



CHILD HEALTH NETWORK
for the Greater Toronto Area

*working together for
children's health*

NETWORK NEWS

Welcome!

The CHN would like to welcome *Alison Quigley* to the Network. Alison has been appointed as the new Executive Director of the CHN. She began her career as a nurse and later worked in a variety of positions as both an educator and a systems' planner. Most recently, she held the position of Director of Acute Care Transport Services at The Hospital for Sick Children. Alison is a graduate of the Bachelor of Science in Nursing program at Queen's University (1987) and received a Master of Health Science degree from the University of Toronto in 2002.

IRC-Phase 3 review nearing completion

The CHN Board of Directors has established an Internal Review Committee (IRC-3) to provide advice on opportunities to combine maternal, newborn and paediatric services on fewer sites to enhance the consistency of care, respond to physician and other staff shortages, and achieve stronger linkages and coordination among all the health professionals providing care within the region. The work is being undertaken in response to a request from the Ontario Ministry of Health and Long-Term Care.

The IRC-3 process builds on recommendations arising from Phase 1 (March 2004) and Phase 2 (July 2004) that focused on providing advice to the Ministry on how to improve the regional model of maternal/newborn and paediatric care in response to growing safety and quality concerns arising within the Network because of critical mass, human resource shortages and other resource constraints impacting on the ability of individual organizations to deliver consistent, high-quality care.

WINTER 2005

IRC-3 Terms of Reference

1. To identify the regional and community hospital sites for maternal/newborn and paediatric services in the Toronto/GTA regions including their relative size/volumes and site-specific program transfers.
2. To develop a plan outlining how the proposed model and specific sites will achieve stronger linkages and coordinated service delivery between tertiary, regional, community centres, and CCACs.
3. To recommend strategies to facilitate commitment among health care providers, hospital Boards, and the public in implementing the proposed changes.
4. To develop an implementation plan, including a comprehensive communication plan to support the strategy.

A discussion forum involving representatives from all of the CHN member organizations was held on February 22 to discuss some of the options arising from the work of IRC-3. A final report containing advice to the Minister will be forwarded to the Ministry in March.

Neonatal Follow-Up Committee

The CHN Board of Directors is pleased to announce the following appointments for the newly configured **Neonatal Follow-Up Committee**: *Dr. Rosemary Moodie* as Chair and *Dr. Ann Bayliss* as Vice-Chair. The first meeting of the Committee is planned for April. The Board of Directors would like to acknowledge and thank *Dr. Hilary Whyte* for her leadership as Chair of this Committee for the past five years.

Contributions to newsletter

Contributions to the Child Health Network's newsletter are welcome. Please forward information and ideas for consideration in future editions to the CHN at: chn.gta@sickkids.ca



Standardized transfer documentation forms now available

The following standardized documentation forms for the transfer of mothers, newborns and children within the Network are available for ordering:

- **Maternal Transfer Record**
- **Acute Neonatal Transfer Record**
- **Neonatal Retrotransfer Record**
- **Acute Paediatric Transfer Record**
- **Paediatric Retrotransfer Record**

Implementation of the common transfer protocols and the standardized documentation is intended to:

1. Formalize the current transfer protocols/standard of practice across the Network.
2. Advance development of a consistent approach to transport across the Network,

including consistent documentation. Standardized documentation forms for the transfer of mothers and newborns are now available. Requests for copies of the *Maternal Transfer Record*, *Acute Neonatal Transfer Record*, and *Neonatal Transfer Record* can be made via e-mail to:

The maternal and newborn standardized documentation forms were revised based on feedback received from CHN members during the “piloting” phase of the maternal/newborn transfer protocols that were developed by the Maternal/Newborn Services Task Force. The paediatric standardized documentation forms were developed by the Paediatric Services Task Force. The forms are considered to be an important tool for strengthening care across the Network and facilitating the most appropriate use of beds.

Requests for copies of the forms can be mail via e-mail to:

graphiccentre.requests@sickkids.ca

Contact: Mike Bevilacqua, Production Manager
Graphic Centre, The Hospital for Sick Children
(416) 813-8933 or (416) 813-6687

If you are experiencing technical difficulties with submitting your request by e-mail, the Graphic Centre recommends that you fax your request as follows:

- If you would like to include your hospital’s logo on the forms (or would like to receive an electronic copy of the original design file to print the forms in-house) fax your request to **Graphic Centre at (416) 813-7441**.

Please ensure that you submit the following information with your request:

- Correct title of the transfer form.
- Name of your hospital and full mailing address.
- Contact information for order entry/tracking and billing purposes.

Niday first annual report released

Early in January the CHN released the findings from a first annual study detailing birthing activity over a 12-month period in the Toronto/GTA region. The report – *Niday Perinatal Database for the Greater Toronto Area: First Annual Statistical Report 2003-2004* – profiles information arising from a common database now being used by all CHN hospitals. The report includes data related to approximately 66,000 births that occurred in the region between April 1, 2003 and March 31, 2004. Implementation of the Niday database has been a collaborative process involving all members of the CHN and strong partnerships with the Perinatal Partnership Program of Eastern and Southeastern Ontario as well as the Central East Health Information Partnership, the GTA Public Health Units, and CritiCall. *A copy of the report is available on the CHN web site.*

The preliminary analysis of the data included in the Niday report flags some possible areas for review to improve quality of care, consistency of practice, and adoption of evidence-based “best practices” across the Network. These include a review of:

- Reasons why a significant number of <32 week newborns are not being born at the appropriate health care facility.
- The relatively few births performed by family physicians and midwives in the region.
- Potential areas where current clinical practice protocols could be reviewed (e.g., C-section rates, fetal surveillance during labour, early referral of women with multiple pregnancies to a high-risk pregnancy clinic).

- If you do not need to include your hospital's logo on the forms fax your request to **Print Shop at (416) 813-7076**.

web platform, enhanced datasets and reporting systems is complete. **THANK YOU** to **Lakeridge Health Corporation (Oshawa & Port Perry sites)**, the **Rouge Valley Health System (Ajax-Pickering site)**, and **Halton Healthcare Services (Oakville & Milton sites)** for being involved in the pilot. Many improvements have been implemented based on their feedback.

- **CONGRATULATIONS** to **York Central Hospital, Toronto East General Hospital, and William Osler Health Centre** that have already made the transition to the new version over the last few months and are now using the updated screens! CHN staff will be working with the remaining 14 sites to transition them to the upgraded web platform.
- Implementation of the expanded Niday dataset that includes a NICU/SCN module is in progress.

Slow but steady progress being made in implementing FCC standards

Recently, the CHN compiled the results of a survey undertaken to determine the progress being made in implementing the family-centered care guidelines developed and released by the Network in Fall 2003. The results of the survey demonstrate that there is a strong commitment to incorporating the FCC standards into the philosophy and practice of care for maternal/newborn and paediatric patients across the Network. Both hospitals and CCACs are engaged in a range of innovative projects to strengthen the role of FCC as part of program planning and care delivery practices. A number of maternal/newborn and paediatric units are acting as resources to other units within their organizations interested in incorporating FCC standards into the delivery of care.

Many of the CHN members are confronting similar challenges in implementing the guidelines. Key barriers relate to a broad range of factors including:

- Time constraints and competing priorities arising from both clinical care and administrative responsibilities (i.e., strategic planning, organizational changes, patient volumes).
- Financial challenges/budget restraints.
- Maintaining focus, not letting other priorities impact on momentum of change.
- Ongoing limitations/restrictions imposed by physical environments.
- Restrictions related to new infection control practices.
- Time required to implement changes (i.e., design and implementation of new documentation forms).
- "Re-making your case"/re-educating senior staff in response to organizational changes at senior levels.

Activities to Advance Family-Centered Care into Program Planning & Care Delivery

HOSPITALS

Identifying new ways to involve families and FCC principles into work:

- Development of Family Advisory Council(s)
- Establishment of a FCC coordinator
- Participation of families on committees/task forces/advisory councils
- Consideration of FCC principles in strategic planning activities (e.g., baseline surveys being undertaken to market FCC concepts)

Changes to practice to reflect FCC principles:

- Initiation of a variety of pilot projects to promote/integrate FCC concepts into practice (e.g., Women's and Children's Health Program)
- Moving elective c-sections from main operating rooms to birthing units
- Group prenatal tour/education preparation
- Introduction of "transition of the newborn" programs

Educational strategies:

- Education sessions for staff, physicians and volunteers
- Continued in-house training for staff
- Prenatal sibling classes

Communication strategies:

- Signage reviews
- Development/refinement of web site information
- Launch of "new" resources (i.e., parent information handbooks)

CCACs

Incorporating FCC concepts into specific processes:

- RFP process(es)
- Assessment of "family-centeredness" in current policies and procedures
- Development of a complex care allocation tool
- Development of client satisfaction surveys for mothers and children (will include assessment about extent to which FCC approach/practices successful)

Staying ahead of change: recent paediatric workshop a success

Over 180 participants attended the January 29 workshop *Paediatrics in a Day* held at the recently opened Academic Centre at the North York General Hospital. A partnership initiative involving NYGH, Sick Kids and the CHN, the workshop provided an opportunity to review the latest updated edition of the **HSC Paediatrics Handbook** and reflected the CHN's ongoing commitment to facilitating the adoption of evidence-based practice and consistency of care guidelines across the Network. Dr. Jonathan Tolkin, CHN Medical Advisor, presented the CHN guidelines on Paediatric Acute Abdominal Pain and Family-Centered Care. Recent developments in asthma management, otitis media, infectious diseases, infant nutrition, and adolescent medicine were some of the other topics addressed throughout the day.

Priority projects underway

The CHN is currently engaged in advancing the following priority initiatives to improve patient safety and continuity of care across the Network:

- An assessment of the "uptake" of the clinical and system guidelines that have been developed by the Network as the basis for setting the stage for future guideline development.
- Development of a risk management strategy to identify and address issues related to safety policies and patient safety.
- Completion of *revised* scope of services documents for maternal/newborn and paediatric services to address inconsistencies with the current documents and better delineate differences between levels of care. The work will focus on describing the scope of practices arising from the proposed regional model arising from the IRC review.

- Monitoring of the implementation of the maternal/newborn and paediatric transfer and retrotransfer protocols.
- Expansion of Niday Perinatal Database to incorporate additional variables in the perinatal screen and introduce a new neonatal module.

New division of developmental paediatrics created

Effective March 1, a new **Division of Developmental Paediatrics** within the Faculty of Medicine's Department of Paediatrics will be created. The Division is being created in response to recent major advances in this area of paediatrics including:

- Recognition by the Royal College of Physicians and Surgeons of Canada that developmental paediatrics represents a defined body of knowledge meriting recognition as a separate sub-specialty area within paediatrics.
- Creation of an enhanced child development program (Sick Kids and Bloorview MacMillan Children's Centre) aimed at providing a single access point and triage system for families and consolidate resources, with a goal of seeing more children sooner.
- Augmentation of research activities related to developmental disorders under the leadership of the research institutes at Sick Kids and Bloorview MacMillan.

Dr. Daune MacGregor, Associate Chair (Clinical), has agreed to serve as Acting Head of the Division pending the search for the permanent Division Head that will commence in March.



**Child Health Network
for the Greater Toronto Area**
180 Dundas Street West, Suite 1700
Toronto, Ontario M5G 1Z8
Telephone: (416) 813-6137
Fax: (416) 813-8309
E-mail: chn.gta@sickkids.ca
Web: www.childhealthnetwork.com

The Child Health Network for the Greater Toronto Area (CHN) is a partnership of community and hospital providers working together to build an integrated, high-quality, family-centered regionalized health system for mothers, newborns, children and youth across the GTA. Current membership of the CHN includes 19 hospitals that provide maternal/newborn, acute paediatric and rehabilitative services and the 9 Community Care Access Centres in the GTA. The Network is supported by membership fees, and by contributions from the Ontario Ministry of Health and Long-Term Care.