



CHILD HEALTH NETWORK  
for the Greater Toronto Area

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# Child Health Network for the Greater Toronto Area

First Annual Report to the Membership  
2000-2001

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## MESSAGE FROM THE CHAIR

I am pleased to present the first annual report highlighting the work and activities of the Child Health Network for the Greater Toronto Area (CHN). This report covers the 2000/01 fiscal year.



The long-term vision for the CHN is to improve the health and quality of life for mothers, infants, children and youth in the GTA through development of a strong regionalized system of care. This regional system of care is premised on ensuring access to high quality primary and secondary care locally and, at the same time, developing a critical mass of higher risk and specialized services to promote optimal use of expertise and resources across the care continuum. In the end, our overall success in building a regional system of care will depend on the level of collaboration and coordination we are able to achieve among our member organizations.

During the past year, the CHN implemented a new structure to facilitate its work. Under the Executive Committee's leadership, the CHN has developed a draft operating plan that will guide our work by implementing some important systems initiatives that will strengthen the Network. The membership of the Network expressed full support for the priorities included in the operating plan when it was circulated for review early in the New Year. The plan will be tabled for approval at the May Council meeting. To support the work of the Network, we have hired an Executive Director and additional staff including a part-time medical and clinical advisor.

We are very pleased that Community Care Access Centres have joined the Network. Their participation in the development of the CHN provides us with an opportunity to broaden our planning focus and consider the benefits to be achieved for children and families through stronger integration and coordination of services with the community.

I want to thank the Executive Committee for their hard work in guiding the plans for development of the Network and the Secretariat for their diligence in moving some important initiatives forward on behalf of the Council. I also want to thank our members, our committee chairs and the Ministry of Health and Long-Term Care for their continued support and commitment to our work. The CHN has a solid foundation upon which to build. Working together we have tremendous potential to improve the accessibility, coordination and quality of health services to mothers, newborns, children and youth across the GTA.

*Sheila Jarvis*  
*Chair*



## MESSAGE FROM THE EXECUTIVE DIRECTOR

Development of the first operating plan by the Executive Committee marked a significant milestone in the work of the CHN. We now have a clear plan to move implementation of the Network forward with a focus on four core themes: system building, evidence-based practice, evaluation and dissemination, and public policy and advocacy.



During the past year, we have developed a strong working relationship with the Ministry of Health and Long Term Care and forged important linkages with other networks including the other three Child Health Networks in the province. We have also been successful in recruiting excellent staff who are committed to working closely with the membership to fulfill the Network's vision.

The activities highlighted in this document outline the efforts across the Network to build a system of health care delivery that will best meet the needs of the region's children and families. They illustrate the positive impact the Network concept is having on patients and providers. More than ever, consumer and provider input will continue to be important to shaping the future activities of the Network.

While it is encouraging to reflect on our accomplishments of the past year, it is clear that we have many challenges to face in the coming months. The focus on integration and building a true system of services for children and families will drive much of our work over the coming months. Facilitating the development of a common and consistent set of clinical, organizational and system guidelines to be implemented across the Network will also be an important goal. Completing the performance evaluating initiative will be key to shape and improve services and promote accountable and effective use of resources.

I look forward to working with our committees and members to further advance the achievements of the Network in the coming year.

*Shehnaz Alidina*  
*Executive Director*

## OUR STRATEGIC DIRECTIONS

### *Working together for children's health*



The Child Health Network is based on a partnership of community and hospital providers working together to build an integrated, high-quality, family-centred regionalized health system for mothers, infants, children and youth across the GTA. Current membership of the CHN includes twenty hospitals that provide maternal/newborn, acute paediatric services and rehabilitative services and the ten CCAC's in the GTA.

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Strategic directions were developed as part of the operating plan process. The directions that will guide the work of the CHN over the next 15 months will focus on:

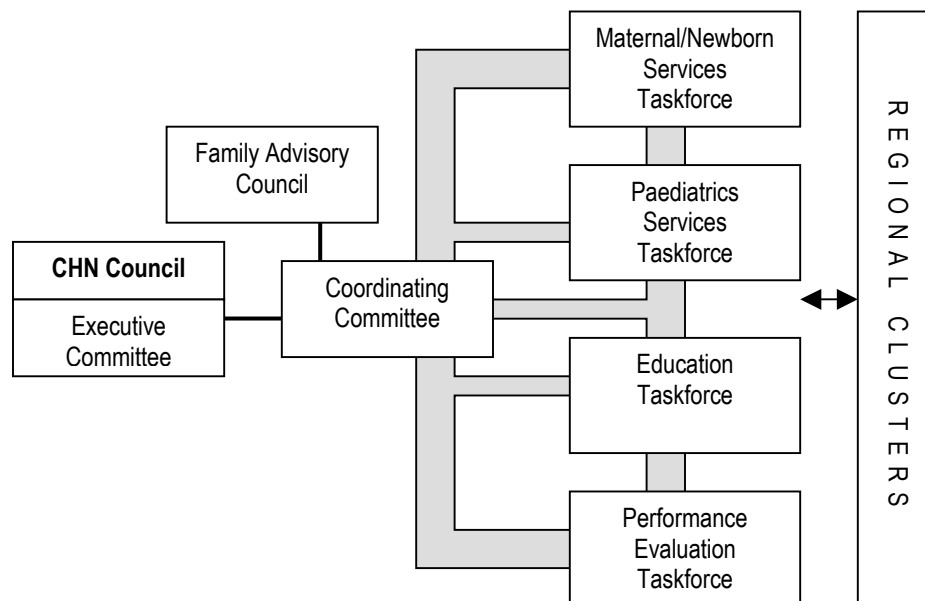
- Facilitating implementation of the maternal/newborn and children's regional services systems in the GTA.
- Shaping health care practice and promoting greater consistency in service delivery through the development, implementation, and monitoring of a common and consistent set of clinical standards.
- Building capacity of health professionals in the Network by implementing shared education initiatives.
- Developing and implementing a communications strategy supporting the CHN's vision, mission, goals and activities.
- Developing and implementing a performance evaluation framework, and carrying out the perinatal care component of the framework as a pilot project.

## ORGANIZATIONAL STRUCTURE AND MEMBERSHIP

A new organizational structure has been established to help the CHN move beyond a planning phase and facilitate activities that will operationalize the important planning that was developed for the Network.

The streamlining of the Network has allowed for a committee structure that supports the Network's priorities and facilitates effective member participation. The new organizational design also reflects the need for the Network to strengthen the regional maternal/newborn and children's services systems that have been established across the GTA. The structure gives:

- the **CHN Council** responsibility for setting the broad direction to fulfill the Network's mission;
- the **Executive Committee** responsibility for leading the Network toward the fulfillment of its mission by developing and monitoring the implementation of the strategic and annual operating plans for the CHN;
- the **Coordinating Committee** responsibility for coordinating the work of the Network's committees and ensuring that it is consistent with the Network's strategic and annual operating plans.



## *Membership*

Current membership of the CHN includes (20) hospitals in the GTA that provide maternal/newborn and children's services as well as the (10) Community Care Access Centres (CCAC's) within the GTA:

*Bloorview MacMillan 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  
William Osler Health Centre  
York Central Hospital  
York Community Care Access Centre*

## REGIONALIZING MATERNAL/NEWBORN AND CHILDREN'S SERVICE SYSTEMS ACROSS THE GTA

The year 2000/01 marked a turning point for the establishment of regional service systems in the GTA. Key initiatives that helped move the concept of these service systems beyond a planning stage included the following:

### *Scope of service documents*

Guidelines for the clinical scope of maternal/newborn and children's services were completed. These documents describe a regionalized system of maternal/newborn and children's services in the GTA, organized by levels of care. The Guidelines outline the complexity of care to be provided at each site detailing the scope of practice by which each level of care is defined. The Guidelines reflect the MOHLTC's policy regarding maternal/newborn and children's services as was presented to the CHN in February, 2000.

The *Guidelines for the Clinical Scope of Maternal and Newborn Services* outline scope of services associated with the following four 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*

The *Guidelines for the Clinical Scope of Children's Services* outline the scope of services associated with three designated levels of care within the GTA:

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

These Guidelines represent the culmination of efforts and expert advice of dozens of dedicated clinicians, administrative and professional staff throughout the GTA. The fundamental purpose of the Guidelines is to design a system of health care delivery that will best meet the needs of the region's children and families. An opportunity to review the Guidelines will soon emerge as the CHN undertakes a performance evaluation of the Network. It will examine issues of quality, access, integration and coordination. Based on what is learned in this evaluation, the CHN will review and modify the Guidelines as appropriate.

## *Implementation plan review*

In the Fall of 2000, the MOHLTC asked the CHN to review implementation plans received from member hospitals and comment on the extent to which the current level of service provision is consistent with the guidelines outlined in the Scope of Service documents. Priorities resulting from the review identified the need to:

- facilitate implementation of the maternal/newborn and children’s services designations in accordance with the scope of service documents;
- clarify regional clusters and roles and responsibilities of the clusters in the context of the Network as a whole;
- consider the benefits of incorporating the Implementation Plan Review process with the Hospital Operating Plan process as a way to streamline planning activities and facilitate a more integrated approach to service planning; and
- address the following priorities on a system-wide basis: common system guidelines; human resource issues; and use of data to improve access, quality and coordination of services for mothers, infants, and children in the GTA.

## *Establishment of regional clusters*

The maternal/newborn and children’s services regional models of care delivery recognize that regional clusters within the GTA each have unique characteristics that require local collaboration around planning.

The (4) regional cluster groupings currently being considered are as follows:

<p><b>NORTH CLUSTER</b>            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><b>CENTRAL CLUSTER</b>            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><b>EAST CLUSTER</b>            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><b>WEST CLUSTER</b>            CCAC of Halton            CCAC of Peel            Etobicoke CCAC            Halton Healthcare Services            The Credit Valley Hospital            Trillium Health Centre            William Osler Health Centre</p>

Tertiary centres, including the Bloorview MacMillan Centre, Mount Sinai Hospital, Sunnybrook and Women's College and The Hospital for Sick Children will be a central resource to each of the regional clusters.

It is expected that the regional clusters will:

- ensure children's and maternal/newborn services within a geographic area are organized and provided in a coordinated manner tailored to the individual needs and unique characteristics of each region and
- facilitate collaborative planning and build strong partnerships in order to develop more integrated and innovative 'systems' solutions in key areas (e.g., education, services planning, transport)

### *Transport protocols*

The CHN developed three sets of transport protocols to facilitate transfer of mothers and infants to the most appropriate level of care based on individual needs and circumstances. The protocols establish guidelines for the transfer of mothers, the transfer of newborns and retro-transfers. These protocols will be finalized pending feedback from members. The CHN's next step will be to develop transport protocols for children.

### *Strengthening emergency health services across the region*

The Paediatric Services Task Force reviewed children's emergency services and identified a number of recommendations including:

- Development of a paediatric CritiCall screen to facilitate identification of paediatric bed availability at the appropriate level of care
- Identification of pre- and post-emergency needs such as access to telephone triage and advice
- Exploring the feasibility of embarking on a campaign to help the public understand the appropriate use of an emergency department when dealing with common paediatric conditions and
- Standardizing approaches to paediatric emergency care across the Network including the identification of transition pathways from the ER to the patient's home and the use of paediatric medical directives in the emergency department

The Maternal/Newborn Services Task Force is focusing on strengthening paramedic support for maternal transport and enhancing the 'seamlessness' of transfer across the system. The next steps include a system utilization and capacity review (including issues related to human resources) and development of quality monitoring systems.

The Network has recently recruited a Health Planner – Emergency Services. The Planner will review and lead the development of ongoing strategies to improve accessibility, coordination, standardization and quality of health services for mothers, newborns and children facilitating regular and ongoing communication among emergency services providers.

### *Medical leadership*

The CHN medical leadership is meeting on a regular basis to develop common strategies to address issues in areas such as medical manpower and clinical guidelines. The group has identified a number of issues to be addressed to develop creative solutions for recruitment and retention of medical staff. Examples of some of the potential activities to be considered include:

- Sharing medical resources across clusters
- Exploring options for in-house coverage
- Completing a GTA inventory of paediatric medical resources
- Determining potential untapped resources of physicians wishing to work as clinical assistants on a contractual basis for 12-24 hour shifts

### *Other activities*

**Funding Distribution Report:** This report reviews costs associated with the redistribution of general paediatric patients from The Hospital for Sick Children to regional and community hospitals over the last two years. A number of recommendations are included in the report.

**Clinical Nutrition Report:** This report has laid the foundation for the development of a coordinated approach to clinical nutrition services across the Network based on the following five priority areas:

- Regional clusters to address availability of at least one Nutrition Care Team
- Coordination among centres inserting feeding tubes
- Greater integration of hospital and community services
- Coordination of resources for behavioral feeding disorders, and
- Development and implementation of a common CHN Clinical Nutrition Referral Form

**Paediatric Diabetes:** Paediatric diabetes services recommendations were developed by the CHN, focusing on standards related to:

- Access to care provided by an interdisciplinary paediatric diabetes team
- Staffing ratios
- Critical mass for programs
- 24-hour per day telephone access
- Education of diabetes educators
- Management of newly diagnosed patients
- Patient/parent educational material
- Emergency care

- Transition from paediatric to adult programs
- Follow-up care and
- Quality management

These standards, once implemented, will achieve a consistent standard of care and improve access to care for diabetic children in the GTA.

**Neonatal Follow-up Clinics:** The CHN has made progress in developing a regionalized model of service delivery to high risk infants and their families who require neonatal follow-up. Using a population-based planning approach, recommendations were made regarding the number and location of clinic sites and core staffing requirements. A number of practice standards were established, including:

- Standardized eligibility criteria for tertiary and regional programs
- Standardized referral processes from tertiary centres to regional follow up programs
- Common assessment tools used within the clinics

Educational sessions have been, and continue to be, provided to practitioners across the GTA related to neonatal follow-up assessment tools. In addition, opportunities exist for review and refinement of the various components involved in service delivery in order to ensure the needs of the patients, families and programs are met.

## EVIDENCE-BASED GUIDELINES

**F**acilitating the development of a common and consistent set of guidelines across the network is a key goal of the CHN. The Network's focus is on the development of three kinds of guidelines:

**CLINICAL GUIDELINES:** These guidelines reflect care for patients with specific illnesses, diagnoses, or problems. They can encompass groups of patients and/or reflect broad care recommendations.

**ORGANIZATIONAL GUIDELINES:** These guidelines 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.

**SYSTEM GUIDELINES:** These guidelines support the development of a regionalized maternal/newborn and children's health service system. They facilitate access, quality, integration and coordination of services, and enhance the network's ability to function as a system.

### *Consensus forum on guidelines*

The CHN has developed an inventory that identifies current guidelines available across the Network, work of external groups in this area, and potential gaps. This background work was used to initiate discussion at a consensus forum sponsored by the Coordinating Committee. The purpose of the forum was:

- To determine an appropriate role for the CHN in development, implementation and evaluation of clinical, organizational and system guidelines
- To identify priority guidelines to be developed and implemented across the Network
- To determine the most appropriate process for development of priority guidelines

On the issue of an appropriate role for the CHN, the following priority areas were identified:

- Acting as a clearinghouse for guidelines for member organizations
- Identifying key elements for priority clinical guidelines and requesting that members include them in their organization's guidelines
- Identifying those organizational guidelines that are 'policy' and developing common and consistent guidelines across the Network
- Developing system wide guidelines that will enhance the functioning of the Network as a high priority.

## ***Narcotic analgesia dosing***

A poster entitled *Intermittent Narcotic Analgesia Dosing for Infants and Children* was developed based on a recommendation from the Trevor Landry inquest. The poster, distributed to all member organizations, will serve to improve the safety of narcotic administration for infants and children by providing an easily accessible reference for staff involved in medication administration.

## ***Development of the paediatric supplement to the Canadian Triage and Acuity Scale (CTAS) Guidelines***

CHN members played a leadership role in the development of a paediatric supplement to the five-level triage system. The first paediatric supplemental guidelines<sup>1</sup> to the Canadian Triage and Acuity Scale (CTAS) will help improve triage of children in emergency departments; clinical staff will be better equipped to manage children's emergencies and children will receive appropriate emergency care at the appropriate time. The CHN developed a paediatric competency-based self-assessment tool for triage nurses to ensure system-wide standards of practice. A small work group is currently discussing an implementation, education and quality assurance program for the rollout of this initiative.

## ***Other guidelines***

**Asthma Guidelines:** The CHN has developed *Guidelines for the Treatment of Acute Asthma in Children*. These guidelines will assist practitioners to provide best-practice in the emergency and inpatient care of children with asthma. Strategies for implementation of the guideline throughout the Network have been identified and will begin shortly.

**Discharge of the Healthy Newborn:** A guideline for *Discharge of the Healthy Newborn* has been completed. It will assist care providers in decision-making concerning newborns that can safely be discharged at twenty-four hours of age. To ensure consistency across the Network, the guidelines include patient education materials.

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<sup>1</sup> The guidelines will be published in the *Canadian Journal of Emergency Medicine*.

## EDUCATION

**E**ducation for members of the CHN has been identified as one of the key strategic directions of the Network. The scope of the work to be undertaken by the Education Taskforce includes:

- Identifying and prioritizing the educational needs of CHN members through a needs assessment and development of an Education Plan.
- Maintaining a current inventory of educational opportunities within the Network.
- Advising on the implementation and evaluation of educational programs.
- Identifying opportunities for collaboration among Network members in planning and conducting educational programs.

### *Pain management*

CHN members identified improved paediatric pain management as a high priority. In response, the CHN developed standards and a series of educational modules about pain management in children. The Network's efforts culminated in a one-day training session held in October 2000, which focused on identifying strategies to ensure the transfer of pain management standards into everyday practice. In addition to the training session, an inventory of pain assessment and management tools and resources is being developed and will be available on PROFOR to further facilitate the sharing of resources and expertise and to reduce duplication across the Network.

### *Needs assessment*

The Education Taskforce undertook a needs assessment with all CHN members to determine the education priorities of member organizations. The following educational themes emerged from the survey:

- Paediatric triage (based on CTAS Guidelines)
- Family-centred care
- Evidence-based practice in child health
- Support for staff in the CHN
- Regionalization - moving from planning to action
- Children with chronic health care needs
- Recent advances in maternal newborn care, and
- Pain management (based on furthering the work already accomplished)

The Education Taskforce will further its work in these areas over the coming year.

## PERFORMANCE EVALUATION FRAMEWORK

*The goal of CHN's performance evaluation framework is to develop comprehensive and targeted reports that will be used by the Child Health Network to shape and improve the services provided by the Network and its individual members, promote accountability for the effective use of resources, and support research initiatives.*

Significant progress has been achieved in the development of a Performance Evaluation Framework for the CHN. Based on several guiding principles, seven criteria of the Performance Evaluation Framework have been identified to evaluate and improve performance. These seven criteria are consistent with and support the vision, values and goals of the CHN. They include:

- Appropriate care (quality)
- Accessibility (timely access)
- Integrated and coordinated care
- Accountability (to CHN's members and the Ministry)
- Effectiveness (outcomes)
- Affordability
- Satisfaction (patients/clients, families, providers)

With the completion of Phase I, the Performance Evaluation Taskforce is currently in the initial stages of Phase 2 – indicator development and data collection and analysis. Expert panels will identify and select measurable performance indicators within each criterion, and identify the data variables that will be used to measure each indicator.

As part of CHN's performance evaluation efforts, the CHN is working with the Central East Health Information Partnership (Health Intelligence Unit) to undertake a Perinatal Pilot Project. The Perinatal Pilot Project will assess whether maternal/newborn services are provided at the most appropriate level of care. Data will be collected from member hospitals, analyzed and results will determine recommendations and strategies for action. This pilot project will serve as the basis for planning and testing data collection strategies for the broader performance evaluation project.

## STRATEGY FOR COMMUNICATIONS

A communications strategy has been developed to increase awareness of the CHN and build commitment and support for its role and activities. The plan is integral to fulfilling the mission of the CHN. It articulates core messages for the Network and a series of activities that will govern the communications work of the Network over the next 15 months.

### CORE MESSAGES

*The Network is based on a partnership of community and hospital providers working together to build a more accessible regional system of high-quality family-centered health care for mothers, infants, children and youth across the GTA.*

*The ultimate goal of the Network is to reduce variation in services available to mothers, infants and children by strengthening the continuity and consistency of high quality care across the region. It does this by providing consistent, high quality health care across the region, by reducing variation in services available to mothers, infants, and children, improving continuity of care delivery, and establishing (and promoting the adoption of) common protocols and standards of care.*

*Collectively, Network members have the critical mass required to bring about significant change that would be difficult for any single organization to achieve. It does this by pooling member resources, expertise, experience and ideas, and generating creative and effective solutions to current challenges and lobbying the MOHLTC to make the changes necessary to improve service delivery, service outcomes, research and education.*

Other communication activities such as newsletters, staff participation in external stakeholders' initiatives and meetings, development of a website, etc. allow the CHN to keep its members and the MoHLTC connected and up-to-date with the Network's progress.

A special event will be held in the Fall of 2001 to mark the official launch of the CHN and to increase awareness among consumers of the status of the regionalized service systems and the implications for patient care.

Developing a strong relationship with the other child health networks in the province – Central West-Central South Child Health Partnership (Hamilton), Western Ontario Regional Paediatric Network (London), and Child and Youth Health Network for Eastern Ontario (Ottawa) – and exploring opportunities for working together is an integral component of the communications efforts. The CHN-GTA initiated the first meeting of representatives of the CHNs in February 2001. Regular meetings will be planned in 2001/02.

## LOOKING BACK, LOOKING FORWARD

The year 2000-2001 has been a year of significant change and progress. The CHN looks forward to the continued enthusiasm and commitment of Network members to improve access, coordination and quality of services for mothers, newborns and children across the Greater Toronto Area.

### *Executive Committee*

Sheila Jarvis, chair  
Stephen Handler  
Suzanne Ivey Cook  
Murray MacKenzie  
Allan Whiting  
Wayne Fyffe  
Alan Goldbloom

Bloorview MacMillan Centre  
North York Community Care Access Centre  
Mt. Sinai Hospital  
North York General Hospital  
Rouge Valley Health System  
The Credit Valley Hospital  
The Hospital for Sick Children

### *Coordinating Committee*

Joan Ferguson  
Carolyn Acton  
Julie Foley  
Stephen Handler  
Janet Harris  
Eveline Rosen  
Andrew Szende  
Ann Holden  
Gilbert Miller  
Rashid Rajah  
Molly Court  
Catherine Pepevnak  
Tracy Kitch  
Sue Kwolek  
Linda Young  
Pat Norman  
Marilyn Abraham  
Jim O'Neill  
Andrew Shennan

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Trillium Health Centre  
  
William Osler Health Centre  
York Central Hospital

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Glenna Raymond  
Elizabeth Nemeth  
JoAnne Oake-Vecchiato  
Ann Costello  
Ursula Manuel

***Maternal/  
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Services  
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Pat Campbell, co-chair  
Knox Ritchie, co-chair  
Joan Ferguson  
Kathryn Doren  
Paula MacDonald  
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Victoria Ostler  
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Titus Owolabi  
Hilary Whyte  
Charmaine Caron  
Rita McCann  
David Samra  
Linda Young  
David Rouselle  
Stella Wadsworth  
Joe Daly  
Paula Mastrilli  
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Mathias Gysler  
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Centre  
The Credit Valley Hospital  
William Osler Health Centre

***Paediatric  
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Henry Cheng  
Ann Costello  
Ursula Manuel  
Eveline Rosen  
Rheney Castillo  
Rashid Rajah  
Laurene Boynton  
Catherine Pepevnak  
Hilary Whyte  
Roland Beaulieu  
Stella Wadsworth

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Centre  
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The Scarborough Hospital  
Toronto East General Hospital  
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William Osler Health Centre  
York Central Hospital

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Marcie Dunn  
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Claire Sheinman  
Cowan  
Merry Little  
Brian Simmons

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St. Joseph's Health Centre

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Ruth Turner  
Bev Philp  
Mary Beyea

St. Michael's Hospital  
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***Performance  
Evaluation  
Taskforce***

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Paula McColgan  
Linda Young  
Olive Wahoush  
Andrew Shennan

Mathias Gysler  
David Rowe  
Janet Rush

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Ontario Hospital Association  
Rouge Valley Health System  
St. Joseph's Health Centre  
Sunnybrook & Women's College Health Sciences  
Centre  
The Credit Valley Hospital  
The Credit Valley Hospital  
The Hospital for Sick Children

***CHN  
Secretariat***

Shehnaz Alidina  
Heather Dawson  
Moya Johnson  
Donna Sims  
Jonathan Tolkin  
Catherine Wang

Executive Director  
Senior Health Planner and Communications  
Clinical Advisor and Education Coordinator  
Administrative Assistant  
Medical Advisor  
Health Planner



*G*

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)



CHILD HEALTH NETWORK  
for the Greater Toronto Area  
*working together for  
children's health*

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