



**Southwestern Ontario
Maternal, Newborn, Child and Youth Network**

1st Quarterly Report 2011-2012

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Partner Organizations:

Partner Hospitals:

Alexandra Hospital
Alexandra Marine and General Hospital
Bluewater Health
Chatham-Kent Health Alliance
Grey Bruce Health Services
Hanover & District Hospital
Huron Perth Healthcare Alliance
Leamington District Memorial Hospital
Listowel Wingham Hospital Alliance
London Health Sciences Centre
Middlesex Hospital Alliance
North Wellington Healthcare
South Bruce Grey Health Centre
St. Joseph's Health Care London
St. Thomas Elgin General Hospital
Tillsonburg District Memorial Hospital
Windsor Regional Hospital
Woodstock General Hospital

Partner Community Care Access Centres:

South West CCAC

Partner Public Health Units:

Middlesex-London Health Unit

PREAMBLE

The purpose of the South Western Ontario Maternal, Newborn, Child and Youth Network (MNCYN) is to enable the consistent delivery of safe, quality maternal, newborn, child and youth care across our region. Our Network is seen as adding significant value through its ability to:

- Provide **better health outcomes** through systematic improvements in health promotion, illness and injury prevention, acute and follow-up care and patient safety.
- Provide **better operational management** through improved asset management within the organization and across the region resulting in greater return on investment.
- Provide **better systems integration** through improved communication, program planning, and support resulting in greater coordination across the region.
- **Enhance learning and growth** by promoting and advocating for a consistent standard of care throughout the region.

The MNCYN has been working to make advancements in the above domains through activities and projects sanctioned by the Regional Steering Committee. This Quarterly Report outlines activities underway between **April 1st and June 30th, 2011.**

REPORT

Here we *grow!*

The Southwestern Ontario Maternal, Newborn, Child and Youth Network is pleased to welcome Woodstock General Hospital, as our newest partner!

We look forward to a long and fruitful collaboration, which will enable us to achieve excellence in the delivery of perinatal, child and youth care throughout our region.

I. Regional Goals and Objectives

1. Development, implementation and evaluation of regional Perinatal and Paediatric Order Sets;
2. Development of a dashboard of key health indicators to drive and inform future regional initiatives;
3. Regional implementation of the ***Period of Purple Crying*** program in partner hospitals providing Obstetrical services, to reduce the incidence of Shaken Baby Syndrome.

Several working groups and committees are involved in moving forward the MNCYN agenda:

a. **Regional Order Set Group – content development *COMPLETE***

After successfully developing content for the regional order sets listed below, the MNCYN is moving forward with the necessary review processes and regional deployment.

- A. Group B Streptococcus (A. Chan, A. Cassidy)
- B. Fetal Fibronectin (J. Rawlins, E. Antolinez-Uribe)
- C. Therapeutic Hypothermia (K. Coughlin, G. Peterek)
- D. Admission of Healthy Newborn (H. Roukema, I. Johnston, A. Cassidy)
- E. Preterm Labour / Premature Rupture of Membranes/ Stillbirth (H. Bos, R. Natale)
- F. Primary Postpartum Haemorrhage (J. Schmidt / E. Antolinez-Uribe)
- G. Childhood Asthma (I. Johnston, K. Blaine, E. Fleischer)
- H. Paediatric Diabetic Ketoacidosis (P. Dick)

b. Regional Order Set Deployment Committee – 8 meetings

Taking over from the clinicians responsible for content development, this committee and associated clinicians, nursing staff and allied health professionals are addressing the necessary review processes in anticipation of the Roll-out phase.

c. Data Set Working Group – 4 meetings

Working collaboratively across the region and with BORN Ontario, the Data Set Working Group has:

- **Developed an initial set of regional indicators to inform future initiatives - COMPLETE**
- **Developed a Data Sharing Accord which details the permissions necessary for the sharing of aggregate perinatal and paediatric data – COMPLETE.** This agreement will give the Network the ability to request reports from BORN Ontario which are specifically tailored to our region. The current expected report frequency is quarterly. The majority of Data Sharing Accords have been signed by Senior Leadership at MNCYN partner organizations.
- The ability to track relevant indicators is expected to lead to improvements in perinatal and paediatric care. Anticipated benefits include:
 - System-wide cost savings as a result of increased confidence in the decision making process;
 - Safer, more appropriate care more often;
 - More appropriate transfers from/to;
 - Provision of family centred care;
 - Identification of learning opportunities.

d. Period of Purple Crying Implementation and Evaluation Working Group – 5 meetings

We have made a great deal of progress in implementing this program across our region, and have moved beyond the initial scope of hospital implementation.

Activity highlights include:

- **100% hospital implementation - COMPLETE ; Thank You!** Sincere thanks to all participating Hospitals and Public Health Units for their commitment to this important cause, and to those individuals who – through their dedication and hard work – have made this a reality.
- Collaborating with hospitals outside the Network to assist with implementation;
- All Public Health Units (9) are providing follow-up after mother-baby discharge from hospital (training is still being provided by MNCYN);
- Developing a regional evaluation strategy collaboration with British Columbia, where the program has been in existence for some time;
- Planning a regional media campaign to reinforce key messages. This is anticipated to roll-out in Fall, 2011;
- Addressing sustainability issues.

e. **Needs Assessment Working Group – 3 meetings**

In response to the common issue of maintaining Obstetrical nursing competencies in Level I organizations, the Network Secretariat has convened a working group to conduct a formal needs assessment and report back to the Regional Steering Committee.

- Eleven recommendations emerged from this Needs Assessment. As we reviewed the survey responses, a number of key themes have become evident, such as the need for formal education in Obstetrics, continuing education for new graduates, enhancing and maintaining preceptorship programs and recruitment/retention issues;
- The high cost for hospitals, in terms of money and human resources, is shown to be taxing and it is very clear from the information gathered the current status quo is not sustainable for much longer;
- Respondents from all levels of care agree that the MNCYN has a key role in prioritizing, planning, implementing and monitoring the suggested improvements. This work is scheduled to begin in the Fall, 2011.

f. **Executive Committee – 2 meetings**

The MNCYN Executive Committee is working with the Regional Leader to develop a Network strategic plan. It also continues to support and guide the implementation of the three priorities identified by Regional Steering Committee. Other initiatives are routinely considered and prioritized for implementation.

II. **Perinatal Outreach Program**

Recent activities of the Perinatal Outreach Program include:

a. **Regional Activities**

- Team Visits (nurse and physician) – **6 visits**;
- Nurse Visits – **7 visits**
- Prevention of Shaken Baby Syndrome – the Perinatal Outreach Program continues to support regional implementation through the ongoing provision of nurse training sessions, especially for Public Health Units.

b. **Provincial Activities**

- Maternal, Newborn Nurse Education Course – **1**
 - This semi-annual seven week course (1 day/week) is hosted in London and videoconferenced across Ontario.
- Level II Nursery Nurse Education Program (“Baby Talk” Lunch and Learn) – **2 sessions.**
- **Perinatal Nursing Orientation – 2 sessions**

c. **National Activities**

- **Canadian Perinatal Coalition and Database – 2 meetings**

d. **Other Workshops**

- Fetal Health Surveillance Workshop – **3 workshops.**

III. Paediatric Advancement Program

a. **Regional Activities**

- Nurse visits – **3 visits**. Ongoing communication with Network partners to update on work in progress and initiate development of future regional initiatives;
- Team visits – **4 visits**
 - Listowel Hospital, paediatric case reviews with Dr. Ram Singh;
 - Mt. Forest Hospital, Trauma Education day with Doug Jowett RN, Karen Laidlaw RN, Dr. Jennifer Foster;
 - Stratford General Hospital, Trauma Education Day with Doug Jowett RN, Karen Laidlaw RN, Dr. Jennifer Foster;
 - Windsor Regional Hospital, paediatric case reviews with Dr. Ram Singh.
- Conferences, workshops and on-line training – **3 sessions**
- Children’s Hospital Paediatric Rounds – **1**
- Paediatric Advancement Program meetings/teleconferences – **2 meetings**
- The Paediatric Advancement Program continues to offer a “Lunch and Learn” Videoconferenced/Webcast learning series. Topics reflect regional needs – please see table below. For more information please contact Felix.Harmos@lhsc.on.ca

Date	Topic	Speaker
April 7/11	Gastroenteritis	
April 28/11	Intraosseous access: use in the emergency department and inpatient units	Dr. Paul Dick, Grey Bruce Health Services
May 12/11	Paediatric Injury Prevention- Concussion	Denise Polgar, Injury Prevention Specialist Children’s Hospital, LHSC
May 26/11	Diabetes Management	Ruth Duncan CNS Children’s Hospital, LHSC
June 9/11	Tracheostomy Care	
June 23/11	Blood Transfusions	Kathleen Eckert, ART, Transfusion Safety Officer LHSC

b. CCAC Specific Education Initiative – Central Line Dressing (under development) – 2 meetings

Over the past few years, we have seen an increase in the number of children who are being sent home with central lines as they are dependent upon TPN (total parenteral nutrition) to sustain their dietary needs due to complex medication conditions. There is some evidence to suggest that a number of children are frequently readmitted to the hospital for infected or broken central lines. This sometimes leads to prolonged hospital stays, dependent upon the care that the patient requires (i.e. to fix a broken line can be either a 48 hour admission or long dependent upon the type of break; and an infected line can take up to two weeks to clear and the child may need a new line placed once it is clear).

The MNCYN is developing a program to address these issues, with the following specific goals:

- Ensure the proper supplies are being used to change central line dressings;
- Ensure that all nurses who are changing the dressings are using the appropriate technique;
- To decrease the number of children who are admitted to hospital with broken or infected central lines.

c. Site-specific Education

- **CCAC Children's POM- Nursing – 1 session**
Discussion around standardizing discharge planning for complex medical needs children.

IV. Network Infrastructure

The MNCY Network continues its efforts to build a strong foundation for future activity. In addition to developing an organizational framework, formalizing goals and objectives, accountabilities and addressing staffing needs, we are working on the following:

a. MNCYN Website - 3 meetings

The **MNCYN website was successfully launched** on schedule, and it is quickly becoming an important resource and communication tool for health care providers across the Southwest. The website includes:

- Calendar of meetings/events to keep Partners informed;
- Data section to include regional dashboard with links to BORN Ontario, SOGC, CPS and other resources;
- Order sets/care paths section (under construction);
- Perinatal Outreach and Paediatric Advancement Program information;
- Regional progress tracker for ongoing initiatives/projects (under construction);
- Links to community resources and partner organizations.

b. Network Newsletter

The Spring 2011 issue of *The PARTNER*, - the first to be published nearly exclusively in electronic format - was very well received. For the first time in its history, the newsletter contains articles relevant to perinatal, paediatric, public health and community care practice. *The PARTNER* will continue to be a forum for:

- Professional-to-professional information sharing;
- Promoting evidence-based practice;
- Showcasing innovation;
- Answering questions; and
- Promoting educational events.

c. Network Camera

- Increase in Network activity has resulted in a jump in the number of booking requests for videoconferencing equipment;
- Based on the recommendation of the Executive Committee, the MNCYN had placed an order acquired a mobile videoconferencing unit, to be used exclusively for the advancement of perinatal, child and youth care across the region/province. This unit has been installed and is now undergoing final testing.

d. Conferences/workshops Attended – 12

Continuing education is the cornerstone of Network activity. It allows MNCYN staff to maintain the highest possible professional standards and, in turn, share these with other professionals across the region. Select course/workshop topics include:

- Perinatal and Paediatric Rounds;
- LRAPN: Advanced Practice Nursing, Tell the world your story- April 1, 2011
- LHSC/SJHC Quality and Patient Safety Summit: The power of teams- April 14, 2011
- Introduction to Finance: June 22, 2011
- Project Management Course, April, 2011

V. Other activities

To provide better health outcomes, better operational management, better systems integration and to enhance learning and growth, the MNCY Network continues to play an active role in regional and provincial strategies and planning.

a. Network Lead Teleconferences – 2 meeting

Meetings with peer network leads to discuss issues of common relevance both at the regional and provincial level.

b. Provincial Council on Maternal and Child Health – 2 meetings

- Hospital Level of Care definitions have been the focus of discussion.

- c. **OHA Region 5 Executive Committee Updates**
The MNCYN Regional Leader continues to submit quarterly updates to be presented at the meetings of the OHA Region 5 Executive Committee. These meetings include hospital CEOs and Board members appointed from hospitals throughout the geography covered by LHINs 1 & 2.
- d. **The Enhanced 18-month Well Baby Visit – 2 meetings**
The Network continues to engage with provincial partners in moving forward this important provincial initiative.
- e. **Smoking Cessation Program (under development) – 2 meetings**
The Network is proposing a smoking cessation program aimed at pregnant women. Public Health has been working extensively on smoking cessation for years; however, we feel that there is a better chance of success than in the general population due to the fact that women tend to be more receptive to change during pregnancy. This initiative will be supported by data collected by and available through BORN Ontario.
- f. **Regional Services Working Group – 2 meetings**
The MNCYN Regional Leader is participating in a regional working group aimed at forming and nurturing relationships with leaders involved in other regional initiatives. The goal is to leverage collective resources and experience in achieving network-specific objectives.
- g. **Program Transfer Planning - 5 meetings**
The Perinatal Outreach Program will be moving from St. Joseph's Health Care, London to the London Health Sciences Centre on June 9th, 2011.
- h. **Simulation Centre Strategic Planning Group**
The MNCYN Regional Leader is participating as an ad-hoc member to learn about the proposed Inter-professional Simulation Centre at LHSC – Children's Hospital, and to identify potential training/learning opportunities.
- i. **Partner visits/videoconferences – 7 meetings**
Ongoing conversations with Partners to seek input on future direction and a strategic plan.
- j. **2011 Canadian Association of Paediatric Health Centres (CAPHC) Annual Conference**
 - o The MNCYN Executive Committee has successfully submitted an abstract, on the subject of system innovation, for poster presentation at the 2011 CAPHC Annual Conference, which is being held in Ottawa, October 16-19, 2011.
 - o Title: ***Improving Paediatric Practice in Southwestern Ontario – A Data-driven Collaborative Approach***
 - o Authors: Felix Harnos, Diane Bewick, Paul Dick, Renato Natale, Megan Nichols, Rosemary Petrakos, Henry Roukema

k. Breastfeeding - 4 meetings

Current CPS / WHO guidelines suggest exclusive breastfeeding to minimum 6 months. We know that approximately 90% of mothers breastfeed exclusively at discharge, however, breastfeeding rates drop sharply in our region and elsewhere. We hypothesize that earlier interventions will have higher success.

- Developed surveys;
- Submission to Research Ethics Board;
- Anticipated Benefits:
 - Will provide a clearer picture about gaps and opportunity to improve breastfeeding rates to 6 months;
 - Increase adoption of best practices;
 - Long-term cost savings;
 - Opportunity to lead the province in this area.

On a personal note, I wish to thank and congratulate all our colleagues who have worked hard to advance the agenda of the MNCYN, often under very tight time lines.

The next Quarterly Report will be available October, 2011.