



CHILD HEALTH NETWORK

for the Greater Toronto Area

Message from the Chair

Fourth Annual Report to the Membership *2003-2004*

May 2004

On behalf of the Child Health Network for the Greater Toronto Area (CHN), we are pleased to submit the Fourth Annual Report, highlighting the achievements of the Network over the period April 1, 2003 to March 31, 2004.



This past year, the Network commenced a formal review of the current status of the CHN model of care in response to a request from the Ministry of Health and Long-Term Care. The review is being led by the Internal Review Committee (IRC) under the Chairmanship of the CHN's Medical Advisor, Dr. Jonathan Tolkin. Phase 1 of the project commenced in December 2003 and culminated in a final report shared with our members and the Ministry.

The IRC's conclusion was that further program consolidation is essential to address issues related to critical mass, capacity, human and other resource constraints impacting on the current functioning of the Network. The IRC proposed a preferred model for service delivery focused first and foremost on creating a regional program on multiple sites beginning with the development of fewer, but enhanced regional centres that would become centres of excellence in maternal, newborn and paediatric care.

In response to the recommendations arising from Phase 1 of the IRC initiative, the Ministry requested that the CHN commence planning for implementation of the proposed consolidation plan (known as Phase 2 of the IRC work). This work is currently under way. As we proceed with this project, I believe it is of utmost importance for all of our members to work together, commit to stronger joint planning and decision-making, and take shared responsibility for strengthening the health care delivery system for mothers, newborns and children across our region.

Some of the other achievements that have been advanced within the Network over the past year have included:

- Full implementation of the *Niday Perinatal Database* including the release of a policy and procedure manual governing its use, as well as an interim report highlighting some of the findings emerging from the data.
- Publication of guidelines on family-centered care (FCC) to strengthen the integration of family centered care practices across the Network.
- A profile of CCAC activities related to maternal, newborn and child health services in the GTA.
- Finalization of guidelines covering infection prevention and control in NICUs and special care nurseries.
- Development of a *Services Inventory Map* (located by password on the CHN web site) providing description and contact information for paediatric and obstetrical physicians and hospital-based programs providing maternal, newborn and paediatric care in the GTA.
- Development of a quick response protocol to facilitate immediate Network action during crises such as SARS and hospital closures.

Working Together for Children's Health

Finally, we have a new look with the development of an updated logo that better represents our GTA members and encompasses our role in maternal and newborn as well as paediatric health care.

In summary, this past year has been one of continued accomplishments for the Network. We have greatly appreciated the commitment and caliber of our staff and the members of the Board of Directors, the Coordinating Committee, Medical Chiefs and the Chairs of the Clusters and Task Forces. I would also like to acknowledge the considerable time and effort of members of the Internal Review Committee and its working groups.

Thank you all for your continued leadership and your commitment to the success of the Network.



Sheila Jarvis, Chair

Innovation and System-Building

SETTING COMMON STANDARDS FOR FAMILY-CENTERED CARE ACROSS THE NETWORK

The CHN's commitment to advancing the practice of family-centered care (FCC) was confirmed this past year with the release of the document *Integrating Family-Centered Care into Health Care Practice: Towards a Common Framework of Understanding*. The document was developed as part of a consensus-building process involving members of the Network. The definition and standards included in the framework set the stage for CHN members (hospitals and CCACs) to work towards a common goal of implementing the practice of FCC into their programs, policies and practices.

Family-centered care is a philosophy and an approach to health care that shapes the provision of care, programs, policies and facility design. It reflects values and attitudes more than protocol.

Family-centered practitioners recognize the vital role that families play as members of the health care team. They acknowledge that emotional, social, cultural, and developmental support are integral components of health care. With this approach they:

- Empower children, youth and families and foster independence.
- Support children and families in decision-making and care giving.
- Build on individual and family strengths and respects their choices.
- Involve children and families in all aspects of planning, delivery and evaluation of health care services.

Members of the Network embrace the philosophy of family-centered care – both at the Network and organizational levels – in recognition of the central role played by families in ensuring the health and well being of family members of all ages.

The development and dissemination of the FCC framework reconfirms the CHN's commitment to embarking on a continuing process of reviewing what it does and how it does things in an effort to find ways to better integrate FCC into its work.

DEVELOPMENT OF CHN "QUICK RESPONSE PROTOCOL"

The 2003 SARS crisis in the GTA highlighted the importance of having appropriate mechanisms and linkages in place to bring community and hospital providers together quickly to discuss patient care and transfer issues arising from "crisis situations" and "unanticipated events." Upon reflection of the role and response of the CHN during the SARS crisis, it was recognized that the Network needed a formal protocol in place to allow it to mobilize the strengths and resources within the membership and/or to fully utilize the opportunities of the regionalized system in responding to crisis situations.

The CHN has developed a "Quick Response Protocol" for use in future "crisis"/"emergency" situations. The protocol defines the formal structure and processes that will allow the Network to respond quickly and effectively to these situations in the future.

SERVICE INVENTORY MAP

Network members identified the need to develop an inventory of obstetricians, paediatricians, and maternal, newborn and paediatric services available in the GTA as a tool to build greater awareness about services across the GTA and appropriate referrals to specialists and services "closer to home."

An inventory map of the GTA, located on the CHN web site and accessed by password, was developed identifying the location of the CHN member hospital sites by cluster. A directory (including description and contact information of the maternal, newborn and paediatric hospital-based services and paediatric and obstetrical physicians) can be accessed by hospital or specialty from this map.

The second phase of this project will incorporate community-based maternal, newborn and paediatric services available in the GTA.

INTERNAL REVIEW OF THE CHN

In October 2003, the Ministry of Health and Long-Term Care (MOHLTC) requested that the CHN undertake a formal review of the current status of its regionalized model of care. This request was made in response to three factors, namely:

1. The results emerging from the CHN performance evaluation project (released in May 2003) confirming that some hospitals had not fully implemented the designated levels of care in accordance with the Ministry's February 2000 policy statement.
2. Issues arising from the CHN's hospital and CCAC capacity assessment projects (particularly related to the capacity and resource pressures impacting on care within the Network).
3. Constraints arising in the community and hospital sector as a result of human resource coverage issues primarily with respect to the shortages of physician on-call coverage services at a number of hospitals.

An Internal Review Committee (IRC) – comprised primarily of CHN members and chaired by the CHN's Medical Advisor, Dr. Jonathan Tolkin – was established to undertake the review.

Internal Review Committee – Mandate

To assess the current status of the regionalized system for maternal/newborn and paediatric services in the GTA, identify issues and barriers prohibiting development of the system in accordance with the original policy plan (i.e., February 2000 policy statement issued by the MOHLTC) and recommended opportunities for resolution of the issues.

Working within a tight timeframe of 12-14 weeks, the review provided the CHN with an opportunity to reflect on the progress it had made in the development of a "regionalized system" and the current realities impacting on the ability of the Network to further build on and strengthen current relationships and linkages across the GTA.

Key points of consensus arising among the members of the IRC during the review were as follows:

1. That the CHN must move beyond a loosely collaborative/cooperative model to one that more truly reflects a true "regional model" approach to care delivery including a governance structure that will improve planning, coordination and decision-making related to services across the Network; and an adequate and protected funding envelope to support maternal/newborn and paediatric programs both within organizations and across the Network.
2. That there are insufficient medical health professional resources as well as other resources available to continue to provide care in all of the current units/hospitals within the Network.
3. That further consolidation of services is essential for achieving critical mass, supporting development of programs with broader scope and depth, and resolving issues of medical and nursing shortages and the lack of availability of other health professionals within the Network. Efforts here should focus on:
 - Consolidating and enhancing the level of care at fewer but stronger regional centres.
 - Consolidating and strengthening the level of care at other hospitals (i.e., community hospitals) and the development of mechanisms to "link" them more strongly to regional centres.
 - Establishing "minimum" requirements for units to function (e.g., bed numbers, skill sets, activity levels).
 - Setting system-wide benchmarks that will help to guide and ensure that a minimum level of activity occurs at hospitals.
4. That issues related to critical mass of program activity need to consider a combination of issues (in particular: geography, proper use of maternal/newborn and paediatric transport services, volume of deliveries, volume of emergency paediatric attendances and consultations, inpatient paediatric activity, volume of paediatric ambulatory/outpatient activities).
5. That the reconfigured maternal/newborn and paediatric services system recognize the significance of ambulatory/outpatient activities as well as home care, public health and other community support services that are integral to the current and future development of programs and services in both regional centres and community hospital settings.
6. That the IRC cannot make specific recommendations on what unit/sites should be consolidated; however, support the involvement of a facilitator working with CHN members to generate consensus on preferred options for consolidation.
7. That in spite of the consensus of the need for further consolidation, discussions on this front will be difficult. Overcoming obstacles and resistance to change may require "directions" from the Minister/Ministry of Health and Long-Term Care to implement the needed change(s).
8. That the Minister (and Ministry) of Health and Long-Term Care need to support and put in place the appropriate levers and incentives to facilitate implementation of a more regionalized system of care for maternal/newborn and paediatric services in the GTA.

Evidence-Based Practice and Education

The following guidelines and tools were developed in 2003-2004 to improve the quality and consistency in organizational and service delivery across the Network:

Revised Maternal/Newborn Transfer Protocols

Implementation of the Maternal/Newborn Transfer Protocols commenced in June 2002 through pilot-testing of three sets of transfer guidelines across the Network:

- 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 retrotransfers for newborns from a higher-level facility to a less acute level of care.*

An evaluation survey was distributed in March 2003 to solicit feedback on the use of the guidelines and the standardized documentation forms developed as part of the protocols. The protocols have now been finalized and a number of changes made to the standardized documentation forms made in response to feedback received from the pilot.

Completion and Implementation of Standard Paediatric Transfer Protocols

The following transfer protocols were completed in 2003:

- Paediatric Acute Transfer Protocol *to facilitate transfers of acutely ill children to a higher level of care.* The protocol addresses transfers for unstable (under age 2/over age 2) and stable children requiring a higher level of care.
- Paediatric Retrotransfer Protocol *to facilitate effective retrotransfers of children from higher to less acute levels of care.*

Reference Tool for Infection Prevention and Control Disseminated

The CHN developed and disseminated a "reference tool" to assist hospitals in reviewing and strengthening their infection prevention and control protocols in the NICU and special care nurseries. The release of the reference tool was timely given the heightened awareness across the health care sector of the importance of preventing infection and preventing its spread once it has taken hold in the "new normal" health care environment of today.

The CHN organized the following educational sections in 2003-2004 in response to priorities identified by members:

1. **Fragile: Handle with Care:** A workshop on neonatal and paediatric transport (June 2003)
2. **Improving Patient Safety: Strategies for Perinatal and Paediatric Health Care:** A risk management workshop for perinatal and paediatric staff and physicians (October 2003)
3. **Hospitals Moving Forward with Family-Centered Care:** A four-day conference put on by the Institute for Family-Centered Care in Bethesda, Maryland (October 2003)
4. **S.T.A.B.L.E. Program:** (June, July, November 2003)
5. **Do Networks Make a Difference? Evaluating Health Care Networks:** OHA Convention & Exhibition (November 2003)
6. **Paediatric Clinical Skills Day:** A joint initiative of the CHN and HSC (November 2003)
7. **Advancing the Practice of Family-Centered Care in Home and Community Care:** Organized by the Institute for Family Centered Care in Bethesda, Maryland (March 2004)

Performance Monitoring and Evaluation

CCAC CAPACITY ASSESSMENT PROJECT

This past year, the CHN undertook a project to gain a better understanding of the CCAC services related to:

- Women who require home care services due to complications during pregnancy or in the post-partum period.
- Children 0-19 who require either in-home services or school care services, for children who have a short or long-term illness, a physical disability or require assistance due to an injury or a recent hospital stay.

Key findings arising from the review were as follows:

CCACs are making a significant contribution to maternal, newborn and paediatric care in the GTA.

Children represent 18 percent of all CCAC clients in the GTA (5,000 in-home, 16,000 school-based care).

CCACs serve children with a range of diagnoses and needs including acute care, rehabilitation and long-term support and end-of-life care. Many are medically complex and technology dependent.

Although hospitals are the main source of referrals for in-home maternal, newborn and paediatric care, referrals could be increased through better integration, coordination and communication.

CCACs are facing growing service delivery pressures due to increasing complexity of care needs for children, shorter hospital lengths of stay, declining resources in hospital and school systems, and service gaps in other areas (mental health, child development).

There is a shortage of skilled nurses available in the community to provide care for complex clients.

The project has helped to educate the broader CHN membership about the role of CCACs and the services they provide to mothers, newborns and children in the community. The project also helped to lay the groundwork for identifying and enabling a comparison of issues and opportunities facing CCACs as well as potential areas of focus for the CHN particularly with respect to identifying innovative ways to improve integration across the continuum of care.

IMPLEMENTATION OF NIDAY PERINATAL DATABASE FOR THE GREATER TORONTO AREA

On April 1, 2003, the CHN implemented the Niday Perinatal Database across the GTA. An internet-based system accessed through CritiCall, the Niday database collects real-time population-based common perinatal data for the GTA region. The project has been a partnership among CHN members, the GTA Public Health Units, the Central East Health Information Partnership (CEHIP), the Perinatal Partnership Program of Eastern and Southeastern Ontario (PPESO), and CritiCall Ontario Bed Registry.

The first *Niday Perinatal Database for the Greater Toronto Area Interim Statistical Report* was released in March 2004. It presents preliminary data for the first six months post-implementation of the database reporting on women who gave birth between April 1 – September 30, 2003 at 20 of 24 birthing sites.

This coming year, the perinatal database will be augmented with the addition of 25 variables and a new neonatal module will allow for the collection and reporting of neonatal data including variables for infants requiring NICU care.

Once complete data contribution from all CHN member hospitals is achieved, the benefits and utility of the database for planning, continuous quality improvement, benchmarking and evaluation initiatives in both hospital and public health sectors will be fully realized.



Advocacy and Communications

WEB SITE

The CHN web site (www.childhealthnetwork.com) describes the role of the CHN and profiles the key activities of the Network aimed at strengthening the regional model of care for mothers, newborns, children and youth in the GTA.



NETWORK NEWS

The CHN continued production of the quarterly newsletter (Summer 2003 and Winter 2004) highlighting key activities under way at the Network level.

Looking ahead...

IRC PHASE 2

After receiving support from the Ministry of Health and Long-Term Care for Phase 2 of the Internal Review process, the CHN is working to address the following issues:

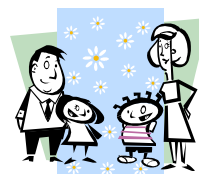
- Defining critical mass for Network services.
- Defining a revised scope of practice for the revised designations of levels of care.
- Determining sizing and siting of units for the reconfigured system of care delivery.
- Developing an implementation plan.
- Developing an accountability framework.
- Developing a plan to facilitate patient transfers.
- Developing a communication plan for health care professionals and the public.



The project will be completed by June 2004 at which time a final report will be submitted to the Ministry.

OPERATING PLAN

The CHN Operating Plan for June 1, 2004 – June 30, 2006 has been developed and will guide the work of the Network over the next two years. It incorporates projects that will address issues arising from past CHN reports including recommendations from Phase 1 and Phase 2 of the Internal Review project.



Working Together for Children's Health

BOARD OF DIRECTORS

The role of the CHN Board is to facilitate development of the regional system of care for mothers, newborns, children and youth by providing strategic leadership with respect to matters of policy and broad direction. The members of the CHN Board of Directors are appointed through an open nomination process involving the full membership of the CHN.

Tertiary Care Centres

Alan Gayer, The Hospital for Sick Children
Sheila Jarvis, Bloorview MacMillan Children's Centre
Nancy Malcolm, Sunnybrook & Women's College Health Sciences Centre

Regional Children's Health Centres/Advanced Level II Nurseries

Wayne Fyffe, The Credit Valley Hospital
Brian Lemon, Lakeridge Health Corporation *
Bonnie Adamson, North York General Hospital *

Regional Children's Health Centres/Level II Nurseries

Rob Devitt, Toronto East General Hospital *
Dan Carriere, Southlake Regional Health Care *

Short Stay Paediatric Units/Level II Nurseries

James MacLean, Markham-Stouffville Hospital

Community Care Access Centres

Janet Harris, Durham Access to Care
Cathy Szabo, Etobicoke & York Community Care Access Centre *

Ex-officio Members

Moya Johnson, Acting Executive Director
Jonathan Tolkin, Medical Advisor

* New members appointed during the 2003-2004 fiscal year

CLUSTER CHAIRS

Marilyn Booth, Tertiary Group
Natalie Cournoyea, Central Cluster
Rosemary Moodie and Lorraine Sunstrum-Mann, East Cluster
Steven Moss and Ursula Manuel, North Cluster
David Rowe and Brenda Elsbury, West Cluster

TASK FORCE CHAIRS

Steven Moss, Evidence-Based Practice & Education Task Force
Mathias Gysler, Maternal and Newborn Services Task Force
Marilyn Booth and Pamela Coates, Paediatric Services Task Force

COORDINATING COMMITTEE

Joan Ferguson, Bloorview MacMillan Children's Centre
Robert Morton, Community Care Access Centre of Peel
Andrew Szende, electronic Child Health Network
Cindy MacDonald, Halton Healthcare Services
Isabelle Mogck, Humber River Regional Hospital
Lorraine Sunstrum-Mann, Lakeridge Health Corporation
Joanne MacKenzie, Markham-Stouffville Hospital
Marnie Weber, Kathleen Gallagher-Ross and Rupinder Taggar, Ministry of Health and Long-Term Care
Tracy Kitch, Mount Sinai Hospital
Eveline Rosen, North York Community Care Access Centre
Steven Moss, Sue Kwolek and Nazira Jaffer, North York General Hospital
Rosemary Moodie, Rouge Valley Health System
Janet Rajroop, Scarborough Community Care Access Centre
Annette Jones, Southlake Regional Health Centre
Trish Crawford, St. Joseph's Health Centre
Jennifer Dockery, St. Michael's Hospital
Andrew Shennan, Sunnybrook & Women's College Health Sciences Centre
Mathias Gysler, David Rowe and Pamela Coates, The Credit Valley Hospital
Marilyn Booth, The Hospital for Sick Children
Judith Wright, The Scarborough Hospital
Carolyn Acton, Toronto Community Care Access Centre
Natalie Cournoyea, Toronto East General Hospital
JoAnne Oake-Vecchiato, Trillium Health Centre
Brenda Elsbury, William Osler Health Centre
Ursula Manuel, York Central Hospital

MEMBERS

Bloorview MacMillan Children's Centre ~ Community Care 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 and York 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

STAFF

Moya Johnson ~ Jonathan Tolkin ~ Cheryl Hoare ~ Rhonda Remedios ~ Jennifer Beharry

Special appreciation and thanks are also extended to the hundreds of individuals participating at the cluster and task force tables as well as those who have been represented on the many expert panels convened over the past year to provide expert advice on Network activities.



CHILD HEALTH
NETWORK
for the Greater
Toronto Area

The Child Health Network is a partnership of community and hospital providers working together to build an integrated, high-quality, family-centered health system for mothers, newborns, children and youth across the GTA. Current membership of the CHN includes nineteen hospitals that provide maternal/newborn, acute paediatric and rehabilitative services and the nine 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.

We welcome your comments:

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

Visit our web site:

www.childhealthnetwork.com

Working Together for Children's Health