



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

## **Strategic Plan and Accountabilities**

**2011-2014**

**Operationalizing the Champlain LHIN's Blueprint  
*'Healthy Mothers, Healthy Babies, Healthy Future'***

This document is strategic in nature and is therefore subject to modification over time as new information and events can influence its future direction.

January 2012



## **Background**

The Champlain Maternal Newborn Regional Program (CMNRP) is focused on building a strong, coordinated and equitable system that more effectively and efficiently manages and supports existing maternal-newborn services in the region. This integrated system enables healthcare providers to offer consistent, standardized care across the region, and provides mothers and babies with appropriate, timely access to quality clinical services, in both official languages, at the right place and at the right level along the continuum of care.

The regional program planning began in 2006 with broad consultation that resulted in the Champlain Local Health Integration Network's (LHIN) release of "A Blueprint for Healthy Mothers, Healthy Babies, Healthy Future" in November 2009, which is the framework for the Program. Since that time, the Program structure has taken shape with the creation of a Leadership Team, an Advisory Network, and committees of the Network to support the Program's key elements:

1. *Quality and performance management*
2. *Education and research*
3. *Development of capital infrastructure to align with the Blueprint*
4. *Maximizing system effectiveness and efficiency*
5. *Maximizing patient/family satisfaction*

In April 2011, the CMNRP Network and CMNRP Program staff participated in a strategic planning exercise to clearly translate the strategy outlined in the Blueprint into strategic directions to begin implementation, and to confirm the structure and accountabilities of the Program (see Appendices A and B). The vision, mission, values, guiding principles and strategic directions were all confirmed. Key strategies, deliverables, timelines and outcome measures were further developed for each strategic direction, which were then aligned with clear accountability and responsibility to the Network committees (Appendix C).

With the structure in place, the foundation is set to move toward an integrated system for mothers and newborns that will ultimately improve their health and clinical experience, ensuring the best start to life for the children of both the Champlain and South East LHINs, within an accountable and sustainable system.



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

## **Vision**

Healthy Mothers, Healthy Babies, Healthy Future, for Healthy Families

## **Mission**

To provide evidence-informed, high quality health care and health promotion for mothers, newborns and families, for improved health and clinical outcomes. To provide care within an integrated, accountable and sustainable system, in both official languages, supported by an academic program of excellence, ensuring the best start to life for the children of both the Champlain and the South East LHINs.

## **Values**

*Accountability:* We accept responsibility for our services and are accountable to our patients, families, community, and health care partners.

*Collaboration:* We work cooperatively to involve and engage partners and families, recognizing that our combined/collaborative efforts exceed what we can accomplish individually.

*Integrity:* We act openly and truthfully with fairness and equity in all we do.

*Quality:* We are committed to health care excellence by providing high quality, evidence-informed maternal-newborn care for patients and families, and education for health care providers.

*Respect:* We support women to make informed choices for their care and respect their autonomy in decision-making.

## **Guiding Principles**

- ❖ Coordinating delivery of accessible high quality, safe, equitable maternal newborn care and health promotion within the regions will improve maternal and newborn outcomes.
- ❖ Coordinating services across the region will promote efficient and effective use of available resources, including between community and institutional settings.
- ❖ Collaborative and integrated patient/family and community-focused planning is essential to optimize system effectiveness.
- ❖ Respecting the roles and responsibilities of all maternal-newborn providers will enhance overall service delivery.
- ❖ Respecting the right, the role, and the responsibility of the patients/families to have access to information and to be included in program planning, and being responsive to their input and choices.
- ❖ Birth is a healthy life event. The maternal-newborn health system should strive to promote healthy transitions and limit unnecessary interventions.
- ❖ Establishing strong academic and research programs will promote excellence in the current and future generation of health care providers.
- ❖ Planning, delivering and monitoring perinatal services to ensure that the needs of francophones are identified and addressed and that the French-Language Services Act accountabilities are met.

## **Strategic Directions**

1. Lead the design and development of capital infrastructure requirements in the Champlain LHIN to deliver an integrated regional maternal newborn program.
2. Build and support a regional culture that embraces a systematic approach to quality improvement and patient safety, and support a knowledge-to-action approach to facilitate exemplary maternal-newborn care and health promotion in an environment of safety and best practice.
3. Develop best practice, interprofessional education, training and patient/family resources, to facilitate implementation of evidence-informed practices, and support research.
4. Coordinate within our region a high-quality, integrated system of patient/family-focused care across the continuum of maternal-newborn health that maximizes system effectiveness, efficiency and equity.
5. Ensure patient/family input into all components of the regional program, promote an optimal regional model of patient- and family-centred care, and maximize patient/family satisfaction with their perinatal health experience.

## **Strategic Direction #1 – Joint Capital Planning Committee:**

Lead the design and development of capital infrastructure requirements in the Champlain LHIN to meet the needs of an integrated regional maternal-newborn program.

<b>Key Strategies</b>	<b>Deliverables</b>	<b>Timeline</b>	<b>Measures/Indicator(s) of Success</b>
Guide development of capital infrastructure requirements	Hire Project Manager (PM); support PM in role	2011	PM hired and leading project
Develop and submit Pre-Capital Health Service Improvement Proposal	Complete required MOH capital submission documents	2011	Documents submitted, planning grant approved by MOH
Prepare project communication plan. External communiqués will be issued in English and French.	Communication plan	2011	Broad distribution of communications
Determine required services and service delivery sites within region	Develop RFP to Hire Functional Programmers; Recommend hiring of appropriate consultants via RFP process: Functional Program and Master Plan development	2012-2013	Functional Program and Master Plan approved by all sites
Develop detailed site space plan	Recommend hiring of Architects/Technical Team via RFP process. Recommend the approval of final drawings for new centre and renovations to existing centres Consult professionals (including nursing, midwifery) and families. Consult other centres across Canada	2012-2013	Approved final drawings approved by all sites
Seek approval for major capital plan and renovations to support existing centres' growth	Final MOH proposal submission	2012-2013	Documents submitted, capital plan approved and funded by MOH
Support joint development of community fundraising campaign	All urban centres and Foundations participating in joint fundraising	2012-2013	Joint fundraising campaign in place
Prepare implementation plan for new or adjusted services	Implementation plan	TBD	Implementation plan approved by all sites

## **Strategic Direction #2 – Quality and Performance Committee:**

Build and support a regional culture that embraces a systematic approach to quality improvement and patient safety, and supports a knowledge-to-action approach to facilitate exemplary maternal-newborn care in an environment of safety and best practices.

<b>Key Strategies</b>	<b>Deliverables</b>	<b>Timeline</b>	<b>Measures/Indicator(s) of Success</b>
Identify key performance indicators and establish a benchmarking process to monitor performance. Include indicators relating to francophones where data is collected.	Reporting	2011-12	List of indicators exists and is used to guide programs and practice
Identify gaps in safety, quality and service delivery through data reviews and analysis, literature reviews, and stakeholder input.	TBD One project is C/S indicator	2011-12	Top two needs are identified
Recommend patient safety, quality and health service delivery initiatives to address identified gaps.	TBD	2011-12	Recommendations are generated
Develop an evaluation framework to support and monitor implementation of new or adjusted service delivery programs.	Evaluation	2011-12	Framework exists and is applied
Support and guide working groups in the development of clinical pathways and protocols.	Assessment of support needs Implementation of pathways and protocols as appropriate	2012-2013	Clarity on role of QPM Committee is reached, links created to other committees, new pathways and protocols implemented through CMNRP and other committees
Support a knowledge-to-action approach to implementation of evidence-informed practices.	Assessment of support needs	2012-2013	Clarity on role of QPM Committee is reached, links created and support provided for CMNRP and other committees to change practice
Develop a regional scorecard aligned with the BORN Ontario Strategy.	Scorecard with reporting	2011-12	Scorecard developed and implemented
Support implementation of the BORN Ontario Dashboard.	Dashboard with reporting	2011-12	Dashboard piloted in the Champlain LHIN
Support development of a quarterly regional activity report.	Report	2011-12	Quarterly report disseminated
Develop and communicate to all stakeholders a mechanism for priority setting for Committee work. Include how issues are identified and addressed.	Prioritization framework	2011-12	Issues are identified and prioritized with rationale

### **Strategic Direction #3 – Interprofessional Education and Research Committee:**

Develop best practice, interprofessional education, training and patient/family resources, to facilitate implementation of evidence-informed practices, and support research.

<b>Key Strategies</b>	<b>Deliverables</b>	<b>Timeline</b>	<b>Measures/Indicator(s) of Success</b>
Enhancement of the current Perinatal Professional Development Program (known as Nursing Joint Orientation).	Revision of current modules; creation of self-learning and online modules	2012-2013	Modules revised, some modules available online
Identify and address education and training needs of anglophone and francophone health care providers.	Needs assessment and environmental scan; review of current indicators to help identify regional priorities	2011-12	Prioritized list of education and training needs
Develop, implement and evaluate regional inter-professional educational activities.	Implementation and evaluation	2011 continue 2012-2013	Outcome indicators developed
Promote and facilitate access to learning opportunities.	Schedule of education	2011-2012	Schedule published with broad accessibility
Develop a regional systematic training plan for providers of perinatal care.	Electronically accessible training plan	2012-2013	% participation of staff
Support and guide the dissemination and implementation of best practices (knowledge transfer).	Practice guidelines	2012-2013	# modules offered # staff participating # educational /simulation opportunities offered
Promote the use of innovative education strategies, including simulation education.	Simulation labs	2012-2013	# staff accessing simulation labs
Support the implementation of a regional system to facilitate research (including harmonization of a regional research ethics board) and the dissemination of research findings.	Inventory of research projects, tools, practice guidelines; harmonization of regional REB; communication of research opportunities; partnership with funders to promote maternal-newborn research.	2011  2012-2013	# maternal-newborn research projects
Support the development of standardized family education and resources in both official languages.	Standardized family education & resources	2012-2013	# centres utilizing standardized resources

## **Strategic Direction #4 – Integrated Operations and Resources Committee:**

Coordinate within our region a high-quality, integrated system of patient/family-focused care across the continuum of maternal-newborn health that maximizes system effectiveness, efficiency and equity.

<b>Key Strategies</b>	<b>Deliverables</b>	<b>Timeline</b>	<b>Measures/Indicator(s) of Success</b>
Establish coordinated service delivery (ante, intra, and postpartum, newborn and neonatal care) across community and hospital settings.	Perinatal Care Pathway	2012-2013	Identification and engagement of all service delivery providers. Perinatal Care Pathway developed and adopted. Communication template/organizational structure developed.
Identify gaps in service delivery and recommend strategies to address them.	Environmental scan	2011	Top 3 gaps identified with ways to address each
Standardize low-risk perinatal services for normal (healthy) pregnancy, labour, birth, postnatal and neonatal care.	Support the implementation and sustainability of midwifery practices across the region. Facilitate best practices for low-risk perinatal care	2012-2013	# births attended by midwives  Best practices for labour support and normal birth implemented and adopted at all regional sites
Standardize high-risk perinatal services, including bariatric care.	Regional best-practice guidelines developed	2012-2013	Best-practice guidelines implemented and adopted at all regional sites
Evaluate practices related to universal screening of newborn bilirubin and recommend best practices.	Recommendation for best practice related to prevention and management of hyperbilirubinemia	2011-2012	Best-practice guidelines implemented and adopted by all sites
Develop human health resources plan, including a French-Language Services plan to meet the designation process.	Environmental scan Regional staffing model	2012-2013	Current and future human health resources identified Essential competencies identified; 'training' needs identified Common policies and Service Level Agreements developed
Create a plan for coordination of discharges and transfers across the region.	Transition plan	2012-2013	Care pathway and communication template developed and adopted by all regional sites
Facilitate transport services and partnership between regional neonatal transport team, other transport providers [maternal] and the CMNRP	Safe efficient neonatal and maternal transport within region	2011-2012	Standard protocols developed and disseminated to all sites  Link to PCMCH, Criticall and other Transport services
Develop a plan for standardization of equipment/supplies and group purchases (opportunity for sharing and reduction of duplication).	Standardized equipment and supplies lists	2012-2013	Group purchases and standardized equipment and supplies at all sites

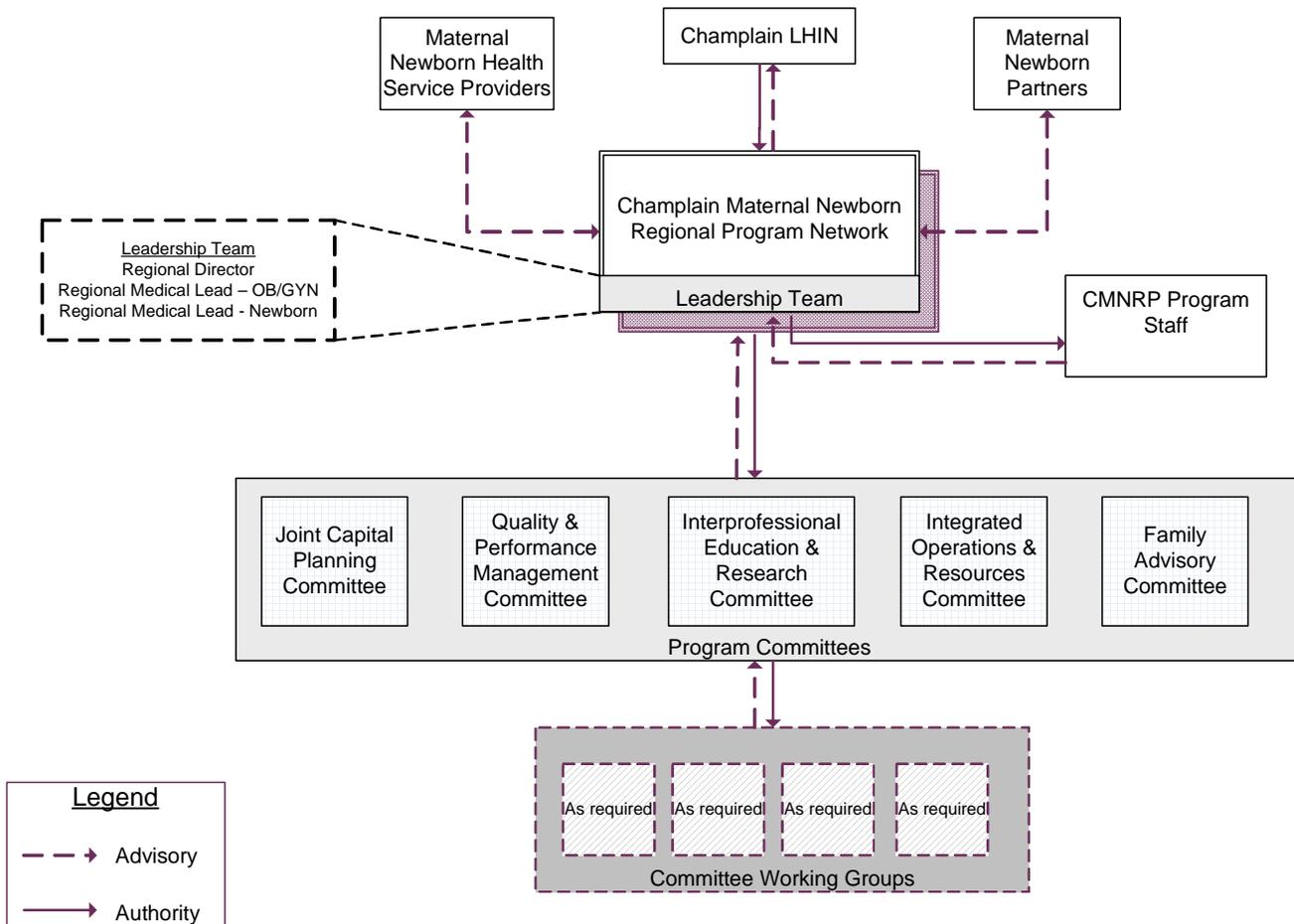
Promote continuous improvement opportunities in prenatal, obstetric, post partum and normal newborn wellness, neonatal follow-up and end of life care.	Environmental scan/ survey re: 'hot topics'  Mine BORN/Niday databases to elicit QI initiatives	2011	Identification and development of strategies related to 3 'hot topics'  Identification of and plan for QI opportunities
Promote connectivity and system-wide access to electronic clinical information	Explore opportunities for region-wide access	2012-2013	Information re: feasibility and process available IT consultant/company engaged as necessary
Maintain/revise outside service agreements	Service-level agreements reviewed/revise as necessary	2011	Revised service-level agreements maintained
Implement the integration of NNPs in neonatal units	Hiring of NNP and NNP trainees Development of medical directives, service-level agreements	2011	NNP trainees attending McMaster advanced neonatal program; NNPs working across 5 urban sites
Administration and integration of CHEO and TOH neonatal care units	Appointment of joint administrative position for TOH/CHEO NICU/SCN	2011	Candidate interviewed and in place

## **Strategic Direction #5 – Family Advisory Committee:**

Ensure patient/family input into all components of the regional program, promote an optimal regional model of patient- and family-centred care, and maximize patient/family satisfaction with their perinatal health experience.

<b>Key Strategies</b>	<b>Deliverables</b>	<b>Timeline</b>	<b>Measures/Indicator(s) of Success</b>
Seek input from families about their perinatal hospital and community-setting experiences by developing a standardized bilingual tool with follow-up questions. Seek alternative ways of obtaining feedback (e.g. telephone follow-up).	Determine existing resources and develop survey and strategies to obtain feedback in both official languages	2011-2012	Minimum 20% return rate on survey; increased return with alternative methods. Priority areas for improvement are identified.
Define and promote family-centred care within the regional program, working closely with other program committees (e.g. Education and Research).	Plan an awareness campaign with resources	2012-2013	Uptake on campaign resources; patient/family satisfaction
Develop a mechanism to seek input from rural families and other identified 'vulnerable' groups.	Establish mechanism to obtain rural and other input (e.g. website linking relevant agencies)	2011	Rural input captured on ongoing basis
Identify gaps in patient/family care needs within maternal-newborn services using family and provider feedback and dialogue between families and providers through information/awareness-raising sessions.	List gaps in care (e.g. breastfeeding support)	2012-2013	List of gaps identified and taken up by appropriate Network committee for consideration
Identify opportunities for improvement in maternal-newborn care experience with particular attention to marginalized populations, using family and provider feedback and dialogue between families and providers through information/awareness-raising sessions.	Environmental scan; literature review; list of opportunities and dissemination to other Network committees	2012-2013	Opportunities being considered and operationalized by other Network committees
Recognize and advocate family needs with respect to perinatal loss and end-of-life care.	Gaps and opportunities identified, current practices researched, recommendations developed	Ongoing	Recommendations taken up by working groups to operationalize at appropriate Network committees
Identify and develop patient/family resources and education using preferred educational strategies, in both official languages.	Environmental scan; literature review; recommendations to appropriate Network committee	2012-2013	Resources are developed by appropriate Network committee to address identified needs/gaps and are available at service delivery sites

PROGRAM STRUCTURE AND ACCOUNTABILITIES



May 17, 2011



## **Champlain Maternal Newborn Regional Program Structure and Accountabilities<sup>1</sup>**

### **Champlain LHIN**

- Authority over the Network and the Leadership Team for the implementation and operation of the regional program and follow up of the Integration order dated January 2010 (Required Integration Under Section 26 - Decision of the Champlain Local Health Integration Network issued pursuant to s. 25(2b) of the Local Health System Integration Act, 2006).
- Dispute resolution: responsible for rendering final decision to Network, in consultation with the Network Chair and Leadership Team.
- Annually review obligations for the host organization, adjust as appropriate

### **CMNRP Network**

- Advisory role to the partners, LHIN, Leadership Team.
- Leadership role to align Program with vision, mission and strategic directions/objectives.
- Accountable to mothers, babies and their families in the region.
- Oversee Network Committees and approve committee work plans and recommendations.
- Ensure alignment and minimize duplication of Network Committee functioning.
- Dispute resolution: Network chair, Leadership Team and LHIN discuss and LHIN delivers decision.

### **CMNRP Host Organization**

- In accordance with the LHIN Required Integration Decision dated January 27, 2010, CHEO will host the Maternal and Newborn Program within the Hospital's infrastructure.
- Provide the organizational infrastructure to maintain and sustain the Program, including developing a human resources plan for the Program to ensure that all partners are supported, as per the partners' agreements.
- Assume responsibility and provide administrative support for the operation and management of the Program, such as Human Resources, Materials Management and Finance.
- The Regional Director of the Maternal Newborn Program is administratively accountable to the Hospital CEO (or designate) and functionally to the Champlain LHIN. Therefore, the Hospital CEO (or designate) will ensure an annual performance assessment, in consultation with the Network and the LHIN.
- Assume financial and legal accountability for funds provided by the LHIN and member partners designated for use by the Program, including development and management of an operational budget for the program. It is understood that CHEO will ensure that the Program operates within its own sources of revenues and that no other resources of CHEO will be used to operate or fund the Program.

---

<sup>1</sup> At all levels of CMNRP structures and committees, membership consideration includes various types and levels of organizations, multiprofessional expertise, anglophone and francophone, and geographical representation.

- Provide annual reports on the operation and management of the program to the Network, including quarterly financial statements showing year-to-date against actual budget and performance management including actual performance against established targets and annual deliverables for the program.

### **CMNRP Leadership Team**

- Advisory role to the LHIN.
- Accountable to the Champlain LHIN.
- The Regional Director is administratively responsible to the host organization, CEO or designate.
- Responsibility for day-to-day functioning of the CMNRP.
- Dispute resolution: refers to Network for advice, to LHIN for resolution.

### **Network Committees** (Education & Research, Operations & Resources, Quality & Performance, Capital, Family Advisory)

- Accountable to the CMNRP Network.
- Develop work plans for submission to Network.
- Create short-term issue-specific working groups.
- Receive and approve recommendations from working groups.
- Report bi-monthly to Network and seek endorsement for committee recommendations.
- Dispute resolution: refer to Network for resolution.

### **Network Committee Working Groups** (e.g. Joint Orientation, Simulation)

- Accountable to the Network Committee under which they were created.
- Created and dismantled by Network Committee in alignment with committee work plan.
- Populated by subject matter experts not necessarily from within the committee.
- On occasion, a working group may span several Network Committees due to complex nature of issue (e.g. hyperbilirubinemia – Quality for benchmarking and best practices, Education for change management implementation, and Operations for operational feasibility)
- Take direction from Network Committee.
- Make recommendations back to Network Committee.
- Dispute resolution: refer to Network Committee for resolution.

### **CMNRP Perinatal Consultants**

- Report to Regional Director.
- Accountable to Leadership Team and Network.
- One designated lead for each Network Committee.
- Responsible for working closely with the chair and vice chair to support committee functioning (agenda setting, creation of work plan, etc.).

### **CMNRP Administrative Assistants**

- Report to Regional Director.
- Accountable to Leadership Team and Network.
- One assigned to each Network Committee.
- Responsible for administrative functions of committee including meeting coordination, agenda creation, minutes, etc.



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

### **Network Committee Accountabilities to Strategic Directions**

COMMITTEE	STRATEGIC DIRECTION
<b>Joint Capital Planning</b>	Lead the design and development of capital infrastructure requirements in the Champlain LHIN to meet the needs of an integrated regional maternal-newborn program.
<b>Quality &amp; Performance Management</b>	Build and support a regional culture that embraces a systematic approach to quality improvement and patient safety, and supports a knowledge-to-action approach to facilitate exemplary maternal- newborn care in an environment of safety and best practices.
<b>Interprofessional Education &amp; Research</b>	Develop best practice, interprofessional education, training and patient/family resources, to facilitate implementation of evidence-informed practices, and support research.
<b>Integrated Operations &amp; Resources</b>	Coordinate within our region a high-quality, integrated system of patient/family-focused care across the continuum of maternal-newborn health that maximizes system effectiveness, efficiency and equity.
<b>Family Advisory</b>	Ensure patient/family input into all components of the regional program, promote an optimal regional model of patient- and family-centred care, and maximize patient/family satisfaction with their perinatal health experience.