



The Child Health Network

for the Greater Toronto Area

Message from the Chair and Executive Director

May 2002

SECOND ANNUAL REPORT 2001-2002



We are pleased to submit the Annual Report highlighting the work of the CHN for the period April 1, 2001 to March 31, 2002. Our mandate to improve the accessibility, coordination and quality of health services for mothers, newborns and children in the GTA continues to attract support and motivate action.

The network has achieved a great deal in a short time. Over the past year, significant progress has been made in building the regional system for maternal/newborn and children's health services. Some of the activities that have advanced this goal have included:

- Development of standardized guidelines and protocols to improve quality and consistency in service delivery across the network;
- Sponsorship of education workshops to respond to emerging needs of members;
- Development of the Performance Evaluation Framework and the Perinatal Pilot to monitor the development of the regionalized system; and
- Establishment of four planning clusters within the network to link organizations in close proximity and to ensure coordinated local response to patient needs.

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

While the CHN has completed an impressive amount of work to date, there is still much to be done to build on our successes, continue the momentum of change, and realize the full potential of the network.

In the coming year, the work of the CHN will be steered by a new Board of Directors. We would like to take this opportunity to thank Suzanne Ivey Cook, Murray McKenzie, and Al Whiting who will be leaving the Executive Committee. Their contribution has been pivotal in the development of the network during an intensive start-up period. A sincere thank you is also extended to the chairs and members of the task forces and clusters and the Ministry of Health and Long-Term Care for their ongoing leadership and support.

Working together we can build a strong system that will deliver the best care possible for mothers, newborns and children.

Sheila Jarvis, Chair

Shehnaz Alidina, Executive Director

Bloorview MacMillan Children's Centre ~ CCAC of Halton ~ CCAC of Peel ~ CCAC of York Region ~ Durham Access to Care ~ East York Access Centre ~ Etobicoke CCAC ~ Halton Healthcare Services ~ Humber River Regional Hospital ~ Lakeridge Health Corporation ~ Markham Stouffville Hospital ~ Mount Sinai Hospital ~ North York CCAC ~ North York General Hospital ~ Rouge Valley Health System ~ St. Joseph's Health Centre ~ St. Michael's Hospital ~ Scarborough CCAC ~ 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 CCAC ~ Toronto East General Hospital ~ Trillium Health Centre ~ University Health Network ~ William Osler Health Centre ~ York Central Hospital ~ York CCAC

CHN Members

SYSTEM-BUILDING

Building a regional health system to improve the health and quality of life for mothers, newborns, children and youth in the GTA

Maternal/Newborn Transfer Protocols

Three sets of transport protocols have been developed to facilitate transfer of mothers and newborns within the regionalized model of CHN:

- ▶ **Maternal Antenatal Transfer Protocol** to facilitate transfers of pregnant women
- ▶ **Neonatal Transfer Protocol** to facilitate transfers of acutely ill newborns
- ▶ **Neonatal Retrotransfer Protocol** to facilitate effective retro-transfers for newborns from a higher level facility to a less acute level of care

Implementation of the maternal/newborn guidelines will commence in the Spring of 2002. In the coming year, a high priority will be placed on completing and implementing standardized guidelines for **paediatric** transfers within the network.

Confirmation of Planning Clusters

In August 2001, four planning clusters were confirmed to provide a vehicle for linking CHN member organizations within close geographic proximity. The focus of the clusters is on enhancing coordination of programs and services within the cluster while ensuring that they are tailored to the needs and characteristics of the specific region. In addition, a tertiary group has been established to support the work of the clusters.

Cluster	Chair(s)
<i>North</i>	Sue Kwolek, North York General Hospital
<i>East</i>	Lorraine Sunstrum-Mann, Lakeridge Health Corporation Linda Young, Rouge Valley Health System
<i>West</i>	David Rowe, Credit Valley Hospital Don Trant, William Osler Health Centre
<i>Central</i>	Appointment of chair pending

Capacity Assessment

In December 2001, a hospital capacity assessment survey was sent to CHN's member hospitals requesting information on beds, services, human resources, and program and service re-developments. A separate survey was developed for CCACs. The purpose of the survey was to assess the capacity of the current system to meet current and future needs for maternal, newborn and child health services.

Preliminary results of the survey are being reviewed for the total GTA, for each of the four clusters and for the designated levels of care. Early findings indicate that:

- ▶ There are wide variations between clusters in the number of days when obstetric occupancy rates reached 90%.
- ▶ Level III facilities serve as both regional and provincial resources.
- ▶ Average nursing vacancies in 2000/01 were significant. For example, hospitals reported over 145 FTE vacancies for labour and delivery nurses.
- ▶ Several hospitals reported capital redevelopment programs to support their labour and delivery, obstetrical, neonatal and paediatric services.



EVIDENCE-BASED PRACTICE

Shaping health care practice and promoting greater consistency in service delivery across the CHN

The following guidelines and tools were developed in 2001/02 to improve the quality and consistency in service delivery across the network.

1. **GUIDELINES RESOURCE INVENTORY** - A compilation of clinical practice guidelines available on CD-ROM submitted by CHN member organizations and other groups involved in setting best practice guidelines . The inventory was developed in response to the CHN's role as a clearinghouse for existing best practice guidelines.
2. **URINARY TRACT INFECTION** - A guideline for identification, treatment and follow-up of infants and children with infections of the urinary tract.
3. **SICKLE CELL DISEASE** - A guideline for emergency and inpatient treatment of children with Sickle Cell Disease and presenting with pain, acute chest syndrome (pneumonia) and fever (infection).
4. **CONSCIOUS SEDATION** - A guideline for administration of medication and post-sedation monitoring for children receiving procedural sedation in emergency departments, imaging departments and inpatient units.
5. **PERINATAL SUBSTANCE ABUSE** - A guideline for the management of the mother who ingests potentially toxic substances during pregnancy and a guideline for identification and monitoring the neonate.
6. **CANADIAN PAEDIATRIC TRIAGE AND ACUITY SCALE** - The 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 in emergency departments. A paediatric competency-based self-assessment tool for nurses was also developed as part of this project to ensure system-wide standards of practice.
7. **NARCOTICS POSTER** (Intermittent Narcotic Analgesia Dosing for Infants and Children) - This tool was developed to improve the safety of narcotic administration for newborns and children by providing an easily accessible reference for staff involved in administering medication.
8. **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.
9. **GUIDELINES FOR THE TREATMENT OF ACUTE ASTHMA IN CHILDREN** - These guidelines were developed to assist practitioners in providing best-practice in treating asthma in children.



EDUCATION DEVELOPMENT

Building capacity and receptiveness for change within the network

The CHN organized the following educational sessions in 2001/02 in response to priorities identified by members:

WORKSHOP TITLE/THEME:

1. Advancing the practice of family-centred care in maternal/newborn and children's health care
2. Maternal/newborn recent advances: Dreams and dilemmas ~ the journey of multiple births
3. The Paediatric Supplement to the Canadian Triage and Acuity Scale
4. Touching the future: ideas, innovation and integration in a 'networked' world ~A workshop sponsored by the four child health networks in Ontario at the Ontario Hospital Association's Annual Convention & Exhibition.
5. Home at last: care of children with special health care needs in the community
6. Building the blocks towards understanding pain in neonates, infants, children and youth
7. Evidence-based practice: ensuring the best care for mothers and children
8. Substance abuse in pregnancy: challenges and choices
9. Paediatric ECG monitoring
10. Transfer protocols: adopting and tracking consistent practices across the network



COMMUNICATIONS

The secret of network success

PUBLICATION RESOURCES



- ▶ **Ideas, Innovation & Integration: The Story of the Child Health Network for the Greater Toronto Area (May 2002).** The report documents the early experiences, successes and lessons learned of the network.
- ▶ **CHN Fact Sheet:** A fact sheet on the mandate, role and activities of the CHN.
- ▶ **CHN Milestones:** A fact sheet on the major milestones and achievements of the CHN.
- ▶ **Network News:** A quarterly newsletter highlighting key activities underway at the network level.
- ▶ **Journal Article:** Connecting for Change: Networks as a vehicle for regional health reform, *Healthcare Management Forum* (Pending publication).
- ▶ **Website:** The CHN has recently enhanced the content of its website. The new site will be launched this summer



PERFORMANCE MONITORING & EVALUATION

Raising the Bar

1 Development of a Performance Evaluation Framework

- *Has the development of a regionalized system of care made a difference in the quality, accessibility and affordability of services for mothers, newborns and children in the GTA?*
- *Does the regional network help people access the right services in the right place?*
- *Has continuity of care improved?*

The CHN's performance evaluation framework is a tool to help answer these questions. Application of the framework will contribute to monitoring and evaluating the effectiveness of the key features that contribute to development of the regional network. The framework will also enhance overall accountability within the network. Seven evaluation criteria form the foundation for the evaluation:

- ▲ Satisfaction ▲ Accessibility ▲ Effectiveness,
- ▲ Accountability ▲ Affordability
- ▲ Appropriateness
- ▲ Integrated & Coordinated Care

Performance indicators have been identified for each of the criteria. The CHN's first report card will be released in the fall of 2002.

Where We Were. . . Where We Want To Go

Building on the collective knowledge and strength of our members, we are moving:

From	TO
An individual facility focus	20 hospitals and 10 CCACs working together
Facility-based standards of care	Common care standards throughout the network
Inconsistent bed and resource utilization	Improved access and resource optimization
Fragmented services	A strong, regional system with continuity of care
Human resource inconsistencies and shortages	Pooled member resources, expertise and ideas

2 Perinatal Pilot Project

During the past year, the CHN completed the Perinatal Pilot Project. The project set out to address the following questions:

- *Is the distribution of higher risk neonatal births consistent with the designations for levels of care?*
- *Is the movement of higher risk neonates consistent with the structure of the network?*
- *Are the interventions provided consistent with patient characteristics and hospital designations?*

The project examined high-risk births and transfers for a two-year period (April 1999 - March 2001). Results of the analysis confirmed:

Support for the regional model of care

- There is an inter-related system of maternal/newborn care within the GTA that differentiates intensity of care along a level of care continuum.

Location of births is consistent with the appropriate level of care

- There is a gradient consistent with the designation of facilities within the regional model with 32-36 week deliveries being distributed among the three higher levels of care (II, II+, III).
- By looking at assisted respiration, length of stay, and outcomes, it is apparent that the intended institutions are managing the more complex and challenging cases.
- A relatively small percentage of identified twin births are reported for Levels I and II centres with Level II+ and Level III facilities reporting the highest proportion of twin and multiple births.

Patterns of movement are consistent with the structure of the network

- The majority of transfers for all clusters involve the central cluster and non-CHN institutions.
- Transfer patterns suggest that newborns are moved either because they require a higher level of care, or because they no longer require intensive treatment and can be transferred to a facility closer to their homes



Looking ahead...

MAY 2002	The new Board of Directors will be announced May 9, 2002 at the Annual Meeting of the Child Health Network for the Greater Toronto Area. The rationale for moving to a Board structure is to establish a governance structure that will oversee the activities of the CHN and make decisions, as necessary, to facilitate development of the regional system of care for mothers, newborns and children in the GTA.
SPRING /SUMMER 2002	Development of a regional perinatal database. The database will build on the model being used by the Perinatal Partnership Program of Eastern and Southeastern Ontario (PPPEO). Currently, the PPPEO database is the only one in Ontario that provides immediate access to real-time population-based perinatal data for an entire region.
FALL 2002	Release of the first CHN report card based on the criteria and indicators included in the CHN's performance evaluation framework.
ONGOING	Strengthening the role of clusters



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