



CHILD HEALTH NETWORK  
for the Greater Toronto Area

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# The Way Forward

*Operating Plan of the Child Health Network for the  
Greater Toronto Area*

January 1, 2001 – March 31, 2002

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# 1 Background

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## **Purpose of the plan**

This report has been developed to outline the strategic directions and priorities for the Child Health Network for the Greater Toronto Area.

The membership of the Child Health Network is comprised of 20 hospitals and 10 Community Care Access Centres. The network as a whole represents a commitment at the highest level to bring about thoughtful, creative change in the delivery of health services to improve health outcomes for mothers, infants and children.

The operating plan will establish the network's priorities during the remainder of the 2000/01 fiscal year (January 1, 2001 to March 31, 2001) and the 2000/02 fiscal year (April 1, 2001 to March 31, 2002). While the plan is on the Child Health Network's future directions, it will also renew and strengthen the partnerships needed to achieve the network's vision and mission and at the same time, promote a common understanding of the major priorities to be addressed by the network.

This plan will guide the Council, Executive Committee, Coordinating Committee and task forces of the network. It will also serve as the basis for an annual report that will update stakeholders on key areas of action and progress undertaken by the network.

## **Guiding principles**

To develop an initial operating plan for discussion, the Executive Committee provided the overarching framework for the development of the plan by establishing guiding principles, process for consultation with network members and criteria for determining key priorities.

### Guiding Principles for Development of the Operational Plan

1. The vision, values, mission and goals of the CHN will guide the operating planning process.
2. The context for and purpose of the operating planning process must be clear: to identify clear, concise strategic directions and priorities that will ensure effectiveness of the network.
3. The operating plan will be based on a 15-month time frame (January 1, 2001 to March 31, 2002).

4. The determination of future priorities (activities and processes) will build on previous consultation, work and reports undertaken by CHN since its inception.
5. There are a number of mandatory (“must do”) activities that need to be addressed over the next 16 months. These need to be openly agreed upon at the outset. These include:
  - Development of a communications plan;
  - Review and analysis of implementation plans (MOHLTC requirement);
  - Implementing a Quality Management/Evaluation Framework for the Network (MOHLTC requirement);
  - The continuation/completion of current committee/working group activities should be assessed against the vision and strategic directions of the network.
6. The *process* for development of the operating plan will be tailored to meet the current needs of the organization, and, as such, will:
  - Provide opportunity to involve network members (i.e., institutional and community-based partners) in the development of operating priorities and processes to achieve ownership and ongoing commitment;
  - Seek to attain reasonable agreement and identification of common interests where action can be taken, rather than total consensus;<sup>1</sup>
  - Be completed within 6 – 8 weeks.
7. Identification of specific priorities to be included in the operating plan must:
  - Recognize the current status of the organization’s development including the need to devote time and resources to putting some fundamental building blocks in place;
  - Include some areas where “early successes” can be shown to reinforce and sustain commitment among members and generate a sense of “value added”;
  - Visibly advance specific issues that will have the greatest impact on improving health outcomes;
  - Ensure that the activities are measurable so as to demonstrate the success to network members; and,
  - Set realistic expectations that will be manageable given current financial and staff resources.
8. The commitment and a plan for implementation and follow-through will be an integral part of the operating planning process. The Executive Committee (working with the Coordinating Committee) will be the body charged with the ongoing responsibility to champion, coordinate and provide guidance regarding implementation of the plan.

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<sup>1</sup> Absolute consensus on strategic directions and priorities is unlikely to be achieved (or only achieved through a very lengthy and difficult process).

## Description of planning process

The *process* of developing the operating plan was designed to provide input from members in a focused manner given the extensive consultations that were undertaken by the network during its initial start-up phase and the importance of moving on with the business of the network.

### Process and Timeframes for Development of the Operating Plan

<b>Phase 1: Approval of process and Timelines</b>		<b>Timeframe: mid-October 2000</b>
Executive Committee Meeting	<ul style="list-style-type: none"> <li>- Review of proposed outline, planning framework and time frame for operating planning process</li> <li>- Establishment of guiding principles and planning framework</li> <li>- Determination of appropriate process for involvement of network members in the planning process</li> <li>- Development of criteria for selection of priorities</li> </ul>	
<b>Phase 2: Information Collection</b>		<b>Timeframe: October 2000</b>
Documentation Review	<ul style="list-style-type: none"> <li>- Review of internal documents (e.g., summary of retreats, meeting minutes, committee/task force reports)</li> <li>- Review of external documentation (e.g., MOHLTC publications, hospital reports, etc.)</li> <li>- Review of implementation plans submitted to the MOHLTC and the CHN by member hospitals in September 2000</li> </ul>	
Consultation	<ul style="list-style-type: none"> <li>- Executive Director meetings with Network members</li> <li>- Interviews with task force chairs</li> <li>- Consultation with Coordinating Committee</li> </ul>	
<b>Phase 3: Issue Analysis</b>		<b>Timeframe: November 2000</b>
Strategic issue analysis; identification and feedback on proposed options/directions	<ul style="list-style-type: none"> <li>- Preparation of a <u>draft</u> working paper re: CHN priorities based on principles and an initial short list of proposed strategic directions</li> <li>- Request for responses to working paper by CHN members (via written submission)</li> <li>- Executive Committee and staff incorporates feedback</li> </ul>	
<b>Phase 4: Operating Plan Development</b>		<b>Timeframe: December 2000</b>
Operating plan development	<ul style="list-style-type: none"> <li>- Preparation of revised operating plan</li> <li>- Development of communications plan for dissemination and follow-up re: results of planning process</li> </ul>	

In addition, the Executive Committee developed a series of criteria to be used as a reference point in short-listing those strategic priorities/initiatives to be addressed by the network:

1. Consistency and compatibility with Network's vision, mission, value statements.
2. Realistic/achievable given current resource availability.
3. Contribution to helping the Network achieve its expected benefits:
  - Improved access to and coordination of services from both a planning and direct service delivery perspective.
  - Facilitated sharing of knowledge and consistent implementation of best practices and best evidence-based interventions.
  - Reduced variation in the provision of health care services.
  - Improved planning and provision of services.
  - More effective and efficient use of resources.
  - Extended scope, reach and range of research activities.
4. Commitment of leadership to strategic priorities/initiatives.
5. Extent to which priorities build on previous/current work of the Network.
6. Extent to which priorities lay the foundation for "early successes" and development of future work of the Network.
7. Level of support for the new priorities/initiatives across the Network (i.e. capacity/potential to build strong coalitions around each strategic initiative).
8. Capacity/potential to improve health outcomes for children.

## Report outline

This report is divided into the following sections:

**Section 2** describes the profile of the Child Health Network including a review of vision, mission values, goals and expected outcomes. The current organization structure, past activities of the network and definition of major client groups are also reviewed.

**Section 3** provides a brief overview of the current environment including the internal and external considerations and the key challenges, opportunities and critical success factors facing the network at this point in its development.

**Section 4** articulates the Child Health Network's core services and key infrastructure supports the strategic priorities and activities to guide the work of the organization over the next 18 months.

**Section 5** presents some general implications for implementing the future directions and priorities and discusses the human resource and financial impact of the operating plan.

# 2 Building on Our Foundation

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## Review of statement of vision, mission, values

The Child Health Network's statements of vision, mission, values and overarching goals provide a strong basis for 'grounding' the directions and future priorities to be addressed by the network.

### Vision, Mission, Values and Goals

#### Vision

The Child Health Network members will collaborate to set and achieve standards, and to carry-out research and education activities, facilitate the planning and delivery of coordinated family-centered maternal/newborn and children's care of the highest quality. The Network and its members will work in partnership with other service providers and networks to plan and advocate for access to required maternal and child health services.

#### Mission

The Child Health Network will generate optimal health outcomes for mothers and infants, children and youth, by establishing and enabling a common and consistent standard of family-centered perinatal and pediatric care throughout the network.

#### Values

The Child Health Network is committed to excellence in the provision of family centered care to mothers and infants, children and youth. We will operate within the context of evidence-based practice, a spirit of inquiry and sharing of knowledge. We will work together in partnership with others in the community. We will respect diversity and advocate for an accessible, integrated and effective health care delivery system as close to home as possible.

#### Overarching Goals

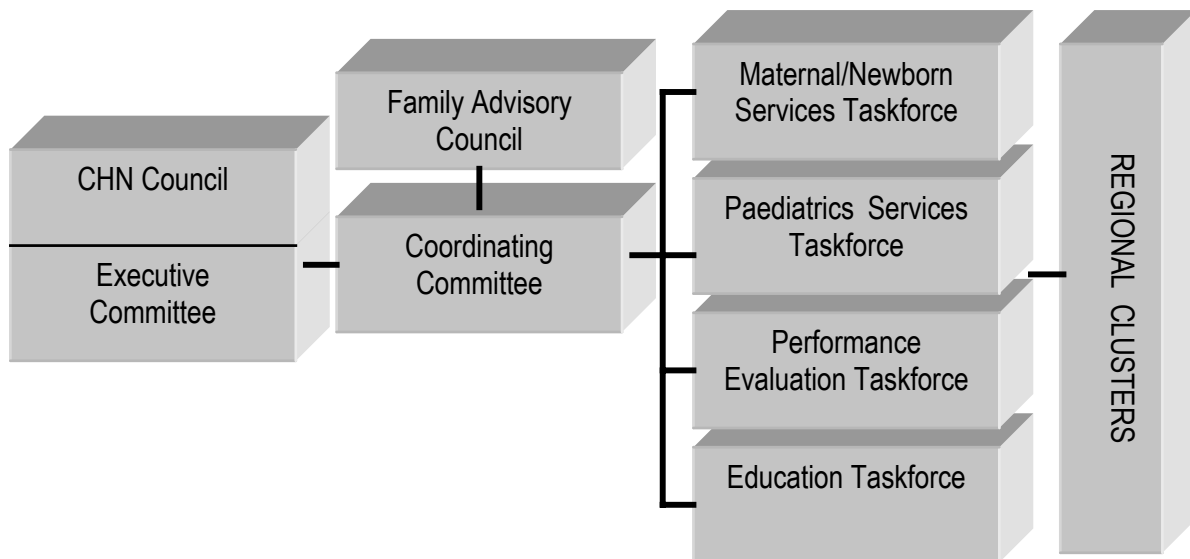
1. To continuously improve the clinical outcomes and quality of life for mother and infants, children and youth in the GTA by ensuring that care processes are coordinated, are of the highest quality, and are based on evidence-based practice. The Network will also work to ensure that care is available at the right time, in the right place and provided in the most appropriate, consistent and cost-effective manner.

2. To provide channels for the effective creation, evaluation and dissemination of knowledge to improve the health of mothers and infants, children and youth.
3. To leverage the strength of the Child Health Network to positively influence public policy on behalf of mothers and infants, children and youth's health.
4. To promote the development of appropriate care delivery models for mothers and infants, children and youth throughout the GTA.

### **Current organizational structure, accomplishments and activities**

The key components of the Child Health Network's current organizational structure are outlined in below.

#### CHN organizational structure



Significant achievements have been made since the inception of the network. Some of the activities and major milestones achieved by the CHN are outlined on the next page:



## **Confirmation of major client groups**

Child Health Network's primary client group is its members. Current membership of the network includes hospitals that provide maternal/newborn and the paediatric services and CCAC's within the GTA. A complete list of all members of the CHN-GTA is summarized below:

Bloorview MacMillan Centre  
Community 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 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  
Scarborough Community Care Access Centre  
St. Joseph's Health Centre  
St. Michael's Hospital  
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  
York Community Care Access Centre

At this stage in the network's development, increased attention must be given to the development of strategies that involve (and at least inform) other stakeholders that are impacted by the work of the network. The key stakeholder groups that have a vested interest in CHN's activities and effectiveness include:

*Consumers* including patients, families, the general public, and parent advocacy groups.

*Providers* including physicians, clinical and other hospital and community care providers.

*Government partners* including the Ministry of Health and Long Term Care, the Ministry of Community and Social Services and the Office of Integrated Children's Services.

*Other partners* including organizations whose mandates impact on the work of the CHN-GTA (e.g., DHCs, PHUs, universities, ICES, maternal, child and adolescent providers; other networks (e.g., rehabilitation network, cancer network, emergency services network(s)).

*Consumer influencers* including volunteers, media, business/corporate leaders, academic community, provincial/regional/local opinion leaders.

# 3 The Current Environment: Influences, Challenges and Opportunities

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## External influences

The Child Health Network's work is affected by a number of *external influences* including:

- Changing demographics in the GTA including significant increases in the growth of the population 19 years of age or younger in the 905 region. This growth will generate increased demand for maternal/newborn and paediatric services and will continue to raise issues about access, coordination and capacity.
- Growing interest and commitment at the provincial and federal government levels to support investments in children and a strong level of public support for continued investments in this area.
- Changes in technology bringing about marked changes in patterns of treatment and service delivery, changes in system management, as well as consumer demands and preferences.
- Health care consumers and the public are demanding greater accountability in the health care system. As the ultimate source of funds for health care, the public wants a voice in the planning and delivery of health services.
- Shortages of certain medical specialists (e.g. anaesthetists, neonatologists), nurses and other health professionals (e.g. speech therapists).
- The development of other networks (e.g. rehabilitation network, emergency health services networks in the GTA) and the need to coordinate the work of various networks in order to develop an integrated system.
- The establishment of other CHNs in Ottawa and London, and the opportunities for collaboration between the three CHNs.
- The recommendations and directives of the MOHLTC, including: a) expanding the CHN's mandate to incorporate maternal care as part of its vision; b) the development of a Quality Management and a Research/Evaluation Framework for the Child Health Network; c) including child and adolescent mental health as one of the network's 'planning streams'.

## Internal influences

Some of the key internal influences to be considered in developing future directions and priorities for the CHN include:

- The marked transition of the organization from one focused on “planning” to one focused on “operationalizing” the network.
- Representation of CCACs as new members of the network and the implications of their involvement with respect to future activities of the network.
- The need to clarify roles, responsibilities, governance and decision-making processes related to the organizational structure of the network (including its committees/task forces).
- The need to integrate activities of the maternal/newborn and paediatric planning streams and to develop mechanisms for linking all of the activities with the network.
- A perception among members that too much time has been spent engaged in “process” without clarity around what or when “outcomes” will be realized.
- Lack of knowledge and understanding among members and other key partners of the entire range of activities under way across the network and the ability of the CHN to provide appropriate resources to sustain and support these activities.
- The expectations of members given the payment of membership fees to sustain activities of the network and the desire of members to establish a shared network where all members are equal partners and play a valued role in providing services to mothers, infants and children.
- The need for CHN to explore new mechanisms that will lead to meaningful involvement of members in the work of the network beyond representation on committees and task forces.
- The importance of establishing strong partnerships between CHN and key organizations that will allow it to advance its priorities.

## **Challenges and opportunities**

The biggest challenge for CHN is to move beyond a planning stage to one focused on operationalization of its work. Establishing mechanisms that will encourage individual members to “think and work as a network” will be critical to operationalizing the network.

Human resource shortages, changing consumer demands and preferences, and the need for greater accountability (supported by better cost and outcome data) are some of the other challenges that need to be addressed. These challenges are not confined to the task of reallocating resources among institutions. They extend to questions of how to reallocate resources across institutions, service systems and continuums of care. It goes beyond questions like “How much can we afford to cut/get from this budget?” to, “How can we change this system and improve the health outcomes of mothers, infants and children?”

Some of the key opportunities for the network are:

- Improved access to and coordination of services from both a planning and direct service delivery perspective.
- Facilitated sharing of knowledge and consistent implementation of best practices and best evidence-based interventions.
- Reduced variation in the provision of health care services.
- Improved planning and provision of services.
- More effective and efficient use of resources.
- Extended scope, reach and range of research services.
- Increased quality and greater efficiency from regionalizing care for the more complex problems and centralizing low volume, high cost services.
- Innovation and enhancements to current practice and new approaches to care such as short stay units and observation units.

## **Critical success factors**

Some of the characteristics that have been identified as key factors for the successful operation of networks<sup>2</sup> include:

- Members must share a commitment to a clearly articulated vision, mission, values and objectives.
- Sufficient resources must be allocated to the network.
- Accountability for the network must be defined.
- Progress must be monitored through regular reporting.
- Benefits must occur to all parties.

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<sup>2</sup> Leatt, Aird and Lemieux-Charlies (1996), Leatt and Leggat (1997).

- Members must share a common understanding of roles and responsibilities.
- Network form must follow from its intended function(s).
- Trust and relationships must be fostered.
- Effective communication channels must be in place.
- Members must acknowledge the interests of other partners.
- Appropriate mechanisms must be in place to address member concerns and to resolve conflict.

Future directions and priorities by the CHN must consider its internal and external environment, build on the strengths and opportunities, and seek to address those issues that will be critical to its long term success.

# 4 Strategic Priorities

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## A framework for action: core services and infrastructure supports

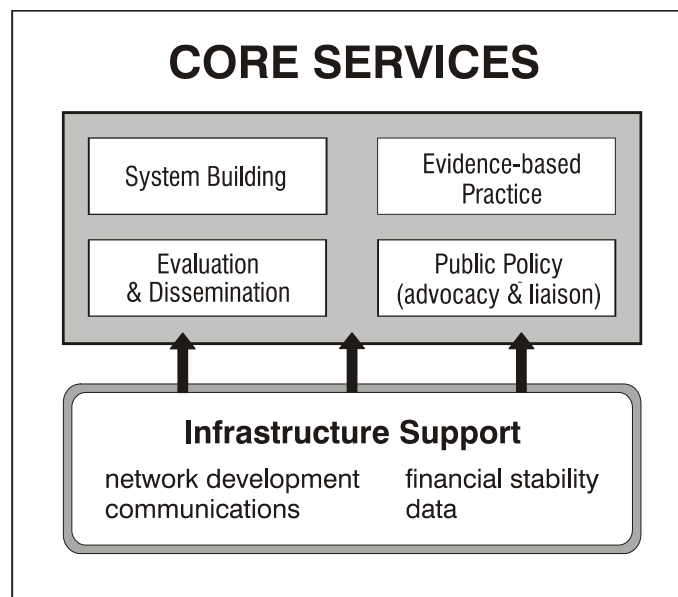
A review of vision, mission and goal statements for the CHN and feedback received from interviews with network members reveal four key business functions (i.e., **core services**) for the network. The Child Health Network's core services network are:

System Building  
Evidence-Based Practice  
Evaluation and Dissemination  
Public Policy (Advocacy and Liaison)

Similarly, it is recognized that the following **infrastructure supports** are required to facilitate implementation of all of the network's activities:

Network Development  
Communications Development  
Financial Stability  
Data

The **core services** and **infrastructure supports** provide a framework for determining priorities for advancing operationalization and future development of the network. The core services and major infrastructure supports are summarized.



## **Strategic priorities**

In October, 2000, the Executive Committee developed a draft operating plan as a catalyst for stimulating discussion on the strategic directions and priorities of the Child Health Network for the next 15 months. Responses from twenty eight (93%) member organizations highlighted full consensus on the six proposed strategic directions in the draft operating plan. Members ranked the strategic priorities in the following order of importance:

1. To facilitate the implementation of the maternal/newborn and children's regional services system in the GTA (System-building).
2. To shape health care practice and promote greater consistency in service delivery by facilitating and recommending strategies which will enable and support the development, implementation, and monitoring of a common and consistent set of clinical standards across the CHN (Evidence-based practice).
3. To implement shared education initiatives to build the capacity of health professionals in the network (System-building).
4. To develop and implement a communications strategy to facilitate the achievement of the CHN's vision, mission, goals and activities (Communications development).
5. To develop and implement a performance evaluation framework for the Child Health Network (Evaluation & dissemination).
6. To pilot test evaluation of the perinatal care component of the framework (Evaluation & dissemination).

The final directions and priorities set out in this plan are based on what members believe are the most important activities for the Child Health Network to address over the next 15 months. This plan will guide the CHN Council, Executive Committee, Coordinating Committee and task forces of the network. It will also serve as a basis for quarterly reports that will update stakeholders on key areas of action and progress undertaken by the network.

***Strategic Priority #1: To facilitate the implementation of the maternal/newborn regional services system in the GTA.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Approval and dissemination Guidelines for Clinical Scope of Perinatal Services to Network members and MOHLTC	January 2001	Maternal/Newborn Services Task Force	Coordinating Committee	Heather Dawson
Confirmation of cluster groupings and responsibilities at the Network and cluster level	February 2001	Maternal/Newborn Services Task Force	Coordinating Committee	Heather Dawson
Report identifying the status of implementation of the maternal/newborn designations, issues and strategies to facilitate implementation completed	March 2001	Maternal/Newborn Services Task Force	Coordinating Committee	Jonathan Tolkin Heather Dawson
Strategies to facilitate implementation underway/completed	ongoing	Maternal/Newborn Services Task Force	Coordinating Committee	Jonathan Tolkin Heather Dawson
Establish physician network to facilitate involvement of physicians in CHN activities and address strategies	TBD	Jonathan Tolkin	Coordinating Committee	Jonathan Tolkin

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Addendum to operating plan to guide future implementation plan process developed with MOHLTC	TBD	Maternal/Newborn Services Task Force	Coordinating Committee	Heather Dawson
Review of 2001/2002 Implementation Plans completed	TBD	TBD	Coordinating Committee	Heather Dawson Jonathan Tolkin
Development and dissemination of transfer policies and protocols (including critical transfer protocols)	March 2001	Maternal/Newborn Services Task Force	Coordinating Committee	TBD
Emergency Service Coordinator hired and work plan developed to improve access, coordination and standards with respect to emergency services	March 2001	Executive Director Maternal/Newborn Services Task Force	Coordinating Committee	TBD
Completion, hand-off and/or dissemination of work related to previous CHN activities by February 2001: - Discharge of the healthy newborn - Neonatal Follow-up	March 2001	Maternal/Newborn Services Task Force	Coordinating Committee	Marilyn Booth Heather Dawson
System capacity assessment completed	TBD	Maternal/Newborn Services Task Force	Coordinating Committee	Heather Dawson

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Approach developed to address retro transfers	TBD	Maternal/Newborn Services Task Force	Coordinating Committee	Heather Dawson
Development and implementation of a database that includes key indicators for monitoring access, appropriateness & quality of the Maternal/Newborn Services Network	See section under performance evaluation			
Prioritized CHN standards developed	See section under evidence based practice			
Recommendations for Shared Education resulting from system-building activities	See section under shared education			
Public education	See section under communications			

***Strategic Priority #1: To facilitate the implementation of the Children's services system in the GTA.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Approval and dissemination of Guidelines for Clinical Scope of Paediatric Services Network members and MOHLTC	January 2001	Paediatric Services Task Force	Coordinating Committee	Heather Dawson
Confirmation of cluster groupings and responsibilities at the Network and cluster level	February 2001	Paediatric Services Task Force	Coordinating Committee	Heather Dawson
Report identifying the status of implementation of Paediatric designations, issues and strategies to facilitate implementation completed	March 2001	Paediatric Services Task Force	Coordinating Committee	Jonathan Tolkin Heather Dawson
Strategies to facilitate implementation underway/completed	ongoing	Paediatric Services Task Force	Coordinating Committee	Jonathan Tolkin Heather Dawson
Establish physician network to facilitate involvement of physicians in CHN activities and address strategies	TBD	Jonathan Tolkin	Coordinating Committee	Jonathan Tolkin

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Addendum to operating plan to guide future implementation plan process developed with MOHLTC	TBD	Paediatric Services Task Force	Coordinating Committee	Heather Dawson
Review of 2001/2002 Implementation Plans	TBD	Paediatric Services Task Force	Coordinating Committee	Heather Dawson Jonathan Tolkin
Transfer policies and protocols developed and disseminated across the Network.		Paediatric Services Task Force	Coordinating Committee	TBD
Emergency Service Coordinator hired and work plan developed to improve access, coordination and standards with respect to emergency services	March 2001	Executive Director Paediatric Services Task Force	Coordinating Committee	TBD
Completion, hand-off and/or dissemination of work related to previous CHN activities by February 2001: <ul style="list-style-type: none"> <li>- Clinical Nutrition</li> <li>- Funding Distribution</li> <li>- Asthma</li> <li>- Paediatric Diabetes</li> <li>- Emergency Services</li> <li>- Child Development</li> </ul>	March 2001	Paediatric Services Task Force	Coordinating Committee	Heather Dawson Children's Emergency Services Network Coordinator for the EHS Report

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Database including key indicators for monitoring access, appropriateness & quality of the Paediatric Services Network developed and implemented	See section under performance evaluation initiative			
CHN standards developed	See section under evidence based practice			
Recommendations for Shared Education resulting from system-building activities	See section under shared education			

***Strategic Priority #2: To shape health care practice and promote greater consistency in service delivery by facilitating and recommending strategies which will enable and support the development, implementation and monitoring of a common and consistent set of clinical standards across the CHN.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Results/lessons learned of previous standards/guideline development reviewed	February 2001	TBD	Coordinating Committee	Moya Johnson Jonathan Tolkin
Consensus forum convened to: <ul style="list-style-type: none"> <li>- undertake a needs assessment of current standards and guidelines (what are the network's needs, inventory of what people have in place now or are working on; what external groups are doing in this area)</li> <li>- Distinguish between system vs. clinical level guidelines and standards</li> <li>- Identify priority list of standards to be developed/implemented</li> </ul>	March 2001	TBD	Coordinating Committee	Moya Johnson Jonathan Tolkin

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
- Identify the appropriate role of the CHN in this activity				
Prioritized CHN standards developed	April 2001– March 2002	TBD	Coordinating Committee	Moya Johnson Jonathan Tolkin
Implementation monitored/facilitated	April 2001– March 2002	TBD	Coordinating Committee	Moya Johnson Jonathan Tolkin
Collaboration and linkages facilitated among organizations currently developing standards and determine appropriate roles	Ongoing	TBD	Coordinating Committee	Moya Johnson Jonathan Tolkin

***Strategic Priority #3: To implement shared education initiatives to build the capacity of health professionals in the network.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Needs assessment of shared education of members (CCACs and hospitals) completed and priorities presented to Coordinating Committee	March 2001	Education Committee	Coordinating Committee	Moya Johnson
Prioritized shared education initiatives developed and implemented	April 2001 to March 2002	Education Committee	Coordinating Committee	Moya Johnson
Evaluation of CHN Education Framework completed	June 2002	Education Committee	Coordinating Committee	Moya Johnson External evaluation assistance
Development of relationships with other individuals/ organizations involved in education of health professionals	Ongoing	Education Committee	Coordinating Committee	Moya Johnson
Host CHN Conference to feature Network and member, external initiatives, engage members in Network activity and give them an opportunity to network	Spring 2002	Education Committee	Coordinating Committee	Moya Johnson



***Strategic Priority #4: To develop and implement a communications strategy to facilitate the achievement of the CHN's vision, mission, goals and activities.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Approval of communications strategy	January 2001	Executive Committee	Executive Committee	Executive Director
CHN Basic Information Kit developed	February 2001	Executive Director	Executive Committee	Executive Director working with staff
CHN website updated and expanded to: <ul style="list-style-type: none"> <li>- Raise awareness about the network's activities;</li> <li>- Aid in the CHN's communication and outreach activities to members, health providers, stakeholders and the public</li> <li>- Provide a vehicle for involving a broad level of providers in the development of clinical standards</li> </ul>	March 2001	Executive Director	Executive Committee	Heather Dawson
Network News published 6 times per year	ongoing	Executive Director working with staff	Executive Committee	Heather Dawson
Strategies for enhancing physician involvement	Ongoing	Jonathan Tolkin	Executive Committee	Jonathan Tolkin

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
in CHN implemented				
CHN launched	TBD	TBD	Executive Committee	Executive Director working with staff & Cyndy DeGuisti
Meeting of CHNs in Ontario held	February 2001	Executive Director	Executive Committee	Heather Dawson
Presentations on CHN/CHN initiatives implemented	Ongoing	Executive Committee/staff/ Task Force Chairs	Executive Committee	All staff and Task Force Chairs
Articles on CHN published in key newsletters/reports/magazines.	Ongoing	Executive Committee/staff/ Task Force Chairs	Executive Committee	Executive Director working with staff
Annual Report highlighting key activities /outcomes of CHN activities developed	March 2002	Executive Director	Executive Committee	Executive Director Workig with staff

***Strategic Priority # 5: To develop and implement a performance evaluation framework for the Child Health Network.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	
Development of the framework identifying goal, principles and criteria	February 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Development of indicators	February to April, 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Data collection, verification and analysis	May to September 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Identification of impact of results	October 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Development of strategies to improve practice, increase accountability and facilitate research	October/November 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Finalize and disseminate report	December 2001	Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang
Establish a mechanism for ongoing evaluation		Performance Evaluation Taskforce	Coordinating Committee	Shehnaz Alidina Catherine Wang

***Strategic Priority # 6: To pilot test the perinatal care component of the evaluation framework.***

<b>Expected Deliverables</b>	<b>Timelines</b>	<b>Responsibility</b>	<b>Accountability</b>	<b>Staff Lead</b>
Development of the data management process for the pilot	February 2001	Perinatal Workgroup Performance Evaluation Taskforce	Coordinating Committee	Catherine Wang
Collection, verification and analysis of perinatal data submitted by member hospitals	May 2001	Perinatal Workgroup Performance Evaluation Taskforce	Coordinating Committee	Catherine Wang
Development and distribution of report including recommendations for Council and MOHLTC	June 2001	Perinatal Workgroup Performance Evaluation Taskforce	Coordinating Committee	Catherine Wang
Evaluate Pilot	June 2001	Perinatal Workgroup Performance Evaluation Taskforce	Coordinating Committee	Catherine Wang
Establish ongoing reporting cycle	June 2001	Perinatal Workgroup Performance Evaluation Taskforce	Coordinating Committee	Catherine Wang

# 5 Implementation Considerations

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## General considerations

In order to move the strategic directions and priorities for the CHN forward, an implementation strategy will need to be developed by each group (e.g., committee/task force) charged with primary responsibility for carrying out the work. Key questions to be addressed in the implementation plan for each of the strategic priority areas are:

- How will the priority be implemented?
- What individuals/organizations could potentially support work of this priority?
- What are the potential barriers to implementation of the priority?
- What are the most significant barriers facing implementation of the priority?
- What is the expected return, usage, impact (e.g., on policy, on clinical practice, management practice, organizational design, organizational costs, consumers (access, behavior, health), or other identified outcome?

The role of the Child Health Network is to provide leadership across the network that will facilitate new ways of working together (as a network) to plan and deliver programs and services for mothers, infants, children and youth across the GTA. However, the opportunities can only be realized through involvement and cooperation of a very broad coalition of stakeholders within the network and cooperation of provincial government representatives, as well as families and other key client groups.

The work of the Child Health Network has to recognize the long, cumulative processes in play – to change behaviors about practice among providers, to change behaviors among families and patients regarding access to appropriate services, and to be able to produce measurable effects on health outcomes.

The directions and priorities included in this operating plan are intended to advance the development of the network within the context of these considerations.