



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

4th Quarterly Report 2011-2012

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Prepared by:

Felix Harnos, Regional Leader, MNCYN

Contributors:

Diane Bewick, MLHU

Dr. Paul Dick, GBHS

Doug Jowett, MNCYN

Dr. Renato Natale, LHSC

Gwen Peterek, MNCYN

Rosemary Petrakos, WRH

Dr. Henry Roukema, LHSC

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
Chatham-Kent Public Health Unit
Perth District Health Unit
Windsor-Essex County Health Unit
Grey Bruce Health Unit
County of Oxford Department of Public Health & Emergency Services
Elgin St. Thomas Public Health

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

Here We Grow Again

I am pleased to announce the following new MNCYN member organizations:

1. Chatham-Kent Public Health Unit
2. Perth District Health Unit
3. Windsor-Essex County Health Unit
4. Grey Bruce Health Unit
5. County of Oxford Department of Public Health & Emergency Services
6. Elgin St. Thomas Public Health

I. **Regional Goals and Objectives**

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

a. **Regional Order Set Deployment Committees – 32 meetings**

Having completed content development, the focus of the regional perinatal/ paediatric order set initiative has shifted to include:

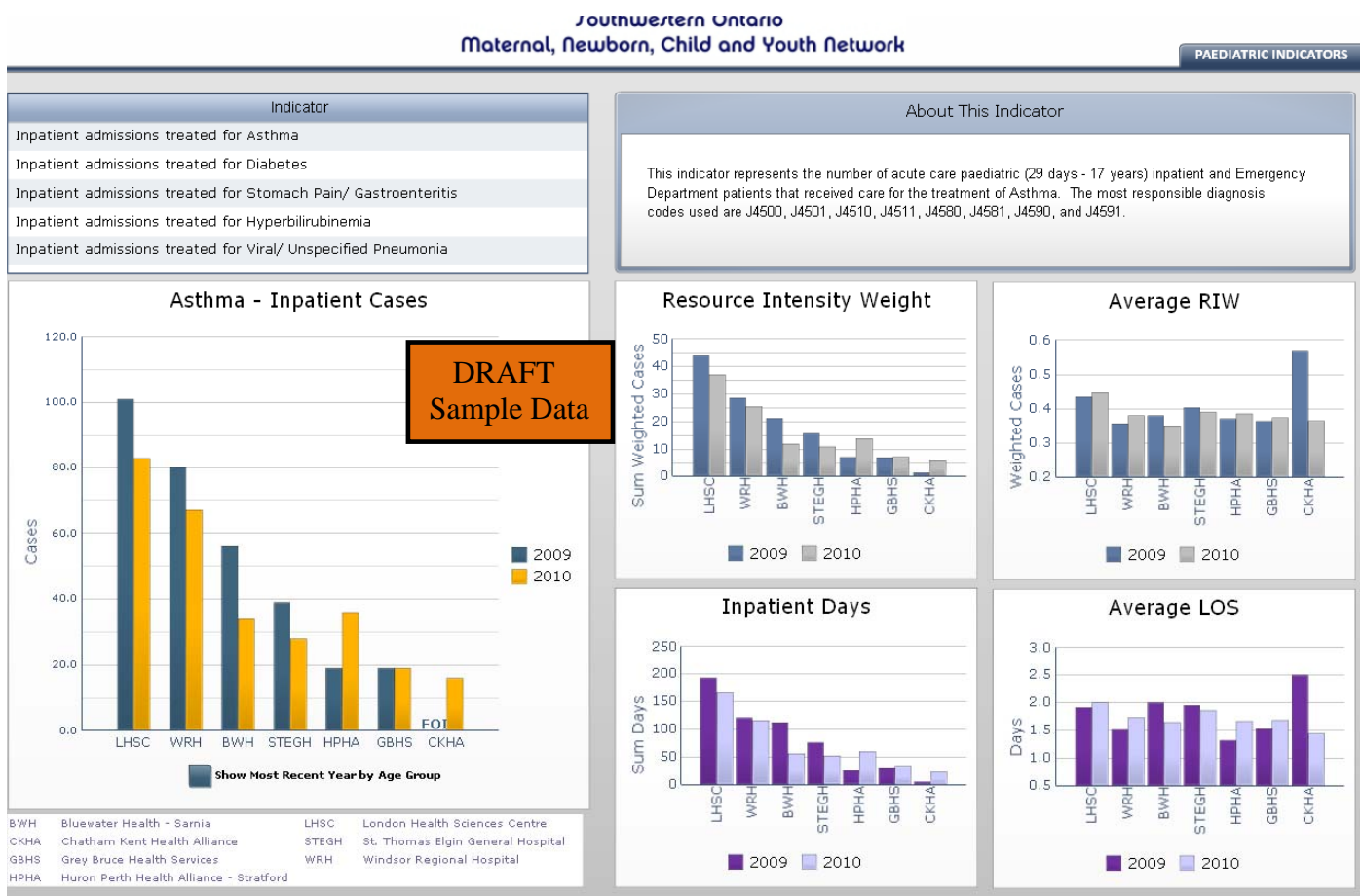
- Functionality testing, to work out any technical glitches prior to roll-out;
- Presenting a physician-hosted webinar to highlight the functionality of the order sets;
- Developing user guides for physicians and nursing staff
- Developing an evaluation protocol
- Anticipating and dealing with technical issues
- Providing demonstrations and support to clinicians and organizations looking to pilot and/or deploy the order sets.

b. Data Set Working Group – 1 meeting

The Data Set Working Group is:

- Working with BORN Ontario to develop a process for generating custom reports to better serve the needs of MNCYN regional partners. The first draft perinatal dashboard is anticipated to be available for review by late summer, 2012;
- Making recommendations to enhance the newest draft paediatric dashboard and improve data collection → the final draft dashboard will be circulated with Network partners June/July 2012.

Sample MNCYN Paediatric Report:



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

Click for Babies → Last November’s grassroots initiative to make and distribute PURPLE caps for babies was a tremendous public-relations success, and the community response has been overwhelmingly positive. There are plans to continue this this campaign in November 2012.

d. **Level I Obstetrical Nursing Needs Assessment Working Group – 1 meeting**

The working group has completed the development of a:

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

The above are to be presented at the next Nurse Managers' meeting for review, feedback and approval.

e. **Executive Committee - 1 meeting**

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

f. **Regional Steering Committee – March 30th, 2012**

This spring's Regional Steering Committee meeting was held at Bluewater Health in Sarnia. Participants had an opportunity to tour the new hospital. The Steering Committee reviewed and made recommendations on progress made on initiatives outlined in the MNCYN Strategic Plan.

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

The Southwestern Ontario Regional Paediatric Council is identifying priorities and recommending 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. Current focus is 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 → a **tracking tool** is being implemented to track repatriation requests to community hospitals.

h. **Smoking Cessation During Pregnancy – 5 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.

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.

The Perinatal Smoking Cessation Workgroup has:

- Drafted a Project Charter and presented its summary at the March 30th meeting of the MNCYN Regional Steering Committee;
- Applied for and received a \$5,000 grant from the South West Cancer Prevention and Screening Network to support this project;
- Begun engaging MNCYN partners in the planning process.

II. Perinatal Outreach Program

Recent activities of the Perinatal Outreach Program include:

a. **Regional Activities**

- Nursing visits – **1 visit**

b. **Other Activities**

- Perinatal Rounds → **1 meeting**
- Maternal Newborn Nurse Education Course → **1 course**
(1 day x 7 weeks, hosted in London and videoconferenced province-wide)
- Neonatal Resuscitation Course → **1**
- Neonatal Resuscitation Instructor Update → **2**
- Level II Nursery Nurse Education Program (“Baby Talk” Lunch and Learn) → **2 presentations**
- Skill Station workshops → **1**
- PCMCH Levels of Care Committee (Dr. Henry Roukema) → **2 meetings**
- PCMCH Maternal Newborn Advisory Committee (Dr. Renato Natale) → **1 meeting**

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

b. **Nursing visits - 3 visits**

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 → 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 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:

MNCYN Website

Following an on-schedule launch, the MNCYN website is quickly becoming a resource for health care providers across Southwestern Ontario (and beyond):

- The perinatal/paediatric order sets have been added to the website and are being reviewed by member organizations, mostly with the intent of trialing and / or implementing.
- Website traffic Q4 compared to previous Q3:
 - Visits: **599% increase** (1,062 vs 152)
 - Unique Visitors: **558% increase** (586 vs 89)
 - Page views: **990% increase** (4,393 vs 403)
 - Avg. Visit Duration: **238% increase**



53.39%New Visitor →567 Visits
46.61%Returning Visitor →495 Visits

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.

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.).

Note: This project is currently on hold until the necessary resources can be allocated.

2. Network Lead-PCMCH teleconferences – 3 meetings

Monthly teleconferences aimed at sharing information with PCMCH and Network Leaders across Ontario.

- MNCYN and the Champlain Maternal Newborn Regional Program are exploring opportunities for collaborating on the development and delivery of “Lunch-and-Learn” presentations.

3. 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.

Consents from mothers of healthy newborns are being obtained for follow-up by the MLHU.

- The initial expectation is that enough consents will be obtained before the end of summer, however, this may be problematic. The Breastfeeding Pilot committee is exploring potential solution to this issue.

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

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.
- Guidelines in the following areas are being considered:
 1. Sepsis
 2. Asthma management
 3. Respiratory illness
 4. Medication error
 5. Pain management
 6. Neurological issues
 7. Mental health
 8. Transitions

5. **Teleconference with e-CHN**

Background: The electronic Child Health Network is an integrated electronic health record that facilitates the sharing of patient health information among medical professionals. eCHN is operated as a non-profit, government-funded institution. It collects the data resulting from patients' interactions with the health care system and consolidates them into the form of a single medical WebChart.

- The purpose of this meeting was to explore ways of further integrating eCHN in Southwestern Ontario.

6. **LHIN Meeting**

Dr. Henry Roukema and Felix Harnos presented a Network update to the South West LHIN, with the view of informing the LHIN and setting the foundations for closer collaboration.

7. **PCMCH Child and Youth Advisory Committee (Felix Harnos) → 1 meeting**

8. **Meeting with the Ontario Minister Of Health and Long-term Care**

Dr. Henry Roukema and Felix Harnos met with Minister Deb Matthews to inform her of the innovative work and collaboration taking place in Southwestern Ontario. The Minister showed a keen interest in the data sharing agreement among hospitals and the opportunities associated with it. She congratulated the

MNCYN on our innovative approach to collaboration among Public Health, Hospitals and CCAC.

VI. MNCYN Partner Feedback

“[I would like to] express my appreciation to your team being able to come to HPHA, Stratford site and provide Paediatric education last November and on March 30th, 2012. Their knowledge and vast experiences have enhanced the knowledge, judgment and skill levels of the Emergency and Paediatric nurses, ensuring optimal paediatric patient care. [...] The [team] incorporates humor and energy into their sessions. The attraction of applying learned theory to the simulator mannequin is an added bonus as our budget is unable to accommodate the purchase of similar simulators.”

HPHA

“My staff loved the presentation – when are you coming back?”

STEGH

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 in July, 2012.