



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

3rd Quarterly Report 2011-2012

Date Issued: January 29th, 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. Thomas Elgin General Hospital
Tillsonburg District Memorial Hospital
Windsor Regional Hospital
Woodstock 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 **October 1st and December 31st, 2011**.

REPORT

Highlight: This Quarterly Report includes selected feedback provided by participants in attendance at various MNCYN events – please see Appendix A.

I. Regional Goals and Objectives

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

- a. **Regional Order Set Group – content development *COMPLETE***
- b. **Regional Order Set Deployment Committee – 13 meetings**

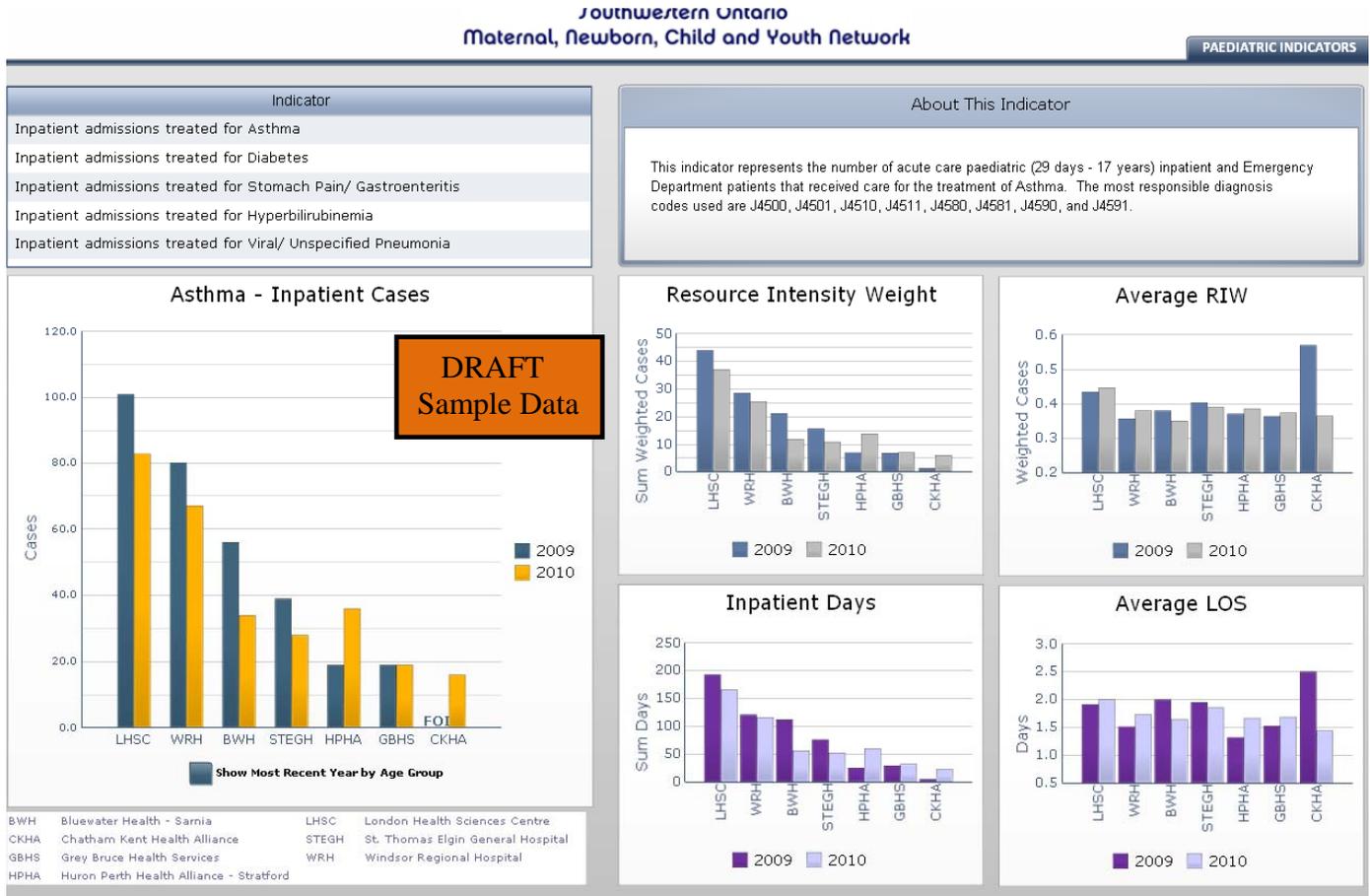
Taking over from the clinicians responsible for content development, this committee and associated clinicians, nursing staff and allied health professionals are undertaking the necessary review processes. Progress to date includes:

 - With the generous assistance of the Information Management Department at LHSC, the order sets have been formatted according to input received from regional partners → **5 meetings**;
 - Acceptance testing → **3 meetings**;
 - Plan to support current and future regional Computerized Physician Order Entry (CPOE) initiatives;
 - Preparing the MNCYN website to host the order sets;
 - Functionality testing, to work out any technical glitches prior to roll-out;
 - Planning physician-hosted webinar to highlight the functionality of the order sets → **3 meetings**.
- c. **Data Set Working Group – 6 meetings**

Following the signing of a regional data sharing agreement and the development of an initial set of perinatal and paediatric indicators, the Data Set Working Group has:

 - Reviewed the appropriate indicators with BORN Ontario;
 - Acquired a dashboard tool, to be hosted on the MNCYN website (password protected area); and
 - Implemented a process for updating the dashboard, and generating appropriate reports (draft paediatric report, based on sample data is included below).

Sample MNCYN Paediatric Report:



d. Period of Purple Crying Implementation and Evaluation Working Group – 4 meetings

Following 100% hospital and Public Health implementation, the MNCYN has conducted a regional media campaign to raise awareness about unintended infant brain injury and its consequences. This was supported by the Children's Health Foundation, hospitals and Public Health Units across the region, on a voluntary basis. It included:

- A media campaign, launching on November 1st, 2011
- **Click for Babies** → a grassroots initiative to collaborate with knitters across North American to make PURPLE caps for babies.
 - In anticipation of this month-long event we collected over **five thousand caps** – many more than need. **Many thanks to all the volunteer knitters and all those who have donated yarn to make this happen!**

e. **Level I Obstetrical Nursing Needs Assessment Working Group – 3 meetings**

Starting with the **eleven recommendations** brought to light by the Level I Regional Obstetrical Needs Assessment, the working has completed the development of:

- A standardized set of Level I Obstetrical Nursing competencies; and
- A Preceptor package for Level II organizations providing preceptorships to Level I OBS nurses.

Next steps will include regional deployment and re-prioritizing the remaining nine recommendations.

f. **Executive Committee - 2meetings**

The MNCYN Executive Committee, working together with the Regional Leader, have developed a Network Strategic Plan (2012-2014). The strategic plan was debated, amended and approved by the MNCYN Regional Steering Committee.

The Executive Committee continues to support and guide the implementation of the current Network priorities and are routinely considering emerging opportunities.

g. **Regional Steering Committee – September 30th, 2011**

Following a thoughtful debate by Regional Steering Committee Members and other stakeholders, the first MNCYN Strategic Plan was approved, by a wide margin. The MNCYN's strategic plan is intended to be a "living", three year rolling plan. The intention is to foster long-term stability through the broader strategic directions, while remaining nimble in its specific goals and projects, to respond to changing regional and external drivers. In light of this, a 'refresh' and extension of the strategic plan will be undertaken yearly, or as required.

To review the strategic plan, please follow this link:

<http://www.mncyn.ca/selected.jsp>

h. **SWO Regional Paediatric Council → 1meeting**

Membership is voluntary and consists of the following:

- Chiefs of Paediatrics and/or delegates from hospitals in Southwestern Ontario;
- Medical Director(s) of the MNCYN Paediatric Advancement Program and/or Paediatric Nurse Consultant; and
- MNCYN Regional Leader, ex-officio.

The Southwestern Ontario Regional Paediatric Council (the Council, RPC) will identify priorities and recommend strategies for the achievement of a coordinated system of secondary and tertiary child and youth health services, delivered in

both community and hospital settings, and will facilitate implementation and influence adoption of approved initiatives. Focus will be on:

- Equitable access to timely, high quality, evidence-based, family-centred care at the appropriate level for all children and youth in SWO, as close to home as possible;
- Equitable access to specialized services optimizing child and youth care;
- Leading evidence-based practice and standards of care;
- Data and information systems to inform practice, policy and to promote accountability.

Following the initial meeting, the MNCYN has met with LHSC leaders to review available paediatric repatriation information. A **tracking tool** is being implemented to track repatriation requests to community hospitals.

i. **Smoking Cessation During Pregnancy – 3 meetings**

Rationale:

According to the Better Outcomes Registry & Network (BORN Ontario) the rate of smoking has increased 5.4 % from 2004 – 2008 in the South West Public Health Region (SWPHR), which is 6.2 % higher than the provincial rate of maternal smoking. The highest rates were in Chatham-Kent and Grey Bruce and the lowest were in Perth and Windsor-Essex. Rates of smoking during pregnancy tend to increase as maternal age decreased, with 44.8 % of mothers under the age of 20 smoking during pregnancy.

Smoking during pregnancy can cause intrauterine growth restriction (IUGR), preterm birth, stillbirth, placental complications, spontaneous abortion, and can increase the risk of Sudden Infant Death Syndrome (SIDS). It has been suggested that smoking is the single most important **modifiable** cause of adverse pregnancy outcomes and that smoking cessation interventions are effective in helping women quit. The smoking cessation approach should go beyond just informing them of the risks and advising them to quit and should take a women centred approach taking into consideration their socio-economic status, social network and education level.

BORN Ontario (May 2010) Perinatal Health Report 2008: South West Ontario Public Health Region. <http://www.bornontario.ca/reports>

Goal

To decrease the maternal smoking rates in the South West Public Health Region (SWPHR) and potentially decrease adverse pregnancy outcomes through a systematic approach to smoking cessation across the South West Public Health Region.

- **Phase 1:** Smoking Cessation screening implemented in all Obstetrical / Gynaecological pre-admit departments in the South West Public Health Region

- **Phase 2:** Smoking Cessation screening implemented in Prenatal Clinics and a focus on Primary Care physicians, Midwives, Doulas and Prenatal Healthcare Providers in the South West Public Health Region

Objectives

- A women-centred approach used to screen for smoking in pregnant women
- Sustainability of Smoking Cessation Screening with Pregnant women
- Overall vision of smoking cessation from preconception to postpartum looking at every entry point into healthcare for the women wanting to become pregnant

II. Perinatal Outreach Program

Recent activities of the Perinatal Outreach Program include:

a. Regional Activities

- Team visits (nurse and physician) – **3 visits**
- Nursing visits – **3 visits**

b. Other Activities

- Perinatal Outreach Planning Day
- Regional Nurse Managers' meeting → **1 meeting**
- Hospital Perinatal Review (survey) → **1 survey**
- MNCYN staff meetings → **2 meetings**
- Neonatal Resuscitation Course → **1**
- Level II Nursery Nurse Education Program (“Baby Talk” Lunch and Learn) → **2**
- PCMCH Levels of Care Committee (Dr. Henry Roukema) → **2 meetings**

III. Paediatric Advancement Program

a. Regional Activities

The Paediatric Advancement Program continues to offer a “Lunch and Learn” (**3 presentations**) Videoconferenced/Webcast learning series. Topics reflect regional needs. For more information please contact Doug.Jowett@lhsc.on.ca

- October → Seizures (Margo Devries –Rizo, N.P.)
- November → Paediatric Concussion (Kristin Hoogheim, N.P.)
- December → RSV (Erin Fleischer, N.P.)

b. Nursing visits - 3 visits

- St. Thomas Elgin General Hospital → mock code scenarios. Plan to return within six months for a full day.
- HPHA Stratford → skills day. Well received - returning in March.
- Bluewater Health Sarnia → procedural sedation protocol. To be posted on the MNCYN website when completed (contributors from WRH and STEGH are involved).

c. CCAC collaboration

The MNCYN is working with CCAC partners to identify gaps in the provision of care to children with complex needs, with goal of addressing these gaps at the regional level. Areas of ongoing work include:

- Central line maintenance bundle → to be introduced in mid-February. The goal is to ensure consistency with dressing changes from hospital to home and, therefore, decrease central line infections;
- Supporting community hospitals to deal with sluggish PICC/Central Lines to decrease unnecessary trips to London;
- Planning for a paediatric assessment program that will be delivered via OTN. As opposed to lunch-and-Learns, this will be delivered at a time that much more convenient to community care partners; and
- Developing an orientation package for the residents to promote a timely referral processes to CCAC.

IV. Network Infrastructure

The MNCYN 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:

MNCYN Website - 6 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 Order Set section has been added to the MNCYN website to support regional deployment.

V. Other activities

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

1. Obstetrics and Perinatal Planning for LHINs 1 and 2

The ESC LHIN, SW LHIN and MNCYN have collectively identified an opportunity to enhance the delivery of maternal-newborn care across Southwestern Ontario (SWO), through a collaborative approach. This approach focuses on assessing regional capacity in light of historical, current and projected birth volumes in SWO. Enhancing our understanding of transfer and retrotransfer patterns, as well as addressing identified issues, is anticipated to contribute to better family centered care, sustainability and will further enhance our culture of system integration. Goals include:

- a. Determine and map birth volumes by both home and care location across the geography covered by the ESC LHIN, the SW LHIN and small part of the Waterloo Wellington LHIN (Palmerston and Mt Forest);
- b. Track the number of babies born outside Southwestern Ontario, occupying beds in Southwestern Ontario;
- c. Establish a current state (baseline) and anticipate trends (in establishing baseline, also refer to the 2003 “AT RISK: Perinatal Services in South Western Ontario”);
- d. Collect transfer and diagnosis data to determine appropriate retrotransfer threshold;
- e. Implement a process for tracking who is eligible for transfer, barriers to transfer, success and failures with transfer.
- f. Develop a process to track the level of care required and facilitate appropriate retrotransfer (e.g. daily conference call);
- g. Assess total parenteral nutrition (TPN) practices across the region. If required, develop and implement an initiative to reduce likelihood that TPN is a barrier to retrotransfer;
- h. Retinopathy of Prematurity screening (ROP) – analyze the recommendations emerging from the Provincial Council on Maternal and Child Health (PCMCH) pilot project. Recommend strategies for implementation or develop an alternative approach given the rurality of LHIN 1 and 2. If necessary, develop and present a business case to ESC LHIN and SW LHIN, jointly;
- i. Explore opportunities for implementing a retrotransfer system based on using a single telephone number. (Critical currently does not provide support for newborn retrotransfer.).

2. Network Lead-PCMCH teleconferences – 2 meetings

3. Partner visits/videoconferences – 9 meetings

Conversations with partners to seek input on future direction and the development of the strategic plan.

4. Breastfeeding pilot in collaboration with the Middlesex-London Health Unit- 4 meetings

Current CPS / WHO guidelines suggest exclusive breastfeeding to minimum 6 months. We know that a high percentage 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;
- Received approval from Research Ethics Board;
- Anticipated start date in late February, 2012.

5. LHSC Family Advisory Council – 1 presentation

The Regional Leader has presented at the fall meeting of the LHSC Family Advisory Council, with the view of informing the Council about the role and accomplishments of the MNCYN. He also sought input about ways of including the perspective of families into the development of regional initiatives.

6. Canadian Association of Paediatric Health Centres (CAPHC) National Guidelines Collaborative

Background:

Consistent with its mission and strategic priorities, the Canadian Association of Paediatric Health Centres (CAPHC) is initiating a new National Collaborative focused on the development, implementation and evaluation of paediatric practice guidelines aimed at improving and promoting quality of care, safety and efficiency across the continuum of care.

- Dr. Henry Roukema and Felix Harnos are representing the MNCYN on the National Collaborative Steering Committee.

Start-Up Goals:

- a. The establishment of a National Collaborative to support the development of a program for developing, implementing and evaluating national paediatric practice guidelines;
- b. Establish a national steering committee to oversee and guide program development;
- c. Develop criteria to assess and understand the impact of the initiative, working towards continuous quality improvement, while reflecting the continuum of care,
- d. Create and Implement a highly interactive and engaging Knowledge Translation and Dissemination Strategy – regular webinars, small working groups, etc;
- e. Identify key priority areas and themes through a consensus building process;
- f. Organize a National Workshop (Spring 2012) when a variety of child and youth healthcare institutions from across the country will be invited to describe current processes within their respective healthcare organizations with regard to: (1) Developing guidelines; (2) Implementing guidelines; and (3) Evaluating and Reviewing/Improving guidelines;
- g. Create an online, interactive resource site on the CAPHC Knowledge Exchange Network (KEN): www.ken.caphc.org;
- h. Create a highly interactive process for more intuitive navigation and access for all members of the National Collaborative;
- i. Build capacity for bilingual translation of all material on the KEN;
- j. Organize an event for the 2012 CAPHC Conference in Vancouver;
- k. Organize a 2nd workshop for spring 2013.

Appendix A

MNCYN Partner Feedback

Paediatric Advancement Program

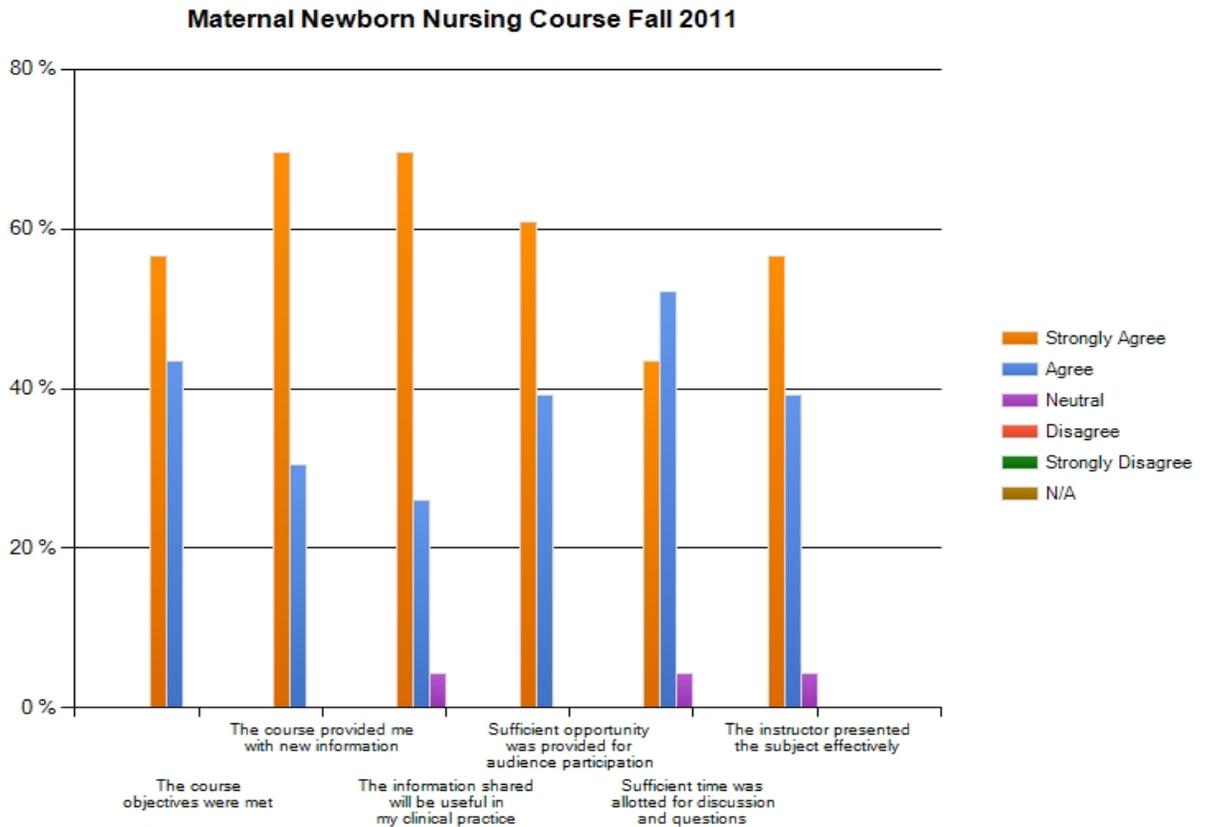
a. St. Thomas Elgin General Hospital → mock code scenarios

- ✓ 100% of respondents indicated that the information presented was useful for their practice.

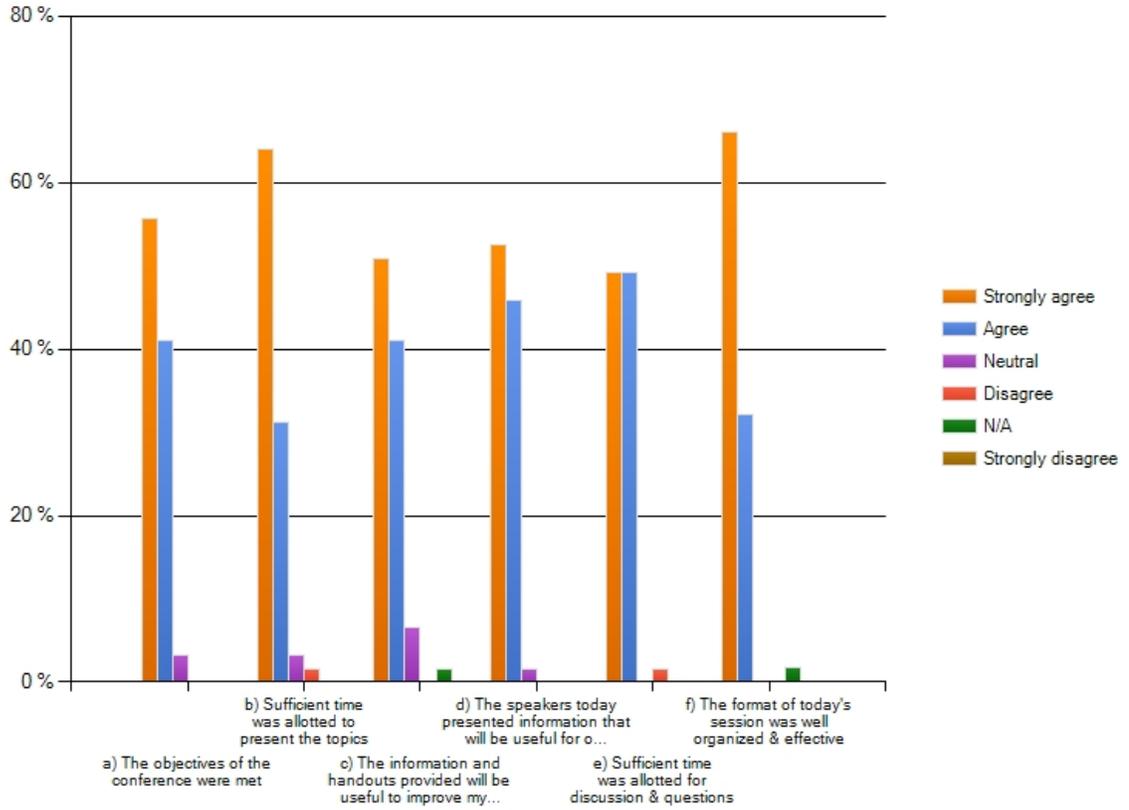
b. HPHA Stratford → skills day

- ✓ 100% of respondents indicated that the information presented was useful for their practice.

Perinatal Outreach Program



2011 Fall Conference



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 April, 2012.