



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

4th Quarterly Report 2012-2013

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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
- 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
- **County of Lambton Community Health Services Department - New**

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 **January 1st and March 31st, 2013.**

REPORT

Highlights

MNCYN Welcomes a New Partner Organization

It is my great pleasure to announce that the County of Lambton Community Health Services Department is our newest partner in the Southwestern Ontario Maternal, Newborn, Child and Youth Network (MNCYN). Through the signing of our Memorandum of Understanding, we have formalized an already strong working relationship. It is our sincere hope that we will continue to build on this foundation, and we look forward to working with our new partners.

Southwestern Ontario Perinatal Capacity Assessment

One of the first of its kind, this project is taking a population-based approach to determine the levels of maternal-newborn care required to support the needs of the population in SWO. Improving our understanding of transfer and retro-transfer patterns and optimizing system functionality will contribute to an enhanced culture of integration, births at the appropriate level of care, which will minimize acute transfers. Enhancement of Level II services, where volume is appropriate, will foster more care closer to home, and will improve family centered care.

Call to Action: Perinatal Smoking Cessation

The aim of the Regional Perinatal Smoking Cessation Initiative is to support smoking cessation, from preconception to postpartum, including every entry point into the healthcare system (2 phase approach). To help us meet our common goals, the MNCYN has partnered with Smokers' Helpline, a free, confidential service operated by the Canadian Cancer Society, offering support and information about quitting smoking and tobacco use. In response to MNCYN's February 15th, 2013 call for action, 8 of our 15 birthing hospital partners have already indicated their intention to participate.

Call to Action: The Baby-Friendly Initiative

On March 25th, 2013, all our MNCYN partners were invited to work together towards implementing and sustaining the Regional Baby-Friendly Initiative. In preparation for rolling-out this "Canadian first", the Southwestern Ontario Baby-Friendly Task Force has developed a comprehensive information package, including a participation agreement. Our intent is to formally launch the Baby-Friendly Initiative at the Regional Steering Committee meeting in Woodstock.

I. Perinatal Outreach Program

Recent activities of the Perinatal Outreach Program include:

1. **Team visit:** St. Thomas Elgin General Hospital → Skill Drills (chest x-ray interpretation, Postpartum Hemorrhage, Pre-eclampsia - 17 attended (physicians, nurses and midwives)
2. **Nursing visit:** Woodstock → Continuous positive airway pressure - 8 Registered Nurses in attendance
3. **Lunch and Learn** - Learning Café (2) → topics:
 - New Healthy Baby Healthy Children Screening Tool;
 - Emotional Eating During Pregnancy.
4. Currently **preparing for** upcoming Team Visits (case reviews), Nursing Visits, New NRP Instructors Course and ACoRN workshop in Spring and Annual Conference in Fall, and making revisions to Maternal Newborn Nursing Course.
5. Initiating a regional project to develop a **Regional Level II Nursery Skills Competency Tool**.

II. Paediatric Advancement Program

MNCYN is working to build regional paediatric capacity, and this work is gaining momentum with ongoing projects. Recent activities of the Paediatric Advancement Program include:

1. **Community Hospital Paediatric Nurse Managers meeting** → St. Thomas Elgin General Hospital
 - Plan to adopt a core pediatric competency document that is mutually agreed upon and could be used throughout the region;
 - Utilize the same template that the Perinatal Outreach Program is using to promote consistency and support cross-training;
 - Develop an index of present paediatric policies;
 - Emerging opportunity: regional project to enhance and standardize the approach to paediatric experiential learning.
 - Introduced the Child & Adolescent Eating Disorders Program at LHSC;
 - The initial focus will be on child & adolescent eating disorders but, in time, can be broadened to other topics such as depression, suicide, etc. Presently working on a presentation that can be utilized as a learning resource (ongoing and for orientation) for Emergency departments and Paediatric Wards.
2. **Collaboration with LHSC paediatric orientation**
 - Nurses from Sarnia, Stratford, St. Thomas, and Chatham invited to participate in the one-day orientation program at LHSC;

- Demand exceeded capacity;
- This is a program that will continue to be offered when space is available;
- Resource survey completed by all hospitals in network that have in-patient Paediatrics.

3. **Site visits**

- January 31, Woodstock → Paediatric Advanced Life Support Course;
- February 27, Hanover → Well attended by physicians (5) and nurses (10);
- March 4, St. Mary's → Dr. Lynch (ER) lectured; well attended by Physicians (4) and nurses (6);
- March 5, London → Coffee with Bonnie Adamson; introduced MNCYN;
- March 21, Windsor → Organized paediatric skills day;
- March 28, St. Thomas → 1st of 3 paediatric focused lectures.

4. **Other activities**

- Finalized Asthma order sets with Dr. Bok;
- Simulation training with residents focusing on minimal skill competency. This will be a program that will be extended for other partner organizations once we have established the core curriculum (Chest tube insertion, paediatric intubation, IV/central line placement, Paediatric codes).

5. **Evaluations**

In the previous quarter our skills day have been successful. The evaluations filled out by participants indicate they have found great value in this education. Here is a summary of the results:

- The level of subject matter was appropriate → %100 agreed or strongly agreed;
- What I learned today will improve my practice → 100% agreed or strongly agreed;
- The simulation will improve my practice → 99% agreed or strongly agreed.

6. **Topics suggested for future skills days include:**

- Meningitis;
- Child and adolescent mental health;
- Central lines;
- Central Nervous system trauma.

III. **Regional Goals and Objectives**

1. **Paediatric / Perinatal Dashboard (Data Set Working Group) → 2 meetings**

The Data Set Working Group is working with BORN Ontario on a **Memorandum of Understanding** to:

- Facilitate a process to monitor and evaluate trends in perinatal and paediatric practices, health service delivery and outcomes of care, using data provided by BORN Ontario, that will enable individual partner organizations of the Southwestern Ontario Maternal, Newborn, Child and Youth Network (MNCYN) to promote the best possible care, as close to home as possible, and be recognized as leaders and innovators at the provincial level;

- Establish the services of a Decision Support Consultant from London Health Sciences Centre (LHSC) and Windsor Regional Hospital to support the process using BORN Ontario data.
2. **Smoking Cessation During Pregnancy → 6 meetings**
Goal → decreasing adverse pregnancy outcomes through a systematic approach to smoking cessation. Call to action/rollout initiated on January 23, 2013 (Phase 1).
 3. **Breastfeeding survey in collaboration with the Middlesex-London Health Unit → 3 meetings**
 Canadian Paediatric Society / World Health Organization 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, relatively quickly. We hypothesize that earlier interventions will have higher success.
 - Consent collection completed by April 26, 2013.
 4. **Baby-Friendly Initiative → 8 meetings**
 - Call to action/rollout initiated on March 15, 2013.
 - The information/participation package included:
 - Letter of invitation;
 - Participation Agreement;
 - PCMCH Approved Recommendations;
 - Summary of the Regional Base Line Survey (September-December, 2012);
 - Integrated 10 Steps & WHO Code Practice Outcome Indicators for Hospitals and Community Health Services.

IV. Network Infrastructure

The MNCYN Network continues its efforts to build a strong foundation for future activity.

1. Executive Committee → 2 meetings

The Executive Committee continues to support and guide the implementation of the current Network priorities and routinely consider emerging opportunities. The topics addressed at the most recent meetings include:

- The breastfeeding survey;
- The MNCYN budget;
- The MNCYN human resources strategy.

2. Review of the MNCYN website → 6 meetings

There is ongoing discussion regarding incorporating user feedback into the MNCYN website, including adoption of social media, to enhance the availability of resources and the user experience.

- Feb. 14, 2013: launch of the **MNCYN Twitter** account. There is value for our Network in Twitter's real-time news feed as, increasingly, it is important to have MNCYN content where Twitter users are. Also, Twitter is a great platform for demonstrating our expertise in a specific niche. This will enhance our ability to become the go-to resource for our partners and stakeholders, while attracting attention from beyond our regional "borders".

3. Site visits (Felix Harmos) to:

- Sarnia;
- Windsor;
- Woodstock;
- Chatham.

V. Other activities

1. The Southwestern Ontario Perinatal Capacity Assessment →6 meetings

One of the first of its kind, this project (supported by the SW and ESC LHINs) is taking a population-based approach to determine the levels of maternal-newborn care required to support the needs of the population in SWO. Data will be collected from BORN, CIHI, etc., without the burden of additional work to partner hospitals. They may, however, be asked to validate data/information obtained or generated during the course of the project, to ensure that emerging recommendations are factual. The in-scope activities for this project include:

- Determine and analyze birth volumes, by LHIN of residence and care location;
- Track regional obstetrical and neonatal retrotransfers;
- Provide an analysis of bed needs driven by population requirements (current and projected volumes). These expert recommendations will support the LHINs as one component of future decision making;
- Report opportunities for enhancing capacity in the areas of:
 - Non-invasive respiratory support;
 - Total parenteral nutrition (TPN);
 - Retinopathy of prematurity (ROP).

Improving our understanding of transfer and retro-transfer patterns and optimizing system functionality will contribute to an enhanced culture of integration, births at the appropriate level of care, which will minimize acute transfers. Enhancement of Level II services, where volume is appropriate, will foster more care closer to home and improve family centered care.

Perinatal Capacity Assessment Core Project Team: Bonnie Wooten (Project Lead), Hilary Brown (Data Specialist), Alexandra Brown, (Admin Assist).

For further information please contact Bonnie Wooten: bonnie.wooten@lhsc.on.ca

2. Ongoing collaboration with the Provincial Council for Maternal and Child Health

- PCMCH - Network Lead teleconferences – **4 teleconferences** aimed at sharing information with PCMCH and Network Leaders across Ontario;
- Child and Youth Advisory Committee **1 meeting**;
- Planning to present the MNCYN Order Sets in June, 2013;
- **Provincial Symposium** - Advancing Integrated complex Care for Children's with Medical Complexity
 - Develop principles and guidelines for operationalizing complex care models across Ontario for children with medical complexity;

- Establish a provincial network of practice.

3. Canadian Association of Paediatric Health Centres (CAPHC) National Guidelines Collaborative → 3 meetings

Consistent with its mission and strategic priorities, the Canadian Association of Paediatric Health Centres (CAPHC) has initiated a 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. Communities of Practice:

- a. Pain
- b. Sepsis
- c. Transitions from Paediatric to Adult Care
- d. Management of Medically Complex Children Through the Continuum of Care

The **goals** of the Communities of Practice (CoP) are as follows:

- Work toward solutions to issues identified as priorities within the priority area;
- Evaluate the success of the CoP on an regular basis;
- Look for collaboration points within the child and youth health service community and with external stakeholders & partners;
- Develop and support the implementation and evaluation of paediatric practice guidelines;
- Identify unrecognized pockets of related projects across child and youth health service delivery and share work openly with those projects;
- Encourage standards adoption.

4. Eating Disorders

Discussions with the Child & Adolescent Eating Disorders Program at LHSC to identify areas where closer, ongoing collaboration with the MNCYN would benefit patients in our region, while simultaneously promote efficient resource utilization.

5. Conferences and Continuing Education

- McMaster University: Capital Projects Using Lean Methodology (Felix Harnos);
- Submitted poster and accepted for conference: "Providing Outreach Education for Nurses using High Fidelity Simulation" (Doug Jowett and Karen Laidlaw).

6. Public Health Ontario Strategic Planning Consultation

Public Health Ontario is developing its 2014-2019 strategic plan with input from clients, stakeholders and staff. The new plan will guide PHO's operations over the next five years, beginning in April 2014.

7. MNCYN Order Set Deployment → 4 meetings

The orders sets developed by the MNCYN have received attention from other areas of the province and beyond.

8. SWO Paediatric Council → 1 meeting

Paediatric repatriation and data collections were part of the agenda for this meeting.

9. Paediatric Repatriation → 12 meetings

MNCYN partners are actively involved in reviewing the current system of paediatric repatriation in Southwestern Ontario. As part of this work, the following tools/information systems are being considered:

- a. Regional Integrated Decision Support System;
- b. Provincial Hospital Resource System Repatriation Tool;
- c. Connecting South West Ontario.

10. Academic Medical Organization of Southwestern Ontario (AMOSO)

Contributed to the MNCYN Order Set Development project close-out report.

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, 2013.

APPENDIX I
Member Financial Contributions 2012 – 2013*

MNCYN Annual Membership Revenue (Fiscal 2012-13)			
	Organization	Level of Support (Can \$)	Contributed to Date (Can \$)
Hospitals	London Health Sciences	150,000	150,000
	Windsor Regional Hospital	75,000	75,000
	St. Thomas Elgin General Hospital	25,000	25,000
	Huron Perth Hospital Alliance	25,000	25,000
	Chatham-Kent Health Alliance	25,000	25,000
	Grey Bruce Health Services	25,000	25,000
	Bluewater Health	25,000	25,000
	Hanover & District Hospital	5,500	5,500
	South Bruce Grey Health Centre	5,500	5,500
	Listowel Wingham Hospitals Alliance	5,500	5,500
	Alexandra Marine & General Hospital	5,500	5,500
	North Wellington Healthcare	5,500	5,500
	Leamington District Memorial	5,500	5,500
	Middlesex Hospital Alliance	5,500	5,500
	Woodstock Hospital	5,500	5,500
	Tillsonburg District Memorial Hospital	1,000	1,000
Alexandra Hospital	1,000	1,000	
CCAC	Southwestern CCAC	25,000	25,000
Public Health Units	Middlesex-London Health Unit	5,000	5,000
	Grey Bruce Health Unit	1,000	1,000
	Perth District Health Unit	1,000	1,000
	Elgin St Thomas Public Health	1,000	1,000
	Huron County Health Unit	1,000	1,000
	Windsor-Essex County Health Unit	1,000	1,000
	Oxford county Public Health Unit	1,000	1,000
Membership Revenue Total		432,000	432,000

*Updated February 4, 2013

APPENDIX II

Maternal Newborn Child and Youth Network Statement of Revenues, Program Expenses Updated Quarterly*

MNCYN Membership Revenue

Total Membership Revenue	432,000
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Expenses

Salaries

Total Salaries	330,970
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Benefits

Total Benefits	62,884
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Travel and Supplies

Total Travel and Supplies	25,742
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Total Expenses	419,596
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Revenue Less Expenses	12,404
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*Statement is not audited.