

Vision: Optimal health for expectant mothers and the infants that are born each year in Alberta

Alberta Perinatal Health Program Report to the CPPC June 2014

The Alberta Perinatal Health Program is celebrating 10-years as a provincial Perinatal Health Program

Strategic Clinical Network

Alberta is moving forward with plans for a Maternal, Newborn, Child and Youth Strategic Clinical Network.

The intent is to engage clinicians, academics, researchers, etc. to find new and innovative ways of delivering care that will provide better quality, better outcomes and better value for every Albertan.

Provincial Maternal Infant Health Strategy

Alberta Health is moving forward with a provincial Maternal Infant Health Strategy. The 3 main areas of focus are: 1) Maternal Mental Health 2) Breastfeeding 3) Prevention of Low Birth Weight

APHP Website

We are updating our website to make it more user friendly and to enhance its usefulness. Timeline is September. There will be specific log in sections for NRP instructors, NRP instructor Trainers, ACoRN instructors, and APHP data and quality reports.

Aboriginal Perinatal Health Outcomes

The Provincial Women's Health Core Group is working with AHS senior executive to establish a strategy for improving perinatal health outcomes for the Alberta Aboriginal Population. It is a complex issue but worth the time and effort involved.

ACoRN

APHP has been active this spring in offering ACoRN courses for both new and renewing instructors. We also offered a course to prepare ACoRN facilitators. The facilitator course allows an NRP instructor to teach basic newborn stabilization and is part of a plan to ensure even small birth volume hospitals have the basic stabilization knowledge and skills they need.

Public Cord Blood Banking

The Lois Hole Hospital for Women in Edmonton will be one of 4 Canadian sites to partner with the Canadian Blood Services for collection of cord blood for public banking. All Canadians, and international recipients, will benefit from this initiative.

MORE^{OB}

57 Alberta hospitals continue to participate in the MORE^{OB} Program. Alberta began provincial participation in 2004/2005. Alberta Health Services contract with Salus Global Corporation is to March 31, 2016. This year a "refresh" day was provided for each of the 5 Alberta Health Services Zones. The days were well received and helped to rejuvenate the core teams.

Vision: Optimal health for expectant mothers and the infants that are born each year in Alberta

Maternal Mortality Report

The APHP has produced a detailed Maternal Mortality Report examining death of women during pregnancy, childbirth and up to 1 year after delivery for the years 1998 to 2011. The report will be available on the APHP website

PSANZ Perinatal and Neonatal Death Classification

The APHP has applied the Perinatal Society of Australia and New Zealand (PSANZ) Perinatal and Neonatal Death Classification System in categorization of stillbirth and neonatal deaths. The purpose of the PSANZ is to identify the single most important factor resulting in the death. The focus of the mortality review and application of the PSANZ was on deaths ≥ 32 weeks gestation.

Provincial Perinatal Report

In addition to a section on maternal mortality and stillbirth and neonatal mortality, the APHP Provincial Perinatal Report 2013 Edition featured detailed analysis of maternal indicators and birth outcomes: 1) categorized by the Pampalon Material Deprivation Index, 2) according to Utilization of Assisted Reproductive Technology and 3) Maternal characteristics according to place of residence: Metropolitan vs. Non Metropolitan.

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**ANNUAL REPORT TO THE Canadian Perinatal
Programs Coalition**

APRIL 1, 2013 – March 31, 2014

PERINATAL EDUCATION PROGRAM
Division of Continuing Professional Learning,
College of Medicine &
Continuing Education and Development for
Nurses, College of Nursing
University of Saskatchewan
In collaboration with
Perinatal Outreach Education
Regina Qu'Appelle Health Region

The purpose of the Perinatal Education Program is to promote optimal perinatal outcomes based on evidence-based care and to identify, facilitate and evaluate continuing education and professional development for physicians, nurses, midwives and other health care professionals providing care to mothers and their newborns.

Objectives of the Perinatal Education Program:

- Promote maintenance of competence of perinatal health care providers throughout Saskatchewan by providing education programs, consultation services and learning resources.
- Provide professional education to reduce perinatal mortality and morbidity
- Support a comprehensive, coordinated approach to perinatal health care and education in the province.
- Collaborate with other health organizations to promote public education leading to optimal perinatal outcomes
- Promote family-centred maternity & newborn care

Funding:

The Clinical Services Fund Grant covers 80% of the salary costs for the 1.0 FTE Coordinator and 0.6 FTE Program Assistant. The program continues its' longstanding relationship of working with the Coordinator, Perinatal Outreach Education, Regina Qu'Appelle Health Region. This work facilitates efforts by the program to have provincial scope and impact. Other than funding support from the Clinical Services Fund to defray the salary expenses, all additional program costs are met on a cost recovery basis.

Progress in Meeting Program Objectives: Highlights for April 1, 2013 – March 31, 2014

The Perinatal Education Program continues to offer a variety of courses and services to health care providers engaged in Maternal – Newborn Care. The demand to deliver workshops on site to facilities or health regions has continued to grow. The program has worked to deliver these courses at local community hospitals as part of its' ongoing commitment to outreach education and the philosophy of "learn where you live". The Program Coordinator is involved extensively in program planning, educational content review and teaching, along with a group of highly skilled physicians, nurses and nurse practitioners. In the 12 months covered by this report, courses were offered in Saskatoon, Regina, Rosetown, Weyburn, Moose Jaw, Ile a la Crosse, North Battleford and Flin Flon, MB.

- The program continues to hold ½ day, full day and 2 day interactive workshops on intrapartum care. Based on a broad template of learning objectives, content is adapted to meet the articulated needs of care providers working in large, urban centres, regional centres, small community facilities and rural / remote sites in which there is no active obstetrical service. Comprised of a combination of discussion and small group hands-on sessions taught by nurses and physicians, these courses are well subscribed to and are often full. The 2-day course, in particular, is used for both updating providers already established in Maternal – Newborn practice as well as a supplement to facility specific in-house orientation for staff new to perinatal care.

- There is increased demand in the S.T.A.B.L.E. (Assessment & Stabilization Care of Sick Newborns). Interprofessional courses were held in Rosetown, Moose Jaw and North Battleford.
- The program continues to work closely with the Canadian Pediatric Society (CPS) to administer and coordinate the Neonatal Resuscitation Program (NRP) in the province, including information and communication liaison between Instructors and the CPS National NRP Steering Committee. The program assists local Instructors with clinical and administrative questions about the program and holds annual new Instructor courses and Instructor Updates. The Coordinator chairs the Provincial NRP Advisory Committee which coordinates NRP throughout the province and provides informational support to Instructors in the Province. The program continues to offer courses to facilities and health regions who do not have a local / regional Instructor, several “open” courses per year, and courses for all Residents entering into Family Medicine, Obstetrics and Pediatrics Residency programs in Saskatoon. Family Medicine Residents in Regina receive the course as coordinated by the Outreach Education Coordinator in Regina.
- The Program held a multidisciplinary conference “*Breastfeeding: Nature’s Way*” May 3 & 4, 2013 in Saskatoon, attracting close to 100 nurses, midwives, lactation consultants, public health nutritionists, physicians, residents, pharmacists and other care providers engaged in breastfeeding education, protection and promotion.
- The interdisciplinary “*POGO (Pediatrics, Obstetrics & Gynecology) - Women’s & Children’s Health*” conference was held in February in Regina and attracted close to 200 participants. Based on the success of this event, and the 2013 event in Saskatoon, this well established conference will continue to be an interdisciplinary offering through the collaboration of Continuing Professional Learning, College of Medicine Coordinators in Saskatoon and Regina and the Perinatal Education Program, which is specific program within the Division of Continuing Professional Learning.
- The Program Coordinator worked with Continuing Education and Development for Nurses, College of Nursing at the University of Saskatchewan to deliver an E-Learning event “*Caring for Drug Exposed Infants: antenatal and postnatal effects of maternal drug use during pregnancy and lactation*” which was broadcast throughout the SCN network in Saskatchewan as well as delivered by webcast to over 50 health professionals in the province.
- The program collaborated with the Department of Obstetrics, Gynecology and Reproductive Sciences, University of Saskatchewan to coordinate monthly Obstetrics and Gynecology Grand Rounds as per past years. In discussion with the Department of O&G, the coordinating role of the Perinatal Program will be transitioned over to the Department commencing with the 2014 / 2015 Academic year, ending a 20 year + association with these learning events.
- The program provides phone and in-person consultation to facilities regarding best practice. Consultation is sought regarding a variety of issues, including new and emerging evidence, policies & procedures as well as equipment and program planning.
- The Coordinator continues to be active on national committees and initiatives, including the Advocacy and Public Policy Committee of the Canadian Association of Perinatal and Women’s Health Nurses, and the National NRP Advisory Committee.
- The Coordinator continues active involvement with the Saskatchewan Prevention Institute, including participation on the Medical Advisory Committee and the multidisciplinary, multi-sectoral HIV in Pregnancy Working Group. The latter working group of the HIV Provincial Leadership Team tasked a small core group of experts, including the Perinatal Program Coordinator, to develop standardized approaches and patient order sets to facilitate a consistent provincial approach to the care HIV positive women during labour and birth and newborn follow-up. This work has been concluded and is now being rolled out throughout the province.

- The 9th annual Saskatchewan Perinatal Report was issued in September, 2013. The Report, a collaboration of the Perinatal Education Program, Saskatchewan Health, Saskatoon Health Region and Regina Qu'Appelle Health Region, provides important information pertaining to a number of key indicators, including perinatal / neonatal morbidity, induction, Cesarean section, maternal age, breastfeeding, gestational age and birthweight, multiple births and stillbirth and a number of others. This information allows for benchmarking of practice in the health regions and is one component of an environmental scan in determining where educational programming may be beneficial. New to the report this year was reporting of hospital deliveries by midwives, and work is ongoing to develop mechanisms to capture data associated with home deliveries as well.
- The Coordinator is actively engaged in strategic planning initiatives for Continuing Professional Learning, College of Medicine, including preparation for the May, 2015 Accreditation Committee on the Accreditation of Continuing Medical Education visit and Continuing Education and Development for Nurses, College of Nursing.

Ongoing and New initiatives for 2014 – 2015 include:

- Expanding distributive learning and educational outreach through the use of the CPL website and other technologies such as webinars, learning modules and other distance learning modalities. This includes a major revision of the website, currently planned for September, 2014.
- Continuation of current activities including planning regional workshops, provincial conferences, outreach and consultation services, participation in regional initiatives and on national perinatal committees.
- Given the success of the February, 2014 interdisciplinary "POGO (Pediatrics, Obstetrics & Gynecology) - Women's & Children's Health conference held in Regina, planning is underway with the Program Coordinator, Division of Continuing Professional Learning) Saskatoon to plan for the February, 2015 conference using a similar interdisciplinary approach.
- Engage in a needs assessment with the Saskatchewan College of Midwives and its' members to examine learning needs and how the Perinatal Program can be positioned to work with them to create learning opportunities and engagement for Saskatchewan Midwives.



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

Report to the Canadian Perinatal Programs Coalition

June 2014

The Southwestern Ontario Maternal, Newborn, Child and Youth Network (MNCYN) has been working to make advancements in the following domains through activities and projects sanctioned by our Regional Steering Committee:

- 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 Southwestern Ontario Perinatal Outreach Program – with its outstanding track record – and the Southwestern Ontario Paediatric Advancement Program – aiming to achieve the same level of excellence – are the cornerstones of the Network.

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

Highlights

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: The Baby-Friendly Initiative

On March 25th, 2013, all of 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. The Baby-Friendly Initiative was formally launched at the Regional Steering Committee meeting on April 5th. To date, eleven hospitals (accounting for approximately 92% of births in our region) have signed a participation agreement.

27th Annual Perinatal Conference

In response to conference evaluations from previous years, more recently we made an attempt to offer both didactic and skill based sessions. We offered 2 didactic plenary sessions and offered participants a selection of small group sessions to rotate through several of which provided hands- on skill based training.

I. The Perinatal Outreach Program

1. Regional Perinatal Support and Systems Building

Currently in Southwestern Ontario there are 15 hospital corporations that provide maternal/newborn care. This number is comprised of one Level III facility (London Health Sciences Centre), one Level IIc (Windsor Regional Hospital), five hospitals that function at Level II, and nine Level I hospitals.

2. Program and Professional Development

Over the 2013-2014 fiscal year, the Perinatal Outreach program has continued to offer a variety of professional development activities and other services to regional hospital partners. The following are some of the services that the program has successfully offered during this time period:

- a) The program continues to offer the **Maternal Newborn Nursing course** (116 students over 2 sessions) as an accredited course through Fanshawe College, London. This is a seven day theory-based program that was offered by videoconference to hospitals throughout the region and to several hospitals in other parts of the province.
- b) Later this year we will be offering for the first time a Twenty Hour Breastfeeding Course for Health Care Providers to support the implementation of the Baby Friendly Initiative in Southwestern Ontario. This three-day credit course will also be offered through Fanshawe College, and will be taught by a BFI Assessor.
- c) **27th Annual Perinatal Conference**
 - Attendance - 52 - physicians, nurses, midwives, students
 - In response to conference evaluations from previous years this year we made an attempt to offer both didactic and skill based sessions. We offered 2 didactic plenary sessions on:
 - Options and Controversies In Prenatal Genetic Screening
 - Pregnancy Related Issues in the Management of Addictions / The Management of Neonatal Abstinence Syndrome
 - In addition we offered participants a selection of small group sessions to rotate through, several of which provided hands- on skill based training. These included:
 - Electronic Fetal Monitor Strip Interpretation
 - Labour Support Techniques
 - Management of Postpartum Hemorrhage
 - Neonatal Chest Tube Insertion
 - Neonatal Pain Control
 - Shoulder Dystocia
 - Umbilical Venous Catheterization
 - Use of Simulation for Learning
- d) The Program's **Perinatal Manual** continues to undergo revision and updating. Currently there are 45 chapters that are used extensively by many hospitals in the region as a reference for revision of hospital perinatal guidelines. Over twenty of these have been updated in the previous year. They can be accessed on the MNCYN website:
<http://www.mncyn.ca/resources/manual-chapters/>

- e) Over the past year, the Program has organized several **“Lunch and Learn”** sessions which were videoconferenced throughout the province. In collaboration with the Champlain Maternal Newborn Regional Program, we have started delivery of shared Lunch and Learn sessions. We hope this will reduce duplication of work, make efficient use of available resources and broaden our audience base. Each session has been webcasted and is available on the Ontario Telemedicine Network website to allow those who cannot attend to view the sessions at their convenience.

Topics since June 2013 include:

- Traumatic Experiences: Supporting Patients and Ourselves for Better Outcomes
- Neonatal Reflux
- *My Clinic* – Pregnancy and Obesity Clinic
- Neonatal Abstinence Syndrome: A Collaborative Approach
- Diabetes Management in Pregnancy
- Neonatal Circumcision: Exploring the Pros and Cons
- Use of INSURE, CPAP, SiPAP in the Neonatal Period
- Hope for Healing: Caring for Women Survivors of Trauma in the Perinatal Period
- Female Genital Mutilation
- Neonatal Viral Infections

For more information please contact Kelly.BarzsaJenkins@lhsc.on.ca

- f) Twice over the past year, the program has hosted a **Regional Nurse Leaders’ meeting** providing participants with an opportunity to learn together, discuss new programs and problem solve common issues. Presentations included:
- Better Outcomes Registry and Network (BoRN Ontario) Updates;
 - Regional Perinatal Nursing Competencies;
 - Updates by the Ontario Telehealth Network;
 - Updates on regional initiatives, including the Paediatric Advancement Program;
 - The development of the new twenty-hour BFI Health Care Provider Course.

g) Regional Activities

- Nursing visits – 8 visits
- Team visits – 14 visits

- h) Completed the development of a **Regional Level II Nursery Skills Competency Tool** (<http://www.mncyn.ca/resources/nurse-competency-tools/>).

i) Perinatal “Dashboard”

Data sharing agreement signed with BORN Ontario. Due to staffing challenges, MNCYN BORN Agents were not available to support this project over the course of this quarter.

Working closely with BORN Ontario to explore other ways of obtaining required data.

j) Other Activities

- London Perinatal Rounds (Dr. Renato Natale, Dr. Henry Roukema, Gwen Peterek)
- Fetal Health Surveillance Workshops – 9

- Hospital Perinatal Reviews – 2
- NRP Instructor Course - 1
- NRP Provider Courses - 4
- Acute Care of at-Risk Newborns(ACoRN) workshop (2 days) (1)

II. The Paediatric Advancement Program

The Paediatric Advancement Program of Southwestern Ontario is now staffed by two Medical Co-Directors and one full-time Paediatric Nurse Consultant:

- Dr. Tim Lynch → Medical Co-Director, is a Paediatric Emergency Medicine Physician at London Health Sciences Centre, London;
- Dr. Janice Tijssen → Medical Co-Director, Paediatric Critical Care, LHSC;
- Doug Jowett is the Paediatric Nurse Consultant for the program.

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

a) Neonatal Resuscitation Instructor Workshops (2)

- These workshops doubled as an introduction to paediatric educational instructors.

b) Paediatric Advanced Life Support (PALS) (3)

PALS is the first step to ensure minimum standard of care in providing paediatric care in peripheral hospitals. These courses promote teamwork and set the stage for continuing paediatric education.

c) Paediatric Skills Day (7)

MNCYN, in conjunction with the Paediatric Critical Care Unit, has developed and presented two full-day courses. These Paediatric Skills Days are being offered to all of our partner hospitals. Delivering hands-on paediatric assessment skills to nurses and allied health care workers is one of the MNCYN's most sought-after educational events.

d) Proposed Simulation Program

Have developed a questionnaire to support/inform a regional simulation needs assessment.

e) Experiential Learning Opportunities at LHSC

- A regional agreement is being developed to facilitate experiential learning at LHS. Anticipated completion date is early summer, 2014;
- The first draft version has been circulated with leaders at participating MNCYN hospitals and feedback has been overwhelmingly positive;
- The second draft is under development.

For more information please contact Doug.Jowett@lhsc.on.ca

III. Strategic Priorities

a) MNCYN is working to update its Strategic Plan (2014-17).

b) Baby Friendly Initiative

To date, eleven hospitals (accounting for approximately 92% of births in our region) have signed a participation agreement.

IV. Ongoing Projects

a) Regional Perinatal and Paediatric “Dashboards”

- 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.

b) Period of Purple Crying Implementation

Click for Babies → this grassroots initiative to make and distribute PURPLE caps for babies continues to be successful and plans are in place to offer this on an ongoing basis.

c) Breastfeeding survey in collaboration with the Middlesex-London Health Unit

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.

- Follow-up telephone calls (2 weeks and 6 months) have been completed;
- Preliminary analysis complete;
- Implementing strategy to inform and engage regional partners.

d) The Southwestern Ontario Perinatal Capacity Assessment

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 Southwestern Ontario;

- Data analysis (including mapping and projections) is continuing;
- Emerging draft recommendations are being considered;
- Full-day retreat planned for June 19, 2014.

V. Network Infrastructure

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

Renewal of the MNCYN website

In updating our MNCYN website, we aimed to incorporate partner and stakeholder suggestions, including adoption of social media, to enhance the availability of resources and the user experience.



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

ANNUAL REPORT 2013-2014



LOVE GROWTH POTENTIAL MOVE-
MENT BEAUTIFUL REWARDING
LOVE *MIRACULOUS* EMOTIONAL *WORTH-*
WHILE HEALTHY **EXCITING** WONDER-
FUL CREATIVE CURIOUS CAPTI-
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MOVEMENT BEAUTIFUL REWARDING
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Leadership

In the past year, CMNRP has demonstrated its commitment to an integrated, collaborative system of planning the best care possible for mothers and newborns in the Champlain and the South East regions. Through its Network, committees, subcommittees, working groups and ongoing activities, CMNRP has remained steadfast to its strategic direction and has progressed through the plan that was set forth in 2011.

CMNRP is proud to have an exceptional and respected team of professionals and content experts who oversee the work of the program as leaders, knowledge brokers and facilitators. CMNRP's strength lies in the active participation, engagement and leadership of its partner organizations and interprofessional members. As demonstrated in this Annual Report, many individuals form CMNRP committees, contributing their time and expertise to move several key initiatives forward. It is through this collaboration that best practices and innovation in maternal newborn care delivery can be facilitated and supported at the regional level.

As we reflect upon the achievements of the last 12 months and look forward to the year ahead, we would like to extend our most sincere appreciation to our team members, family advisors and colleagues from partner organizations for the work, leadership and support they contribute to CMNRP.



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The capacity to translate vision into reality ~ Warren Bennis

Core Activities

Workshops

Workshops 2013-2014	Number of workshops offered	Number of participants
Acute Care of at-Risk Newborns (ACoRN)	1	18
Breastfeeding for Hospital or Community Health Care Workers	13	112
Fetal Health Surveillance in Labour (FHSL)*		
♦ Fundamentals*	9	100
♦ Instructor Program*	3	36
Labour Support*	5	42
Late Preterm Infant	2	8
Neonatal Resuscitation Program		
♦ Provider	16	178
♦ Instructor	4	25
Perinatal Loss*	2	14

* Indicates workshops also available in French.

CMNRP hosts multiple workshops to meet the orientation and professional development needs of its partner organizations. Workshops are traditionally hosted at one of our three founding partner organizations, and are advertised through our website, targeted emails and social media outlets.

CMNRP has more than doubled the number of workshop registrants since 2012, with over 500 participants attending in 2013-2014. Workshops are largely interprofessional with approximately 90% of participants from Ontario, both within and outside of the Champlain and South East regions.

In 2013-2014, we have received increasing requests for programs to be brought to individual sites. Registration from the Ottawa Hospital and Kingston General Hospital accounted for approximately 40% of the participants and both sites have benefited from additional workshops as requested by their staff.

In addition, CMNRP has added two new workshops to its programming this year (Perinatal Loss and Breastfeeding for Community Health Care Providers), with an additional workshop 'Substance use in the Perinatal Period' under development.

Perinatal Professional Development Program (PPDP)

CMNRP continues to collaborate with partner organizations to meet the orientation and continuing education needs of their nursing staff by coordinating the Perinatal Professional Development Program or "joint orientation program" as it is often referred to. This includes preparing the yearly schedule, managing registration, coordinating communications, booking rooms and ensuring availability of Clinical Educators & other applied health facilitators.

This past year, the schedule and all of the modules were reviewed by the Joint Orientation subcommittee. CMNRP Perinatal Consultants provided support to hospitals' Clinical Educators as modules were revised. Most recently, AWHONN's Neonatal Orientation & Education Program was purchased to facilitate the availability of the most up-to-date and evidence-based neonatal orientation program.

Consultations

CMNRP regularly receives queries and requests from hospital and community partners as well as from perinatal groups and care providers outside the region. These consultations represent a significant source of information and support provided by CMNRP staff.



Core Activities

3rd Annual Maternal Newborn Conference

On May 29th 2013, CMNRP hosted a preconference workshop entitled *“Together Again, Naturally: Implementing Mother-Baby Dyad Care in Ontario”* which was co-sponsored by the Provincial Council for Maternal and Child Health (PCMCH). There was representation from nearly all CMNRP partners, with a total of 25 participants from in and out of the region who attended the event.

CMNRP held its third annual Maternal Newborn conference on May 30th and May 31st, 2013. The conference, themed *“Caring for Babies, Mothers and Families”* was packed with valuable information on various obstetrical and neonatal topics and provided networking opportunities for over 104 participants. In addition to the traditional podium presentations, posters and interactive mystery cases were presented. As always, participant feedback was very positive.

Perinatal Forum

CMNRP held its 3rd Annual Perinatal Forum at Hôpital Montfort on Monday October 28th, 2013. Seventy representatives from partner organizations in the region joined us for an evening of networking and sharing. Attendees learned about the important work being done throughout the Champlain and South East LHINs by and for CMNRP’s partners. CHEO’s CEO Alex Munter provided an engaging keynote examining *“The ‘What if’ of Healthcare”* recognizing the implications of lifelong health for mothers and babies and the effects of the perinatal period on long-term physical and mental health.

Perinatal Nursing Procedures & Guidelines

CMNRP’s Perinatal Consultants regularly revise and update the neonatal and obstetrical procedures and guidelines. The most recent version of these documents can be downloaded from the CMNRP website.

The Learning Café (TLC)

The Learning Café was presented in collaboration with our sister organization from London, Ontario — the Southwestern Ontario Maternal Newborn Child and Youth Network. Ten sessions were presented. A total of 109 sites registered for these sessions throughout the year. In addition, 109 live connections (representing individuals and groups joining via desktop computer or laptop) were accessed and another 413 people viewed archived presentations. This past year has demonstrated an increasing trend toward joining live with great appreciation of the ability to watch archived presentations.



Regional Documentation Tools

Since 2012, CMNRP has been collaborating with partner organizations to revise the paper-based regional intrapartum documentation forms to include the new BORN database variables and to reflect current evidence-based practice. This past year, three of the forms (Maternal Health History, Labour Flowsheet and Birth Record) and the Documentation Guidelines have been revised and finalized. These documentation tools can be customized with an organization's logo and purchased through The Ottawa Hospital's Printing Department. The most recent version of these tools and ordering information is available on the CMNRP website.

Neonatal Nurse Practitioners

CMNRP implemented the integration of three Neonatal Nurse Practitioners/Advanced Practice Nurses in five neonatal units in the Champlain LHIN (The Ottawa Hospital - General and Civic Campuses, CHEO, Hôpital Montfort and the Queensway-Carleton Hospital). The NNP's/APN's have a rotating schedule between level-2 and level-3 units, dedicating 80% of their time to clinical care and the remaining 20% to indirect support such as teaching, development of standard guidelines and other regional projects. This innovative program within CMNRP is both exclusive and progressive, providing enhanced opportunity for continuity of care for the most complex newborns and their families. An evaluation project is underway to determine the implementation process effectiveness and the impact of the NNP/APN role.

Perinatal Nursing Courses

CMNRP offers a variety of 3-credit courses in the Perinatal Concentration of the French Post-RN Program, School of Nursing at the University of Ottawa. The following 3 courses were offered in the 2013-2014 academic year:

<u>Perinatal Courses – Academic Year 2013-2014</u>	<u>Enrolment</u>
NSG 4570 – Les principes et les pratiques de l'allaitement maternel	25
NSG 4505 – Soins de la grossesse à risque – Volet antépartum	26
NSG 4901 – Perinatal Practicum—Obstetrics	1

CMNRP is working in collaboration with Algonquin College to develop a Perinatal Nursing Certificate Program. A group of regional stakeholders met in February 2013 to provide input regarding the development of this program and to express support for the program. A proposal was submitted to the Ontario Ministry of Training, Colleges and Universities in April 2013. Approval is pending.

Annual Visits to Partner Hospitals

An interprofessional opportunity to review perinatal data, maternal and newborn transfer cases and to offer specially requested educational information. In 2013-2014, CMNRP conducted annual visits to six partner hospitals including:

Pembroke Regional Hospital ~ Cornwall Community Hospital ~ Hawkesbury and District General Hospital
Brockville General Hospital ~ Perth and Smiths Falls District Hospital ~ Almonte General Hospital



Thank You

We want to thank all those who dedicate their time, energy and passion to the work done through the Champlain Maternal Newborn Regional Program's committees. The collaboration and integrated efforts greatly influence the quality of care and services offered to mothers, newborns and families in our region.

OUR COMMITTEES

Network

Provides leadership and functions in an advisory role to health service providers, partner organizations, key stakeholders and the LHINs to improve the health of mothers and newborns in the Champlain and South East regions.

Steering

Provides operational direction and oversight to the various network committees. This group brings forward recommendations to the Network to help prioritize the work being done within the region.

Interprofessional Education and Research

Focuses on the development of best practices and interprofessional education to facilitate the implementation of evidence-informed practices, and provides support to perinatal research.

Quality and Performance Management

Builds and supports a regional culture that embraces a systematic approach to quality improvement, patient safety and supports a knowledge-to-action approach to facilitate exemplary maternal newborn care.

Family Advisory

Ensures patient and family input into all components of the regional program, promotes an optimal regional model of patient and family-centred care.

Joint Capital Planning

Leads the design and development of capital infrastructure within the Champlain LHIN to meet the needs of integrated regional maternal newborn services.



Committee Accomplishments 2013-2014

Interprofessional Education and Research

- ◆ A *research webpage* was developed on CMNRP's website, featuring clinician and graduate student research. Links to funding opportunities are also included.
- ◆ Completion of two additional self-learning modules "*Newborn Thermoregulation*" and "*Newborn Hypoglycemia*" available to download from the CMNRP website.
- ◆ The Simulation and Novel Education Strategies Subcommittee received research and ethics board (REB) approval for a regional survey on simulation-based learning needs and use within Level I and II centres in the South East and Champlain LHINs.
- ◆ The Breastfeeding Promotion Subcommittee completed a regional survey of hospital supplementation policies/guidelines, reviewed community resources for frenotomy, updated regional community breastfeeding resources, and in conjunction with the Ottawa Food Policy Council, researched preliminary steps to human milk banking in Ottawa.

Quality and Performance Management

- ◆ An online *Neonatal Bed Availability* tool was developed and piloted in Level II and III hospitals in the region. Data collection is ongoing and evaluation is in progress.
- ◆ First *Annual Maternal-Newborn Report* (based on 2011 data) was completed and distributed to partner organizations. A *SCN/NICU Data Report* is currently under development.
- ◆ The CMNRP Hyperbilirubinemia project was recognized at the provincial level. Subsequently, PCMCH mandated a group, led by Dr. JoAnn Harrold, to develop provincial guidelines related to the new *Hyperbilirubinemia Quality-Based Procedure*, which were adapted from CMNRP's regional guideline.

Family Advisory

- ◆ A list of useful and reliable *Canadian On-line Perinatal Resources* for childbearing families was developed and made available to CMNRP's partner organizations as well as posted on CMNRP's website.
- ◆ A *Skin-to-skin Poster (available in English and French)*, adapted from one developed by Hôpital Montfort, has been made available to CMNRP's partner organizations for purchase.
- ◆ A literature review was completed to identify strategies for soliciting input from families regarding their entire perinatal experience from pre-conception to the postnatal period.
- ◆ A *Family-Centred Care Toolkit* and awareness campaign are currently under development.

Joint Capital Planning

- ◆ Submission of the Pre-Capital Submission to the Ministry of Health and Long Term Care (MOHLTC) for the development of capital infrastructure requirements for integrated regional maternal-newborn services.
- ◆ Feedback from the MOHLTC has been reviewed and a formal response drafted.





CMNRP Annual Report

What's in a Number?



52

STUDENTS REGISTERED
IN PERINATAL
UNIVERSITY COURSES

Mothers

Families

Babies

497

Participants in

9

Workshops

FHSL & FHSL INSTRUCTOR* ~ BREASTFEEDING ~ NRP & NRP INSTRUCTOR
~ ACORN ~ LABOUR SUPPORT* ~ LATE PRETERM INFANT ~ PERINATAL LOSS*

2

New Workshops

Perinatal Loss & Breastfeeding for Community HCP's
(Additional workshop under development ...)



*Caring for Babies,
Mothers and
Families*

3RD

Annual CMNRP Conference

104

attendees

12

TEAM MEMBERS AVAILABLE TO ASSIST YOU WITH PERINATAL CARE QUESTIONS



=

Champlain
LHIN

All Regional
Maternal-
Newborn
Care
Providers

South
East
LHIN

10 TLC

THE LEARNING CAFÉ OFFERINGS

With over

522

participants

Live webinars and
archived presentations
available

3

Neonatal Nurse Practitioners
/Advanced Practice Nurses
providing clinical and educational
support

Network & Steering



4

Committees



10

Subcommittees
and Working
Groups

~1600

Hits to the CMNRP
website monthly.

Between

16 & 17

Thousand

Babies are born in the
Champlain and South East
LHINs annually



2013-2014

Healthy Mothers, Healthy Babies, Healthy Future, Healthy Families



Communications Strategy

In 2013, CMNRP implemented a communications strategy with two objectives in mind:

- Improve partner access to CMNRP information and resources;
- Increase CMNRP's visibility and participation in workshops, conferences and educational offerings.

The strategy included using various and regular communication methods and tools to remind partners and stakeholders of CMNRP activities and resources. Email communication is currently used with embedded links to encourage recipients to visit the website and download the *CMNRP Communiqué*, the *CMNRP Newsletter* and upcoming educational activities information.

Self Learning Module Downloads

Hypoglycemia 254

Hyperbilirubinemia 860

Newborn Adaptation 2559

Thermoregulation 268

The *CMNRP Weekly News & FYIs* was added in January 2014 to share news and general information related to maternal-newborn care including events, interesting research and media related information.

A CMNRP Twitter account **CMNRP_LHINS** was created to heighten interest and promote CMNRP offerings.



As a result of this strategy, visits to the CMNRP website have increased by 60% in 2013-2014. Currently, 1500-1600 visitors view the website monthly, and of these over 50% are new visits. Rural areas in particular have increased their use of the website.

Follow us on Twitter



CMNRP@CMNRP_LHINS

Currently, the top CMNRP website hits are:

1. Workshops
2. The Learning Café
3. Annual Conference
4. Hyperbilirubinemia Toolkit
5. Perinatal Nursing Procedures
6. Self-Learning Modules



Website Hits

Have  by 27%

which translates to about 4800

additional hits over the previous fiscal year.

Resources available through

CMNRP dot CA

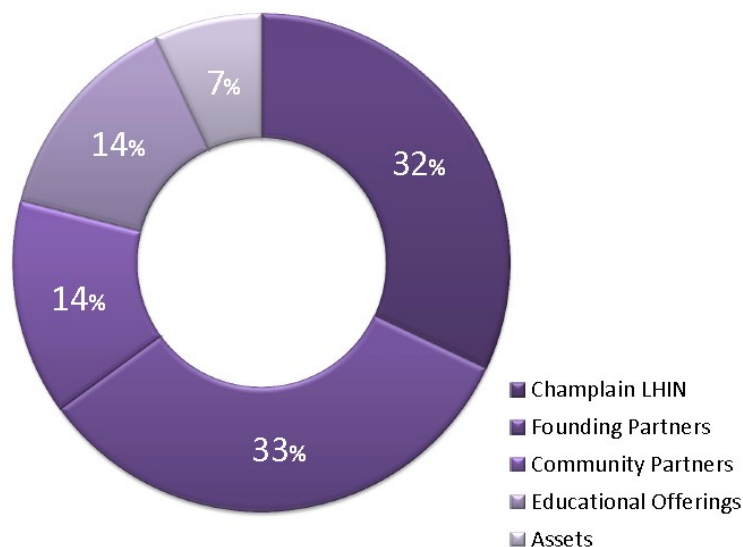


Finances

Revenue 2013-2014

Champlain LHIN	\$380,400
Founding Partners	\$404,000
Community Partners	\$172,400
Educational Offerings	\$165,200
Assets	\$88,000

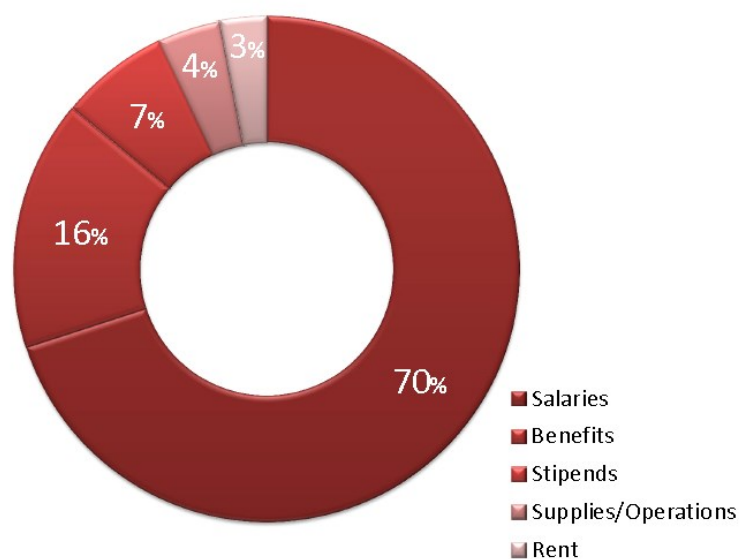
\$1,210,000



Expenses 2013-2014

Salaries	\$851,300
Benefits	\$178,700
Stipends	\$80,000
Supplies/Operations	\$59,000
Rent	\$41,000

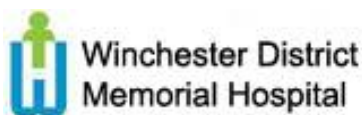
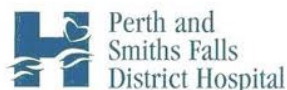
\$1,210,000



Our Founding Partners



Our Partners



The Ottawa Birth and Wellness Centre (OBWC)

A Unique Collaboration

CMNRP is proud to have collaborated with the Ottawa-area midwifery groups and other stakeholders in giving life to the Ottawa Birth and Wellness Centre (OBWC) which opened its doors on February 3rd 2014. The OBWC is a midwife-led not-for-profit community healthcare facility that specializes in natural childbirth and the care of pregnant women, new parents and young babies. The centre's spacious birth suites offer women with low-risk pregnancies, under the care of midwives, an informal, family-centred place to give birth. The community area provides space for a host of pre and postnatal wellness services for parents and parents-to-be. Check out their website: www.ottawabirthcentre.ca

Professional Affiliation & Leadership Involvement of CMNRP Team Members



Neonatal Society Executive
Education Subcommittee



Board of Directors

CANADIAN ASSOCIATION OF
Neonatal Nurses



Board of Directors

Membership Committee

2013 National Conference Planning Committee



Algonquin College Nursing Advisory Committee

Ottawa Valley Lactation Consultants



Board of Directors



RN/NP Advisory Committee



Ontario Regional Committee



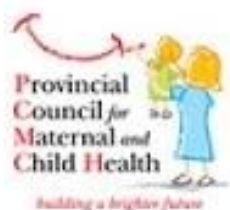
Canadian
Paediatric
Society

NRP Steering Committee & Education
Subcommittee

Ontario NRP Committee

Fetus and Newborn Committee

Champlain E-Learning Network



Maternal-Newborn Advisory Committee

BFI Strategy Implementation Committee

Canadian Perinatal Programs Coalition (CPPC)

National Fetal Health Surveillance Committee



Baby-Friendly Initiative Ontario



Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Nursing Best Practice Research Centre
(University of Ottawa)

Maternal Child Nurses Interest Group

Pediatric Nurses Interest Group

Research Interest Group



Nursing Best Practice Research Centre
Centre de recherche sur les Pratiques
Exemplaires en Soins Infirmiers

*"Unity is strength... when there is teamwork and collaboration,
wonderful things can be achieved" - Mattie J.T. Stepanek*

We are lucky to work together within the office, within the region, within the province and nationally. Without our regional partners, our colleagues, friends and families we could not do the things we do. Thank you for giving us the opportunity to work with you and your team to help provide the best possible care to mothers, babies and families throughout our region.

Debbie Aylward

Pat O'Flaherty

Tanya Foxward

Lyndee

Susan Leprie

Chance Morin

NB Rivard

J. Sutton

Marie-Josée Trempanier

HL

A. Usher

C. Cantin



*"Coming together is a beginning, staying together is progress, and
working together is success" - Henry Ford*

LOVE GROWTH POTENTIAL MOVE-
MENT BEAUTIFUL REWARDING LOVE/M-
RACULOUS EMOTIONAL WORTHWHILE
HEALTHY **EXCITING** WONDERFUL CRE-
ATIVE CURIOUS CAPTIVATING
CHALLENGING CAPABLE CHEERFUL ENDEER-
ING **DESERVING** INNOCENT **IRREPLACEA-**
BLE LOVE GROWTH POTENTIAL MOVE-
MENT BEAUTIFUL REWARDING MIRACU-
LOUS EMOTIONAL WORTHWHILE HEALTHY
EXCITING WONDERFUL CREATIVE
CURIOUS CAPTIVATING CHALLENG-
ING CAPABLE CHEERFUL ENDEERING **DE-**
SERVING INNOCENT **IRREPLACEABLE** LOVE
GROWTH POTENTIAL MOVEMENT BEAU

CMNRP ANNUAL REPORT 2013-2014

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www.cmnrp.ca

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Early health. Lifelong health.
Début en santé. Longue vie en santé.

BORN Ontario: Update to CPPC

Montreal, June 2014

28

months since the BORN
Information System went Live



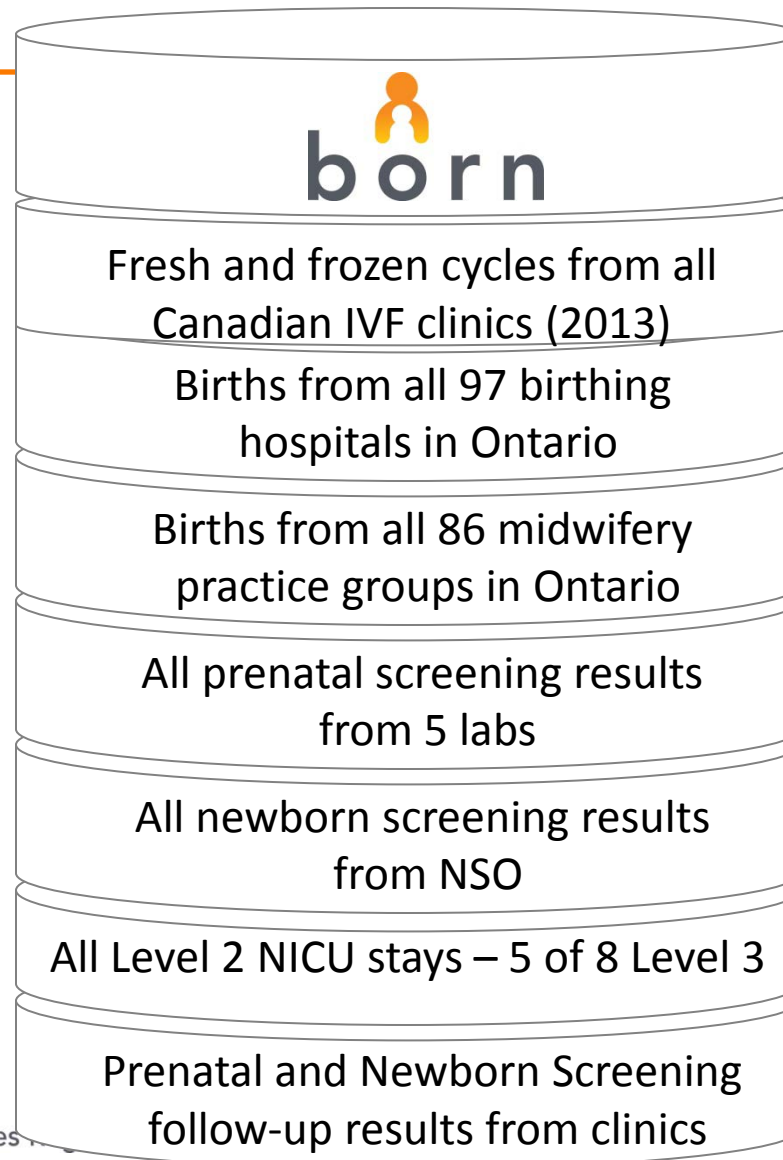
578,347

births captured in the BIS.
as of April 30, 2014



The BIS Overview

Linked and
matched across
the continuum



NEW - EMR Data!

~2000 18-month records

~1300 A1A2 records

7023

system users
across
236 organizations



~175

Calls/month to HELP line



Acknowledged 13-14 data from hospitals -

March 31, 2014



Period	NICU	Births
Full Year	30/55	82/100

13-14 Accomplishments

- **Tech**

- BIS 2.0 enhancements
- Autism ready to go live
- 18-month well-baby pilot complete
- ADT feed pilot successful
- Senior architect position
- Midwifery un-accommodated client functionality built
- Birth Centre Encounter

created

- **Coordinators**

- New PH coordinator
- HBHC pilot completed
- Fully engaged in roll out of enhancements
- Two centres transitioned to provider-led entry
- 82% of hospitals acknowledged for 13-14 and it's only June!



13-14 Accomplishments



- **DART**

- Dashboard grant obtained (CIHR)
- Engagement with external researchers
- Large evaluation projects for MOHLTC (BC, MORE)
- Web data dictionary scoping done
- 196 data requests & 72 research inquiries
- 5 or 6 publications with BORN data
- Data quality framework completed

13-14 Accomplishments

- **Privacy**

- 3-year review for IPC – initial report submitted
- PIA for new BORN projects completed
- Privacy officer almost fully independent and seeking certification
- Auditing program started



- **Reporting**

- Reporting analyst hired
- QMPLS report live
- NSO DERF data dump
- Public Health reports and cube live
- Significant investment in enhancement process

- **Fertility**

- First linked IVF-birth encounter in BIS!

13-14 Highlights



- **Leadership**
 - Good engagement with eHealth and MCYS
 - New relationships with MOHLTC
 - Good engagement with HQO
 - Sustainability funding anticipated
 - Transition in leadership
 - Growing teams: 2 new positions, 6 students over summer

Challenges



- Reporting waiting list and development time – RFQ for consultant posted
- Providing data to networks for their work – privacy issues
- NICU Data – getting last sites on board
- Data Quality – new person to be hired
- Enhancements – how much, how often?
- Right person/position for EMR/other data integration projects
- Moving pilot projects to full integration
- Managing growth: space, procurement, growing-up and formalizing our practices
- Communications – right message, right place, right time

New Opportunities



- Short-Term
 - EMR Integration Projects
 - Kid Care
 - Integration of app data and patient data (O-MaMa and Vaccine)
 - Increased engagement with peds, OBs
 - NIPT and work with OHIP – out of country office
 - Fertility – what does ON funding bring to BORN?
 - Satellite office – supporting regional networks

New Opportunities



- Long Term
 - Midwifery EMR
 - Prenatal screening
 - Biometric data – does that fit the registry?
 - Cord blood banking – any data there?
 - Off-the-shelf BIS for other provinces/countries
 - ???

BORN2020 - Update

- 160+ people contributed
 - Provincial webinar 65+
 - Key stakeholder interviews 5
 - BORN team and committee engagement 56
 - Survey respondents 34
- Key organizations: Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Provincial Council for Maternal and Child Health, eHealth Ontario, Health Quality Ontario, Institute for Clinical Evaluative Sciences and Public Health Ontario
- 6 months of engagement, projections & analysis
- Forecasting on key areas: Technology, aboriginal and unique communities, privacy, knowledge to action, funding, registries/research and health indicators

BORN 2020

Person-Centred Data



Complete

Ensure comprehensive data on each individual in the registry

Flag & Alert

Identify and address care gaps wherever possible

Direct to Consumer

Engage women and families through mobile technology

Nurture Maternal Newborn, Champion the Child



Thrive

Continue investment and innovation in the existing maternal newborn program

Grow

Foster growth into child health by leveraging what we've built

Link

Promote the power of interplay between child and perinatal health data

Be a trusted source of maternal-child health information



Balance

Providing timely data access with appropriate safeguards

User Experience

Leverage leading-edge technology (functionality, usability, attractiveness)

Responsive

Understanding users' data and support needs

True Data, True Progress



Value

Maximize benefits to stakeholders for the investments made in data collection

Tools

Develop enablers of change – KPIs, dashboards, reports, audit tools, data quality

Action

People, data and innovation combined to support clinical and systems improvement

Coming Attractions!



CONFERENCE 2015

THE RIGHT INFORMATION IN THE RIGHT HANDS AT THE RIGHT TIME
Using data to improve maternal-child care and outcomes

SAVE THE DATE
FEB 6-7, 2015

OTTAWA, ONTARIO
CHATEAU LAURIER

CALL FOR ABSTRACTS
NOW OPEN!





Questions

www.BORNOntario.ca

info@BORNOntario.ca



THE NEW BRUNSWICK PERINATAL HEALTH PROGRAM



Montreal
CPPC
June 23 2014

OVERVIEW

- Background Information
- Program Development
- Program Mission, Vision & Values
- Program Structure
- Data Collection
- Questions

BACKGROUND INFORMATION

WHAT HAS BEEN DONE?

“It’s been a long time coming”

- **2007:** Efforts to establish a perinatal health program began,
- **April 2013:** Minister of Health, Hugh Flemming makes a commitment for NB to have a Perinatal Health Program,
- **February 2014:** Official announcement of the NB Perinatal Health Program effective April 1, 2014.
- **April 2014:** Terms of Reference for the new NB Perinatal Health Program Advisory Committee developed. Program’s mission, vision and values endorsed.
- **May 2014:** New PHP advisory committee members recruited
- **June 2014:** First meeting of the new NB Perinatal Health Program Advisory Committee.

PROGRAM DEVELOPMENT

WHAT IS CURRENTLY BEING DONE?

“Our Birthing Plan”

○April to Fall 2014:

- DOH transition team assuming the program development and implementation:
 - Program framework developed (Logic Model)
 - Job descriptions just completed,
 - Data review and planning for province wide collection underway (monitoring and evaluation framework)
 - Staff hiring and orientation,
 - Office set up

○Fall 2014:

- Program management will be transferred to the Horizon Health Network.

PROGRAM DEVELOPMENT

WHAT REMAINS TO BE DONE?

- Privacy Impact Assessment
- Congenital Anomalies and PHAC
- Regional and national participation
- Prenatal Record Revision (Horizon/Vitalité)

PROGRAM MISSION

The New Brunswick Perinatal Health Program

- assumes a leadership role for perinatal health care in the province.
- strives to implement common Canadian perinatal health practice standards across the province,
- participates in quality improvement initiatives,
- and responds to the education and professional needs of care-providers across the province,
- works with stakeholders to identify and promote standards, best practices and evidence-informed policies that support maternal and perinatal health in all areas of New Brunswick,
- is a provincial program, providing bilingual services to all New Brunswick institutions and providers of maternal and newborn health.

PROGRAM MISSION

- To provide leadership and advocacy as well as evidence informed policy and practice for excellence in maternal and newborn health in New Brunswick.

PROGRAM VISION

- Optimal health outcomes across the continuum of care for expectant mothers, babies and their families in New Brunswick

PROGRAM CORE VALUES

- Facilitating the integration of maternal and newborn health care needs through an integrated systems approach,
- Providing scientific and technical leadership by developing a provincially standardized data collection and dissemination system supporting evidence-informed decisions for clinical care, population health strategies, research and innovation,
- Creating a community of practice for maternal and newborn health care practitioners in New Brunswick that supports optimal care,
- Supporting improved operations through a province-wide coordinated approach to asset management
- Attaining, maintaining and influencing maternal and newborn care standards and policy at the national level.

PROGRAM STRUCTURE

- Perinatal Health Advisory Committee

Report to the CEO of both RHAs and the Department of Health ADM for Community and Institutional Services (CIS)

- Program Staff

Program Director

Health Information Administrator

Administrative Support

Research Analyst

DATA COLLECTION

- Use other jurisdictions resources
- Build on what we have:
 - Use existing 3M data system
 - Enhance the current Saint John Regional Hospital (SJRH) perinatal health data
- Build a provincial system
- Train staff (coders)
- Data collection planned to start in April 2015

QUESTIONS ?



Contact information

Dr.Lynn.Murphy-Kaulbeck@HorizonNB.ca

Joyce.albert@gnb.ca



Report to the Canadian Perinatal Programs Coalition

June 2014

Nova Scotia Government

- In October 2013, the Liberal Party formed a majority government in Nova Scotia. One of the Party's platform promises was to reduce the current number of Health Authorities from 9 + the IWK Health Centre to 1 + the IWK Health Centre, and to continue to move forward with the Shared Services initiatives begun by the previous government. The shared services initiatives apply to all government departments and Crown Corporations. Procurement, IT & telecommunications, and significant construction projects have been mentioned specifically but other areas may be included in future.
- Planning for the new health system structure is moving forward at a rapid pace. There is a Transition Team in place, comprised of many senior leaders from the current system. The intent is to introduce the required legislation in the fall and have the new structure in place by the spring of 2015. Although there will be 1 'District' there will be 4 'management zones'.

Program Role and Operations

- The Nova Scotia Department of Health & Wellness (DHW) funds 9 provincial programs with a common mandate but specific areas of focus related to a population group or a disease/condition. Although there are many similarities there are some differences, many based on the way the programs were established and the way they have functioned historically. Although most programs do not provide care/services to clients/patients, some are almost exclusively 'service delivery' programs (e.g. NS Breast Screening and NS Hearing & Speech Centres). The Rh Program of Nova Scotia, that is associated with RCP, has a service delivery component but also fulfills many of the more 'traditional' provincial program roles of standards setting & monitoring and education for health care providers. RCP of NS celebrated 40 years of service to the province in 2013-14 and the Rh Program is marking 50 years this year.
- The NS government has a clear goal to reduce duplication, streamline services, and eliminate confusion for citizens. One aspect of this direction is a move towards a common 'visual identity' and 'branding' for government programs and eliminate

program-specific logos. Programs across government departments that wish to retain their current logo and approach to 'branding' have applied for an exemption to this policy and are waiting for the final decision. Currently, all provincial programs use a program-specific logo and the NS flag on all of our materials.

- RCP introduced a new newsletter format this spring. The intent is to disseminate information more frequently but in a less detailed format to our provincial (and national) colleagues. We are encouraging subscribers to utilize the electronic format but many care providers prefer hard copy and are not prepared to print the document themselves.

Nova Scotia Health System

- As part of the 2013-14 provincial budget the NS government created an Early Years Branch that now sits in the expanded Department of Education & Early Childhood Development (<http://www.ednet.ns.ca/earlyyears/>). The work of this Branch is cross-jurisdictional with strong participation from Health & Wellness and Community Services as well as Education & Early Childhood Development. Key actions include integrating programs and services for families and children across multiple sectors, establishing Early Years Centres to support young children from birth to age 6 (4 Centres in 2013-14 and 4 more in 2014-15), and developing comprehensive 18-month and 36-month visits. RCP is a member of the Early Childhood System Leadership Group.
- Nova Scotia has had regulated midwifery for 5 years. Midwives work in an employment model at 3 sites; the IWK Health Centre and in two of the DHAs. Following an external review, 2 additional FTE midwife positions were provided for the IWK, funds were committed to hire second attendants at all midwifery sites, and the province hired a Midwifery Practice Specialist for at least 1 year. There have been significant difficulties with implementing the second attendant role including very stringent role requirements, variable interest from nurses in participating, and scheduling/bargaining unit concerns. However, the IWK is finally moving forward and will hire into the role very soon. To date there has been no specific commitment to expanding midwifery to other areas of the province.
- In December 2010, the Nova Scotia government released a Domestic Violence Action Plan (<http://premier.gov.ns.ca/wp-content/uploads/downloads/2010/12/Domestic-Violence-Action-Plan.pdf>). The action plan involves a number of government departments and special interest agencies. In DHW these are Healthy Development, Addictions, Mental Health, Primary Health Care and Acute & Tertiary Care/RCP. Several initiatives are near completion including a training/education website and a provincial DV (health) policy. A beta version of the HIVE (Health Information Violence Education) website was launched in January (<http://hive.novascotia.ca/>).
- Public health in Nova Scotia has been undergoing significant renewal and reform. Following extensive health system and public consultation, new standards were released in 2011. During 2012 and 2013 the focus was on developing protocols that will support implementation of the new standards. While there is still much to be determined, it is clear that there will be a shift away from universal public health programming to a focus on vulnerable and at-risk families and an emphasis on expanded collaboration with other sectors. There is concern across the system about

this change, although there is widespread support for public health having an increased role in supporting at-risk families. Movement towards the first province-wide change occurred this spring with the announcement that universal prenatal classes will be discontinued. An on-line prenatal education program has been purchased as one option for families who gravitate to this format for learning and making connections with others. There is still a great deal of local planning required to ensure that families know about their options. The planning work is complicated by the other system changes that are happening, although the move to 1 DHA may provide an opportunity to standardize approaches where that makes sense.

- In 2012, in response to Nova Scotia facing epidemic levels of obesity, inactivity and unhealthy eating, the Government of Nova Scotia published "Thrive! A plan for a healthier Nova Scotia" (<http://thrive.novascotia.ca/sites/default/files/Thrive-Strategy-Document.pdf>). Actions in the Thrive! strategy support four key directions: supporting a healthy start for children and families, equipping people with skills and knowledge for lifelong health, creating more opportunities to eat well and be active, and planning and building healthy communities. Improving breastfeeding initiation and duration is one of the areas of focus in Thrive!. For the past two years the province has awarded grants to support collaborative work at a local level in developing and/or implementing innovative approaches for breastfeeding support (30+ grants and \$250,000 each year).

Clinical Standards & Guidelines

- Nova Scotia's revised postpartum and postnatal standards/guidelines, "Healthy Babies, Healthy Families: Postpartum and Postnatal Guidelines" will be going to the DHW Policy Review Committee for approval in the next few months. Much of the last year has been focused on finalizing the last few standards and developing a proposed approach to supporting primary care providers when the revised standards and guidelines are distributed later this year. RCP has created a timeline/toolkit based on the Rourke Baby Record (RBR). The intent is to modify the existing Nightingale EMR templates to reflect the NS additions and modifications, pending final approval from Dr. Rourke. There will be challenges with workload for the EMR team and with providing support for those who do not use an EMR or use something other than the provincially supported Nightingale system. However, we are working towards having the intended practice supports in place when the revised standards and guidelines are released.
- RCP collaborated with the Diabetes Care Program of Nova Scotia (DCPNS) to revise Nova Scotia's Clinical Guidelines for the Management of Diabetes in Pregnancy manual. There are continued challenges with fully implementing the guidelines province-wide. Issues include inconsistent application of new screening cut-offs across the province and the need to fully understand and potentially modify the approach to diagnostic testing depending on local resources. RCP continues to work with the DCPNS on addressing these issues.
- In April 2013, the DHW announced funding to expand Nova Scotia's newborn screening panel from 13 conditions to 23. This decision was based on recommendations from the Nova Scotia Newborn Screening Service Advisory Committee which were articulated in an RCP-led proposal submitted to the DHW in January. Screening panel expansion will take place over 3-5 years. Screening for the

priority conditions; cystic fibrosis and hemoglobinopathies, including sickle cell conditions and thalassemias, was implemented in April 2014.

- The Nova Scotia Provincial Breastfeeding Steering Committee is co-chaired by RCP and DHW Public Health. The provincial Breastfeeding Policy is being revised and the Steering Committee is undergoing a review of structure and Terms of Reference. Several key initiatives are underway including work on understanding the feasibility of a human milk bank and exploring options to capture breastfeeding duration data. In December the province hired a Provincial Breastfeeding & BFI Coordinator into a term position (up to 2 years). The primary responsibility for this individual is to support all DHAs and the IWK in their efforts towards BFI designation.
- As part of our work to promote normal birth, RCP has developed a pamphlet and one-page guide for care providers counseling women about VBAC. "Discussing Birth Options Following Cesarean Section in Nova Scotia: Vaginal Birth after Cesarean (VBAC) or Elective Repeat Cesarean Section" is based on documents created for BC's Power to Push campaign but incorporates NS data. The materials are nearing completion and will be distributed in the next few months.

Clinical Education Programs

- For over a decade RCP has offered at least one ALSO course a year. In preparation for the national move to ALARM as the preferred obstetrical emergencies program, two RCP staff completed the ALARM Instructor course and will complete their 'teach-back' in the next few months. RCP's Obstetrical Co-director is also a credentialed instructor, as are several obstetricians and one family physician in the area. The SOGC is running an ALARM course in NS in September and RCP is working with SOGC to offer a second course, probably in January 2015.
- RCP developed a series of 12 self-learning perinatal nursing education modules that are posted on the RCP website for use by DHAs to support and augment their orientation materials. We are exploring the option of having versions of these modules included in the provincial nursing eLearning database (Learning Management System or LMS). This will enable managers and educators to assign and track staff learning but will limit accessibility as only staff within the nshealth domain can access the LMS (essentially nurses working in NS hospitals or public health).
- RCP Perinatal Nurse Consultants continue to offer on-site workshops across the province. The most popular topics are Fetal Health Surveillance in Labour and Obstetrical Emergencies (usually offered in small community hospitals or to ED staff in larger facilities and/or to paramedics). We offer 8-10 of these sessions each year. Staff continues to assist with providing NRP Instructor courses across the province.

Quality Review

- RCP has completed a 'Quality Assessment Review' focused on newborn transition from hospital to home in seven District Health Authorities. Each review includes interviews with groups of primary care providers (family physicians, NPs, midwives, family practice nurses) in several locations throughout the DHA, public health staff, maternal-child unit nurses, pediatricians, hospital and community-based managers, lab manager(s), family resource centre staff, and the senior leadership team. We also hold focus groups with mothers from several communities as part of the review.

Reports with observations and suggestions for addressing potential issues are sent back to the participating DHA for distribution to key groups and individuals. In previous QA review series (i.e. cesarean section and induction of labour) sufficient knowledge was gained after four DHA reviews to produce a provincial report. The participants in the newborn transition QA reviews, and those that have not yet participated, believe that the review can act as a catalyst for discussions within the DHA and that all DHAs should host a QA: Newborn Transition review.

- RCP continues to participate in/facilitate annual mortality and morbidity review in all regional hospitals. These sessions include a review of clinical trends and population health issues for the DHA, case reviews, and a multi-disciplinary meeting at the end of the visit to share findings and collaborate on issues identified by the local team or by RCP. RCP also sends back a report with observations and references and resources discussed during the visit.

Nova Scotia Atlee Perinatal Database - data collection and health status reports

- RCP has identified 5 perinatal indicators for Nova Scotia. We have been unable to move this project very far due to workload but need to elevate the project on the priority list for action. Similarly, revisions to the perinatal health reports that are distributed to facilities and DHAs at least quarterly are proceeding slowly. Annual reports describing temporal trends for many clinical and demographic variables are posted on the RCP website, and RCP answers many ad hoc data requests each year.
- Completed approximately 90 data requests/projects of varying complexity in 2012-13.
- The Surveillance of Congenital Anomalies in Nova Scotia (SCA-NS) project is continuing with several key areas of activity taking place.
 - Work on migrating the Department of Obstetrics'/IWK's Fetal Anomaly Database and the Pediatric Cardiology Database from existing software to an Oracle database platform is nearing completion.
 - A proposal was submitted to PHAC for 5 years of funding. A Memorandum of Agreement (MoA) accompanied by a Data Sharing Agreement (DSA) covering work through March 2018 received extensive legal and privacy review in NS as well as in Ottawa. Near the end of the review process we learned that Cabinet approval would be required. The appropriate documents were prepared and we are awaiting final signatures and approval.
- Nova Scotia is participating in a Canadian Institutes of Health Research (CIHR)-led coalition to focus on integrating research into practice/care to improve the experience of citizens. There are 'SPOR' units (**Strategy for Patient-Oriented Research**) being established across the country comprised of citizens (patients) and caregivers, researchers, health practitioners, policy makers, health authorities, academic institutions, charities, and the pharmaceutical sector. RCP is one of the provincial program representatives on the Maritime SPOR Support Unit (MSSU) Data & Privacy Advisory Committee.
http://www.nshrf.ca/sites/default/files/maritime_spor_support_unit_overview.pdf