



# NETWORK NEWS

Fall 2001

## PERFORMANCE EVALUATION FRAMEWORK PROJECT UNDERWAY

Will the development of a regionalized system of care make a difference in the quality, accessibility and affordability of services for mothers, newborns and children in the GTA? Will the regional network help people to access the right services in the right place? Will the continuity of care be improved? These are some of the questions that the CHN hopes to be able to answer with the development of its evaluation framework.

*PricewaterhouseCoopers* has been contracted to work with the CHN on the performance evaluation framework initiative. The goal of the project is to develop comprehensive and targeted reports that will be used by the CHN to shape and improve services provided by the network and its individual members, promote accountability for the effective use of resources, and support research initiatives.

The Performance Evaluation Task Force, chaired by Marilyn Bruner, President and CEO of St. Joseph's Health Centre, is overseeing the project. The Task Force began its work by articulating the goals, principles and (7) criteria that will form the basis for establishing a framework that will allow the CHN to monitor the processes and outcomes of its efforts in building a strong regional network.

CRITERIA	DEFINITION
<b>1. Appropriate Care</b>	The degree to which the services provided meet accepted standards, and match the clients needs for care.
<b>2. Effectiveness</b>	The overall ability of family-centred care, services, interventions or actions provided by the network to achieve desired results for maternal, newborn, and paediatric populations.
<b>3. Accessibility</b>	Timely provision of the right level of care in a location that best meets the clients needs.
<b>4. Integration and Coordination</b>	The ability of care providers to have and communicate information that is appropriate for the individuals providing and receiving care, standardized across the CHN for any given diagnosis, and is complete, accurate, timely, useful and facilitates the planning of care.
<b>5. Accountability</b>	The degree to which the CHN, its members and funders, can demonstrate that it is meeting its stated objectives.
<b>6. Affordability</b>	The provision of maternal-infant and child health services at an acceptable financial level as determined by CHN members and supported by the MOHLTC.
<b>7. Satisfaction</b>	The degree to which services provided meet the expectations of clients and network members.

Four expert panels are currently involved in identifying specific indicators that could be used to address the seven specific criteria that will be addressed as part of the evaluation framework.

The final selection of indicators supporting each of the seven criteria will be completed in January 2002. The Task Force will then focus on collecting data for each of the indicators and will develop recommendations for strengthening the development of a regionalized maternal/newborn and children's services system in the GTA. The project data will be completed in Fall 2002.

## CHN PILOTS P-CTAS TOOL AIMED AT EMERGENCY ROOM TRIAGE STAFF

Members of the CHN have played a strong leadership role in facilitating the roll-out of a paediatric supplement to the five-level emergency triage system. The National Working Group on Triage (a joint effort by the Canadian Association of Emergency Physicians and the National Emergency Nurses Affiliation) led the development of the **Paediatric Supplement to the Canadian Triage and Acuity Scale** (known as P-CTAS) to improve triage of children in ER departments. In addition, a paediatric competency-based self-assessment tool has been developed by the CHN that will complement this initiative and will help to advance the implementation of system-wide standards of practice.

On October 15, 2001, the CHN sponsored the first education session to introduce the P-CTAS. The education session was a 'pilot' initiative that will help pave the way for a roll out of the guidelines across the country. The session was facilitated by Dr. Anna Jarvis (The Hospital for Sick Children), Louise Leblanc (The Scarborough Hospital), and Dr. Michael Murray, Chair of the National Working Group on Triage.

In 1999, the adult CTAS was launched across Canada and is currently being implemented across the GTA by emergency departments and emergency service personnel. The P-CTAS is based on the same structure and form as the adult version and also includes a five level triage scale.

A risk management tool, P-CTAS will help to ensure that the sickest patients are seen first when emergency department capacity has been exceeded. The tool allows for quick and appropriate triage of patients through:

- Rapid assessment of the level of illness;
- Initiation of therapy at triage;
- Identification of evolving critical illness and changes in status; and
- Recognition of familial stress and indicators of dysfunctional behavior which may result in abuse or neglect.



*Wayne Fyffe, President and CEO of The Credit Valley Hospital presents Dr. Anna Jarvis, Louise Leblanc, Dr. Michael Murray and Dr. David Warren (not in attendance), co-authors of P-CTAS, with a plaque in recognition of their leadership and contribution to improving emergency services for children, at the education session on Oct. 15,*

P-CTAS will also offer hospitals the ability to more accurately measure the case mix (volume and acuity) of paediatric emergency patients and will allow for measurement and comparison of triage time and case mix within organizations and across the Network.

The CHN will soon be disseminating the paediatric competency-based self-assessment tool. Evidence-based emergency medical directives are in the developmental stage and are expected to be a resource to hospitals in the coming months in order to facilitate a common and consistent approach to initiating therapy at triage (a key component to P-CTAS). A follow-up, intensive, case-based education session for P-CTAS will take place in the spring, following approval of the final P-CTAS training material by the National Working Group on Triage.

To order a copy of the P-CTAS guidelines, please contact the Canadian Association of Emergency Physicians at 1-800-463-1158 or [cjem@caep.ca](mailto:cjem@caep.ca).

## FOUR CHNs SPONSOR SESSION ON NETWORKS AT THE OHA CONVENTION

The four CHNs in Ontario may have all started with the same mandate (as directed by the Health Services Restructuring Commission) but they have each embarked down very different paths to implement that mandate based on the particular strengths and needs of their local community. This was a key theme that emerged from the session -- *Touching the Future: Ideas, Innovation and Integration in a 'Networked' World* -- sponsored by the four CHNs at this year's Ontario Hospital Association Convention held November 5-7, 2001.

### The 4 CHNs

The Child Health Network for the Greater Toronto Area  
Western Ontario Regional Paediatric Network  
The Central West-Central South Child Health Partnership  
Child and Youth Health Network for Eastern Ontario

Scott Dudgeon, Executive Director of the Toronto District Health Council, Sheila Jarvis, Chair of the CHN and representatives from each of the four Child Health Networks participated in the three-hour session on November 6. The four questions addressed during the session were:

1. *Do networks contribute to building a better continuum of care?*
2. *Will networks promote greater consistency and equity in the delivery of care?*
3. *Do networks integrate community and hospital providers? [and finally]*
4. *Do networks make a difference?*

If the Network(s) stays focused on how patients will benefit from changes being implemented and if members continually recognize the value of contributions made by each to the Network, then the answer to all of these questions is "yes".

Those who have been involved in other types of networks noted that some of the most valuable benefits resulting from these 'partnerships' are often unmeasurable. High on the list of benefits is the engendered trust that is created between those involved in the network(s) and the changes in perspectives and approach that begins to unfold when providers and patients start to think about how *the network* can help address their concerns.

While the Child Health Networks are evolving and are each confronted with their own challenges they are beginning to make a difference. There was fairly broad consensus that when providers begin to think and act from a *systems* perspective then the potential of the networks to make a positive impact in improving care delivery in their region is limitless.

### MATERNAL-NEWBORN TRANSFER PROTOCOLS READY FOR DISTRIBUTION

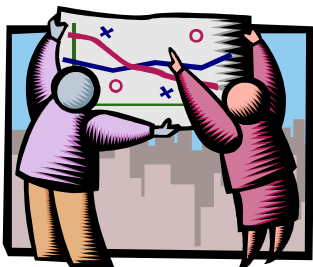
An expected outcome of the CHN is the development and promotion of common guidelines/protocols applied consistently across the network. The Maternal Newborn Services Taskforce has recently completed the development of standard protocols for the transfer of mothers and newborns within the regionalized model of the CHN. Developed as part of this project, are the following protocols:

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

The protocols were developed with a broad range of input from member organizations across the network. The guidelines will be distributed to all members in the New Year. Training sessions on the guidelines will commence shortly thereafter.

## CLUSTER REPORTS

The four regional planning clusters are now operational. Each of the clusters have held initial meetings to confirm their membership and have started to identify specific priorities that need to be addressed within their region.



CLUSTER	CHAIR(S)/CO-CHAIRS
North	Sue Kwolek, North York General Hospital
East	Lorraine Sunstrum-Mann, Lakeridge Health Corporation Linda Young, Rouge Valley Health System
West	Don Trant, William Osler Health Centre David Rowe, The Credit Valley Hospital
Central	Natalie Cournoyea, Humber River Regional Hospital

Facilitating planning at the cluster level and monitoring the effectiveness of their efforts will be a key focus of the CHN's work over the next year.

## Mark your calendars!

### UPCOMING EDUCATIONAL SESSIONS

**November 30, 2001:** Home at last: Care of Children with Special Health Care Needs in the Community

**January 18, 2002:** Pain Management: Follow-up Workshop

**February 2, 2002:** Evidence-based Practice in Child Health

**April 12, 2002 (tentative):** Perinatal Substance Abuse



## NEW PUBLICATIONS AVAILABLE

**Pain Management Education Materials (\$50)** – A series of six educational modules to manage pain in children and ensure the application of pain management standards into every day practice.

**Intermittent Narcotic Analgesia Dosing Poster (5 posters for \$30)** – This poster serves to improve the safety of narcotic administration for infants and children by providing an easily accessible reference for staff involved in medication administration.

**Guidelines Resource Inventory (\$20)** -- In its role as a clearinghouse for existing 'best practice' guidelines, the CHN has developed a compilation of clinical practice guidelines available on CD-ROM. The guidelines were submitted by CHN member organizations and also contain guidelines developed by other groups involved in setting best practice guidelines (e.g., the Canadian Paediatric Society, the Society of Obstetricians and Gynecologists of Canada, the British Columbia Reproductive Care Program, and the Perinatal Partnership of Eastern and Southeastern Ontario). Copies of the CD have been circulated to all CHN members. The inventory was developed as a resource for members looking at best practice and/or developing guidelines within their own organization(s). The CD is available for member organizations only.

**CHN Fact Sheet** – A general information tool providing an overview of the mandate, structure and core activities of the Child Health Network for the Greater Toronto Area. The first in a series of general communications materials that will be produced to promote awareness and understanding of the work of the CHN.



*To order any of these resources, please contact the CHN*



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