

We are pleased to provide the following update on some of the activities of the Child Health Network for the Greater Toronto Area (CHN). For more detailed information please visit our Web site at www.echn.ca.

FIRST ANNUAL MEETING OF COUNCIL

A new organizational structure has been established to help the CHN make the transition from planning to implementation of its priorities. The structure, developed following a comprehensive review by the Network Organization Committee, gives the CHN Council the responsibility for setting the broad directions to fulfill the Network's mission. At the same time the Executive Committee will guide and monitor implementation of the strategic and operating plans.

Meet the Executive Committee

Please welcome **Sheila Jarvis** as the new Chairperson of both the Child Health Network and the Executive Committee. Currently President and CEO of the Bloorview MacMillan Centre, Sheila has been involved with the CHN since its inception, and chaired the Network Organization and Transition Committees. Along with her commitment to the CHN's vision and goals, she brings strong leadership skills and a wealth of experience with other health organizations. Sheila currently chairs the GTA Rehabilitation Network's Research Committee and OHA's Continuing Care Committee.

Executive Committee Members

Wayne Fyffe, President and CEO, The Credit Valley Hospital

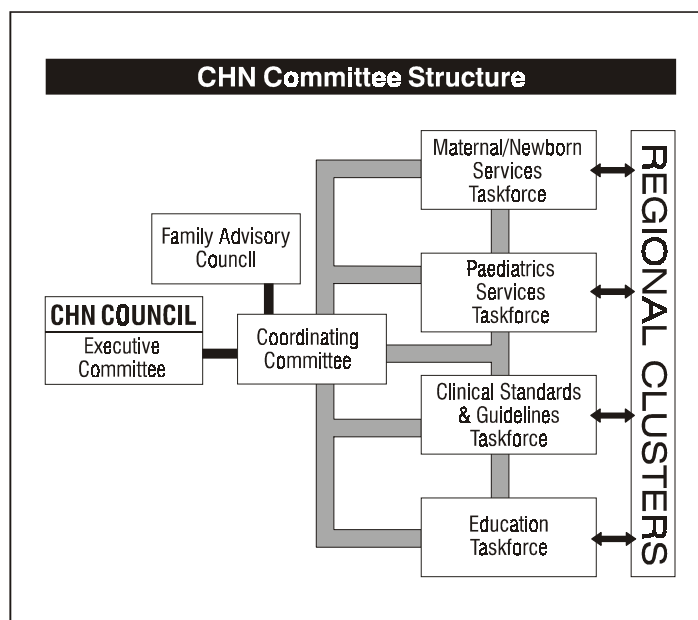
Alan Goldbloom, Senior Vice President of Clinical & Academic Affairs, The Hospital for Sick Children

Stephen Handler, Executive Director, North York Community Care Access Centre

Suzanne Ivey Cook, Board Member, Mount Sinai Hospital

Murray Mackenzie, President and CEO, North York General Hospital

Alan Whiting, President and CEO, Rouge Valley Health System



NEW LOCATION
The CHN secretariat office is temporarily located at 180 Dundas Street West, Suite 2105, Toronto. We are sharing office space with **Safe Kids Canada** while searching for a permanent location.

EVIDENCE-BASED PRACTICE

Guidelines Consensus Forum

One of the six strategic directions identified by CHN members in the 2000/ 2002 operating plan was the development, implementation and monitoring of a common and consistent set of clinical standards. On April 5, 2001 members gathered for a daylong meeting to further define and articulate the role that the CHN should play in this important direction.

Prior to the session, members were surveyed in order to determine the current status of guideline and standards development within the Network. Using the survey results as a starting point, members were able to prioritize the clinical, organizational and system guidelines that should be developed by the Network, as well as describe the process of development, implementation and evaluation of the guidelines. They further defined the Network's role as a clearinghouse of guidelines that currently exist among the Network partners to ensure access for all members.

Now that there is clear direction from the members, the CHN will be moving forward through the development phase of the priority guidelines and begin the task of achieving a greater level of consistency among the providers of care to the mothers, infants and children within the Network.

Narcotics Poster

CHN recently distributed to members, a poster entitled "Intermittent Narcotic Analgesia Dosing for Infants and Children". The poster was created in response to a recommendation from the Trevor Landry inquest. Its purpose is to improve the safety of narcotic administration for infants and children by providing an easily accessible reference for all staff involved in medication administration for infants and children.

The poster was developed by the Drug Information Service of the Hospital for Sick Children and is based on the 2001/2002 HSC Formulary of Drugs. This is consistent with the inquest recommendation that the Formulary be used as a reference for narcotic dosing for children. It is hoped that the poster will be placed as a reference in areas wherever narcotic drugs are stored and where doses are prepared for infants and children to help prevent errors by being readily visible to nurses, physicians and pharmacists when carrying out their duties.

Additional copies of the poster can be obtained by calling Donna Sims at CHN at 416 813 6507.

Catherine to prepared CTAS Roll-Out item

Asthma and Discharge of the Healthy Newborn – The Asthma committee has completed its work and will be presenting a comprehensive report to the Paediatric Services Task Force and the Coordinating Committee in June. **Jonathan to add something on work he is doing?**

EDUCATION

The first role of the newly formed Education Task Force was to carry out an educational needs assessment survey of the member organizations. A previous needs assessment undertaken in

1998, predated both the addition of CCACs to the CHN membership and the expansion of the CHN's mandate to include mothers and healthy newborn babies. Defining the scope of the shared educational initiatives to be undertaken by the CHN was felt to be an important first step of the group.

A survey was developed which asked members to choose and rate topics that they perceived to be required for their staff. The topics covered the clinical sectors of community health care, rehabilitation, maternal/newborn, neonatal intensive care and children's health. Topics of a general nature including workplace stress, recruitment and retention of staff, as well as communication, critical thinking, safe medication practice and family support were also included. Members were also asked for input into course delivery options.

The education task force members took the lead in the collection and collation of information from their organizations, but also ensured that a wide range of people from the multidisciplinary team were involved in choosing and prioritizing topics.

A 97% response rate was achieved from the survey and the top 7 priorities for shared education were identified. Topping the list was Pain Management for newborns and children. Also included high on the list were Family Support/Family Centered Care and Support for Staff Experiencing Stress.

Plans for programs to address these important needs of the CHN members are in full swing and the Education Task Force is excited about working together in these shared educational opportunities.

The first workshop entitled "Advancing the Practice of Family-Centered Care in Women's and Children's Health" will be held on June 20, 2001 at the Vaughan Estates. We are fortunate to have Beverley Johnson from The Institute for Family-Centered Care as the facilitator/presenter for the day. We are looking forward to learning from Bev and each other, how Family-Centered Care can become a common practice across the Network.

Our fall program is still in the early phase of planning, but we are looking forward to sessions on "Advances in Maternal and Newborn Care" and "Care of the Child with Chronic Health Care Needs" in the fall of 2001.

SUPPORTING THE REGIONALIZATION OF MATERNAL/NEWBORN AND CHILDREN'S SERVICES

Paediatric Diabetes

The Ministry of Health and Long-term Care recently asked the CHN to review their plans for providing financial support to Paediatric Diabetes Clinics in the Greater Toronto Area. The Network was asked to provide feedback in the areas of services for children with diabetes within a regionalized model of care, and the CHN's role in facilitating the development of services towards a more regionalized approach.

Since the report was submitted to the Ministry, the CHN has been involved in discussions with the Ministry and existing service providers. It is hoped that these discussions will result in enhanced

accessibility within the system, achievement of a more consistent standard of care and provision of an improved level of staffing in Paediatric Diabetes Clinics.

When diabetes care for children is provided by a multidisciplinary team of caregivers who monitor the child's condition carefully and educate both the child and the family to provide careful self-management, the result is a lower incidence of complications. The Child Health Network recognizes this and will continue to work towards this goal by supporting a fully regionalized system of care for children in the GTA with diabetes.

Infant Hearing Screening

According to the Ministry guidelines, all infants who spend more than 48 hours in an NICU must have their hearing test performed in hospital prior to discharge home. Because Network members had identified issues related to staffing, training, equipment and identification of babies at risk, the CHN facilitated a meeting early in May involving members of the Network from NICUs and the Medical Chiefs, staff from the Ministry of Health and the Pre-school Speech and Language Initiative to discuss and resolve the issues prior to implementation.

Members have been asked to participate in fine-tuning the screening criteria for screening, taking part in the training opportunities that will be provided by the Ministry and preparing their organizations for the implementation of this project.

Participants at the meeting commented on the benefits of the discussions in addressing and allaying their concerns. The CHN would like to thank Marlene Stein and Deborah Saville from the Ministry of Health and Long Term Care and Dr. Martin Hyde and Krista Riko, consultants to the Ministry, for attending the meeting and addressing the concerns of the members. Members will be providing their input through the CHN by the end of May and the target for implementation of the screening is the fall of 2001.

ACTIVITIES ON THE HORIZON

Provincial and National Children's Health Networks Meet

The CHN will be hosting a meeting in May 2001 with representatives of the four children's health networks in the province (Toronto, Ottawa-Carleton, London and Hamilton) to share information about the development of each of the networks and explore opportunities for collaboration. We will begin planning for a session at the OHA Convention scheduled for Tuesday, November 6th from 1:30 to 4:30 pm..

On a National note a meeting of Child Health Networks will be held at the ??? Conference in Vancouver in June of 2001.

ACTIVITIES ON THE HORIZON

Regional Neonatal Education Coordinator

The South Peel/Halton Maternal Child Program is pleased to announce Kathryn Hayward- Murray to the position of regional Neonatal Education Coordinator. The South Peel/Halton hospitals supporting this

position for the Maternal Children Program are: The Credit valley Hospital, Trillium Health Centre and Halton Healthcare Services.

Working with staff and physicians from the South Peel/Halton hospitals, Kathryn will assume a leadership role in development and implementation of an education program to address the needs of staff to ensure that the skill levels are consistent with the expectations of each hospital's neonatal designations. She will also facilitate implementation of Child Health Network education and outreach policies and initiatives across the South Peel/Halton hospitals.

Southlake Regional Health Centre receives funds

Southlake Regional Health Centre has recently received a total of \$1.9 million in new funding for child and adolescent mental health services. This new funding almost doubles the program's current budget and will be dispersed between several initiatives, allowing the hospital to create inpatient beds, enhance specialized programs and address current waiting list pressures for outpatient services.

Of the total amount, \$1.6 million will fund the implementation of 10 regional child and adolescent inpatient mental health beds, five of which are expected to open and serve all of York Region by the fall of 2001. The number of beds will grow to 10 once the hospital's Regional Redevelopment project is complete in 2003.

Lakeridge Health Corporation (LHC) Regional Paediatric/Perinatal Planning Day

On April 27, LHC held a planning day to collectively and critically review and select indicators to measure the Perinatal/Paediatric Cluster's performance and quality in congruence with:

- LHC's vision and mission
- CHN's vision and mission
- National Guidelines for Family Centres Maternal/Newborn Care
- The AIM program of the CCHSA

The Perinatal/Paediatric Cluster is identified as a key enabler among LHC's strategic priorities; its purpose is to improve integration and access for children and their families. Indicators selected to measure the Cluster's performance will focus in the three areas of: mother and baby, paediatric, and neonatal. Selected indicators will support the goals of the Perinatal/Paediatric Cluster which will include enhancing access, augmenting member effectiveness, and supporting the CHN.

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



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

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