

Provincial Council for Maternal and Child Health 2018/19 Fiscal Year In Review



Our Current Mandate

- Provide evidence-based and strategic leadership for maternal, neonatal, and paediatric health services in Ontario
 - Provincial coordination of planning, implementation, capacity development, knowledge mobilization, monitoring, and evaluation across acute, community, and primary settings
- Drive a system of care that provides timely, equitable, accessible, high quality, evidence-based, and family-centred care in an efficient and effective manner
- Serve as a vehicle to implement government health strategies, including implementing Ministry-directed priority initiatives
- Consolidate information about threats, opportunities, and other needs from the field and communicate these in ways that help inform the Ministry

Strategic Shift

2018/19 has been a pivotal year for PCMCH

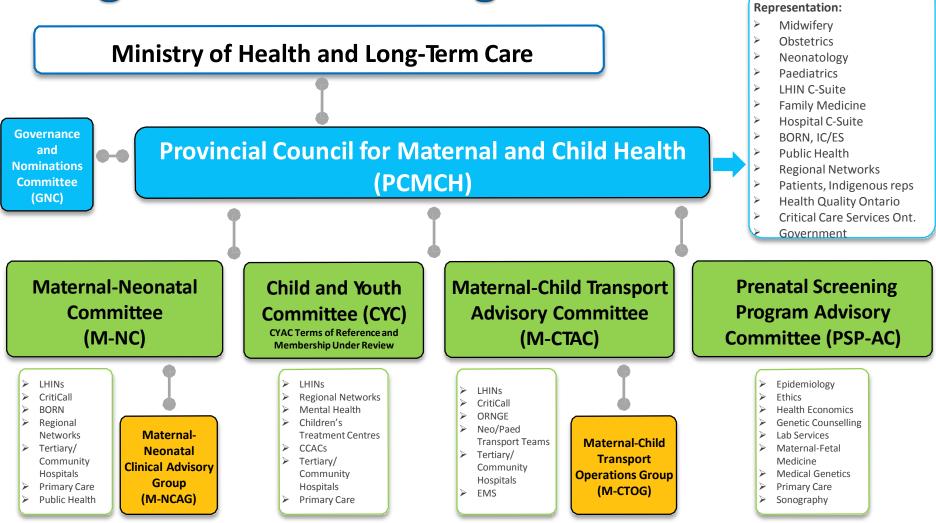
Strategic Shift to expand mandate from a focus on system planning and monitoring to include active *implementation* of frontline service delivery and quality improvement (QI) across the province, and a focus on *measurement* of maternal, neonatal, and paediatric health outcomes associated with QI

- Provincial System Planning and Monitoring
- Frontline Service Delivery and Quality Improvement

Expanded partnerships/collaborations have been a critical enabler of this strategic shift and have driven PCMCH's 2018/19 deliverables across all of its domains of activity (maternal, neonatal, paediatric health services)

- Regional Networks of service providers across Ontario (five regions) and LHINs
- BORN, IC/ES
- Critical Care Services Ontario (CCSO)

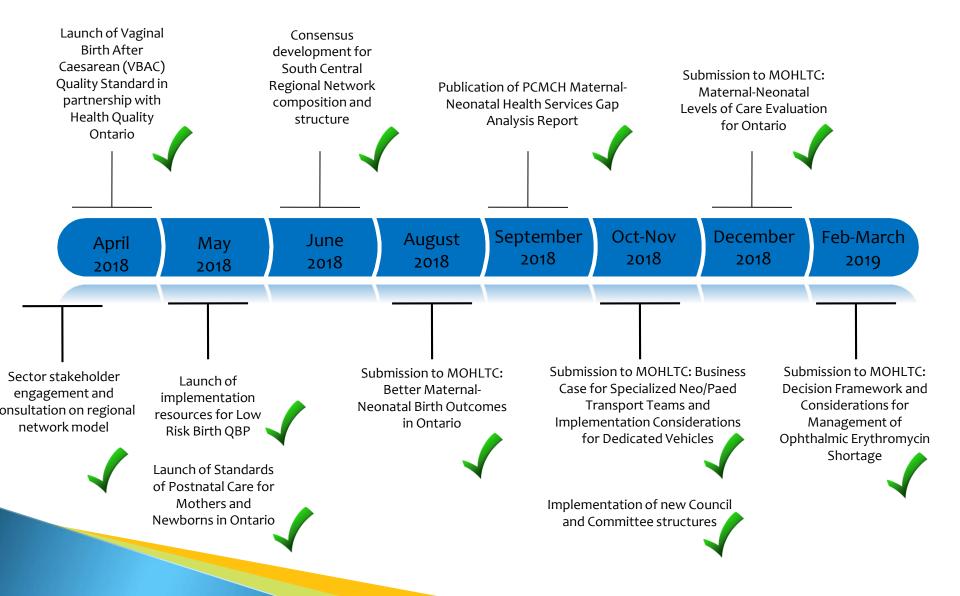
Organizational Design



Committees: Drive the mandate of PCMCH within two distinct areas of focus: maternal-neonatal health services and paediatric health services; one of the two Co-Chairs of each Committee holds a seat on Council; Committees will approve and recommend policy to the Council, however their mandate goes beyond advisory, as they are also responsible for driving practice change across the province

Advisory Committees: Have distinct subject-matter areas and will approve and recommend policy to the Council

Key PCMCH Milestones 2018/19



Maternal-Neonatal Work Stream

M-NC, Transport, and Prenatal Screening Committees

PHASES OF CARE / MATERNAL-NEWBORN "PATIENT JOURNEY" or "CLIENT JOURNEY"					
🔮 Prena	tal Period	Labour & Birth	Postnatal Period		
		Ontario Perinatal Record VBAC Quality Standard Implementation			
E		M-N Hospital Leve			
Fetal Fibronectin Prenatal Ultrasound Prenatal Screening (Rh)		M-N Hospital Levels of Care: Evaluation of 30-32 weeks LOCs			
		Mother-Baby Dyad Care			
Prenatal Screening Advisory		Pregnancy and Infant Loss			
		Maternal-Child Transport Advisory Committee Projects			
	Evaluation of M-N Levels of Car		N Levels of Care		
		Late Pre-Term Birth	Breastfeeding Services		
		Low Risk Birth QBP	Retinopathy of Prematurity		
		Better Maternal-Neonatal Birth	Retro-Transfer		
		Outcomes	Neonatal Follow-up Clinics		
			PGE1 Recommendation NAS Guideline Update		
			Hyperbilirubinemia QBP Refresh		
			Standards of Post-Natal Care		

Paediatric Work Stream CYC and Transport Committees

PHASES OF CARE / INFANT "PATIENT JOURNEY" or "CLIENT JOURNEY"

		ENT JOURNEY OF CLIENT JOURNEY			
0-4	5-9	10-14	15-17	18-22	
		QBP Sickle Cell Disease	1		
	Emerge	ency Department Mental Health Clinical Pathwa	ays		
		QBP Tonsillectomy			
		QBP Paediatric Asthma			
	С	left Lip and Palate/Craniofacial Dental Services	s (includes infants)		
	Mater	nal-Child Transport Advisory Committee Project	S		
	Paediatric Palliative Care				

Completed Projects C

Better Maternal-Neonatal Birth Outcomes

- In partnership with BORN and the Alliance for the Prevention of Preterm Birth and Stillbirth, PCMCH developed a business case for the Ministry recommending a regional network approach to engage frontline clinicians across Ontario in driving the quality and access agenda for better birth outcomes in the province
 - The proposed model aligns well with the new government framework for OHTs
 - The business case is supported by a gap analysis that PCMCH performed earlier this year, analyzing the impact of geography on quality and access to care, as well as variations in models of care and HR strategies
- Gaps were identified in provincial service capacity to ensure the lowest possible rates of preterm birth and stillbirth, particularly in lower volume and more remote/rural centres
- A 2018 report from HIROC and CMPA has shown that the most significant driver of claims costs for hospitals and
 physicians are due to poor obstetric outcomes, with <u>administration of oxytocin</u> for induction and augmentation of
 labour being the most common error leading to these poor outcomes
- To address the gaps and the opportunity for a pan-provincial approach to implementing QI and enhancing access to specialized maternal and child health services, the business case focuses on improving birth outcomes by implementing measures to reduce the risk of preterm birth and stillbirth, and increase the safety of labour and birth
- The regional network model could be repurposed for any number of QI and access initiatives in the maternal and child health space going forward, creating a sustainable and cost-effective mechanism for the province to drive practice change and ensure that high quality services can be accessed equitably across Ontario
 - Work is currently underway that leverages the regional network model for QI in maternal-neonatal health services across Ontario, coordinated by PCMCH

Maternal-Newborn Levels of Care Evaluation

- PCMCH completed development and implementation of a comprehensive questionnaire aimed at assessing the level of care provided by centres across Ontario delivering maternal-neonatal health services
- Quantitative and qualitative data were collected and compared from BORN data, hospital surveys, and stakeholder engagement feedback
- Complex data analyses and evaluation was undertaken against LOC data established in 2011 by PCMCH in collaboration with expert advisors from across the province
- Recommendations were generated with regard to the criteria definitions, supporting hospital adherence to the criteria, and improving the overall maternal-neonatal health system
- A report was submitted to the Ministry in late 2018 and feedback was received, confirming that CCSO and PCMCH should work collaboratively to address the recommendations



Prenatal Screening

- PCMCH has established parameters for completion of a review process consisting of three distinct levels of review for new prenatal screens under consideration for becoming part of the standardized screening panel, and has completed a process flow in which each phase is outlined
- Partnership has been established with Health Quality Ontario (HQO) to support level III screening vis a vis its Health Technology Assessment and Quality Standard entities, with a supplemental review done for areas not covered in the Level III review
- A Level II review has been completed on cervical length screening for prevention of pre-term birth; HQO has indicated that screening/management for pre-term birth is well-suited for a quality standard, which presents an important opportunity to collaborate, especially since it aligns closely with the PCMCH review process
- A prioritization process for new screens that have reached the Level III stage of review, and other items being considered by PCMCH, has been developed, including guiding principles and a process for decision-making
- Screens have been identified and prioritized for the 2019/20 PCMCH work plan



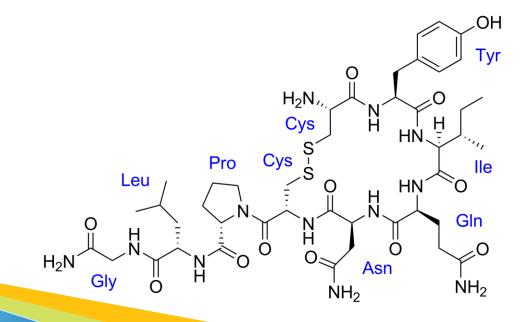
Maternal and Neonatal Transport

- Indicators have been developed for monitoring quality of maternal, neonatal and paediatric transports in Ontario; ongoing monitoring is in place to track the quality, volumes, and patterns of neonatal and paediatric transports
- Data regarding the current state of maternal transfers across the province will establish the 2019/20 priorities for provincial QI in this area



Oxytocin

- PCMCH has developed best practice recommendations and implementation tools for safe administration of oxytocin during induction and augmentation of labour
- Materials are undergoing review by the PCMCH Maternal-Neonatal Clinical Advisory Group and Maternal-Neonatal Committee for approval to roll out province-wide



Low Risk Birth Quality Based Procedure (QBP)

- The Low Risk Birth QBP Toolkit and Clinical Education Package have been made available online and disseminated to stakeholders across Ontario
- PCMCH hosted a webinar to review the clinical best practices with service providers, and is working with the Ministry to standardize the data definition for the cohort under study, and to review changes to funding for this clinical pathway
- PCMCH continues to engage regional partners to utilize resources to support the implementation of best practice, and is currently reviewing a regional network tool to help support engaging regional leads and hospitals to identify areas in the recommendations where practice is met or needs improvement



Vaginal Birth After Caesarean Section (VBAC) Standard

- PCMCH, in partnership with Dr. Jessica Dy from The Ottawa Hospital, is completing clinical review of a series of capacity building health care provider education materials aimed at implementation of the VBAC Quality Standard
- PCMCH is collaborating with BORN Ontario and HQO to refine clinical indicators to support the creation of a VBAC data report that can be pulled from the BORN Information System



Neonatal Transport

- The expanded Neonatal Consult, Transport, and Transfer process was launched in 2018 in partnership between PCMCH and CritiCall Ontario to implement a system for neonatal transfers from Level I to II centres and between Level II centres, including a standardized approach to communication with hospitals
- PCMCH and CritiCall have now had an opportunity to review the expanded process, which is working well; PCMCH will continue to monitor to ensure consistent, widespread uptake of the process



Paediatric Levels of Care (LOC)

- PCMCH led the development of LOC criteria for paediatric inpatient services in Ontario, and focused in 2018/19 on developing and rolling out an implementation plan for assigning designations for service providers across the province
- This implementation plan was approved by LHIN CEOs and the LHINs agreed to participate in implementation of the LOC initiative
- Communications for hospital administrators and clinicians were rolled out provincially to address questions and ensure a common understanding of the criteria and the process for organizational assessment against LOC criteria
- · Surveys were disseminated and data have been collected and analyzed at PCMCH
- Work is being undertaken to address some gaps and challenges identified in the criteria before finalizing designations for a coordinated system of care for paediatric patients across Ontario
- Designations will be used to inform referral and transport decision making, as well as to help drive capacity building and clinician support at the frontline level



Paediatric Diabetes Network (PDN)

- PCMCH developed a comprehensive Quality Indicators (QI) report for paediatric diabetes health outcomes based on the QI data collection pilot implemented in 2017/18
- The report included a summary of key findings and lessons learned from the pilot that was shared with the network; sites that participated in the pilot and submitted data to PCMCH were given the opportunity to request a site-level report, which included provincial and site-level graphs for comparison
- A formal endorsement was received from the LHIN CEOs for PCMCH to develop an implementation strategy for a sustainable system to collect and analyze data on key quality indicators for paediatric diabetes; work is being done with the LHINs to align reporting requirements for paediatric diabetes to support ongoing system monitoring and continuous QI
- In alignment with the regional network approach to capacity building for frontline clinical service delivery, PCMCH is driving re-establishment and evaluation of outreach linkages between higher and lower volume/complexity centres throughout the province, including a formal assessment of the value of existing linkages, and how these can be sustained, strengthened, and expanded, going forward



Ontario Paediatric Bariatric Network (OPBN)

- OPBN sites conducted a comprehensive review and evaluation of potential online solutions for paediatric bariatric health outcome data collection and reporting to drive performance measurement and QI across the province
- An optimal solution was identified and PCMCH will launch the new tool for collection and analysis of 2019/20 data
- A data quality analysis was completed and will inform standardization of the performance measurement process, going forward



Paediatric Palliative Care

- In 2018/19, the Provincial Paediatric Palliative Care working group, led by PCMCH and the Pediatric Oncology Group of Ontario (POGO), has worked to establish Regional Implementation Working Groups (RIWG) based out of each of the paediatric academic health sciences centres (PAHSCs) in Ontario, and to finalize regional membership per defined terms
- Once established, these groups have been driving forward an environmental scan to identify a regional inventory of population needs, existing resources, and gaps for paediatric palliative care, end-of-life care, and bereavement support within each region in Ontario
- The results of this survey will strategically inform and operationalize the PPPC-SC's vision and health service delivery framework for the province
- PPPC-SC continues to collaborate with the Ontario Palliative Care Network (OPCN) to understand the current landscape via existing data



ED Readiness

- PCMCH led a review of the US ED Paediatric Readiness Checklist and worked with Ontario-based ED experts to adapt its content to the provincial context
- Mental health questions were drafted and finalized through testing with content experts before being incorporated into the checklist; these have been shared with colleagues in the US, who are using these questions as a foundation for work they are doing re: ED paediatric mental health readiness
- The checklist was tested with representative hospitals (usability, application to Ontario's cultural/geographic diversity) and a revised checklist was distributed to a larger cohort of hospitals, including PAHSCs and community hospitals; individualized hospital reports are being provided
- Data on volumes, admissions, and transfers are being validated and a data collection/reporting solution has been identified to drive provincial implementation of the checklist for all emergency departments that see paediatric patients
- Indicators have been defined by an expert panel to assess: ED paediatric readiness scores (baseline and longitudinal); efficacy of interventions that target identified opportunities; and impact of the initiative on patient outcomes
- ED readiness considerations were included in paediatric death review committee recommendations developed at PCMCH regarding local capacity in lower volume centres across Ontario to safely manage and stabilize paediatric patients whilst waiting for a transfer to a more specialized centre
- Full provincial implementation of the ED paediatric readiness checklist has been approved for roll out in 2019/20

Paediatric Transport

- PCMCH continues to work with Ministry partners to develop implementation plans for dedicated paediatric transport vehicles
- At the request of the Ministry, PCMCH submitted an addendum to its Dedicated Vehicles Proposal that outlines specific costs for vehicles, as well as a business case for transport team funding, interdependent with the Dedicated Vehicles Proposal
- PCMCH will continue to work with municipal EMS and regional transport teams on implementation plans once funding is confirmed
- Ornge continues to work with engineering experts to obtain certification for transport of neonatal equipment on aircraft assets and is providing PCMCH with regular updates on its progress



PCMCH Paediatric Health Services Frontline Service Delivery and Quality Improvement

Paediatric Diabetes

- An online community of practice was created and implemented on Quorum (hosted on HQO's platform) for the Paediatric Diabetes Network (PDN) to share information and resources within the network; over 100 members have enrolled to date and recruitment continues
- The 2018/19 Paediatric Diabetes Professional Development Conference was held in the winter and received excellent engagement and evaluations from clinicians representing all of the paediatric diabetes programs and services in Ontario; funding was made available to encourage service providers from northern Ontario who serve Indigenous paediatric populations to participate in the conference
- Education was provided at the conference on new digital health technologies to support patient self-monitoring of blood glucose levels and early warning systems, as well as the complex interplay between paediatric diabetes and mental illness, paediatric diabetic ketoacidosis and cerebral injury, eating disorders in Type 1 diabetes, best practices for patient transition to adult care, and Indigenous cultural approaches to diabetes health service delivery
- PCMCH updated and translated into French the PDN Managing Diabetes During an Illness Guidelines ("Illness Management Guidelines"); long, short (brochure), and wallet card versions have been disseminated to the network and can be accessed on PCMCH's website
- PDN has partnered with JDRF, a non-profit organization that funds Type 1 diabetes research and advocates for regulation favorable to medical research and that makes it easier to market new medical devices, to include the Illness Management Guidelines in their "Bag of Hope" which contains useful resources for both the child who has been diagnosed with T1D and his or her caregivers across Ontario

PCMCH Paediatric Health Services Frontline Service Delivery and Quality Improvement

Paediatric Bariatric

- PCMCH has focused in 2018/19 on implementing provincial capacity-building activities for paediatric bariatric services
- The online repository of clinical tools and resources for paediatric bariatric care continues to be updated and used by the network for sharing clinical resources via a dedicated Dropbox for OPBN, managed by the OPBN Education Working Group
- The Bariatric stream of Project ECHO is underway, which utilizes technology to connect clinicians from higher volume, subspecialized "hub" centres with lower volume, generalized paediatric service providers throughout Ontario, to deliver education, discuss complex cases, and provide case consultation support for local capacity building; sessions have been extended to include primary care physicians, as well
- A Paediatric Project ECHO Obesity Management Bootcamp (full day workshop) was organized at SickKids for members of the OPBN to participate in shared education and capacity-building

PCMCH Paediatric Health Services Frontline Service Delivery and Quality Improvement CCKO

- Ministry funding was secured in 2018 and enabled PCMCH and the tertiary centres to accelerate expansion of the CCKO model across Ontario
- PCMCH has identified and recruited additional complex care family representatives to serve on its CCKO Leadership Table and to advise on the implementation of the model as it continues to roll out across the province
- In addition to the four tertiary hubs, we have implemented the CCKO service delivery model in 10 community hub sites, and the operational definition for CCKO eligibility has been updated based on feedback from key partners based in northern communities to account for geography and access to care
- CHEO continues to support a CCKO clinic based out of the Cochrane-Temiskaming Children's Treatment Centre in Timmins, and SickKids has begun providing nurse practitioner support for northern families, as well
- Clinician training on inter-professional collaboration for improved service quality was delivered to CCKO staff in early 2019 and was implemented in conjunction with the annual CCKO symposium, which focused this year on education for clinicians on mental health support for families of paediatric complex care patients, standardization of school and home orders in optimizing continuity of care for children with medical complexity and/or technology dependence in the community, as well implementing experience measures of medical technology and feeding
- CCKO regional lead sites continue to submit quarterly financial and program updates to PCMCH, facilitating ongoing monitoring and tracking of implementation of the model against the defined standard for service

PCMCH Paediatric Health Services Frontline Service Delivery and Quality Improvement

Cleft Lip

- PCMCH has continued to lead the implementation of a consistent, integrated approach to service delivery across the province to ensure that children and youth with cleft palate have equitable access to high quality, evidence-based treatment
- Working in partnership with Dental Directors from across the province, PCMCH worked in 2018/19 to establish updated and clear definitions for patient eligibility criteria, based on clinical evidence, as well as legal and ethical frameworks
- 2,804 patients were treated at the Centres throughout the province in 2018/19

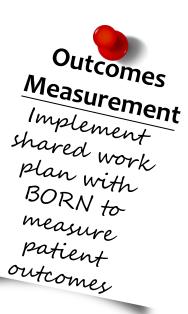


PCMCH Performance Measurement

- PCMCH has identified and prioritized system-level indicators for tracking and monitoring quality and gaps
- A scorecard will be implemented in a phased approach
- All Phase I indicators have been confirmed with technical specifications in collaboration with BORN and IC/ES
- First draft scorecard will be presented to Council in June, 2019



Implementation Continue expansion and strengthening of regional network model



Systems Leadership

Implement performance measurement framework and develop benchmarking 2.0