

TEAM AT THE TOP

The Child Health Network for the Greater Toronto Area is pleased to announce both the reappointment of Sheila Jarvis as the Chair of the CHN Board of Directors, and the addition of Wayne Fyffe as vice-chair. Both positions are for two-year terms.



Sheila Jarvis has served as President and CEO of Bloorview MacMillan Children's Centre since 1996, and has had extensive administrative experience in tertiary rehabilitation for children and adults. She is a director of the Board of the Ontario Hospital Association, Chairs its Continuity of Care Advisory Committee, and is a member of the OHA's Advocacy Committee. Sheila served as Interim Chair of the Greater Toronto Area Rehabilitation Network, and is now a member of its Council.



Wayne Fyffe has been President and CEO of the Credit Valley Hospital since 1997. He has encouraged a participatory approach to management, facilitating staff, patients, and the community to become involved in hospital decision-making. Wayne came to Credit Valley after serving in senior executive positions at hospitals in Ottawa, Hamilton, and Saskatoon, as well as with the Brant District Health Council.

"The vision of creating a child health network in the GTA is an initiative that has garnered great support and momentum across the region," said Frank Lussing, President and CEO of York Central Hospital and a member of the CHN Board of Directors' Nominating Committee. "We are fortunate to have Sheila and Wayne lead us through this important stage of the network's growth and development."

IMPLEMENTATION OF PERINATAL DATABASE UNDER WAY

Over 40 individuals participated in the training session held on November 26, 2002 to officially kick-start implementation of the common perinatal database across the CHN. The session was organized to:

- Provide an overview and demonstration of the Niday perinatal database (including its purpose, security, use of data, data ownership, etc.);
- Discuss steps involved in implementation of the database (including issuing of user names and passwords by CritiCall); and,
- Provide a forum for responding to questions/concerns of members.

The CHN is in the process of recruiting a Project Manager (Perinatal Database) who will contact all CHN organizations as soon as he/she is "on board" to facilitate linkage into the database. In the meantime, CHN member organizations/ sites should be prepared to go on line by March 1, 2003. However, those who can be on line January 1, 2003 are encouraged to do so! Good luck! The second training session to discuss data analysis and reporting will take place January 22, 2003.

Performance Evaluation Project Update

“We manage what we measure”. As part of our commitment to gauge network performance and to plan future strategies for success, the CHN Board, its members and the MOHLTC have given the CHN’s Performance Evaluation Project priority status. Here are some of the highlights of the project so far.

Data Collection Complete – Analysis Underway

The Performance Evaluation Task Force is heading into the final stages of project completion.

Data has now successfully been gathered from six major sources:

- Consumers
- CIHI
- CritiCall
- Hospital Health Records
- CCACs
- And CHN members (Clinical Leaders, Administrative Leaders & CEOs).

These data are now being analyzed and amalgamated by



seven evaluation criteria. As such, the numbers and commentary

will soon begin to provide valuable information about overall effectiveness, integration, coordination, accessibility, accountability, satisfaction and other key network performance criteria.

Data gathered for 2000/2001 and 2001/02 are expected to provide a solid baseline from which to measure future CHN results.

CritiCall Data In –

Emergency Maternal Transfer data begins to tell story

The CritiCall database* has begun to shed light on some aspects of emergency transfers for paediatric, maternal and newborn cases. Preliminary observations on 2000/01 **CritiCall Maternal transfers** are highlighted below. *(These results may be subject to re-interpretation when amalgamated with other findings.)* Continued analysis of these and other data sources will help formulate a more complete picture of the CHN environment, including recommendations for action.

Maternal Transfers. All CHN clusters are active in initiating CritiCall maternal transfers. Overall, 84% of these transfers are to Level 3 facilities. The vast majority of CritiCall transfers are, as expected, from lower to higher level facilities.

Out-of-Region transfers. 26% of all Criticall maternal transfers are transferred out of the GTA. Fully 1 in 4 CHN maternal transfers are sent from the GTA to an out-of-region hospital. With the exception of Hamilton area hospitals accepting transfers from the GTA West cluster, these data indicate emergency maternal transfers that could not be accommodated within the GTA -- likely due to a lack of resources available within CHN GTA hospitals. The highest number of CritiCall transfers requiring placement outside the GTA were initiated by the CHN’s Level 2 and Level 2+ facilities.

Refused Transfers. Refused transfers occur throughout the CHN GTA. When analyzing CritiCall maternal cases ‘refused transfer’ due to a lack of beds in the GTA, 91% are refused by Level 3 facilities. The West cluster originated 26% of refused transfers, East (24%) Central (22%), North (14%), Outside GTA (15%).

Into-Region Transfers. CHN GTA hospitals receive fewer CritiCall maternal transfers in from out-of-region hospitals than they send out. Of the transfers into the GTA from out of region hospitals, 86% are to Level 3 facilities for tertiary care that is not available in their region.

The CHN GTA is a ‘Net Exporter’ of CritiCall maternal patients. Twice as many CHN CritiCall-facilitated transfers are sent out-of-region from the GTA as compared to CritiCall-facilitated transfers from out-of-region hospitals into the GTA.

* The CritiCall database was designed to facilitate emergency transfers in the province. Data limitations for performance evaluation purposes (such as the absence of data on non-emergency transfers) are inherent. Moreover, Paediatric and neonatal transfers will generally be understated as many may be arranged directly by the Hospital for Sick Children.

CEOs Give Candid Impressions of CHN Progress To-date

As part of the satisfaction performance evaluation, administrative leaders and CEOs were invited to give their candid feedback on the CHN's progress.

Health care leaders are very satisfied with the work of the CHN and recognize its value in fostering a regional perspective.

The good news is overall, health care leaders are very satisfied with the work of the CHN. They uniformly agree that the CHN

has successfully facilitated connections among facilities and people, thereby promoting collaboration and coordination of maternal, newborn and paediatric services across the GTA.

“Considerable progress has been made in establishing linkages, both formal and informal”, commented one CEO. Cluster meetings are seen as particularly valuable in promoting a regional perspective. Leaders are also pleased that CCACs are ‘at the table’ and that success with Bloorview continues. Other notable observations:

- ✓ **Educational programs** have served as a catalyst for regionalization.
- ✓ Designation of **Scope of Service** has laid the foundation for more effective use of beds within the GTA.
- ✓ The **Perinatal Pilot database** has provided tangible information on the appropriateness of bed use.
- ✓ The **Performance Evaluation** project will produce benefits by expanding the breadth of objective system information.

Despite these favourable observations, administrative leaders are concerned that a resource shortage, particularly in regional paediatric centres, may impede the CHN's progress. A formal advocacy program to enhance CHN's relationship with government remains a strategic priority.

CAPACITY, CAPACITY, CAPACITY

CHN has completed its *Hospital Capacity Draft Report*, profiling current and proposed capacity at CHN member hospitals. The draft report presents information on hospitals' obstetric, neonatal, paediatric and child/adolescent mental health beds, services and human resources, as well as program and service redevelopments. Data were received from all of CHN's hospitals – 20 organizations providing services on 28 hospital sites.

Some of the report's highlights include:

- In 2000/01, hospitals staffed and operated 826 birthing beds, 538 level 1 and 324 special care bassinets, 458 paediatric beds and 31 child/adolescent mental health beds. Generally, hospitals staffed and operated fewer beds at high occupancy levels due to the lack of capital and operating funds and insufficient staff.
- Hospitals predicted that by 2003/04, their staffed bed capacity will increase 15% for birthing beds, 28% for special care bassinets, 26% for paediatric beds and 219% for child/adolescent mental health beds. At this point, it is unclear whether this anticipated growth will be realized.
- Many hospitals reported nursing vacancies in 2000/01. For example, 11 out of 14 sites had vacancies in labour and delivery nursing, 10/12 sites had obstetrical nursing vacancies, 11/12 sites had newborn nursing vacancies, and 7/9 sites had paediatric nursing vacancies. Generally, only the most pressing vacancies are posted and filled, often temporary vacancies such as maternity leaves are not filled, and vacancies for specialized staff are especially challenging to fill.

Over the next month, CHN will be scheduling meetings of the four clusters to obtain feedback on the draft report and identify cluster-specific issues raised by the results.

INTEGRATING FAMILY-CENTRED CARE INTO THE WORK OF THE NETWORK

What can the CHN do to advance understanding of the concept of family-centred care across the network? How can the network build on the successes of member organizations that have embraced the FCC concept? These questions were the focus of discussion among members of a small Working Group that met on September 13, 2002 to determine how best to integrate the philosophy and approach of family-centred care (FCC) into the work of the CHN.

The Working Group expressed strong support for advancing work in the following four areas:

- Establishing a common definition and standards for adoption across the network.
- Compiling and sharing “best practices” in use across the network.
- Advancing FCC through education, training and awareness activities.
- Strengthening focus on research related to family-centred care including documenting best practices and “living lab” research, as well as developing a proposal to establish a Chair in Family-Centred Care at an Ontario university.

PROTOCOLS TO IMPROVE COMMUNICATION ACROSS THE NETWORK UNDER DEVELOPMENT

The Child Health Network for the Greater Toronto Area (CHN) has identified the need to develop standardized communication protocols for use across the network. The protocols will respond to specific communication issues that have arisen across the network, including:

- i. Protocols related to bed capacity and occupancy alerts.
- ii. Protocols related to crisis situations (e.g., communication about infectious disease outbreaks and/or security issues).
- iii. Protocols to improve communication with respect to common issues that will facilitate an improved ‘system-building’ approach to planning (e.g., advisories with respect to holiday slow-down periods).

The hope is to build on existing communication platforms, where possible, to enhance communication across the network.

SUCCESSFUL WORKSHOP HELD ON NICU DISCHARGE PLANNING

Over 80 people gathered at the Vaughan Estates on October 30th to learn more about NICU discharge planning. The event was an excellent opportunity for collaboration between staff of NICUs, CCACs and home care service providers.

Jonathan Hellmann, Clinical Director of the NICU at the Hospital for Sick Children gave the opening address. His remarks focused on:

- Balancing technological capabilities with expectations and moral evaluation;
- Exploring parents’ resilience and coping strategies; and
- Understanding the importance of the need for resources to provide for *continued support* of children discharged from the NICU.

SPECIAL THANKS TO DEBBIE BURKE AT CREDIT VALLEY

The CHN would like to extend a special thank you to Debbie Burke, Team Leader, Printing / Forms Analyst from The Credit Valley Hospital. On behalf of the CHN, Debbie standardized the three transfer forms that were developed as part of the *Maternal/Newborn Transfer Guidelines* project. The forms will standardize the collection of data with respect to maternal and newborn transfers and retrotransfers across the network. Next spring the task force will track implementation of the guidelines and the effectiveness of the generic forms. Thank you Debbie for a job well done!

ER DIRECTIVES DEVELOPED

The CHN recently completed development of a series of *Emergency Department Medical Directives*. The Directives were developed to improve and standardize care by advancing intervention by nursing staff, especially during long waiting times and staff shortages. The guidelines are intended to complement and support Paediatric CTAS recommendations.

CHN Emergency Department Medical Directives

Fever Management
Oral Rehydration Therapy
Pain Management
Respiratory Management

The hope is that the guidelines will encourage a more consistent approach to patient care across the GTA. They also, however, have applicability beyond the GTA.

WELCOME TO ANNA THEMELIS

The CHN Secretariat is pleased to welcome Anna Themelis to the position of Executive Assistant. Anna will work closely with network committees, and will be responsible for managing the Secretariat office. Previously, Anna held the position of Executive Assistant to the Chief Nursing Officer and the Signy Hildur Eaton Chair in Paediatric Nursing Research in the Centre for Nursing at the Hospital for Sick Children. Anna can be reached at 416-813-6137 or via e-mail at anna.themelis@sickkids.ca