



CHILD HEALTH
NETWORK
for the Greater
Toronto Area

A Plan to Advance Maternal, Newborn and Paediatric Care for Patients and Families Across the GTA

(2006/07 - 2008/09)

Strategic Plan
September 2006

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Executive Summary

Ontario's healthcare system is in the midst of a major transformation process focused on achieving greater integration, better quality and continuity of care for the patient, and improved accountability across the health system. This process is transforming how care is delivered across the healthcare continuum and contributing to a high level of uncertainty in the healthcare sector. This uncertainty has strong implications for how the Child Health Network for the Greater Toronto Area (CHN) positions itself and where it focuses its attention in the future.

Given this context, the Board of the CHN agreed to undertake a formal strategic planning process commencing in the spring of 2006. The objective of the process was to develop a renewed strategic direction and plan for the organization. Extensive consultations were undertaken with CHN members and a number of external stakeholders as part of the process. In summary, the findings of the stakeholder consultation process reinforced the need for the CHN to critically review its mandate and role within an evolving healthcare environment and determine appropriate strategic directions to guide its future work.

Renewed Vision, Mission and Values

Based on the input and discussions heard during the strategic planning review, it was determined that the CHN should continue to fulfill its role within the healthcare system, guided by the following vision and mission statements:

Vision: A sustainable and responsive maternal, newborn and child healthcare system achieved through better integration and interaction between hospitals, community care access centres, and other partners.

Mission: To provide leadership in strengthening the regional maternal, newborn and child healthcare system by facilitating partnerships across the care continuum and supporting changes in care delivery through quality improvement and knowledge transfer.

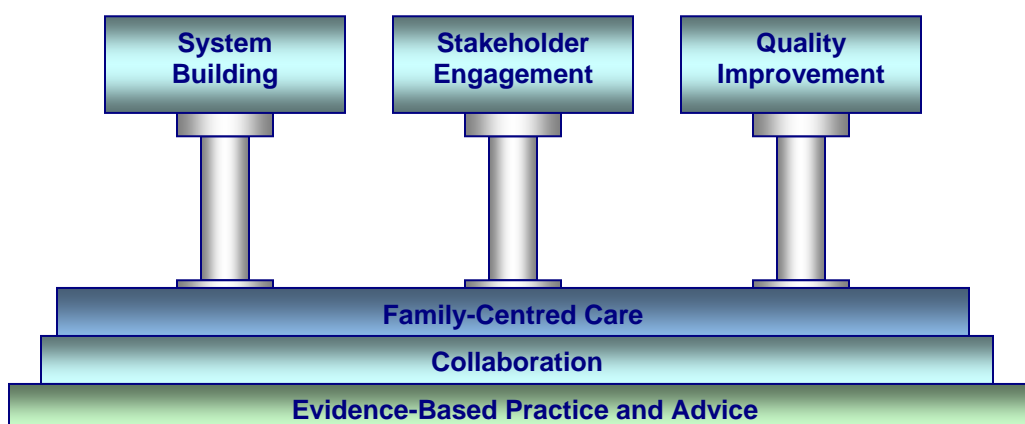
Based on the input from external stakeholders, CHN member organizations, and the CHN Board of Directors, the CHN's renewed strategic directions have been established in the context of the renewed vision and mission, reflecting the organization's continued focus on the following values:

- ***FAMILY-CENTRED CARE:*** Enhancement of quality, family-centred care across the Network that is predicated on advancing consistent use of leading practices and standards identified in the CHN's Family-Centred Care document.
- ***COLLABORATION:*** Strengthening partnerships, interaction, and linkages across the Network and with other service providers to facilitate timely and appropriate access to maternal and child health services, resulting in a collaborative system of care.
- ***EVIDENCE-BASED PRACTICE & ADVICE:*** Building on ongoing efforts to enhance quality improvement initiatives and knowledge transfer are critical elements in all of the CHN's work.

In the context of the shifting provincial landscape and taking into consideration the feedback received during the consultation process, the strategic planning process also confirmed that:

- The strategic plan will focus on the next 24 months and will be viewed as a transition period for the CHN given the uncertainties surrounding the broader transformation agenda unfolding in the healthcare sector.
- The CHN will strengthen its efforts to contribute to a provincial vision for maternal and child care to address the needs of these target populations at a broader, sustainable level.
- The CHN can continue to add value to current members by building on its key strengths: collaborative stakeholder partnerships, information sharing, and evidence-based advice.
- Enhancing greater patient/family engagement is critical. Efforts in this area will need to be strategic with a focus on creating meaningful vehicles for patients and families to participate in both planning and communications.
- The following areas will be the central focus guiding the CHN's work in the coming transition period as the basis for meeting the needs of patients, families and care providers: *system building, stakeholder engagement, and quality improvement.*

Strategic Pillars Guiding the Work of the CHN



The five (5) strategic directions supporting these pillars were confirmed as follows:

Strategic Pillars	Strategic Directions
I. System Building	<ol style="list-style-type: none"> 1. <i>Align with and influence Ontario's Health Transformation Agenda.</i> 2. <i>Influence the implementation of an integrated regional system of maternal and child health care across the five GTA LHINs.</i>
II. Stakeholder Engagement	<ol style="list-style-type: none"> 3. <i>Enhance opportunities for collaboration and participation</i>
III. Quality Improvement	<ol style="list-style-type: none"> 4. <i>Improve knowledge transfer and evidence-based practice across the network.</i> 5. <i>Strengthen measurement and evaluation of system performance.</i>

With the focus on the strategic directions identified in the report, the CHN will be well positioned to move forward with advancing the agenda of its strategic pillars of focus. Notably, within the next two years there should be identifiable outcomes achieved in the two key areas:

1. Advancement of the maternal, newborn and pediatric agenda at both the local and provincial level
2. Demonstration of added value for members including better information sharing and integration opportunities of the Network that will help improve the ability of members and the Network as a whole to meet the needs of patients and families

1.0 Introduction

Since the development of the CHN's last operating plan (April 2004), which outlined the organization's plans for the period up to May 31, 2006, the industry landscape in which the CHN operates has shifted significantly and further changes are expected to evolve over the next 12-18 months.

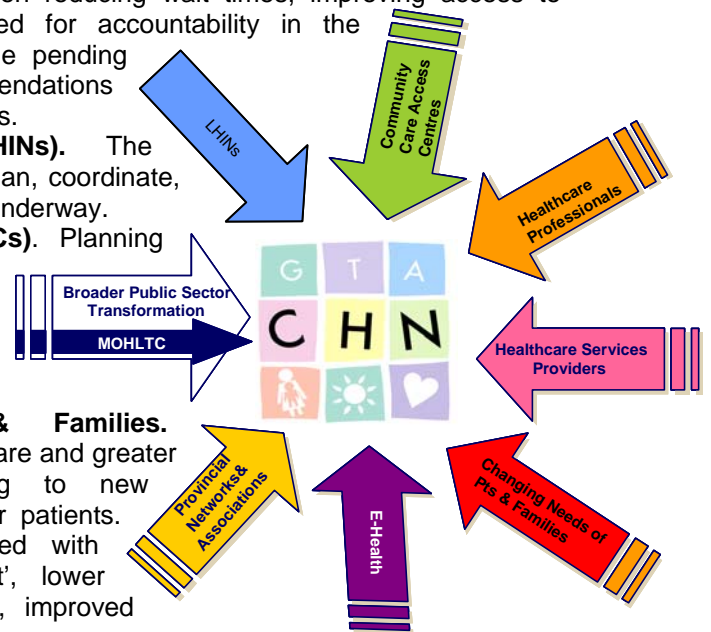
In the past, the CHN has operated under the following mandate: ***"To facilitate and support the development of a regional maternal/ newborn and children's health system"***. There is great focus currently on transforming how care is delivered across the healthcare continuum and this is contributing to a high level of uncertainty in the healthcare sector. This uncertainty has strong implications for how the CHN positions itself and where it focuses its attention in the future.

2.0 Context: The Changing Healthcare Environment

Some of the specific industry changes that are contributing to the uncertainty facing healthcare and how the CHN may position itself to ensure an ongoing valued-added role within the system can be grouped into two broad categories:

1. Shifting Policy Environment

- **Broader Public Sector Transformation.** The internal reorganization at the MoHLTC has produced much uncertainty within the Ontario healthcare system. In addition to this, the MoHLTC transformation agenda focuses on reducing wait times, improving access to primary care, and underscores the need for accountability in the healthcare system. Finally, there are the pending decisions from the MoHLTC about recommendations arising from the CHN internal review process.
- **Local Health Integrated Networks (LHINs).** The evolution of LHINs and their mandate to plan, coordinate, integrate, and fund local health services is underway.
- **Community Care Access Centres (CCACs).** Planning for the realignment of CCACs to be consistent with the LHIN boundaries is also underway.



2. Health System Evolution

- **Changing Needs of Patients & Families.** Characterized by a stronger focus on self-care and greater consumer awareness and contributing to new approaches in the way providers care for patients. Patient/family-centered care is associated with higher satisfaction, more 'empowerment', lower symptom burden, fewer diagnostic tests, improved trust and a lower rate of referrals
- **Healthcare Professional Roles.** The system faces challenges in accessing adequate health human resources, which is anticipated to worsen in coming years. To help combat this trend, there is a drive to look at changing clinical practice models.
- **Healthcare Service Providers.** There is now a service integration focus with an overarching adherence to accountability agreements.
- **Professional Networks and Associations.** There has recently been the merger of Ontario CHN & the Specialized Paediatric Coordinating Council (SPCC).
- **E-Health.** An increased focus and prioritization of e-Health to enable increased quality of care and patient safety through clinical information flow is changing the way organizations do work and interact with each other. There are initiatives underway to leverage information management to enable clinical decision support and program planning

The changing landscape precipitated by these changing trends has a dramatic effect on the CHN and its member organizations. In particular, it needs to be recognized that the current membership of the CHN crosses five LHINs, however, these LHINs encompass both member providers and providers not currently in the CHN membership. It is within this context that the CHN Board of Directors embarked upon a strategic planning process. The objective of this process was to develop a renewed strategic direction and plan for the organization.

3.0 CHN Strategic Planning Process

Strategic Planning Process Overview

The following diagram summarizes the process that guided development of the CHN's strategic plan.



Working in collaboration with the CHN team, an external consultant group (Deloitte) engaged stakeholders in a series of consultations to obtain their input through various means (web survey, stakeholder interviews/focus groups, documentation review and an environmental scan). Participation and stakeholder engagement was substantial. There was a strong response to the web survey (n=133) and approximately 200-250 participants were engaged through the interview/focus group forums. These inputs were summarized and presented at a *Strategic Planning Day Retreat* held on May 2, 2006.

To ensure that the CHN's Board of Director's received not only sufficient input and feedback, but also a diverse range of perspectives, an extensive cross section of industry leaders and stakeholders were invited to participate in the retreat. A total of 84 participants attended and represented the following key stakeholder groups:

- CHN member organizations
- Ministry of Health and Long-term Care
- Ministry of Child and Youth Services
- Physicians, Clinician Leaders, and Administrators
- LHIN representatives
- Non-member organization representatives
- Public Health

The retreat day was segmented into two sessions to facilitate the requirements of the planning agenda. The objectives of the day were to be able to answer the following two key strategic questions:

- ***What value can the CHN add to the system moving forward (Short-term →12-18 months; Long-term → 2+ years)?***
- ***What changes to the CHN would be required to ensure it continues to fulfill a value-added role?***

The objectives of the **Morning Session** (open to all invited participants) were to:

- Establish a common understanding and awareness of the current environment and key changes that have an impact on the CHN
- Engage all stakeholders (members and non-members) and hear their thoughts on the findings and results of the CHN stakeholder consultations/web survey
- Identify and discuss strategic options for the CHN

The focus of the **Afternoon Session** (attended by only the CHN Board of Directors and member organization CEOs, Executive Directors, and appointed delegates) was to:

- Review the input and key messages heard during the morning session
- Evaluate the strategic options and the implications for the CHN
- Identify and seek consensus on preferred strategic directions to be “tested” with selected CHN stakeholders prior to finalization of the plan.

Following the retreat, the Board of Directors reconvened on May 23, 2006 to review and discuss the renewed potential strategic directions for the CHN. Subsequent meetings of the Board were scheduled on August 19, 2006 and September 20, 2006 to finalize the draft document for view by the full membership at the Annual General Meeting on September 27, 2006.

Stakeholder Consultation Findings

Overall, based on web survey results and the qualitative discussions regarding the mandate and performance to date of the CHN as it relates to its vision and mission, stakeholders indicated that the CHN had achieved reasonable results to date (i.e. average score of 3.5 out of 5). There was, however, clear recognition of the importance of re-evaluating the CHN, its ongoing mandate, and the role that it can play within a changing healthcare landscape. Specifically, the stakeholders raised the following issues for consideration as the CHN reflects on its future:

- **Current Environment** – As part of a broader public sector transformation agenda, health care is currently in the midst of a significant state of transition as LHINs continue to evolve and establish themselves.
- **Mandate** – Over the years as the healthcare system has evolved, there is an increasing sentiment that the CHN is struggling with its identity, role and positioning with the system.
- **Population Scope** – There was variation of opinion on the scope of the population that should be the focus of the CHN ranging from a combined focus on maternal, newborn and paediatrics to a separate focus on paediatric services. There was consensus, however, that the name of the organization should reflect the population it serves.
- **External Relationships** – In addition to the MOHLTC, the CHN will need to develop relationships with other key stakeholders such as the LHINs and potentially other external agencies.
- **Revised Membership Composition** – There are opportunities to expand the CHN's current hospital/CCAC based membership composition to include other organizations and agencies within the healthcare system.
- **Expanded Geographic Scope** – There are opportunities to consider expanding the geographic reach/boundaries of the CHN to align with the LHIN boundaries and with provincial initiatives.
- **Appropriate Engagement and Governance** – A potential change to the CHN's mandate would also require of review of the organization's stakeholder engagement and governance structure.
- **Family and Consumer Representation** – It was acknowledged that there is a greater need for family/consumer involvement in CHN activities; however, in an environment where LHINs have a clear mandate for stakeholder engagement, the question arose as to the most appropriate approach to be adopted.

- **Communication and Public Awareness** – The CHN needs to examine the role it can play in communication and public awareness of the broader maternal, newborn and children’s health agenda.

As the CHN reflects on these issues and how the organization can move forward, it is imperative that it considers how it can build on its current strengths, develop strategies to address weaknesses, manage potential external threats, and seize its future opportunities.

Key CHN strengths, weaknesses, threats, and opportunities identified during the strategic planning process are summarized below:

<p>Strengths</p> <ul style="list-style-type: none"> ▪ Combined maternal/newborn AND paediatric focus ▪ Relationships and networking among members "we know each other... we talk to each other" ▪ Information and knowledge sharing ▪ Common education for community and hospital providers ▪ Niday Perinatal Database ▪ Developing common, evidence-based standards, practices guidelines 	<p>Weaknesses</p> <ul style="list-style-type: none"> ▪ Lack of power to affect system level change; CHN mandate lacks "teeth" ▪ No evaluation of outcomes of initiatives, practices, and standards that were implemented ▪ Lack of public awareness of the Network – no marketing
<p>Opportunities</p> <ul style="list-style-type: none"> ▪ CHN should be a province-wide effort, with the province at the head of CHN's table ▪ Develop alternate models of care / clinical provider roles ▪ Focus on data driven role ▪ Communications Strategy for Providers and Public ▪ Adoption of broader health focus ▪ Address service gaps for children – mental health, chronic illness, development needs, eating disorders 	<p>Threats</p> <ul style="list-style-type: none"> ▪ Adult based services (like wait-time related illnesses – hips, knees, cataracts) take precedence. ▪ Potential exclusion of maternal/newborn and paediatrics issues within the pending LHIN Integrated Health Services Plans ▪ There is no overarching body to "correct" current regional maternal/newborn and paediatric networks and fill geographic gaps exist between networks. ▪ Not all hospitals are engaged

In summary, the findings of the stakeholder consultation process reinforced the need for the CHN to critically review its mandate and role within an evolving healthcare environment and determine appropriate strategic directions.

Strategic Planning Retreat (May 2006)

Having established a common understanding and appreciation of the results of the stakeholder consultation, and to ensure that the CHN Board of Directors and other afternoon participants obtained the necessary input required to establish potential strategic directions, the morning session focused its discussions on obtaining input to the following key questions:

1. *In considering the mandate of the CHN, what population scope should the organization focus its attention on - a combined mandate of maternal, newborn and paediatrics, or a separation of these clinical populations?*
2. *With a mandate involving maternal, newborn and paediatric populations, should the CHN continue to focus on hospitals and CCACs, or consider a broader healthcare system focus to include other service providers, i.e. community resources?*
3. *In considering the following seven roles that the CHN is either currently fulfilling or could potentially take on:*
 - (i) *Innovation and system building*
 - (ii) *Evidence-based practice guidelines and education*
 - (iii) *Data and performance monitoring and evaluation*
 - (iv) *Coordination of care*
 - (v) *Advocacy*
 - (vi) *Communications*
 - (vii) *Networking (relationship development)*

Through which role do you feel the CHN can add the greatest value to the healthcare system?

4. *Over the next 12-18 months, do you feel that strategically the CHN can add the greatest value to the system by continuing to invest in its LHIN geography, or through the development of provincial and other network relationship?*

Results and responses to these questions are summarized in the Appendix.

4.0 The Foundation for Change: Strategic Direction Development

Vision, Mission and Values

Based on the input and discussions heard at the Child Health Network (CHN) Strategic Planning Retreat and the follow up Board meetings on May 23, August 19, and September 20, 2006, it was determined that the organization should continue to fulfill its role within the health care system, guided by the following vision and mandate statements:

Vision

A sustainable and responsive maternal, newborn and child healthcare system achieved through better integration and interaction between hospitals, community care access centres, and other partners.

Mission

To provide leadership in strengthening the regional maternal/newborn and child healthcare system by facilitating partnerships across the care continuum and supporting changes in care delivery through quality improvement and knowledge transfer.

Based on the input from external stakeholders, CHN member organizations, and the CHN Board of Directors, the CHN's renewed strategic directions have been established in the context of the above strategic elements, reflecting the organization's continued focus on the following values:

- **FAMILY-CENTRED CARE:** *Enhancement of quality, family-centred care across the Network that is predicated on advancing consistent use of leading practices and standards identified in the CHN's Family-Centred Care document.*
- **COLLABORATION:** *Strengthening partnerships, interaction, and linkages across the Network and with other service providers to facilitate timely and appropriate access to maternal and child health services, resulting in a collaborative system of care.*
- **EVIDENCE-BASED PRACTICE & ADVICE:** *Building on ongoing efforts to enhance quality improvement initiatives and knowledge transfer are critical elements in all of the CHN's work.*

The balance of this document outlines the five (5) strategic directions that will be operationalized by the CHN in carrying out its mission and advancing progress toward its vision.

Proposed Strategic Directions

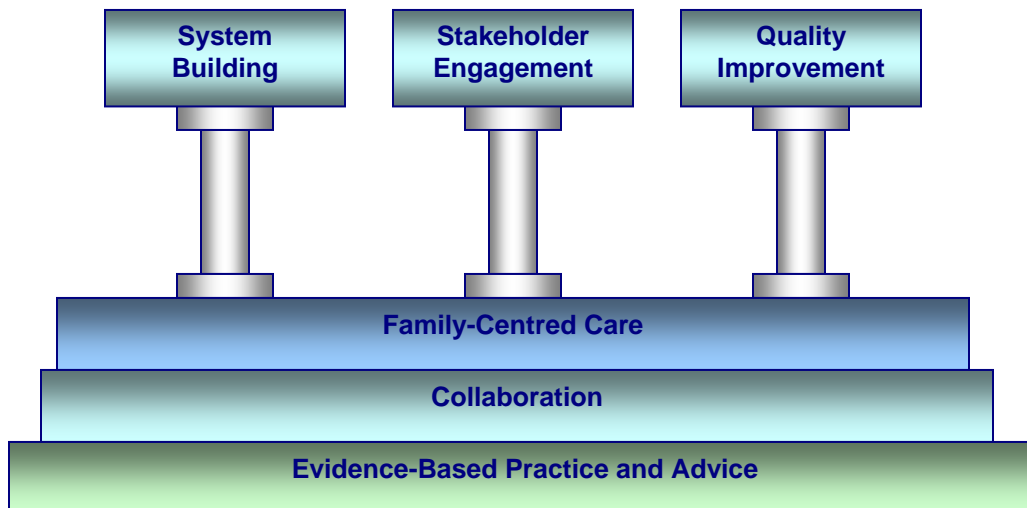
As indicated earlier in this report, the environment in which the CHN has operated since its inception has not been static. The result has been a progressive change in the expectations and needs of the Network's current membership.

As a membership-based organization, to date the CHN has focused on the development and nurturing of relationships across its geography within the GTA to facilitate regional collaboration and patient flow. While progress has been made in this area, it was acknowledged that more time needs to be invested to ensure stronger, more collaborative relationships exist between the member organizations. With a focus on leveraging on its strengths, the Network will be able to position itself to play a stronger role in informing public policy planning and debate.

In the context of the shifting provincial landscape and taking into consideration the feedback received during the consultation process, *the CHN Board confirmed that:*

- The strategic plan will focus on the next 24 months and will be viewed as a transition period for the CHN given the uncertainties surrounding the broader transformation agenda unfolding in the healthcare sector.
- The CHN will strengthen its efforts to contribute to a provincial vision for maternal and child care to address the needs of the target population at a broader, sustainable level.
- The CHN can continue to add value to current members by building on its key strengths: collaborative stakeholder partnerships, information sharing, and evidence-based advice.
- Enhancing greater patient/family engagement is critical. Efforts in this area will need to be strategic with a focus on creating meaningful vehicles for patients and families to participate in both planning and communications.
- The following areas will be the central focus guiding the CHN's work in the coming transition period as the basis for meeting the needs of patients, families and care providers: *system building, stakeholder engagement, and quality improvement.*

Strategic Pillars Guiding the Work of the CHN



5.0 Strategic Directions

The five (5) strategic directions supporting these pillars were confirmed as follows:

Strategic Pillars*	Strategic Directions
I. System Building	<ol style="list-style-type: none">1. <i>Align with and influence Ontario's Health Transformation Agenda.</i>2. <i>Influence the implementation of an integrated regional system of maternal and child health care across the five GTA LHINs.</i>
II. Stakeholder Engagement	<ol style="list-style-type: none">3. <i>Enhance opportunities for collaboration and participation.</i>
III. Quality Improvement	<ol style="list-style-type: none">4. <i>Improve knowledge transfer and evidence-based practice across the network.</i>5. <i>Strengthen measurement and evaluation of system performance.</i>

*Each of these strategic pillars and supporting directions is described in further detail on the following pages.

I. SYSTEM BUILDING

1. Align with and influence Ontario's Health Transformation.

Much of the CHN's efforts over the past couple of years have focused on advancing priorities included in the Ministry of Health and Long-Term Care's (MoHLTC) health transformation strategy. In particular, the 15-month review undertaken by the CHN (known as "the IRC process") engaged over 300 CHN members in a review of maternal/newborn and paediatric services across the Greater Toronto Area (GTA). The IRC process was undertaken at the request of the MoHLTC, and was initiated in response to growing concerns about variations in the availability of staff, chronic shortages of health professionals, and other resource constraints impacting on access and quality issues related to maternal/newborn and paediatric care.

The IRC process culminated in the development of a systems plan to reconfigure services within the GTA region to help address concerns related to:

- Quality and safety (e.g., critical mass of patients and activities, adequate availability of physician and other human resources)
- Access to appropriate care and services (e.g., clarification of scope of services and distinctions between levels of care, greater alignment and linkages across specialized programs)
- Accountability and improved system planning

Building on the recommendations of the IRC process, the CHN developed an *Implementation Plan* and submitted it to the Ministry in March 2006. *There are no closures of services associated with this implementation plan.* The proposed implementation model is based on a phased-approach that includes enhancement of services at four of the Regional Centres within the CHN. Enhancement of services at these Centres would:

- Ensure secondary paediatric caseload volumes (i.e., moderate risk/ moderate complexity), moderate risk neonatal and moderate-risk obstetrical services are designated on a single site (Regional Centre) within a geographic area and are complemented by low risk services at community hospitals and supported by high risk/high complexity services at Tertiary Centres.
- Foster the development of a regional program of service delivery for maternal/newborn and paediatric care by working in close collaboration with the Tertiary Centres, Community Hospitals, CCACs, other care providers in their region.
- Promote the development of a physician human resources strategy that includes planning for on-call coverage and hospital work that is supported by a comprehensive compensation package that would eliminate the need for stipends.

Go Forward Considerations:

- *Continue discussions with Tertiary Centres and four of the Regional Centres to support decanting and realignment of program activity from Tertiary Centres.*
- *Continue to work with the Ministry and LHINs to advocate for further changes to address human resource and other resource issues within the system.*

2. Influence the implementation of an integrated regional system of maternal and child health care across the five LHINs.

Taking into consideration the considerable shift in approach at the provincial and health system level, there is a need to continue efforts to advance greater integration and build a system of care across the Network. There is much that can be done to improve how care is delivered. As confirmed during the IRC process, the current system is not sustainable over the short or long-term. Since completion of the IRC process, a number of other initiatives have unfolded in the healthcare system that further support the need to advance efforts to build a more integrated system of maternal and child health care. These changes relate to:

- The establishment of LHINs and the opportunity to support them in their role regarding planning, integration (both within and across LHINs) and funding of services from a *system* perspective.
- The need to improve upon key maternal/child health status indicators across the GTA and to address issues related to emerging disease patterns, rates of hospitalization, and other population characteristics within the region.
- MoHLTC approval for capital redevelopment/expansion of maternal, newborn and paediatric services at several of the “Regional Centres” where service enhancement is needed (this applies to both approved and yet to be submitted for approval capital submissions).
- Congruence with the strategic directions of SickKids, including their intention to build and promote system capability so that children with primary and secondary level conditions are directed to appropriate facilities within their LHIN.

To be successful in this role, the CHN will need to make a concerted effort to influence local planning and provincial policy-making to form an integrated network of care for maternal, newborn and pediatric patients and families in the GTA.

The CHN has an important role to play in ensuring that the needs of the maternal, newborn and children’s population are at the forefront of the evolving provincial system. As a result, a more coordinated, comprehensive, and integrated approach to care for this population is needed. The CHN is uniquely positioned to play a leadership role in advancing the maternal/newborn and paediatric agenda at the local, regional and provincial level (and, in particular, the need for greater integration) based on the following:

- Historically, the CHN has been the only network within the province with a combined focus on the maternal/newborn and children’s population and as a result has experience in working to address the needs to the full spectrum of this combined population.
- The diversity of the providers and the community which comprises the CHN currently provides a base of experience to draw upon in looking at the total provincial landscape.
- The CHN has in place a strong clinical and operational stakeholder base from which to build a larger base of stakeholder input into the planning process.
- The CHN currently crosses 5 LHIN jurisdictions and as a result is in a position to contribute to the vision of services across jurisdictions. As well, in the context of the new LHIN boundaries, the CHN has an opportunity to consider the benefits of expanding its membership to align with the LHINs by offering membership to the expanded provider set.

The CHN will also need to align its efforts to the evolving provincial health agenda if it is to continue to add value to the health system and this population by working, in collaboration with a broad set of stakeholders, to develop a provincial vision of a maternal/newborn and children’s program for Ontario. This need to align and partner with a broader stakeholder group is reinforced by the recent establishment of the Joint Ontario Child Health Network (JOCHN) and the existence of other regional networks within the province.

Go Forward Considerations:

- *Continue work to enhance services at four of the Regional Centres and better align them with the Tertiary facilities in the Network.*
- *Continue to work with the Ministry of Health and Long Term Care, and strengthen relationship with the Ministry of Children and Youth Services. The CHN's reporting will need to be geared to meet member, LHIN and both Ministries needs.*
- *Position the CHN to work in collaboration with other networks and the Joint Ontario Children's Health Network to collectively develop an integrated and common vision for maternal/newborn and children's care within the province of Ontario.*
- *Serve as a vehicle for multi-sectoral, informed public policy planning and debate.*
- *In addition to working closely with the MOHLTC, LHINs, and other perinatal and child health networks (as noted above), carrying out this strategic direction will require that the CHN focus on:*
 1. **Relationships:**
 - ❖ *Develop improved linkages with other regional or provincial groups (e.g. JOCHN) focused on this population to build on the work done to date in developing a provincial strategy.*
 - ❖ *Seek out groups and evolving strategies focused on either the maternal/newborn or paediatric populations to draw together an integrated vision for the province across the populations.*
 2. **Broader Stakeholder Input:**
 - ❖ *Build on existing stakeholder network and engage a broader, more diverse stakeholder group including non-member provider organizations, patient and families, representatives from community and social services which focus on this population, etc*
 3. **Evidence-Based Advice:**
 - ❖ *Draw upon existing clinical knowledge base of membership to inform the provincial vision.*

II. STAKEHOLDER ENGAGEMENT

3. Enhance opportunities for collaboration and participation.

At its core, the CHN provides a series of key services to members. Historically, the CHN has primarily focused its stakeholder engagement efforts on its member organizations, and more specifically on the health services providers within its membership. Continued efforts to strengthen collaboration and participation of members must continue to be a priority and strategic focus for the CHN if it is to continue adding value for members. To target work in this area a **solid set of governance, member participant and patient/family structures** is needed to support the ongoing service commitment to members and the community. From this premise, there is opportunity to **strengthen the structures of the Network** to support greater collaboration within in three care areas:

Governance - The CHN should engage in a process to critically evaluate the governance model and vehicles for member involvement in planning and decision making to ensure that the governance model and member participation vehicles effectively support the organization in carrying out its mandate.

Member Engagement – To date, the CHN has focused on the development and nurturing of relationships across its membership within the GTA to facilitate regional collaboration and patient flow. While efforts have been made in this area, it was acknowledged that more time needs to be invested to ensure strong, collaborative relationships among the member organizations to provide for a foundation from which broader relationships can be developed. Most notably, with the recent establishment of

LHINs, the CHN's membership now resides across 5 separate LHINs. Given this fact, the LHIN's mandate of planning, coordinating, integrating, and funding local health services, and the current shift to align the CCACs with the LHIN boundaries, there was consensus that the CHN should, at a minimum, explore the opportunity to expand its membership to also align with the LHINs by offering membership to the expanded provider set within the LHIN boundaries. Given the concentration of clinical experience and expertise within the CHN and its experience to date in working to develop an integrated network of care, the CHN has an opportunity to strategically position itself as a valuable contributor to LHINs as they move forward with their planning for health system needs and more specifically, to help shape the future coordination and integration of maternal and child health services in the GTA.

Patient/Family Engagement – Greater input by these partners is required to ensure that the CHN is truly working towards the development of a family-centered regional network of maternal/newborn and paediatric care services. Thus, engaging a broader base of stakeholders will add increased credibility and integrity to the CHN's planning process and ensure it meets the needs of patients and families.

Go Forward Considerations:

- *Continue to work to enhance relationships with member hospitals and CCACs as a foundation for all of the CHN's work.*
- *Possible vehicles for strengthening involvement of members and creating meaningful vehicles for patients and families to participate in both planning and communications include:*
 - *Participate in the LHIN public consultation process rather than creating a parallel process*
 - *Utilize the CHN's website as a means to communicate work-to-date and offer a forum for input*
 - *Work with member organizations to create a link within their respective websites*
 - *Leverage existing community advisory councils at member organizations rather than creating separate vehicles.*
- *Develop a better understanding of local communities' needs and the identification of their priorities to enable the CHN to better achieve its vision. As well, engagement of patients and families through these established channels will also increase the CHN's credibility in providing advice on behalf of this population.*
- *Continue to build on relationships with the 5 LHINs to assist in identifying local priorities and ensuring the needs of the maternal/newborn and children's populations are addressed in their Integrated Health Service Plans (IHSPs) and other LHIN planning. Specifically, the CHN will need to strategically enhance its positioning with the LHINs by working collaboratively to develop the maternal/newborn and paediatric components of the IHSPs.*
- *Work to expand CHN membership to align with the geographic catchment area of the 5 GTA LHINs. Future potential members should be invited to learn more about the CHN, and explore their potential membership within the CHN.*
- *Engage in a process to critically evaluate the governance model and vehicles for member involvement in planning and decision making to ensure that the governance model and member participation vehicles effectively support the organization in carrying out its mandate.*

III. QUALITY IMPROVEMENT

4. Improve knowledge transfer and evidence-based practice across the Network.

Over the last several years, the CHN and its members have focused a significant amount of time and resources on the development of clinical practices standards and education programs to promote the adoption and integration of these standards within all organizations. Clinical stakeholders were clear in their feedback that this element of the CHN's work is of substantial value to clinicians and needs to be continued and enhanced. While progress has been made, it has been acknowledged that more can be accomplished in this area including outcomes evaluation based on the adoption of clinical best practices. In addition, and in collaboration with its membership, the CHN should continue to lead and facilitate the development of a rich information/knowledge environment to support care providers in ensuring that maternal and child health services are reflective of leading practices.

Go Forward Considerations:

- *The CHN should continue to lead and facilitate the development of a rich information / knowledge sharing environment to support care providers in strengthening integration across the care delivery continuum and ensuring that maternal and paediatric health services are reflective of leading practices. Efforts in this area should focus primarily on:*
 - *Engagement of a broad set of clinical and operational leaders (from the member organizations) to set priorities to guide identification of 'best practice' standards and work with members to develop effective strategies for uptake and monitoring with respect to implementation.*
 - *Strategies focused less on development of standards/protocols and more on knowledge transfer with respect to promoting consistent use of practice guidelines/ protocols within hospitals and CCACs as well as increased adoption and monitoring efforts at the service provider level.*

5. Strengthen measurement and evaluation of system performance.

Key efforts in this area should build on the CHN's current strengths and success in enhancing and promoting member participation in the Niday perinatal database, standards setting, research, and education activities. The strategic opportunity to leverage these strengths is further accentuated given the fact that health information management is viewed to be the critical component of the overall provincial healthcare transformation agenda. There may be an opportunity for the province to leverage the CHN's current experience in implementing clinical databases, and utilizing the expertise within the membership to advance development of a provincial perinatal/infant surveillance system and a specialized regional database focused on paediatrics.

Go Forward Considerations:

- *Continue to refine, resource, and nurture the Niday database to continue to monitor and influence practice and quality improvement activities.*
- *Bring together the necessary parties to operationalize the development and deployment of a paediatric database which could have application provincially. In advancing this initiative, the CHN should work with paediatric stakeholders in the GTA and consult with other regional or provincial paediatric provider groups to consider the broader applicability of a paediatric database.*
- *Utilize information from the databases to promote and support initiatives focus on quality improvement, in particular, continued advocacy for establishment of a provincial perinatal / infant surveillance system.*
- *As part of the future evolution of stakeholder input, incorporate a commitment to outcomes evaluation to measure the impact of implementing the CHN's clinical practice advice and continue to evolve care delivery to patients and families.*

6.0 Anticipated Results

With the focus on the strategic directions identified in the report, the CHN will be well positioned to move forward with advancing the agenda of its strategic pillars of focus. Notably, within the next two years there should be identifiable outcomes achieved in the two key areas:

- ❖ Advancement of the maternal, newborn and pediatric agenda at both the local and provincial level
- ❖ Demonstration of added value for members including better information sharing and integration opportunities of the Network that will help improve the ability of members and the network as a whole to meet the needs of patients and families

In carrying out this plan during this time of transition, the CHN will have positioned its members, practitioners and the system to better serve the needs of the maternal, newborn and pediatric patient populations. The CHN secretariat will develop a high-level operational plan for implementing the strategic directions outlined in this plan, considering resources, timelines, and reallocation of internal priorities. The strategic directions and the implementation plan will then be communicated to all members and key stakeholders.

7.0 Appendices

Stakeholder Consultation and Summary – Overview of Key Themes from Strategic Planning

The findings from the stakeholder consultation and survey have been summarized into nine key themes:

- Current Environment
- Mandate
- Population Scope
- External Relationships
- Revised Membership Composition
- Expanded Geographic Scope
- Appropriate Engagement and Governance
- Family and Consumer Representation
- Communication and Public Awareness

A description of each theme and associated key stakeholder messages are presented below.

1. Current Environment

***The system is undergoing significant change and transition.
It is a pivotal time for the CHN to plan strategically.***

Description:

- Time of significant system change due to market forces
- LHINs priorities have not included mat/newborn & children's health issues
- IRC – decision & feedback from MoHLTC pending
- Resource shortages/pressures continue
- Wavering involvement and engagement of CHN members in the Network
- Pressure to define direction for the CHN in this new environment

Key Stakeholder Messages:

- “We are in a funny in-between time”
- “IRC was our greatest success and failure”
- “Where is the voice for children and moms in this province?”
- “How can the CHN keep its membership and group alive? At the end of the day the CHN is doomed”
- “What’s in it for us to be doing this?” ... regarding in-kind contributions – “what are we getting for it?”

2. Mandate

CHN needs to establish a clear mandate that will meet the needs of stakeholders and the system in the new environment.

Mandate: To facilitate and support the development of a regional maternal/ newborn and children's health system

Description:

- CHN struggles with its identity, role and positioning
- Mandate should include
 - *Endorsement from the Ministry, for the CHN to be a part of the LHIN system*
 - *Accountability mechanism for organizations*
 - *Clearer/stronger mandate*
 - *Uncertainty about role of “facilitating and supporting” vs. action-oriented/driving change*
 - *Re-defining “regional”*

Key Stakeholder Messages:

- “CHN should be the body that the LHINs go-to“
- “Mandate should be about our future in a LHIN environment“
- “Is the Network a doer? ... or a body that provides a means of communication?“
- “Perhaps role of the network is to put the child (and mom/newborns) at the center, then bring all parties and ministries together that respond to them“

3. Population Scope

The CHN needs to confirm its Population Scope of service -- maternal/newborn and paediatric care. The identity and brand of the Network should reflect the scope of service and mandate.

Description:

- Combined focus of maternal/ newborn and children’s services
 - *MoHLTC, Board, CEOs, general members and external stakeholders -- see benefit in maintaining combined focus*
 - *Strengthens relationship with Obstetricians*
 - *Benefits community hospitals & their child health agenda by adopting a continuum focus*
 - *Perinatology and Paediatrics combined already represent small share of health care continuum; splitting risks decreasing part of the continuum*
- Separate focus of Children’s Services
 - *Paediatric stakeholders -- see benefit in a separate Paediatric Network; ensure that Paediatric focus is not lost*
- Name of Network
 - *Current name is not representative and effective – need to re-brand to match mandate*

Key Stakeholder Messages:

- “By having maternal / newborn and paediatrics together, the CHN focuses on the continuum of care. This is a good thing.”
- “We have difficulty maintaining a strong paediatric presence. We might get stronger support if we were just a paediatric network“
- “The name Child Health Network doesn’t get the same ears perking up as mothers and babies network does. Mothers and Babies sell“
- “We live in a world of patient and community systems, and to keep these 2 services together puts us ahead of other groups“

4. External Relationships

The CHN's external relationships will have to extend beyond the MoHLTC to include LHINs and possibly other external organizations.

Description:

- Stakeholders recognize importance of relationship with the MOHLTC in the short term:
 - *CHN to maintain strong relationship with MoHLTC for next 12-18 months*
 - *IRC pending response – creates challenges for care provision*
 - *By 2007-2008, each LHIN will have full responsibility -- planning, integration, funding - this needs to be considered*
- LHIN/CHN relationships
 - *LHINs need networks and existing structures to “feed” the planning process*
 - *CHN needs to be the “go to” group for this population*
 - *Need to bring solutions to the LHIN, not vice versa*
 - *LHIN priorities – absence of maternal/ newborn and children's issues*
- Government support has been for chronic diseases. Who will speak for episodic care or populations?
- Providers seek acknowledgement, endorsement, and funding for IRC-3 recommendations
- Advocacy in question – who does CHN advocate to and for what?
- Other networks' in the province view the CHN as influential, and have interest in fostering strong linkages

Key Stakeholder Messages:

- “We need to gain provincial support as a trusted voice”
- “Need to have a mechanism to market your cause with the Ministry, and a reason of why they should help you; they will not come to you”

5. Revised Membership Composition

The CHN many need to expand its membership composition beyond hospitals and CCACs, to include a broader base of organizations and agencies.

Description:

- External stakeholders see value in the CHN (and CHN membership)
 - *Community hospitals outside of GTA*
 - *Community agencies & providers who can connect to the CHN via CCACs*
- To date, the CHN has been a hospital network, not an integrated health network
- Current model not focused on community side of care
 - *Community and Primary Care are strategic platforms for the Ministry*
 - *Community has developed vehicles to establish inter-agency connections*
- Expanding the network composition brings additional community hospitals, services and agencies into mix
 - *Public Health, Children's Aid Society, other community agencies that provide day-to-day care delivery needs.*
 - *Protocols for family doctors, pandemic planning, and other socio-programs*
 - *Improve/coordinate ambulatory paediatrics at community hospitals*
 - *Address service gaps for children – chronic illnesses, development needs, mental illnesses, eating disorders*

Key Stakeholder Messages:

- “CHN leadership needs to be inter-sector, inter-agencies, and inter-hospital – this is more relevant for the times we’re in”
- “We’re a hospital network, and we’re here because we can’t get the hospital piece sorted out right just yet”....“We’re not all things to all people”
- “We don’t know if there is a role and value for us to be in the CHN, but we don’t want not to be there”

6. Expanding Geographic Scope

The new environment is challenging traditional planning and service delivery boundaries which the CHN needs to address

Description:

- Expand beyond current GTA-focus to be effective in the LHIN environment
 - *If we can’t get it right for the GTA yet, we should not expand*
 - *Group clustering may need to match LHIN boundaries*
 - *Potential to have CHN boundaries map to 5 GTA LHINs if CHN’s programs are inter-LHIN?*
- Provincial perspective possible
 - *Role for the CHN across the 14 LHINs at an inter-LHIN/provincial level as a knowledge-based network*
 - *Provincial approach brings common/consistent standards, guidelines, practices, and reduce duplication of effort*
 - *Opportunity to engage more associations, agencies, and other networks that have alternative boundaries that don’t match the LHINs*
- Linkage and collaboration with other networks -- CAPHC, OCHN, SPCC, PPESO provide value to the CHN
 - *Initiatives are often run that have direct spill-over to the CHN, and CHN could engage in joint planning*

Key Stakeholder Messages:

- “Seems like a natural expansion for the GTA CHN to become provincial – people in the province naturally look to the GTA for leadership”
- “We experience a lot of difficulty created by geographic boundaries, and don’t want to be held back from joining the CHN because of boundary lines”.
- “The CHN is a fluid system, and our service delivery is fluid”
- “Maybe the CHN could be the link to CAPHC, OCH and SPCC to bring this information out provincially to all community hospitals”
- “CHN focus has to be broader than GTA to get on the provincial agenda”

7. Appropriate Engagement and Governance

Changes in CHN's mandate and focus will require a review of stakeholder engagement and governance structure.

Description:

- Ongoing involvement of members
 - *Members are displaying decreased accountability to the Network, and to the membership agreement*
 - *Members question value of their involvement and in-kind contributions*
 - *Need to strengthen CHN leadership at Member organizations, and create CHN forum for member CEOs and EDs*
- Network would benefit from more physician representation
 - *Physicians are only minimally aware of the Network*
- Increase involvement of the CHN Board
 - *Need more engagement and involvement of Board members*
 - *Investigate different composition for Board – not exclusively CEOs/ EDs*
- Restructure network
 - *Create stronger working teams to work collaboratively with LHINs and Ministry*
 - *Taskforce/working groups*
 - *Format and work-effort have been well received by participants*
 - *Value realized from participation*
 - *Address CHN Secretariat resource needs*

Key Stakeholder Messages:

- "Some organizations and individuals have amnesia about the fact that there is a membership agreement"
- "Members need to take ownership, have accountability, and participate"
- "I've never even heard of the Network, and neither have my colleagues" (non-member)
- "80% of physicians don't know what the CHN is or does"

8. Family and Consumer Representation

Can the CHN have a focus on family-centered care? Who is responsible for this role? ... the CHN or the LHINs in the new environment?

Description:

- Family Centered Care – needed
 - *Previous CHN Operating Plan identified need for family-centered care – but no agreement on how or when to implement this*
- Consumer & Family Representation
 - *LHINs have a mandate for engagement. The CHN needs to make decisions about how families and the public will be involved in this context.*
 - *Need to use family stakeholders in a meaningful way*
 - *Need representation that goes beyond a single parent with single experience*
 - *Could have a 2-step approach for this – 1st step would be getting people aware of the Network, and 2nd step would create the needed representation*
 - *Patients/families are not currently on the CHN's agenda*

Key Stakeholder Messages:

- “We are not being family-centered with respect to the system”
- “We’re not enabling families to use the system. We can’t wait any longer for this”
- “Its important to educate the public, and strengthen public awareness of the Network”

9. Communication and Public Awareness

The CHN needs to examine the role it can or should play in communication and public awareness of the broader maternal/ newborn and children’s health agenda.

Description:

- Formal announcement about the Network is needed – none launched to date
 - *Providers and patients/ families don’t know where services are provided, and at what levels of care*
 - *Marketing campaign is needed*
- Community education role
 - *Network should have stronger role in community education, to help parents/families understand services availability*
- Advocacy
 - *Members believe strongly in need for advocacy for the needs of children, mom, babies*
 - *Government support for needs advocacy role unlikely*
- Enhance Member communication
 - *E-communication from CHN Leadership to members, and e-technology for meetings*
 - *List serve for members to communicate among themselves*

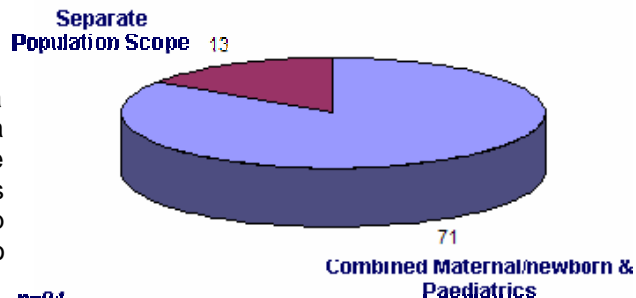
Key Stakeholder Messages:

- “Communication needs to get out. This is essential”
- “We need a marketing plan so we don’t have parents and moms going to the wrong places”
- “The Network sees its value as advocacy...this is not necessarily true”
- “Our children need an advocate”

Summary of Feedback at CHN Retreat

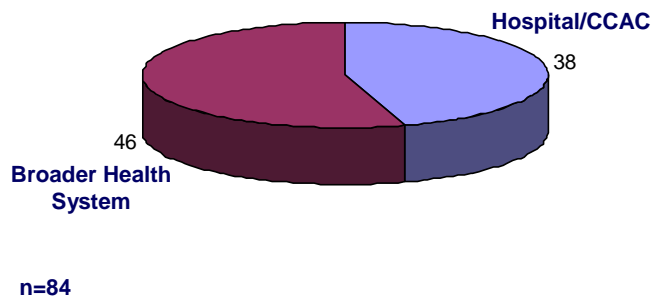
1. In considering the mandate of the CHN, what population scope should the organization focus its attention on, a combined mandate of maternal/newborn and paediatrics, or a separation of these two clinical populations?

- There was overwhelming support for the CHN to continue to represent the combined clinical mandate of both maternal / newborn and paediatrics.
- 85% of retreat participants indicated a desire for the CHN to carry a combined population focus. The primary rationale for maintaining this focus was the close inter-relationship that exists between these two populations.
- For those who indicated a preference to separate them, the primary rationale for this position was that given the amount of work and the issues facing either clinical domain, there may be challenges in doing justice to the full population scope.



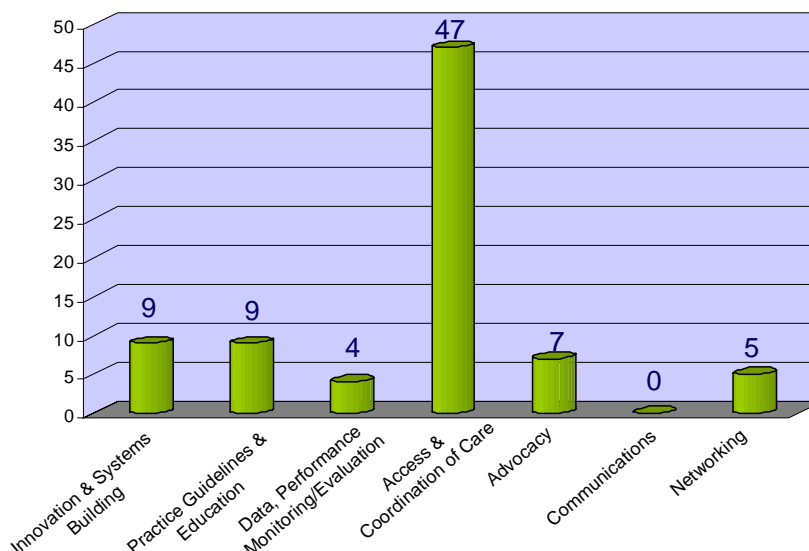
2. With the mandate of maternal/newborn and paediatrics, should the CHN continue to focus on hospitals/CCACs, or consider broader healthcare system focus to include other service providers, i.e. community resources?

- There was no clear direction / preference indicated. 55% of participants indicated that the CHN should expand its system focus beyond its current focus of hospitals and the CCACs and also include other service providers such as community health agencies.
- An expanded focus would facilitate the CHN's ability to affect positive change across the entire care continuum.
- Conversely, 45% of participants indicated that while there is certainly a need and opportunity to engage the broader health system, there is still much to do within hospitals and CCACs; the CHN should build further in these areas prior to expanding its focus.
- These two options are not however mutually exclusive. The CHN could initially have a core focus on hospitals/CCACs and progressively expand to the broader health system through the development of relationships with a broader set of provider organizations focused on this population. **The key to successfully broadening relationships is ensuring a strong foundation among current member hospitals.**



3. In considering the various roles that the CHN is either currently fulfilling or could potential take on, through which role do you feel the CHN can add the greatest value to the healthcare system?

- Approximately 60% of participants indicated that the CHN could add the most value to the healthcare system by working to improve access and coordination of maternal/newborn and paediatrics services.
- The sentiment was further strengthened by the fact that some participants indicated that improved access

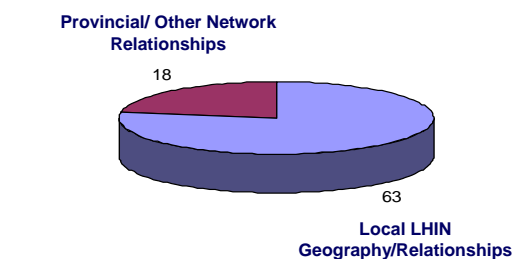


n=81

- and coordination of services would be an outcome of a focus on innovation and systems building; focus on the latter would lead to the former.
- Similarly strategic focus on further developing relationships within the network and with external partners would position the CHN to facilitate the collaboration required to build an integrated system.
- Participants indicated that the CHN could best enable improved access and coordination by assuming a facilitation role and through greater engagement of families and children.

4. Over the next 12-18 months, strategically do you feel the CHN can add the greatest value to the system by continuing to invest in its local LHIN geography, or through the development of Provincial and other network relationships?

- Approximately 75% of participants indicated that the CHN should continue to focus its efforts over the next 12-18 months on the development of relationships with the local LHIN geography (5 GTA LHINs).
- Conversely, given the changing healthcare landscape 25% of participants reported that the CHN would best be served to work on expanding and nurturing relationships with key stakeholders in other regional or provincial organizations.
- Specifically, it was suggested that the CHN should foster greater relationships within the MOHLTC and other networks, i.e. OCHN, Southwest CHN, Southeast CHN.



n=81

In considering these perspectives, it is important to note that these options are not binary, but can be addressed concurrently.

Potential Names for the CHN

Each participant was asked to submit their thoughts on a potential future name for the network that would better reflect the organization's mandate. The following suggestions were submitted for consideration:

- Mothers, Babies, Children and Family Network
- Child and Family Healthcare Network
- Women's and Children's Health Network
- Healthy Young Families Network
- Maternal/Child and Paediatric Healthcare Network
- Network of Maternal, Newborn and Children's Health Services
- Mother and Child Collaborative
- Maternal Child Family Advocacy
- Child and Youth Health Network
- Perinatal and Paediatric Health Network
- Maternal Child Health Network (for the GTA)
- Perinatal and Children Network
- Perinatal and Children's Care
- Mom, Baby and Child Care
- Child and Family Health Council
- Child and Maternal Care Network
- Regional Maternal Child Health Coordinating Council
- Child and Family Integrated Network
- The Child and Family Health Partnership
- Regional Child Health Network

SWOT Analysis – Identifying Strategic Priorities

The SWOT (Strengths, Weakness, Opportunities, and Threats) analysis provides a framework for considering the findings from the stakeholder consultations.

- The strengths and weaknesses of the organization (primarily the internal environment) will influence the Network’s ability to move forward in new directions and continue to add value.
- The opportunities and threats in either the internal or external environment will likely influence the future of the organization – either by design or default.

INTERNAL STRENGTHS	INTERNAL WEAKNESSES
<ul style="list-style-type: none"> ▪ Intent of the Network is good ▪ Quantifying resources needed to deliver care ▪ Nature of the CHN is already inter-LHIN ▪ Engages all major hospital and CCAC providers in the GTA -- allowing more for comprehensive understanding of issues and solutions ▪ Combined maternal/newborn AND paediatric focus ▪ Efficiencies – many activities of the CHN are more efficient to do as part of a Network ▪ Building relationships and networking among members <ul style="list-style-type: none"> ➢ "we know each other... we talk to each other" ▪ Information and knowledge sharing ▪ Coordination of care (that didn't exist before the Network) ▪ Common education for community and hospital providers ▪ Niday Perinatal Database ▪ Developing common, evidence-based standards, practices, guidelines 	<ul style="list-style-type: none"> ▪ CHN mandate lacks “teeth” ▪ Lack of power to affect system level change ▪ Lack of dissemination of information at individual orgs organizations, and lack of uptake in the field ▪ Inability to secure MOHLTC support and funding ▪ Challenge with identity, role, and positioning ▪ Funding (self-funding) and membership model that precludes objective decision making by members ▪ Paediatrics lacks clear direction from the group; there are service gaps in paediatrics and community health ▪ Combined maternal/newborn AND paediatric focus ▪ Restricted to a small geographic area – GTA ▪ Boundaries and membership are rigid ▪ No evaluation of outcomes of initiatives, practices, and standards that were implemented ▪ Conflict of individual members with their own organizations ▪ Lack of action on family-centered care ▪ Lack of public awareness of the Network – no marketing

EXTERNAL THREATS

- **Adult based services (like wait-time related illnesses – hips, knees, cataracts) take precedence. They have voter backing and receive funding**
- **Potential exclusion of maternal/newborn and paediatrics issues within the pending LHIN Integrated Health Services Plans**
- **Regional networks to address children's and maternal/newborn health have been established, however there is no overarching body to "connect" the networks and fill geographic gaps exist between networks.**
- **If the CHN doesn't have a provincial perspective, it will soon be seen as an artifact. It will continue to exist only as long as member funding is available**
- **Not all hospitals are engaged**
- **CHN hasn't been able to effectively involve people who work at the "grass roots level" – i.e. Paediatricians in the community, OBs in delivery rooms**
- **There is a potential for burnout among some CHN members who have given freely and generously of their time**
- **If the MoHLTC doesn't respond to the IRC directions then the CHN needs to find another avenue to get the message out that action on regionalization is needed, since the HR problems are worsening**
- **Professional human resource issues continue**

EXTERNAL OPPORTUNITIES

- **Embrace existing IRC recommendations; Regional Centres need to be acknowledged and funded**
- **CHN should be a province wide effort, with the province at the head of CHN's table**
 - Standards setting could be done at a provincial level, with local applications for urban and rural environments, and allowances for the uniqueness inside the LHINs through local health services planning
 - Build stronger relationship with tertiary (academic) providers
- **Develop alternate models of care / clinical provider roles**
 - provide leadership in implementing human resource practices that are more advanced – e.g. paediatric nurse practitioners for primary and acute care, anesthetist roles, etc.
- **Focus on data driven role**
 - Data drives decisions, responses, action, and success
 - e.g., continue with Niday, and possible Paediatric Database
- **Communications Strategy for Providers and Public**
- **Embrace health focus**
 - More meaningful linkages with other external stakeholders/ agencies/ associations
 - Partnering opportunities for the CHN – CHN could engage "out of the box" organizations to partner with, and work government structures
- **Address service gaps for children – mental health, chronic illness, development needs, eating disorders**