitate transfers of pregnant women with the regionalized model of CHN

Type/Description	Accomplishments to Date
<p>integration and coordination of services, and enhancing the network's ability to function as a system.</p>	<ul style="list-style-type: none"> ▪ Neonatal Transfer Protocol to facilitate transfers of acutely ill newborns within the regionalized model of CHN ▪ Neonatal Retrotransfer Protocol to facilitate effective retro-transfers for newborns from a higher level facility to a less acute level of care within the regionalized model of CHN. <p>Two sets of transport protocols are currently being developed. These guidelines will facilitate transfer of children within the regionalized model of CHN:</p> <ul style="list-style-type: none"> ▪ Children's Transfer Protocol to facilitate transfers of children within the regionalized model of CHN. ▪ Children's Retro-transfer Protocol to facilitate effective retro-transfers of children from a higher level to less acute level of care.

Education Workshops

CHN conducted a needs assessment with members to establish priorities for shared education activities within the network. In the first 15 months of operationalizing the network (1999/2000 – 2000/01) the CHN sponsored educational workshops related to the following issues: pain management in children, family-centred care, multiple births, caring for the chronically ill child in the community; evidence-based practice in child health; perinatal substance abuse; and an education session on paediatric emergency triage focused on the dissemination and roll-out of the paediatric CTAS tool.

Performance Evaluation Framework

Will the development of a regionalized system of care make a difference in the quality, accessibility and affordability of services for mothers, newborns and children in the GTA?
 Will the regional network help individuals access the right services in the right place?
 Will the continuity of care be improved?

These are some of the questions that CHN hopes to answer through the development of a performance evaluation framework. The framework will be used by CHN to shape and improve services provided by the

The development of an evaluation framework will be used by the CHN to shape and improve services provided by the network and its individual members, promote accountability for the effective use of resources, and support research initiatives.

network and its individual members, promote accountability for the effective use of resources, and support research initiatives.

The framework is based on specific indicators for tracking network performance related to seven core criteria that form the basis of the evaluation framework. The criteria include: Accessibility; Accountability (to CHN's members and the Ministry); Affordability; Appropriate Care (quality); Effectiveness (outcomes); Integrated and Coordinated Care; Satisfaction (of clients, and families and CHN members).

C o m m u n i c a t i o n

Communication and advocacy on behalf of CHN membership is a key role of the CHN. Much of CHN's communications efforts have focused on projecting a strong image about the progress being made in strengthening the regional maternal, newborn and children's services network. Achievement of this goal requires clear and frequent communication with members on the activities being undertaken to build and strengthen the network and the expected outcomes of these efforts related to improvements in the quality, accessibility and affordability of care.

Achieving successful communication across the membership is proving itself to be an ongoing challenge. It is however, a critical one. It has become increasingly clear that the vision and strategic directions of the network will only be achieved through heightened member, provider and consumer awareness.

R e f l e c t i o n s o n t h e I m p a c t o f C H N ' s A c c o m p l i s h m e n t s

Impact on Individual Member Organisations

CHN's accomplishments have made a difference to individual member organizations in four key areas.

“Raised the Bar”

CHN has raised awareness that each member is expected to meet consistent, high quality service standards. This expectation has “raised the bar” for the performance of individual organizations. CHN's current work on developing clinical, organizational and system standards, and a performance evaluation framework is defining what the “bar” will be. It is expected that peer comparisons will identify areas for improvement so that targeted efforts can be made to achieve high quality service standards in every organization.

CHN's standards and guidelines, and its regional approach to care have encouraged organizations to enhance their maternal, newborn and children's programs, allocate more capital and operating resources and staff to these programs, and focus more attention on developing collaborative arrangements with other facilities to achieve integrated services.

Increased the Profile of Maternal, Newborn and Children's Services

The network has provided a tool for internal champions to highlight maternal, newborn and children's programs in their organizations. CHN's standards and

guidelines, and its regional approach to care have encouraged organizations to enhance their maternal, newborn and children's programs, allocate more capital and operating resources and staff to these programs, and focus more attention on developing collaborative arrangements with other facilities to achieve integrated services.

Advanced the Active Participation of Members in a Regionalized System

CHN has encouraged individual member organizations to assess their role and potential contribution to a regional system of care. Some organizations have taken this opportunity to champion their roles, develop programs to support these roles, and embrace the concept of being a network resource. For example, tertiary facilities are focusing more on providing care that is highly specialized, some regional facilities have invested substantial resources to develop and expand programs, and local community facilities are increasingly playing an important role providing high quality care closer to home.

The network has made an important contribution to developing a peer network, increasing collaboration and information sharing, and improving communications between individual organizations.

Strengthened Relationships Between Providers

CHN has strengthened relationships between members by providing many opportunities for collegiality, sharing and support. The network has made an important contribution to developing a peer

network, increasing collaboration and information sharing, and improving communications between individual organizations. Since these relationships have developed, there is less hesitancy and indeed a willingness to consult with colleagues, problem solve and jointly take action on various initiatives.

Impact on the System of Care

CHN has had some impact on the system of maternal, newborn and child care. The network has advanced the notion that individual providers and organizations cannot operate in a vacuum but must take a system's approach to planning and providing services.

CHN is gradually gaining a reputation as the expert body that provides professional advice on maternal, newborn and children's care. The network has also encouraged government policy makers to focus on the system of maternal, newborn and children's care to the extent that they have not in the past.

The network has advanced the notion that individual providers and organizations cannot operate in a vacuum but must take a system's approach to planning and providing services. CHN is gradually gaining a reputation as the expert body that provides professional advice on maternal, newborn and children's care.

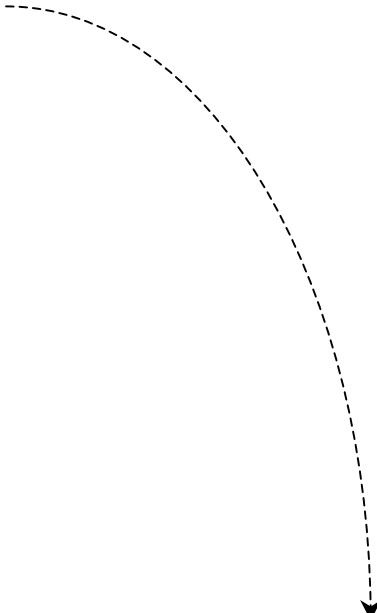
There is a fairly widespread agreement that CHN is still too new to have direct *measurable* impacts on the system. For example, it is still too early to tell whether CHN has improved the quality of patient/client care. Although there is some anecdotal evidence to suggest that quality of care and evidence-based practice have improved, tangible and empirical evidence do not exist. The performance evaluation initiative is an important step to address this gap. Even though CHN has put a number of system-focused initiatives in place (e.g.,

retro-transfers) measures need to be developed and changes tracked over time to see if system changes have occurred.

There is no doubt that CHN has laid the groundwork for system change that will become evident over time. To illustrate:

- Levels of care have been approved and clinical pathways at the cluster and individual organization levels are being developed;
- Some primary and secondary care services have been transferred from The Hospital for Sick Children to other hospitals;
- Common approaches to transfers have been developed;
- System frameworks, standard setting and a performance evaluation system are in the process of being developed;
- There is increasing acceptance that high quality care can be provided locally as long as clinical standards are met; and
- Collegial working relationships between providers are accepted as the norm to support a coordinated system of services.

Finally, CHN has galvanized a tremendous amount of clinical and administrative commitment and expertise focused on system improvements. This expertise reflects the common desire to effect real system change.

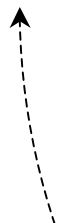


Section Seven



CHILD HEALTH NETWORK
for the Greater Toronto Area

Challenges for the Future



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The network will be challenged to demonstrate to members that they are getting value for their money.

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Challenges for the Future



CHN faces a number of future challenges, which are identified below.

Clarify the Focus of the Network

CHN is considering whether to expand its membership to include a wider range of community-based groups. CHN will be challenged to balance a desire to reflect representation from the broader continuum of care with its ability to engage *all* participants meaningfully, address the issues that all organizations bring to the table, and bring about effective change.

There may be some advantages, however, to limiting CHN's focus. There are many hospital and CCAC issues to keep the network very busy. It may be prudent to acknowledge that expansion of the network membership at this time will spread resources too thin. On the other hand, expanding CHN's focus could prove beneficial for the network overall. Hospital and community care provided by CCACs is a relatively small proportion of all care provided to mothers, newborns and children. If CHN truly is a "child health" network, a broader perspective would give the network more legitimacy with hospital and community-care providers and the Ministry. In fact, many hospitals have stronger relationships with their local community partners than with other hospitals.



Potential strategies that have been suggested to engage additional partners in network activities include:

- Develop working associations with other sectors and groups to further a mutual understanding of issues and identify potential joint efforts. A number of years ago, CHN explored the possibility of three different types of membership – charter, affiliate and associate. It might be useful to revisit these categories.
- Identify specific objectives for the continuum of care, and some “win-win” initiatives for hospital- and community-based providers that are focused, action-oriented and time-limited.
- Put the onus of engaging a broad variety of community partners on the proposed clusters. The involvement of organizations such as public health and community-based agencies could have strong impact at the local level.

Work to Achieve Consensus

CHN upholds the principle of consensus among its members. Indeed, the large majority of CHN’s members believe that the development of the network has been well served by a facilitative consensus-driven approach. Others contend that the focus on a facilitative approach has “dragged things out”, issues have taken a long time to discuss, and CHN has not progressed as far as it could have if a more directive approach to decision making had been used.

CHN has galvanized a tremendous amount of clinical and administrative expertise focused on system improvements. This expertise represents a great deal of commitment and potential to effect system change.

For example, CHN has had more success obtaining consensus when clinical issues have been addressed. As CHN addresses more contentious areas such as organization and system issues that impact on individual operations, network consensus may be more difficult to achieve. Potential strategies that have been suggested to improve the facilitative approach include setting deadlines for the closure of issues, using a majority vote if consensus is not achieved, focusing on the development of “win-win” situations where possible, and devolving some decision making to the clusters.

Maintain Commitment and Momentum

The vast majority of CHN’s work is achieved by administrative and clinical experts who volunteer their time. To ensure that these individuals remain committed, progress must be evident: people need to know that their time is well spent and that their contributions are making a difference. As the volume and intensity of activities increase, CHN will be challenged to involve members judiciously and strategically, without placing extraordinary

expectations on their time. This is especially a risk for smaller organizations that have a limited number of management staff and resources.

CHN will also need to maintain the commitment of its members to financially support the network. The network will be challenged to demonstrate to members that they are getting value for their money. Developing indicators to measure system delivery outcomes, clinical changes, and the impact of standards on improving processes and outcomes are value-added strategies that will help maintain commitment.

Address Resource Constraints

A sufficient number of skilled health care providers will be required to implement the regional model of care. This includes a sufficient number of specialized physicians and other health care providers with the appropriate expertise to care for the needs of patients/clients. This will especially be a challenge in the regional centres and in community-based settings where providers will be required to care for patients/clients with increasingly higher levels of acuity.

The financial rewards for specialized physicians are better in private practice. It will be harder to attract and keep these specialists involved in hospitals. As a result, new funding models to support these physicians (e.g., alternate payment plans) will need to be examined. As well, sufficient funding to hire staff and provide them with additional training, and to support increased capital and operating expenditures is required to make CHN's system of regionalized care a reality.

Although some hospitals have expanded their maternal, newborn and children's care activities by diverting funds from other priorities within their global budgets, these changes have been limited. If sufficient funding is not forthcoming and regional facilities are not able to develop members' commitment, establishing a regional system of care will be difficult to achieve. Although there is widespread support for developing clinical standards, the challenge for the continued existence of the network will be fundamental changes in the system of service delivery.

Promote an Information Management System

Currently, CHN does not have an information management system that supports its regionalized model of care. The network will be challenged to promote such a system if it is to advance its regional approach successfully. A potential area to investigate is a closer working relationship with the Electronic Child Health Network (eCHN).

Address Other Areas

CHN will be challenged to address a number of other areas including:

- Influencing and helping to educate the next generation of health professionals by developing leading-edge education and training courses on maternal, newborn and children's care;
- Contributing to research in the field of maternal, newborn and children's care;
- Investigating models of nursing infrastructure that support a regional system of maternal, newborn and children's care;
- Leading the development of a provincial vision for maternal, newborn and children's health;
- Launching public education campaigns to promote the public's use of local hospitals;
- Addressing the needs of a growing population in the GTA that has a significant proportion of new immigrants and will require culturally sensitive care; and
- Developing mutually supportive and collaborative relationships with other organizations and associations that may engage in activities of interest to CHN (e.g., Ontario Medical Association, Ontario College of Family Physicians).



CHILD HEALTH NETWORK
for the Greater Toronto Area

Section Eight

Reflections on
Lessons Learned

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It takes time and effort to build trust and promote system thinking especially when a network has a relatively large number of players and requires a series of multi-stakeholder processes.

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Reflections on Lessons Learned



It Takes Time to Build Trust and Promote System Thinking

It takes time to build trust and promote system thinking especially when a network has a relatively large number of players and requires a series of multi-stakeholder processes. In CHN's experience, concerted time and effort have been needed to bring all the players to the table, let them voice their opinions, enable them to feel ownership of the network, debate new approaches to care, develop innovative ways to communicate and allow time for change to occur. There is a balance to be struck between rushing the development of a network and taking too much time. However, if the goal is to establish a foundation of trust and collegial relationships upon which to build future initiatives, sufficient time and effort need to be invested in developing the network.

Networks are a Balancing Act

Networks are a constant balancing act between responding to competing demands from members versus achieving consensus, engaging in processes that take time versus launching initiatives that promise quick results, addressing numerous issues all at once versus concentrating on a few key issues, and establishing the "right" number of committees so everyone feels involved while not making the structure itself too burdensome (e.g. too many committees/task forces). CHN's experience has demonstrated that there is no right answer on what is the appropriate balance, and that the "right answer" changes with time.

Networks Need to Start with a Clear Focus

An important precursor to developing networks is to have a clear focus and sense of purpose, and to develop a systematic plan of action. The network may have been established faster if CHN had done a better job of defining earlier what problems the network was meant to solve, what participation in the network actually meant (i.e., the expectations, responsibilities and accountabilities of members), and what systems promote the development of a regional system of care.

Networks are a constant balancing act between responding to competing demands from members versus achieving consensus, engaging in processes that take time versus launching initiatives that promise quick results...

A clearer sense of focus may have helped streamline the number of committees that were initially struck to help plan and develop the network. Although it was recognized that a high level of member participation was necessary at the beginning, managing the committee structure was overwhelming.

As CHN's focus has become clearer, CHN has evaluated and streamlined its committee structure.

Leaders and Champions are Required at all Levels

A successful network must have leaders and champions at all levels. In its early days, the development of CHN benefited greatly from the strong leadership and commitment shown by The Hospital for Sick Children. As well, community paediatric centres played significant leadership roles, as did the Ministry which demonstrated its commitment in the early developmental stages of the network. The Ministry continues to champion CHN through its participation in network activities. CHN is also continuing to benefit from administrative and clinical leadership through the participation of CEOs, physicians and other clinicians.

A successful network must have leaders and champions at all levels.

Section Nine



CHILD HEALTH NETWORK
for the Greater Toronto Area

In Conclusion

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Without a doubt, the commitment and participation of CHN's members have been the foundation of the network's success. The collective membership represents a wealth of clinical and administrative expertise that is the key to bringing about improvements in the system. The potential of this expertise to generate innovative ongoing system change is phenomenal.

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In Conclusion



CHN is an evolving partnership of hospital and community providers working together to build an accessible, family-centered, high quality, regionalized health system for mothers, newborns, children and youth across the GTA.

CHN is a young organization. It is a work in progress that has already made important inroads into improving the system of care:

- The network's regional approach is based on strong relationships between organizations that offer different levels of care according to the complexity of patient need. This ensures that patients access the right level of care at the right time;
- CHN has raised awareness that each member is expected to meet consistent, high quality service standards. Common standards are being developed by the network. There is increasing acceptance from providers and the public that high quality care can be provided locally as long as clinical standards are met;
- System frameworks, standard setting and a performance evaluation system are in the process of being developed; and
- Collegial working relationships between providers are accepted as the norm to support a coordinated system of services.



here are two ways to live your life.
One is as though nothing is a miracle.
The other is as though everything is a miracle.

Albert Einstein (1879-1955)

Without a doubt, the commitment and participation of CHN's members have been the foundation of the network's success. The collective membership represents a wealth of clinical and administrative expertise that is the key to bringing about improvements in the system. The potential of this expertise to generate innovative ongoing system change is phenomenal. The groundwork has been laid for real system change. What the true impact of this change will be will constitute the next chapter in documenting the birth and legacy of the Child Health Network for the Greater Toronto Area.

10

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Appendix A: Interviews



1. Shehnaz Alidina
2. Helena Axler
3. Marilyn Booth
4. Henry Cheng
5. CHN Staff (group interview): Jonathan Tolkin, Moya Johnson, Catherine Wang, Donna Sims (along with Shehnaz Alidina)
6. Scott Dudgeon
7. Wayne Fyffe
8. Alan Goldbloom
9. Steve Handler
10. Janet Harris
11. Sheila Jarvis
12. Christine Joe
13. Ron Laxer
14. Murray MacKenzie
15. Catherine Pepevnak
16. Knox Ritchie
17. David Rowe
18. Andy Shennan
19. Andrew Szende
20. Olive Wahoush
21. Marnie Weber
22. Hilary Whyte
23. Linda Young

Endnotes

ⁱ Now known as the Toronto District Health Council.

ⁱⁱ Metropolitan Toronto District Health Council, *Taking the Next Steps: Regionalizing Maternal-Newborn and Child Health Services in Metro Toronto*. A Report to the MTDHC from the Maternal-Newborn and Child Steering Committee, June 1994.

ⁱⁱⁱ The Hospital for Sick Children. *The Children's Hospital Without Walls*, January 1994.

^{iv} *Directions for Change: Toward a Coordinated Hospital System for Metro Toronto*: Final Report of the Metropolitan Toronto District Health Council Hospital Restructuring Committee, September 1995. Based on this report, the DHC then submitted the document, *Final Advice to the Minister of Health*, in November 1995.

^v Now known as Humber River Regional Hospital.

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- ^{vi} Health Services Restructuring Commission, *Metropolitan Toronto Health Services Restructuring Report*. July 1997. Four months prior to this report, the HSRC released its March 1997 *Metropolitan Toronto Health Services Restructuring Report*, which issued notices for the establishment of the Child Health Network.
- ^{vii} Health Services Restructuring Commission, *GTA/905 Health Services Restructuring Report*. November 1997.
- ^{viii} Health Services Restructuring Commission, *GTA/905 Health Services Restructuring Report*. April 1998.
- ^{ix} Child Health Network, *Child Health Network: Working Together for Children's Health. A Preliminary Implementation Plan*, May 1, 1998. Submitted to the Ministry of Health and the Health Services Restructuring Commission.
- ^x Child Health Network, *Child Health Network: Working Together for Children's Health. CHN-GTA Implementation Plan*, February 1999. Submitted to the Ontario Minister of Health and the Health Services Restructuring Commission.
- ^{xi} *Report of the Expert Advisory Panel Providing Advice to the Ontario Ministry of Health and Long-Term Care on the Reports of the Child Health Network for the Greater Toronto Area*, October 27, 1999.
- ^{xii} *Final Report of the CHN Network Organization Task Force*, October 18, 1999.
- ^{xiii} *CHN Update May 1998, Volume 2*.