Maternal-Child Health Regional Networks: Core Elements for Success

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Background

There are six regional maternal-child health networks ("regional networks") in Ontario. These networks are designed to strengthen linkages among maternal-child healthcare providers and other organizations, with an overarching goal of improving health outcomes and health equity for perinatal, newborn, and paediatric populations within their geographic catchment areas across Ontario. Each regional network is accountable to and intended to align with their respective Ontario Health (OH) Regions.

OH Region	Regional Network	Map of OH Regions
● WEST	Maternal, Newborn, Child and Youth Network (MNCYN) Southern Ontario Maternal Child Health Network (SOMCHN)	
● CENTRAL	Women & Children's Health Network (WCHN)	
● TORONTO	Toronto Region Maternal Child Health Network (TRMCHN)	
● NORTH WEST ● NORTH EAST	Northern Maternal Child Network (NMCN)	
● EAST	Champlain Maternal Newborn Regional Program (CMNRP) & Kids Come First Health Team (KCFHT)	

Champlain Maternal Newborn Regional Program (CMNRP) and the Maternal, Newborn, Child & Youth Network (MNCYN) have existed for over 40 years, while the Women and Children's Health Network (WCHN) has existed for over 10 years. All three networks have well-established services and relationships within their regions. These networks developed independent of one another, with different funding models to support their operations and service delivery. The other three regional networks are relatively new, having emerged within the last five years, and they are funded almost entirely by the provincial government. All regional networks are based out of medium and/or large hospitals and regional networks leverage their host hospitals' back-office functions.

Maternal-Child Health Regional Networks

In 2021, the Ministry of Health (MOH) provided operational funding to regional networks via their OH Regions to support their development and growth, with the expectation that, at maturity, each regional network will partner with and support relevant providers and organizations within the entirety of their OH Region. Tied to their operational

funding is the expectation that each regional network will collaborate with and leverage the expertise of diverse individuals and organizations in order to advance the following four provincial priorities defined by the MOH:

1. **Local Gap Analysis and Planning** – identifying service gaps, tracking patient demand and health service activity to inform collaborative planning;
2. **Executing Improvements to Care** – enabling the implementation of best practices with guidance from the Provincial Council for Maternal and Child Health (PCMCH) and utilizing Better Outcomes Registry Network (BORN) Ontario data for benchmarking, quality improvement, and to inform provider education and training;
3. **Connecting and Coordinating Providers** – connecting local systems and supporting service delivery and integrated care across diverse settings (acute, primary, community, public health, mental health); and
4. **Informing/Providing Input to Provincial Entities** – remaining accountable to OH Regions and receiving guidance from PCMCH and BORN.

Regional Networks Operational Forum

In 2021, the regional networks came together at PCMCH to establish the [Regional Networks Operational Forum (RNOF).](#) RNOF is a community of practice comprised of the six OH Regions, PCMCH, BORN Ontario, and the MOH, in addition to the six regional networks. It aims to build capacity and collaborate on efforts pertaining to shared priorities along the continuum of care. RNOF additionally creates opportunities for regional networks to share initiatives and data-driven best practices, in order to increase alignment and coordination of efforts in the implementation and evaluation of provincial priorities.

Partnerships and Coordination with Related Entities

Ontario's healthcare system is complex and evolving. Within this system, regional networks complement other entities by identifying regional issues and providing support for frontline providers, allied professionals, and diverse communities. Regional networks are accountable to, and work closely with, their OH Regions. Regional networks collaborate with each other and with provincial entities such as PCMCH and BORN Ontario, with the unified goal of strengthening Ontario's perinatal and child health systems. Additionally, regional networks can complement the work of Ontario Health Teams in achieving their goals and objectives across the entire population. As the larger healthcare system continues to evolve, regional networks recognize the need to adapt and maintain strong working relationships with their partners to avoid duplication of efforts, address gaps in coordination within their regions, and ultimately support the provision of equitable care.

Core Elements of a Regional Network

In January 2023, the MOH requested that the regional networks, through RNOF, develop a shared vision of their desired future. This includes articulation of the core elements of a network, i.e., features and functions that can be fairly expected of every network, regardless of maturity, size and local context, to ensure a minimum degree of consistency across networks.

Through a series of discussions facilitated by PCMCH, the six regional networks have developed a consensus vision for the core elements. These core elements are guided by the four priorities set by the MOH (noted in the section above) and organized within two themes:

Network Structure

    a. Governance and Accountability

    b. Leadership Structure and Human Resources

    c. Funding

Network Functions

    a. Partnerships and Relationship Building

    b. Service Delivery

    c. Performance Measurement

The core elements described below consider the current state of the regional networks, as well as future aspirations for them. Although the elements were developed based on shared priorities, the ways in which networks work towards their implementation and their timelines will differ due to how varied their current state and regional contexts are. The descriptions below are intended to guide future network development rather than be prescriptive. In many instances, coordination and collaboration with other entities such as PCMCH, OH Regions, OHTs, and other regional networks will occur in order to optimize the use of resources and ensure consistency across the province where appropriate.

Network Structure

The core elements detailed in this section will support regional networks in building their capacity to advance the four priorities defined by the Ministry of Health (see Page 3).

Governance and Accountability *Refers to the accountability relationships and decision-making model.*	• All regional networks have an oversight table comprised of diverse representatives from organizations within their region. The exact structure of the oversight table and its function may vary, as each network's governance model should support them in achieving their goals and accountability requirements, to ultimately contribute to a cohesive system of care within their geographic catchment area. For example, some networks have a steering or executive committee and others have a network council or board. • Regional networks are all based at host hospitals within their regions. Regional networks therefore have a reporting relationship with the leadership of their host hospital. • All regional networks are aligned with and accountable to their OH Regions for funding received through them. Both parties will continue to build and strengthen their relationships through ongoing communication and collaboration. • Regional networks also report to the Provincial Programs Branch of the MOH. Networks that have multiple revenue sources or existing partner contribution funding models may have additional reporting relationships with other funders. • As part of their OH Region funding agreement, all regional networks are expected to actively engage with PCMCH and at RNOF, as well as leverage data from BORN Ontario.
Leadership and Human Resources *Refers to the management model and personnel.*	• Each regional network requires an individual designated as the lead for the network, with protected time to manage the activities of the regional network. Job titles and employment arrangements will vary among regional networks and in some cases a dyad model of administrative and clinical leadership may be employed. The intention of having a funded management position in place is to ensure that there is dedicated leadership to fulfil the mandate of the network. • There is no one-size-fits-all approach to human resources (HR) that can be applied to all regional networks. Their staffing models and committee structures will – and should – vary based on their priorities, core services, budgets, and the HR policies of their host hospitals. • Regional networks engage clinical and non-clinical experts as this is important to the success of their teams. In considering

	the unique and essential insights that different healthcare providers bring to the practical work of regional networks, all regional networks should strive to include the perspectives of diverse healthcare professionals and allied professionals.
	• Important back-office functions such as information technology, communications, HR, payroll, and finance are required and may be leveraged from host hospitals. Regional networks agree a periodic review of their leadership model and HR structure (as determined by their priorities and resources) will be valuable to ensuring the structure is revised to continue meeting the needs of the network and its partners.
Funding *Refers to revenue sources and funding models.*	• All regional networks require sufficient annual base funding to execute plans and advance the four provincial priorities for regional networks (as set by the MOH). • Some regional networks may choose to establish partner contribution funding models or submit grant applications to further expand upon their regional network priorities.

Network Functions

Regional networks perform a broad range of functions in support of the four priorities set by the MOH. The functions in the table below are not an exhaustive list of all that each regional network does. Rather, these are areas for which core elements have been discussed by the regional networks at this time.

Partnerships & Relationship Building *Refers to relationships with healthcare professionals and healthcare recipients, as well as regional, provincial, and national partners.* *This element aligns with the following MOH priorities: (3) connecting and coordinating providers; and (4) informing/providing input to provincial entities.*	• Regional networks will have collaborative relationships with other regional networks, provincial entities (e.g., OH, PCMCH, OHTs, BORN, public health), healthcare professionals, allied professionals, and healthcare recipients. These relationships will span the continuum of care, regardless of level of acuity. • Regional networks pursue additional relationships with individuals and entities (e.g., primary care, midwifery groups, hospitals, public health units, community health centers) that influence, support, or provide care to the perinatal, newborn, and paediatric populations in their regions – as per regional networks' mandate of connecting and coordinating providers. These relationships support the early identification of synergies with the work of other organizations to avoid duplication, promote collaboration, identify gaps/opportunities and advance knowledge. • Patient, family, and community perspectives are highly valuable, as is the advancement of equity, diversity and inclusion (EDI) in each region. Patient and family engagement

	is required. Mechanisms can include the direct involvement of lived experience advisors in activities or the leveraging of existing structures at partner organizations (e.g., patient and family advisory committees at host hospitals).
Service Delivery *Refers to the services provided by networks within, and in some cases, beyond their catchment areas.* *This element aligns with the following MOH priorities: (1) local gap analysis and planning; (2) executing improvements to care; (3) connecting and coordinating providers; and (4) informing/providing input to provincial entities.*	• Regional networks vary in the services that they offer, in part due to their differing levels of maturity, variance in funding and resources, and their unique regional contexts. Services include, but are not limited to, facilitating system integration, coordination, and alignment in acute and community settings; assessing and embedding health equity into programming; and implementing evidence-based standards, best practices, and guidelines – as informed or encouraged by provincial entities – to improve quality of care. • Given their strong connections with healthcare providers and other relevant parties, networks are well-positioned to identify regional needs and service gaps. As such, networks will help identify these needs and gaps to further understanding of patient demand for services, inform analysis and collaborative planning, and support the implementation of new approaches. • Regional networks support the dissemination of existing educational opportunities within their regions through a variety of channels. This can include connecting providers to continuous learning opportunities via e-mail distribution lists and webinars, or training and certification programs. • Regional networks will create or coordinate new opportunities for advancement in education and training to support the professional development of providers across Ontario. This may be done in partnership with other organizations.
Performance Measurement *Refers to the use of data and metrics to advance quality improvement.* *This element aligns with the following MOH priorities: (1) local gap analysis and planning; (2) executing improvements to care; and (4) informing/providing input to provincial entities.*	• BORN Ontario has been mandated to provide data to regional networks, to support them in achieving the provincial priorities identified by MOH. Networks will identify additional data needs beyond BORN to span the entirety of the maternal-child population, and may centralize their data requests via PCMCH for efficiency and to enable the networks to collaborate with each other in reviewing regional trends. • Regional networks recognize the importance of tracking the success of regional or provincial projects or initiatives to execute improvements to care, by employing a variety of metrics, frameworks, and measurement tools. Regional networks see the value of establishing performance metrics, where appropriate, and reviewing them together at RNOF. • Metrics that capture gaps and progress towards EDI and patient engagement are a shared priority of regional networks.

Next Steps

As the regional networks embark on their next steps in growth and development, this document will aid in identifying a path to reaching their mature state. Some regional networks may require additional investments to achieve their goals. The MOH expects that any proposals submitted by the networks will outline core elements, activities, and deliverables with relation to the additional resources being requested by networks to achieve their growth goals.

Regional Networks Operational Forum (RNOF) Membership

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