CHILD HEALTH NETWORK
for the Greater Toronto Area

Building our Foundation, Extending our Reach

Operating Plan of the
Child Health Network for the Greater Toronto Area
April 1, 2002 – September 30, 2003

May 2002

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Introduction

The CHN is a partnership of community and hospital providers working together to build a regionalized health system for mothers, newborns and children across the GTA. The current membership of the CHN is comprised of 20 hospitals and 10 CCAC's. 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, newborns and children.

This report includes a description of the process and outcomes regarding development of the strategic directions and priorities for the second operating plan for the Child Health Network for the Greater Toronto Area (CHN). The plan covers the time period from April 1, 2002 to September 30, 2003.

Over the past 18 to 20 months, the CHN has moved from a planning phase to one focused on *operationalizing* the concept of building a regional maternal/newborn and child health Network in the GTA.

CHN is now at a pivotal point in its development. The next phase of the Network's work must focus on –

- Addressing issues that are prohibiting development of the regionalized system;
- Building stronger linkages between the central CHN table and the four geographic clusters; and
- Developing strategies to extend the reach of Network to involve other partners in building a comprehensive, coordinated regional delivery system.

The first part of this report sets out the process undertaken to identify priorities to be included in the next operating plan. The objectives identified at the outset of the operating planning process were:

- To assess the CHN's performance in meeting the objectives of its current operating plan (2001 – 2002);
- To engage stakeholders in the process of setting strategic directions and setting future priorities;
- To confirm the strategic directions and priorities that will guide future CHN work;
- To identify the timelines, resources and expected outcomes associated with the plan.

The operating plan will be used as an internal working document. Consistent with the previous operating plan, it is expected that the directions and priorities confirmed in the plan will provide the basis for developing an annual report for CHN stakeholders reporting on key areas of action and progress achieved by the Network.

CHN has already laid much of the foundation for building a strong regionalized system of care. Continued momentum in developing the regionalized system will depend largely on the continued enthusiasm and commitment of members. The ability of the CHN to define future directions and priorities clearly and substantiate their value in terms of their potential for improving patient care and linkages across organizations is critical for advancing the next phase in development of the Network.

Planning principles

At the outset of the planning process, the following principles were articulated to provide a framework for development of the operating plan. These principles clarified the expectations with respect to the development of the plan and the parameters within which the planning process would unfold:

1. The vision, mission, values and strategic directions of the CHN will continue to serve as guideposts in development of the plan.

2. The operating plan will be based on an 18-month time frame (April 1, 2002 – September 30, 2003).

3. The process for development of the operating plan will support the current needs and capabilities of the organization and, as such, will:

   - Require input from Network members throughout the process to identify key initiatives, ratify ongoing work and achieve ownership and ongoing commitment for CHN activities;
   - Require consultation with other stakeholders supportive of the work of the Network (e.g., Ministry of Health and Long-Term Care);
   - Continue and/or build on work currently under way within the Network;
   - Reflect what is realistic and doable given CHN financial and staff resources.

4. The current *strategic themes* that guide the work of the CHN should be the starting point for identifying priorities for the 2002/03 operating plan (i.e., System-building; Education and Evidence-based Practice; Performance Evaluation; and Advocacy). These themes emerged as priority themes from CHN members and are broadly recognized as important for advancing development of the regionalized system.

5. There are activities currently under way that will continue to be developed during the 2002/03 planning period. These continuing high-priority initiatives include:

   - Development of the performance evaluation framework
   - Planning for the public launch of the Network
   - Development of an accountability framework to
     - Determine the level of progress achieved in building the regional model of care;
     - Identify key pressures prohibiting change and develop strategies for addressing them;
     - Clarify priorities for further development of the regionalized system; and
     - Assist in identifying, ranking and tracking future resource allocations required to advance the work of the Network.

   Validating the continuation of work in these 'high-priority' areas will be an important part of the planning process.

Description of planning process

The key activities and timelines associated with the development of the plan are noted below.

Phase 1: Approval of process and Timelines	***Timeframe: December 2001***
Executive Committee Meeting	▪ Develop process and approach ▪ Assess performance of CHN in achieving objectives/priorities set out in the 2001/02 operating plan
Phase 2: Environmental Scan/ Information Collection	***Timeframe: Jan - Feb 2002***
Documentation Review Consultation	▪ Assess the factors and influences in the current environment ▪ Undertake consultation with CHN stakeholders including: Executive Committee; Coordinating Committee; MoHLTC Representatives; Planning Clusters; Task Forces; CCAC representatives (one on one interviews); Chiefs of Paediatrics; Chiefs of Obstetrics ▪ Hold working group meetings to discuss CHN priorities re: emergency initiatives (January 29, 2002), evidence-based practice initiatives (date: January 31, 2002) ▪ Hold a focus group meeting with CHN stakeholders to review core themes and brain-storm around strategic priorities to support each theme (date: January 21, 2002)
Phase 3: Issue Analysis	***Timeframe: February 2002***
Strategic issue analysis; identification and feedback on proposed options/directions	▪ Synthesis of information ▪ Confirm core themes ▪ Develop list of priorities to support core themes ▪ Refine list of priorities, as required, based on member and staff feedback ▪ Assess priorities against selection criteria ▪ Confirm strategic directions resulting from core themes/priorities
Phase 4: Operating Plan Development	***Timeframe: February - March 2002***
Operating plan development	▪ Write draft plan ▪ Table draft report for review by Coordinating and Executive Committee ▪ Disseminate draft plan to members and request input into proposed themes/strategic directions and priority activities ▪ Incorporate revisions and finalize plan based on final feedback from Coordinating and Executive Committees ▪ Table plan for final approval by Executive Committee
Confirm Directions/Priorities and Commence Implementation	***Timeframe: April, 2002***

Criteria for selecting priorities

Support CHN vision/mission	Consistency and compatibility with the Network's vision, mission, values, and strategic directions.
Advance/ support regionalization	Ability to address current gaps, barriers and priorities in development of the regionalized system.
Advance integration of community	Ability of priorities to advance integration of community component necessary to build the regionalized system.
Support work of clusters	Capacity and potential to support priorities identified at the cluster level.
Commitment of CHN membership	Commitment of CHN membership to priorities.
Resources	Realistic/achievable given resource availability.

Overview of Report

Part 1: Building on our foundation

Section 1 reviews the progress made in achieving objectives of the 2001/02 operating plan *("Taking Stock"*) and summarizes the perceptions of members concerning key achievements during this time period.

Section 2 provides an overview of the planning context including an assessment of the external and internal environments impacting on CHN activities.

Part 2: Extending our reach

Section 1 confirms the core themes, strategic directions and priorities included in the 2002/03 operating plan.

Section 2 describes the specific projects to be undertaken to advance the core themes included in the 2002/03 operating plan.

Section 3 reviews some of the key implementation considerations.

Part One

Building our Foundation

1 Taking Stock: Accomplishments in 2001/02

"Work undertaken in 2001/02 focused on operationalizing the Network and supporting activities related to CHN's core themes."

The CHN's 2001/02 operating plan - *The Way Forward* [1]– identified the following strategic directions:

STRATEGIC DIRECTIONS [2001/02]

1. To facilitate implementation of the maternal /newborn and children's regional services system in the GTA.
2. To shape health care practice and promote greater consistency in service delivery through development, implementation and monitoring of a common and consistent set of standards across the CHN.
3. To build the capacity of health professionals in the Network by implementing shared education initiatives.
4. To develop and implement a performance evaluation framework, and carry-out the perinatal care component of the framework as a pilot project.
5. To develop and implement a communications strategy to facilitate achievement of the CHN's vision, mission, goals and activities.

The key accomplishments that have been achieved by the Network during this period have included:

- Definition of **scope of services** for maternal, newborn and children's services including clinical service definitions and minimum requirements for the designated levels of care associated with the CHN's regional Network.[2]

- Establishment of four **planning clusters** within the regional model to ensure that services are organized, coordinated and tailored to the individual needs and characteristics of the region. Implementation of clinical and educational activities at the cluster level is beginning to demonstrate the benefits that can be obtained by building on the partnership model.

- Development of **standardized transfer and retro-transfer protocols** for maternal and newborn transfers.

[1] The operating plan covered activities associated with the time period from December 1, 2000 to March 31, 2002.
[2] In February 2000, the Ministry of Health and Long-Term Care confirmed the designated levels of care and their scope of practice for hospitals within the GTA consistent with these guidelines.

- Development and implementation of a number of **clinical guidelines** to promote greater equity and consistency in care delivery and processes across the regionalized system.

- Activities to improve **access to emergency health services** for maternal, newborn and children's services in the region including:
  - Development of linkages for all providers of maternal and newborn services to CritiCall and to ensure access, as needed, to the neonatal transport service (HSC).
  - Development and dissemination of the first paediatric supplemental guidelines to the five-level triage system that is part of the Canadian Triage and Acuity Scale (CTAS) to improve triage of children in emergency departments.
  - Completion and roll-out of the paediatric competency-based self- assessment tool for triage nurses to ensure system-wide standards of practice.
  - Standardizing approaches to paediatric emergency care across the Network through development of medical directives in the emergency department.

- Sponsorship and promotion of a series of **education workshops** to enhance knowledge/skills in areas identified as priorities by member organizations and to support development of the regionalized model upon which the CHN is based.

- Development of a **performance evaluation framework** to support monitoring and evaluation of the core activities within the Network.

- Completion of the **perinatal pilot project** and documentation of findings from the study.

- Implementation of a **communications strategy** to support the vision, mission and goals of the Network.

A more detailed overview of accomplishments supporting each of the 2001/02 strategic directions are noted below.

STRATEGIC DIRECTION 1: TAKING STOCK
To facilitate implementation of the maternal /newborn and children's services system in the GTA.

ACHIEVEMENTS	**IN PROGRESS**
Finalized and distributed *Guidelines for Clinical Scope of Maternal/Newborn Services* and *Guidelines for Clinical Scope of Children's Services* Confirmed cluster groupings and clarified responsibilities at Network and cluster level Developed maternal/newborn transfer protocols Secured funding from MoHLTC to establish an Emergency Services Coordinator position at Secretariat office Convened regular meetings with Chiefs of Paediatrics and first meeting with Chiefs of Obstetrics Completed work related to previous CHN activities (i.e., clinical nutrition, funding distribution, paediatric diabetes, emergency services)	Completion of system capacity assessment Final report and recommendations re: child development project Development of standardized CHN assessment forms and common database for Regional Neonatal Follow-up Clinics

OUTSTANDING

Report on the status, outstanding issues and strategies re: implementation of maternal /newborn and paediatric designations.

Addendum to operating plan to guide future review of progress re: monitoring of CHN implementation

STRATEGIC PRIORITY 2: TAKING STOCK

To shape health care practice and promote greater consistency in service delivery by facilitating and recommending strategies to enable and support the development, implementation and monitoring of a common and consistent set of clinical standards across the CHN.

ACHIEVEMENTS	**IN PROGRESS**
Reviewed results/ lessons learned re: previous standard/guideline development Convened a consensus forum to identify current inventory of guidelines, needs and priorities of the Network Defined requirements of the CHN with respect to the following: clinical guidelines; system guidelines; organizational guidelines Established a *Guidelines Resource Inventory* (available on CD-ROM) as a resource for members looking at best practice and/or developing clinical guidelines Completed the following guidelines: - Pain management - Asthma - Discharge of the healthy newborn - Narcotic poster - Initial dissemination of Paediatric CTAS Development of additional 'priority' guidelines: - Sickle cell disease - Urinary tract infection - Substance abuse - Conscious sedation	Development of guidelines for four priority emergency medical directive areas: - oral rehydration - respiratory/asthma treatment - fever management - pain management

OUTSTANDING – none

STRATEGIC PRIORITY 3*: *TAKING STOCK To implement shared education initiatives to build the capacity of health professionals in the Network.	
ACHIEVEMENTS	**IN PROGRESS**
Completed needs assessment re: priorities for shared education Organized/sponsored shared education initiatives: - Pain management workshop - Family centered care - Multiple births - Caring for the chronically ill child - Paediatric CTAS - Evidence based practice in child health - Follow-up on pain management - Perinatal Substance Abuse - Pediatric Monitoring ECG Guidelines Participation at 2001 OHA Annual Convention (workshop with 4 provincial CHNs) Developed inventory of current Network education initiatives	
OUTSTANDING Evaluate CHN Education Framework Organize CHN Conference for membership	

STRATEGIC PRIORITY 4: TAKING STOCK To develop and implement a communications strategy to facilitate the achievement of the CHN's vision, mission, goals and activities.	
ACHIEVEMENTS	**IN PROGRESS**

Developed and approved CHN communications strategy Developed CHN basic information kit: - Fact Sheet - Milestone Document - List of Members/ Map of Members Developed standard presentation / speaking notes re: CHN Published *Network News* – CHN quarterly Newsletter Developed First CHN Annual Report Established relationships with MoHLTC, other Networks and other key partners Convened ongoing meetings of 4 CHN's in Ontario; participated in National CHN meeting Developed case study documenting the evolution and model of the CHN, its accomplishments, challenges and lessons learned Participated in presentations at conferences/other forums Articles on CHN work and activities published in key newsletters/reports	Expansion of CHN website
OUTSTANDING Public Launch	

STRATEGIC PRIORITY 5: TAKING STOCK

To develop and implement a performance evaluation framework for the CHN and pilot test the perinatal care component of the framework.

ACHIEVEMENTS	**IN PROGRESS**
Performance Evaluation Project Developed the CHN performance evaluation framework including goal, guiding principles and criteria Organized orientation/consultation session for CHN members regarding the performance evaluation framework Developed criteria definitions and identified performance indicators for each criterion: - Satisfaction - Effectiveness - Integration & coordination - Accessibility - Accountability - Affordability - Appropriate care *Perinatal Pilot* Developed data collection process for the perinatal pilot Collected, verified and analyzed perinatal data submitted by member hospitals Completed report	*Performance Evaluation Project* Data collection, verification , analysis and recommendations Identification of strategies to improve practice, increase accountability and facilitate research Finalization and dissemination of performance evaluation framework report Integration of results into the work of the CHN

OUTSTANDING

Perinatal Pilot

Evaluate Perinatal Pilot and establish ongoing reporting cycle, if appropriate.

Key accomplishments: perspectives of CHN members

During the consultations, CHN members identified the following as what they perceive to be the key accomplishments of the Network during the 2001/02 period:

- Completion and distribution of *Guidelines for the Clinical Scope of Maternal and Newborn Services* (2000) *and Guidelines for the Clinical Scope of Children's Services* (2000) defining the scope of services associated with designated levels of care within the GTA's regional Network.

- Clarification of planning clusters within the regional model.

  "Sorting out the cluster confusion has been beneficial. The role of tertiary facilities and their connection to the clusters is an important issue that remains unresolved."

- Development and implementation of guidelines to improve the triage of paediatric patients based on the development of the first paediatric supplemental guidelines to the Canadian Trauma and Acuity Scale (CTAS).

  "The CTAS tool will have a strong impact on practice patterns and delivery of care."

- Development of standardized transfer and retro-transfer protocols for mothers and newborns.

  "The transfer protocols will go a long way in promoting greater standardization of process and documentation of information across the Network."

- Sponsorship and promotion of a series of education workshops to support development of the regionalized model of care.

  "These sessions have been well received and are perceived as a positive, tangible benefit of membership."

- Identification of priorities for the development and implementation of a common and consistent set of clinical, organizational and system guidelines (including clarification of the Network's role in development of these guidelines).

  "The clarification of the Network's role in guideline development and the inventory of existing guidelines (CD-ROM) has been well received."

- Development of a performance evaluation framework to monitor and evaluate activities within the Network, and participation in the Perinatal Pilot Project.

  "Having access to Perinatal Pilot Project data will be a real plus."

2 The Planning Context

External Trends/Influences & Implications

CHN's work is affected by a number of external influences. Key factors in the external environment to be considered in developing future directions and priorities for the CHN include:

EXTERNAL TRENDS/INFLUENCES	IMPLICATIONS FOR CHN
Continued financial pressures and constraints on the health care sector.	▪ Continued resource constraints and budget pressures for hospitals. ▪ Increased competition for resources by programs within hospitals. ▪ Difficulty opening up 'new'/ additional beds due to internal budget pressures.
Ongoing restructuring within the hospital and health care sector.	▪ Obstetrical and paediatric care subject to same changes that are occurring in other parts of the acute care system including decreases in lengths of stay, adoption of new technologies, shift of care venues to the community with care being provided by home care agencies, family physicians and family members.
Continued growth in demand for and utilization of community and home based services as a result of: ▪ Increases in the number of individuals being cared for in home and community-based settings; ▪ Fewer individuals requiring health services being admitted to hospital; ▪ Greater use of day surgery and improved inpatient surgery techniques, resulting in shortened post-operative recovery times and earlier discharge; ▪ Reductions in both acute care and long term care bed	

[3] These trends were reaffirmed in a Toronto DHC report - *Service Utilization Patterns in Community Care Access Centres in Toronto: 1996 to 1999*. May 2000. The DHC report reviewed the increasing admissions to home care since 1992/93 (increased by 70%). Explanations for the increase in admissions included: increased consumer knowledge about the services that are available; increased system reliance on community care; shortened hospital lengths of stays; and more outpatient hospital procedures.

ratios; ▪ Adoption of new treatment modalities and technologies; and ▪ Demographic changes related primarily to the growth in the number of elderly (85+).[3]	
Continued debate at the provincial level concerning the merits of regionalization.	▪ Challenges in implementing a regionalized model in the absence of a clear provincial policy on regionalization ▪ Widespread human resource pressures posing continued difficulties in the staffing for patient care.
Demographic changes in the GTA including : ▪ **Significant population growth including increases in the growth of the population 19 years of age or younger in the 905 region.** Between 1997-2003, the size of the 0-14 age group is expected to increase by 16.9% in the GTA/905 as opposed to 6.9% in Ontario and 9.3% in Toronto. The greatest growth in this age group is expected to occur in Durham (20%), followed by York (18%), Halton (15%), and Peel (14%). [Source: Ministry of Finance projections, 1997] ▪ **Increases in the number of older mothers**. Toronto has the highest rate of births to older mothers ages 35 to 49. [Source: Ontario Women's Health Council, *Ontario Women's Health Status Report*, 2002] ▪ **Persistent high rates of LBW**. The overall rate of LBW in Toronto has been increasing in recent years and is 50 percent higher than the Ontario Government target of 4% by the year 2010. In addition, there is a clear LBW distribution pattern observed when geographic areas are ranked by income and immigration characteristics. Higher rates of LBW are seen in lower income areas, and in areas with higher levels of recent immigration. This effect is more pronounced for income than immigration. Higher income areas are associated with better LBW outcomes regardless of immigration quintile [Source: Toronto DHC, *Health System Monitoring: Equity Analysis,* 2001][4] ▪ **Continued high rates of teenage pregnancy** in	▪ Population growth will increase the demand for services raising issues regarding access, coordination and capacity. ▪ Growth in younger population will generate increased demand for maternal/newborn and children's services increasing the need to optimize health initiatives for these cohorts through community and public health initiatives and specialized medical services. ▪ LBW rate trends emphasize the need to assess issues and program implications resulting from both premature and growth retarded LBW infants. ▪ Teen pregnancy rates point to the prominence of this issue as an important adolescent health issue requiring: identification of best practices for healthy discussion of human sexuality, sex education and negotiation of sexual practices; integration of health programs for human sexuality, teenage pregnancy, abortion, STDs and HIV to ensure they receive appropriate attention; and work with other sectors to increase opportunities to expand support for pregnant teens and teen mothers to continue education and/or further training.

[4] Toronto DHC report, *Toronto Health System Monitoring: Equity Analysis*. March 2001. (Original data source: Ennis, Woodward & Arda. Low birth weight: troubling rend or misguided measure (extended mix). 2000).

Ontario (In 1997, Toronto had the highest rate of teen pregnancy in the province at 51.8 per 1,000 versus the provincial average of 42.4 per 1,000 women) [Source: Ontario Women's Health Council, *Ontario Women's Health Status Report*, 2002]	
Shortages of certain medical specialists (e.g. anaesthetists, neonatologists), nurses and other health professionals (e.g. speech therapists).	▪ Increased competition for qualified professional staff. ▪ Impact of human resource shortages on patient care affecting emergency room waits, increased waiting times for surgeries and the inability to open new beds. ▪ Challenge to find innovative solutions to recruit and maintain staff across the Network and maximize the use of available human resources within the Network.
Development of other Networks in the GTA (e.g. rehabilitation, emergency, ABI, cardiac care).	▪ Need to strengthen connections with key Networks and coordinate (and collaborate, where possible) on projects of mutual concern to maximize use of resources and develop an integrated system.
Development of other child health Networks in Ontario and across the country.	▪ Need to strengthen connections with other Networks and look for opportunities to share and build on strengths of other CHNs, as appropriate.
Continued interest and commitment at the provincial and federal level supporting investments in children (e.g., Early Years Initiative).	▪ Opportunities to leverage political and public support for investments in children to achieve goals of the Network. ▪ Opportunities to tap into funding opportunities to support initiatives across the Network (e.g., Early Years Initiative sponsored by the Ontario Integrated Children's Services Office.)
Heightened interest and emphasis on accountability .	▪ Need to demonstrate value for money in the delivery of programs across the Network and in the development of initiatives to support the work and activities of the Network. ▪ Require a mechanism to ensure that additional resources are directed to improvements in maternal/newborn and children's resources to support development of the regional model.

Internal Trends/Influences & Implications

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

INTERNAL TRENDS/INFLUENCES	IMPLICATIONS FOR CHN
Need to maintain momentum and CHN membership support and involvement.	▪ Buy in and commitment of senior leadership is critical to building the Network. ▪ Continued financial support of members through payment of membership fees is fundamental to carrying out activities required to support development of the Network. The Network will be challenged to demonstrate value for money that organizations expend on these fees. ▪ As the volume and intensity of activities increase, CHN will be challenged to use the participation of its members judiciously. ▪ Need to attract broader representation of member organizations in the committee/ task forces of CHN.
Lack of understanding and knowledge about CHN, its role and expected benefits by many front line health care providers within the Network. "*The CHN has been successful among obstetric and paediatric circles, but not beyond."*	▪ Need to focus on enhancing understanding among front line providers of care re: CHN, its role and expected benefits.
Need clarity and confirmation re: CHN's vision and long term focus. "*We need to clarify where CHN wants to be 5 years from now."*	▪ Current membership of CHN needs to participate in a development of a strategic plan to support that vision.

Perception that CHN is too focused on hospital component prohibiting full integration of CCAC's as members and true partners in building the Network. The three key barriers prohibiting fuller integration of community and hospital members include: ▪ A focus of members in resolving concerns within their own environments. ▪ A continued lack of awareness/understanding of hospital activities and issues by CCAC' members, and a lack of awareness understanding of community activities and issues by hospital members. ▪ Unfinished business concerning implementation of the designated level of care model across the hospital sector.	▪ Network perceived as being too focused on the hospital component making full integration of CCAC's difficult. *"Participation of CCAC's at CHN table(s) is beginning to change the dynamics of the discussions and to enhance awareness of the community continuum among hospital members (and vice versa)."*
Financial pressures/constraints: Continuation (or augmentation) of current financial pressures[5] facing all CHN members (hospitals and CCACs).	▪ Importance of the Network being able to demonstrate values for money and staff resources being invested in the work of the Network. ▪ Need to have supporting data and information to illustrate impact of the Network's work.
Constraints around CHN's authority: *"CHN's capacity to affect change is limited by the fact that the Network does not have direct authority over its members. "*	▪ Need for CHN to continue working with MoHLTC who has the authority (as a regulator and funder) to direct necessary changes that will help support development of the regionalized model.
Staff shortages and/or recruitment challenges across CHN.	▪ A sufficient number of skilled, appropriately trained health professionals is fundamental to implementing the CHN model. Particularly important is the issue of securing appropriately trained staff for the 9 RCHCs and 5 advanced level II centres within the Network. ▪ These challenges will impact individual organizations within the Network but will call for increased interest in the development of 'Network' strategies/solutions to address these issues.

[5] The Ontario Hospital Association is estimating a $300 million deficit for hospitals this year. CCACs are also facing funding issues and increased demand on their resources.

Strengthening the role of clusters and CHN central support to them: There is widespread support for the concept of clusters. They are proving to be a good forum for information exchange between hospitals and between CCACs and hospitals. The merits and potential spin-offs being generated by partnerships being developed at the cluster level are only starting to be recognized. The major challenges identified by clusters relate to: - Sorting through geographic boundary issues; - Dealing with the diversity of needs at the cluster level; - Clarifying relationships and links to tertiary facilities; - Avoiding duplication and finding a balance between directions set at the central CHN table and the cluster tables; - Getting a handle of resource/program availability and utilization inventory to develop a common base of understanding about resources within the cluster region (e.g., "Who does eye exams for infants? Who does rehab? What other professional resources are available (dieticians)?")	▪ Assist clusters in addressing planning issues resulting from different planning boundaries in their region (e.g., DHC planning boundaries vs. CCAC planning boundaries vs. PHU planning boundaries). ▪ Need to reconcile link/relationship between tertiary facilities and the clusters. ▪ Finding ways to improve the effectiveness of the CHN structure and avoid duplication of efforts across clusters. ▪ Implementing mechanisms to evaluate the actual effectiveness of clusters in facilitating development of the regionalized system.
Lack of an information system to support development of the regionalized model of care: *"The Network is being challenged to develop a strong information system to help advance its regional approach. "*	▪ Clarify CHN plans for development of an information system to support the Network. ▪ Clarify role and relationship between CHN and eCHN.
Importance of addressing communication issues particularly related to enhancing understanding and awareness of the Network and implementing both an 'internal' and 'external' [public] launch of the Network.	▪ Key questions to be addressed: What is the CHN? What does it mean (in concrete terms) for providers? What does it mean (in concrete terms) for patients and their families?" ▪ Some members are supportive of the launch and see it as critical for increasing awareness of CHN. ▪ Other members/organizations are reluctant to push the public launch as a priority at this stage in the Network's development.

Part Two

Extending our Reach

1 2002/03 Operating Plan: Core Themes, Strategic Directions and Priorities

"We need to build on the basic fundamentals of what we are trying to achieve. This will require establishing stronger linkages between and across our membership. These linkages will help us realize and leverage the benefits that can be achieved through critical mass of membership."

Core Themes

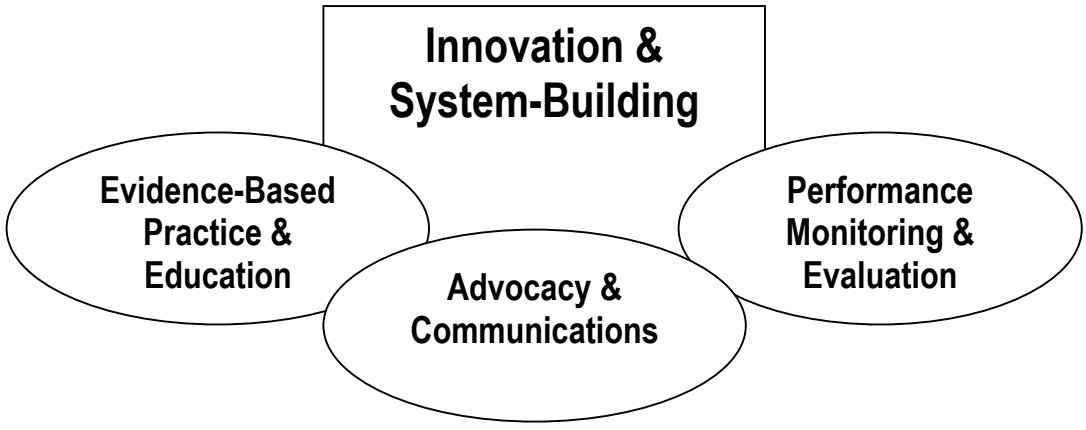
There continues to be strong support for organizing the work of CHN around core themes. There was agreement that the following themes reflect the essence of the CHN's current work and serve as an effective planning tool for organizing and distributing future resources. The themes should be used to guide the activities undertaken by CHN in the coming 18 months[6]:

Innovation & System Building
Evidence-Based Practice & Education
Performance Monitoring & Evaluation
Advocacy & Communications

Furthermore, there was agreement that the **Innovation & System-Building** theme represents the core business of the CHN with the other themes essentially supporting work in this area.

2002/03 Operating Plan: Confirmation of Core Themes

Building an accessible, family-centred regionalized system of care for mothers, newborns and children through –



[6] These themes reflect only slight revisions to the themes used to guide the selection of priorities for the 2001/02 operating plan.

Strategic Directions

1	To facilitate implementation of the maternal /newborn and children's regional services system.
2	To promote greater consistency in service delivery through development, implementation and monitoring of a common and consistent set of standards across CHN.
3	To build the capacity of health professionals in the Network by implementing shared education initiatives and developing system strategies to recruit, retain and support staff across the Network.
4	To implement the performance evaluation framework and develop a report card on Network activities and use this information as the basis for improving and prioritizing the work of the Network.
5	To strengthen advocacy and communications efforts to leverage the benefits to be achieved through the support of the CHN's membership and enhance provider and public understanding of the role, achievements and potential of the Network.

Priorities

Theme	PRIORITIES
Innovation & System Building	▪ Shared accountability framework ▪ Strategic direction review (to coincide with review of membership agreements) ▪ Operationalize clusters ▪ Network strategies for addressing human resource shortages/issues
Evidence-Based Practice	▪ Maternal/newborn transfer guidelines (dissemination and evaluation) ▪ Paediatric transfer guidelines ▪ Guidelines to facilitate transition between emergency departments and CCACs ▪ CHN family-centred care standards ▪ System guidelines re: screening and follow-up of retionopathy of prematurity (ROP) ▪ Priority clinical guidelines for maternal, newborn and children's health services MATERNAL ▪ Management of premature labor ▪ Family-centered maternity care (may only require adoption/ratification of federal guidelines) ▪ Management of multiple pregnancies (begin with review of SOGC guidelines) ▪ Group B streptococcal disease (outstanding from 2001/02) ▪ Premature prolonged rupture of membranes NEWBORN ▪ PICC line management (1st priority) ▪ Neonatal emergencies in the emergency department

	▪ Enteral feeding ▪ Neonatal hypoglycemia ▪ Developmental care ▪ Chicken pox and other infectious diseases PAEDIATRIC ▪ Post-operative observation and monitoring ▪ Safe medication practices ▪ Child abuse (identification) ▪ Common ER medical directives Oral rehydration Asthma/respiratory treatment Fever management Pain management ▪ Network policies to address risk management issues (e.g., Network response to recommendations arising from Coroner's Inquests)
Education	▪ Educational sessions/workshops for 2002/03 on: Family-Centred Care Transport Issues Paediatric CTAS Tool Discharge Planning and Home Care Advances in Maternal/Newborn Care Paediatric Emergencies Caring for the Chronically Ill Child Risk & Safety Management within the Network ▪ Partner with key educational organizations to facilitate the development and/or offering of certificate training programs (e.g., ENPC, PALS, ALARM)
Advocacy & Communications	▪ CHN advocacy agenda ▪ Internal communications strategy ▪ External communications strategy
Performance Monitoring & Evaluation	▪ CHN Report Card 1 (Fall 2002) ▪ CHN Report Card 2 (Fall 2003) ▪ Common perinatal database for the GTA. ▪ Recommendations for the Ministry of Health and the CHN arising from Perinatal Pilot Project

2 Advancing the Core Themes and Priorities

The results of the consultations and the 'priority ranking' by member organizations confirmed the following activities to be undertaken under the other core theme areas.

Innovation & System Building

There is fundamental agreement that some key activities must be addressed as part of the next planning phase to support the continued development of the regionalized system and lay the foundation for longer term planning and advancement of CHN. Based on feedback from the membership, it was agreed that the following priorities be addressed to support the theme of Innovation & System Building:

Expected Project Deliverables	Tasks and Timelines
Shared accountability framework to assist in: - **Identifying pressures prohibiting development of regionalized system** - **Identifying resource pressures and resource needs required to support the development of the regionalized system** - **Enhancing accountability of members to each other and to the Network**	▪ Develop a report communicating results of capacity assessment to CHN members and develop recommendations for the Ministry of Health and Long Term Care resulting from the assessment. ▪ Based on the results of the capacity assessment, work with clusters to identify specific issues and strategies for further enhancing development of the regionalized system with a focus on: - *Funding pressures and priorities* - *Capacity pressures and priorities* - *Human resource pressures and priorities* - *Demographic pressures and priorities* ▪ Convene an expert panel to examine mechanisms to ensure hospital/CCAC/community services are accountable to each other in enhancing services for mothers, newborns and children (and to determine opportunities to expand involvement in Network activities).
Review of strategic directions	▪ Initiate a review of directions within the context of renewal of membership agreements led by the Board of Directors. The process will engage clusters and external stakeholders in clarifying components of the regionalized model and future CHN priorities.

Operationalize clusters	▪ Communicate results of the operating plan to all members highlighting the principle of enhancing the role of clusters in the development of the Network and clarifying the role of the clusters and their link/relationship to the Coordinating Committee and Board of Directors. ▪ Board of Directors to meet with Cluster chairs to discuss progress of clusters and the role of the CHN in facilitating their work. ▪ Involvement of clusters in planning and implementation of all CHN activities (e.g., education, evaluation, guideline development, etc) to be incorporated into the work practices/processes of CHN.
Identify and develop Network strategies for recruiting and retaining health professionals	▪ Organize an information/planning session – involving clusters – to explore key issues with respect to human resources and identify strategies/ opportunities for action at the cluster/Network level. ▪ Follow-up activities determined based on results of information/planning session.

Evidence-Based Practice

Expected Project Deliverables	Tasks and Timelines
SYSTEM GUIDELINES **Dissemination, training and evaluation of maternal/ newborn transfer and retro-transfer guidelines**	▪ Final approval of guidelines, forms, and evaluation tool. ▪ Planning and organization of 4 dissemination/training sessions for release of the guidelines. Sessions planned for June 2002. ▪ Track and evaluate the uptake of the transfer guidelines across the Network.
ORGANIZATIONAL GUIDELINES **Common emergency department medical directives for specific paediatric conditions including:** - **Oral rehydration** - **Asthma/respiratory treatment** - **Fever management** - **Pain management**	▪ Develop standard template for development of directives. ▪ Develop initial draft of emergency department medical directives. ▪ Convene expert panel(s) to review/approve draft emergency department medical directives. ▪ Disseminate emergency department medical directives (via clusters).
SYSTEM GUIDELINES **Guidelines to facilitate paediatric transfers including:** – **Transfer** – **Retro-transfer** – **Transfer of critically ill child**	▪ Develop guidelines for transfer, retro-transfer and transfer of critically ill child. ▪ Develop dissemination/training plan for release of guidelines. ▪ Develop evaluation component to support monitoring/tracking of guidelines.
SYSTEM GUIDELINES **Guidelines to facilitate transition between emergency departments and CCACs**	▪ Regional clusters to work with CCACs to identify populations for whom it would be appropriate to develop a transition pathway from emergency department to home. ▪ Organize a workshop involving CCACs and emergency department staff from across the Network to: - Identify patient populations appropriate for CCAC; - Facilitate better understanding of role of CCAC's and linkages between CCAC and the emergency department; - Identify top three care pathways/guidelines/tools to facilitate transition from the emergency department to home

Expected Project Deliverables	Tasks and Timelines
SYSTEM GUIDELINES Guidelines/ standards re: Family Centred Care and promotion of their adoption across the Network	▪ Prepare draft CHN guidelines/standards (involving clusters and consumers) for promoting a consistent approach to Family Centred Care across the Network. ▪ Organize a workshop for the Network – led by Bev Johnson (Institute for Family Centred Care) -- to assist organizations in adopting draft CHN guidelines/ standards and explore strategies for incorporating family centered care into day to day practice across the Network. ▪ Incorporate measurement indicators into performance evaluation framework to track progress in adopting guidelines/standards across the Network.
CLINICAL GUIDELINES	▪ Development of priority guidelines. ▪ Release of guidelines with implementation and evaluation strategies.
SYSTEM GUIDELINES **Follow up on Network-wide process for responding to risk management issues, including recommendations arising from Coroner's Inquests**	▪ To be determined based on issues and priorities identified within the Network.

Education

Expected Project Deliverables	Tasks and Timelines
A series of educational sessions/workshops for 2002/03	JUNE 2002 - Emergency Nurses Paediatrics Course FALL 2002- Transport Issues SEPTEMBER 2002- Paediatric-CTAS NOVEMBER 2002 - After the NICU: Discharge Planning and Home Care NOVEMBER 2002 - Family Centred Care (2002 OHA Conference & Exhibition) JANUARY 2003 - Responding to Paediatric Emergencies SPRING 2003 – Family-Centred Care (3 day session) JUNE 2003 – Risk & Safety Management Issues within the Network FALL 2003 - Care of the Chronically ill Child FALL 2003 - Advances in Maternal/Newborn Care
Partner with key educational organizations to facilitate the	▪ Education Task Force to work with key education facilities to develop 'new' obstetrical and paediatric certificate programs to replace clinical orientation programs developed at the organizational level.

Expected Project Deliverables	Tasks and Timelines
development and/or offering of certificate training programs	▪ Education Task Force to facilitate offering of programs (as required) and their organization at the cluster and/or Network level. (Example programs: ENPC (Emergency Nurses Paediatric Course); STABLE (Stabilization of the neonate for transport); ALARM (Obstetric Emergencies); PALS (Paediatric Advanced Life Support).

Performance Monitoring & Evaluation

Expected Project Deliverables	Tasks and Timelines
CHN Report Card 1	▪ Consultants to complete data collection and analysis. ▪ Develop Report Card and recommendations. ▪ Integrate results of Report Card into work of CHN.
CHN Report Card 2	▪ Review lessons learned from Report Card 1 project ▪ Explore options and recommendations for further development of CHN Report Cards. ▪ Complete Report Card 2.
Develop a common perinatal database for the GTA.	▪ Prepare planning proposal and receive necessary approvals. ▪ Convene implementation group to develop critical path to operationalize the database including: - *Build on results of Perinatal Pilot* - *Initial consultation/sign off by CEOs committing to the project* - *Initial consultation by clusters* - *Support by CritiCall* - *Support by PPPESO*
Complete Perinatal Pilot Project	▪ Release report to Network members. ▪ Develop recommendations for MoHLTC based on report findings and recommendations. ▪ Incorporate relevant findings/recommendations into perinatal database initiative (see above).

Advocacy & Communications

Expected Project Deliverables	Tasks and Timelines
Confirm CHN policy articulating the role of the CHN with respect to advocacy and develop an advocacy agenda	▪ Discussion at Board of Directors meeting in Fall 2002 with recommendations for CHN work in this area. ▪ Implement advocacy agenda.
Develop and implement an internal communications plan	▪ Develop a communications plan to improve internal communications with CHN members. ▪ Consult with clusters on proposed communications plan. ▪ Roll-out the communications plan. ▪ Components of the plan to include: continuation of quarterly newsletter; CHN poster display; launch and publicize revised website; clarify process for communicating new issues/crisis issues in a timely manner consistently across the Network.
Develop and implement an external communications plan	▪ Develop a communications plan to improve external communications with key organizations. ▪ Consult with clusters on proposed communications plan. ▪ Roll-out the communications plan. ▪ Components of the plan to include: strengthening linkages with key child health organizations/ agencies.

3 Implementation Considerations

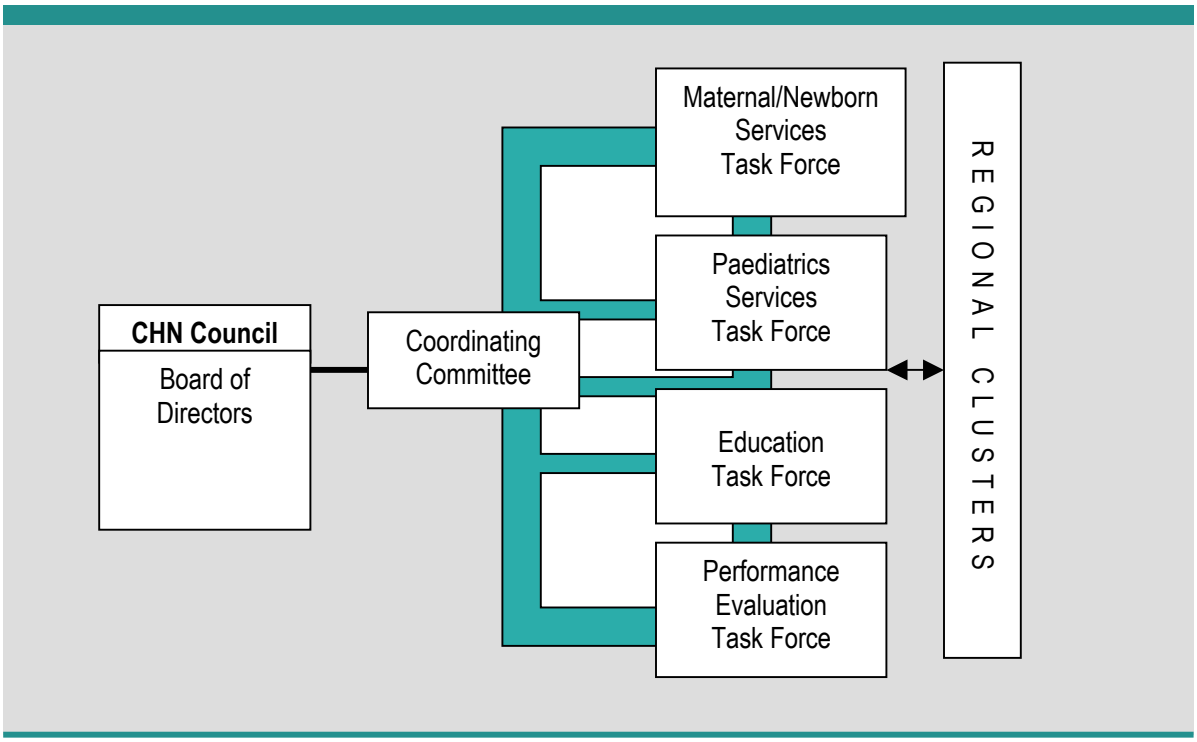
The three key factors to be considered in implementing CHN's operating plan are as follows:

i) Impact on the organizational structure of CHN

ii) Impact on human resource and staffing levels at the CHN secretariat

iii) Impact on budget supporting the work of CHN

Impact on the organizational structure



There is a general perception that the current organizational structure of CHN should be further streamlined. However, given the early stage of development of the clusters, it is recommended that modifications be made to the existing structure that focus on addressing specific issues that arose during the operating plan consultation process. In particular, the processes being used to carry out the work of CHN should focus on facilitating greater involvement of the clusters in terms of both planning and implementation. This will help facilitate achievement of the longer-term objective of strengthening the capacity of the clusters to enable them to carry out much of the work required to support the Network.

The specific issues that will be addressed in 2002/03 to streamline and/or better focus the current structure of CHN are summarized below:

BOARD OF DIRECTORS

The new Board of Directors will be established in May 2002. The Board will oversee the activities of CHN and make decisions, as necessary, to facilitate implementation of the regional Network.

COORDINATING COMMITTEE

Clarify terms of reference for the Coordinating Committee with a focus on:

- Strengthening its role and clarifying its relationship to the Board of Directors, the Task Forces and the Clusters.
- Revisiting membership based on the over-riding principle of ensuring representation of Cluster and Task Force Chairs on this group.

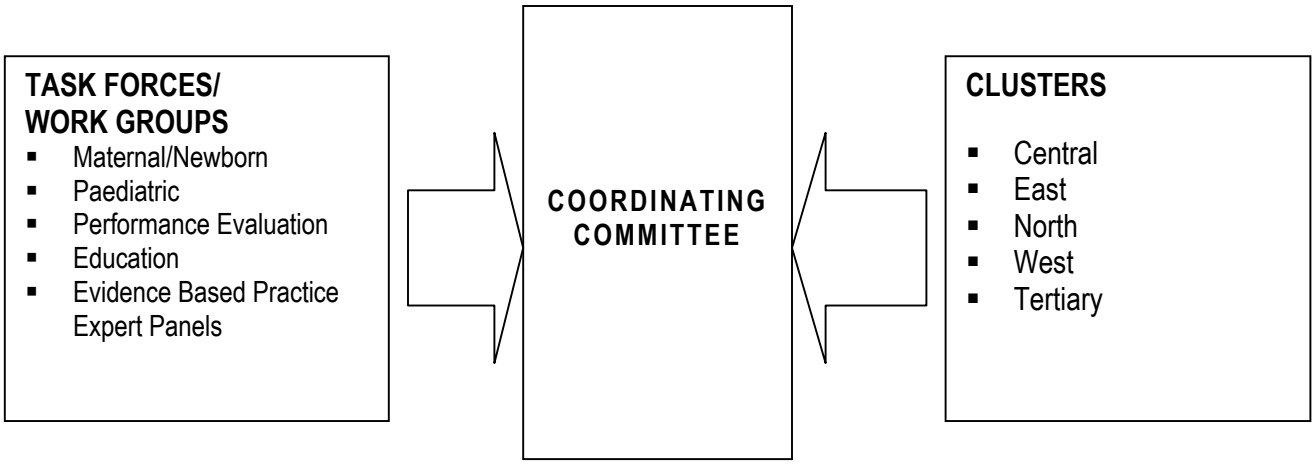
CLUSTERS (*North/Central/West/East/Tertiary)*

- Confirm role of Clusters.
- Clarify relationship of Clusters to the Coordinating Committee.
- Initiate processes to strengthen the role and position of clusters within the CHN.
- Focus efforts of CHN on strengthening the role of the clusters.

TASK FORCES

TASK FORCE	STRUCTURAL/ORGANIZATIONAL ADJUSTMENTS IN 2002/03
Maternal/Newborn Services and Paediatric Services	▪ Revise terms of reference. ▪ Review and confirm current leadership (i.e., Chairs). ▪ Confirm reporting relationship via the Coordinating Committee. ▪ Focus on 4 to 6 concrete projects with a view to transitioning the work of the Task Force(s) to development of a stronger role for clusters at the conclusion of the 18 month period. ▪ Assign clear roles with respect to responsibilities for delivering on high priority projects that will be undertaken during 2002/03. ▪ Focus the work plans on an 18-month time frame. ▪ Include a transition strategy in the work plans that may conclude the work of these groups at the end of the 18-month term.
Education	▪ Review and confirm current leadership.

	▪ Confirm reporting relationship via the Coordinating Committee. ▪ Review membership based on Cluster representation and mix of skills. ▪ Focus on concrete projects to support development of a regionalized system.
Performance Evaluation	▪ Focus on implementation of framework and monitoring effectiveness of its use across the Network.
Other groups	▪ Evidence Based Practice Expert Panels – Convene meetings, as required *to facilitate development of Evidence Based Practice Guidelines.*

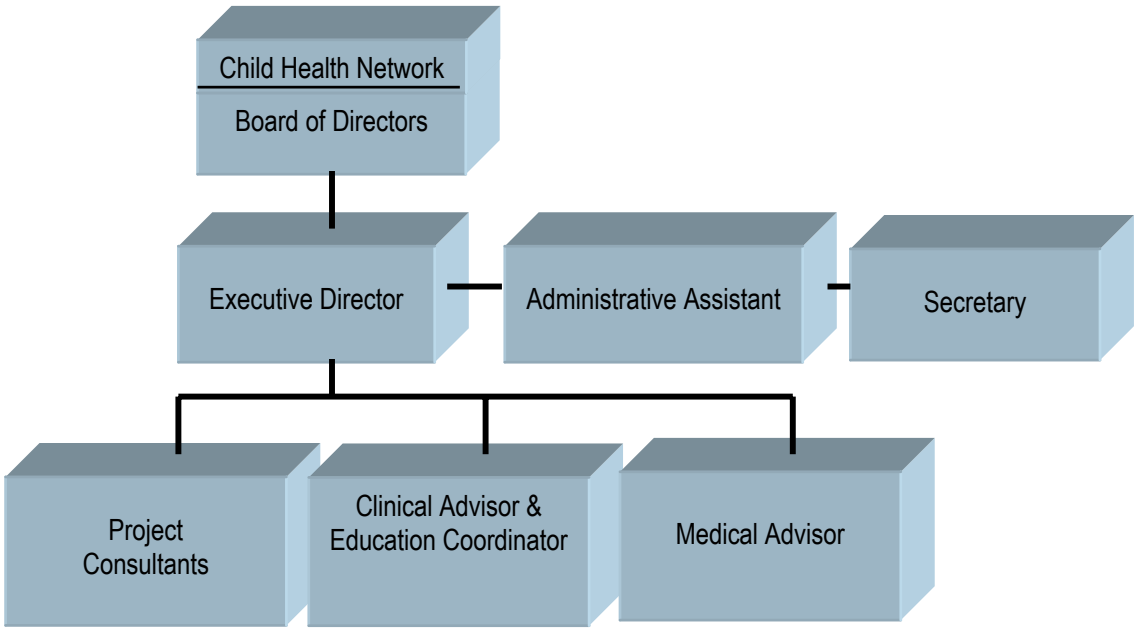


Impact on human resource/staffing levels (CHN secretariat)

Staffing of the CHN office to support implementation of the operating plan will be as follows:

Executive Director
Medical Advisor (part time)
Clinical Advisor /Education Coordinator
2 Project Consultants
Administrative Assistant
Secretary *(part-time)*

Staffing structure



CHN Secretariat Office

The CHN secretariat office is the hub of the Network. The office coordinates and supports the work of the CHN Network, Committees and Task Forces, and other working groups. The secretariat office is responsible for supporting the implementation of the operating plan and oversees communication between CHN, its stakeholders and the maternal/newborn and paediatric community, and provides assistance to CHN members in disseminating the knowledge gained by the Network to a wider audience.

Concluding Remarks

The process undertaken to develop the 2002/03 operating plan confirmed the need to review the current membership agreement and strategic directions to ensure that they are consistent with the long term plans of the Network. This process should include charting the course for continued development and ongoing renewal of the CHN over the next three to five years.

Attachment

2002/03 Operating Planning: Project Deliverables By Committee/Task Force

Board of Directors

SHARED ACCOUNTABILITY FRAMEWORK PROJECT

1. Develop report communicating results of capacity assessment and develop recommendations for the Ministry of Health and Long Term Care resulting from the assessment.
2. Based on the results of the capacity assessment, work with clusters to identify specific issues and strategies for further enhancing development of the regionalized system with a focus on:
   - *Funding pressures and priorities*
   - *Capacity pressures and priorities*
   - *Human resource pressures and priorities*
   - *Demographic pressures and priorities*
3. Convene an expert panel to examine mechanisms to ensure hospital/CCAC/community services are accountable to each other and to the Network in enhancing services for mothers, newborns and children (and to determine opportunities to expand involvement in Network activities).

STRATEGIC REVIEW

1. Initiate a review of membership agreement renewal and CHN strategic directions.

CHN COMMUNICATIONS PLAN

1. Approve internal and external communications strategies.

DEVELOP AND CONFIRM CHN POLICIES

1. Confirm policy articulating the role of the CHN with respect to advocacy and develop an advocacy agenda.
2. Confirm policy for corporate sponsorship of CHN activities.
3. Confirm CHN educational policy.

OPERATIONALIZE CLUSTERS

1. Communicate results of the operating plan to members highlighting the need to enhance the role of clusters in the Network and clarifying their role, linkage and relationship to the Coordinating Committee and Board of Directors.
2. Meet with cluster chairs to discuss progress of clusters and determine their future role in facilitating development of the regionalized system.
3. Involve clusters in the practices/processes, planning and implementation of all CHN activities (e.g., education, evaluation, guideline development, etc).

ANNUAL MEETING

Prepare annual report, and audited financial statements for review by the full membership at an Annual CHN meeting.

Coordinating Committee

MONITOR AND COORDINATE THE WORK OF CLUSTERS AND TASK FORCES
EXPAND REACH OF THE NETWORK
IDENTIFY AND DEVELOP NETWORK STRATEGIES TO ADDRESS HUMAN RESOURCE ISSUES ▪ Organize an information/planning session – involving clusters – to explore key issues with respect to human resources and identify strategies/ opportunities for action at the cluster/Network level. ▪ Plan follow-up activities based on results of information/planning session.
GUIDELINES/ STANDARDS RE: FAMILY CENTRED CARE AND PROMOTION OF THEIR ADOPTION ACROSS THE NETWORK ▪ Prepare draft CHN guidelines/standards (involving clusters and consumers) for promoting a consistent approach to Family-Centred Care across the Network. The guideline/standards should confirm the role of family members in the Network and include a plan of action for implementing their involvement at the organizational and cluster level. ▪ Organize a workshop for the Network to assist organizations in adopting draft CHN guidelines/ standards and explore strategies for incorporating family centered care into day to day practice across the Network. ▪ Identify strategies to strengthen Family-Centred Care within the Network.
CLARIFY PROCESS FOR COMMUNICATING NEW ISSUES/CRISIS ISSUES IN A TIMELY MANNER CONSISTENTLY ACROSS THE NETWORK

Maternal/Newborn Services Task Force

DISSEMINATION, TRAINING AND EVALUATION OF MATERNAL/ NEWBORN TRANSFER AND RETRO-TRANSFER GUIDELINES

- Final approval of guidelines, forms, and evaluation tool.
- Plan and organize 4 dissemination/training sessions for release of the guidelines. Sessions planned for June 2002.

DEVELOP PRIORITY GUIDELINES BASED ON PRIORITIES ESTABLISHED BY THE TASK FORCE

MATERNAL:

- Management of premature labor
- Family-centered maternity care (may only require adoption/ratification of federal guidelines)
- Management of multiple pregnancies (begin with review of SOGC guidelines)
- Group B Strepotococcal disease (outstanding from 2001/02)
- Premature prolonged rupture of membrane

NEWBORN:

- PICC line management (1st priority)
- Neonatal emergencies in the emergency department
- Enteral feeding
- Neonatal hypoglycemia
- Developmental care
- Chicken pox and other infectious diseases

DEVELOP A COMMON PERINATAL DATABASE FOR THE GTA.

- Prepare planning proposal and receive necessary approvals.
- Convene implementation group to develop critical path to operationalize the database including:
  - *Build on results of Perinatal Pilot*
  - *Initial consultation/sign off by CEOs committing to the project*
  - *Initial consultation by clusters*
  - *Support by CritiCall*
  - Support by PPPESO

Paediatric Services Task Force

DEVELOP AND IMPLEMENT GUIDELINES TO FACILITATE PAEDIATRIC TRANSFERS

- Develop guidelines for transfer, retro-transfer and transfer of critically ill child.
- Develop evaluation component to support monitoring/tracking of guidelines.
- Develop and implement dissemination/training plan for release of guidelines.

DEVELOP AND IMPLEMENT GUIDELINES TO FACILITATE TRANSITION BETWEEN EMERGENCY DEPARTMENTS AND CCACS

- Work with regional clusters and CCACs to identify populations for whom it would be appropriate to develop a transition pathway from emergency department to home.
- Organize a workshop involving CCACs and emergency department staff from across the Network to:
  - Identify patient populations appropriate for CCAC;
  - Facilitate better understanding of role of CCAC's and linkages between CCAC and the ER;
  - Identify top three care pathways/guidelines/tools to facilitate transition from ER to home

DEVELOP PRIORITY GUIDELINES BASED ON PRIORITIES ESTABLISHED BY THE TASK FORCE

PAEDIATRIC:

- Post-operative observation and monitoring
- Safe medication practices
- Child abuse (identification)

DEVELOP AND IMPLEMENT COMMON EMERGENCY MEDICAL DIRECTIVES

- Develop and disseminate common directives for the following: oral rehydration; asthma/respiratory treatment; fever management; pain management.

Performance Evaluation Task Force

COMPLETE AND DISSEMINATE A CHN REPORT CARD 1

- Complete data collection and analysis.
- Develop report card and recommendations.
- Integrate results of report card into work of CHN.

COMPLETE PERINATAL PILOT PROJECT

- Release Perinatal Pilot report to Network members.
- Develop recommendations for MoHLTC based on report findings and recommendations.
- Incorporate relevant findings/recommendations into perinatal database initiative (see above).

COMPLETE AND DISSEMINATE A CHN REPORT CARD 2

- Review lessons learned from Report Card 1 project.
- Explore options and recommendations for further development of CHN report cards.
- Develop Report Card and recommendations.
- Integrate results of Report Card into work of CHN.

Education Task Force

PLAN AND IMPLEMENT A SERIES OF EDUCATIONAL WORKSHOPS FALL 2002- Transport Issues SEPTEMBER 2002- Paediatric-CTAS NOVEMBER 2002 - After the NICU: Discharge Planning and Home Care NOVEMBER 2002 - Family Centred Care (2002 OHA Conference & Exhibition) JANUARY 2003 – Responding to Paediatric Emergencies SPRING 2003 - Family Centred Care (3 day session) JUNE 2003 – Risk & Safety Management Issues in the Network FALL 2003 - Care of the Chronically Ill Child FALL 2003 - Recent Advances in Maternal/Newborn Care
PARTNER WITH KEY EDUCATIONAL ORGANIZATIONS TO FACILITATE THE DEVELOPMENT AND/OR OFFERING OF CERTIFICATE TRAINING PROGRAMS ▪ Work with key education facilities to develop 'new' obstetrical and paediatric certificate programs to replace clinical orientation programs developed at the organizational level. ▪ Facilitate offering of programs (as required) and their organization at the cluster and/or Network level. (Example programs: ENPC (Emergency Nurses Paediatric Course); STABLE (Stabilization of the neonate for transport); ALARM (Obstetric Emergencies); PALS (Paediatric Advanced Life Support).

Summary of Emergency Activities

Dissemination of maternal transfer guidelines (in particular, care for mothers at risk)
Development of paediatric transfer guidelines (in particular, transfer of critically ill children)
Guidelines to facilitate transition from emergency departments to CCAC's
Development of processes/recommendations related to emergency services resulting from Coroner's Inquest reports (as required and as per policy to be developed by CHN)
Develop and disseminate common directives for the following: oral rehydration; asthma/respiratory treatment; fever management; pain management
Implement and/or facilitate a series of educational sessions - Transport Issues - Paediatric CTAS - After the NICU: Discharge Planning and Home Care - Responding to Paediatric Emergencies - Risk & Safety Management Issues in the Network
Partner with key educational organizations to facilitate the development and/or offering of certificate training programs - ENPC: Emergency Nurses Paediatrics Course - STABLE: Stabilization of the neonate for transport - ALARM: Obstetric emergencies - PALS: Paediatric Advanced Life Support