



**CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES**  
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES



# CAPHC: Overview of Activities

**Elaine Orrbine**

President & CEO

Canadian Association of Paediatric Health Centres (CAPHC)

# Welcome to CAPHC!

- Throughout the late 80's and 90's child and youth health care organizations were undergoing fundamental structural changes
- CAPHC was officially incorporated in 2001 as the result of a transformative process of organizational renewal of the **Canadian Association of Paediatric Hospitals** (CAPH – established in 1968)
- This watershed activity was undertaken to respond to member needs arising from new & emerging health care challenges and the shifting landscape of child and youth health service delivery in Canada
- CAPHC's mandate is to effect system-wide change in the delivery of health services to children and youth across Canada
- CAPHC focuses on initiatives that have national and broad relevance, and at the same time are practical and actionable at the point of service delivery.

# Did you know everyone here is a member of CAPHC?

- Today CAPHC is a forty-two member organization, representing multidisciplinary health professionals that provide health services for children, youth and their families within quaternary, tertiary, regional & community health care facilities, rehabilitation centres, and home care organizations nationwide
- All children's hospitals and their respective Children's Hospital Foundations in Canada are members of CAPHC, thereby providing linkages to clinical care, education and research. A complete list of CAPHC member organizations is posted on CAPHC's web site.

# CAPHC's Role

As **YOUR** national association, CAPHC's role is to:

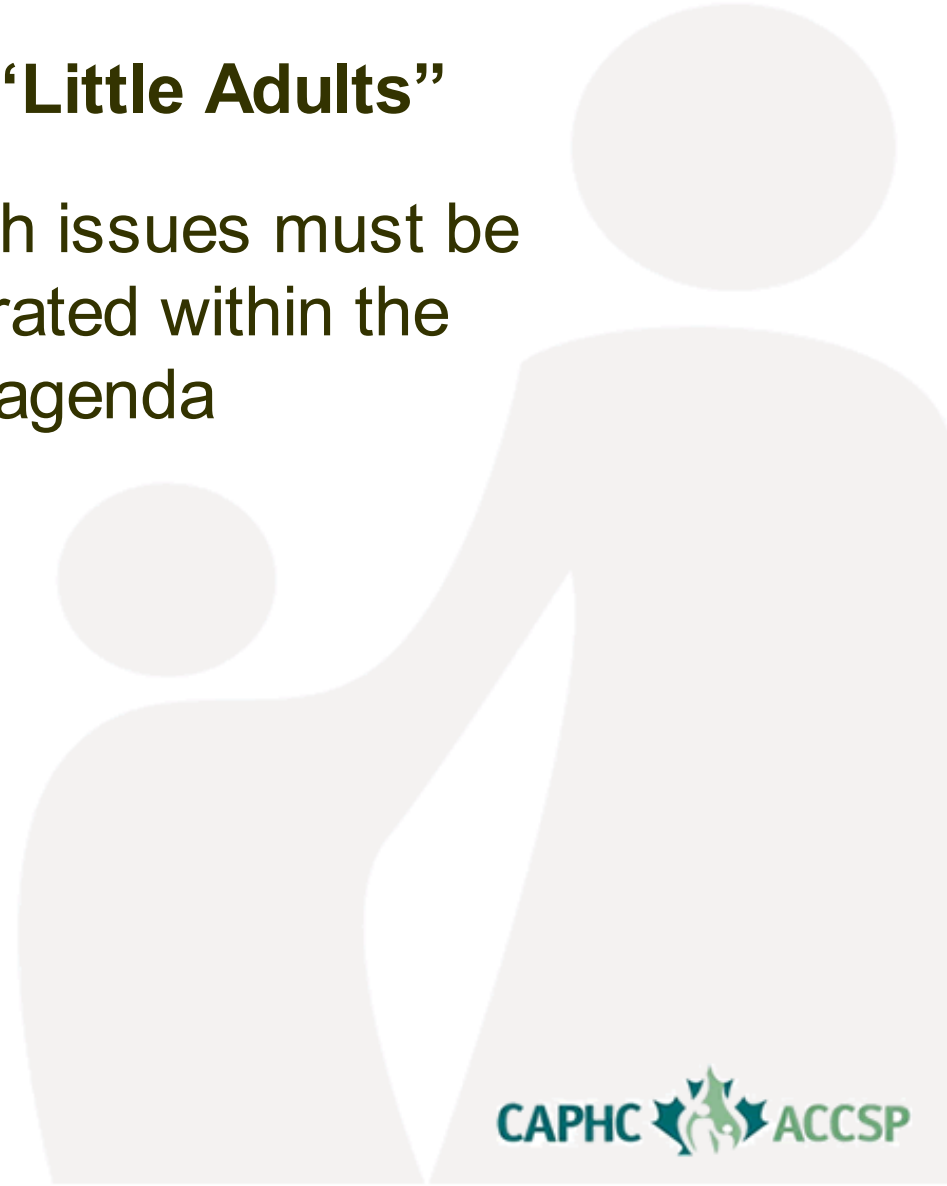
- identify emerging health service delivery needs and gaps;
- address these gaps and needs by facilitating the coordination of working groups and networks across CAPHC's membership as well as with partner organizations who share common goals and objectives;
- act as a knowledge broker of best and promising practices that inform health services, national standards of care and the policies that affect them; and
- advocate on behalf of children, youth and their families to ensure that the needs of this unique population are represented clearly and compellingly at local, regional, provincial/territorial and national tables.

# Key Challenges in Child and Youth Health Care



## **Myth: Children are “Little Adults”**

Child and youth health issues must be recognized and integrated within the overall health reform agenda



# Key Challenges in Child and Youth Health Care



## Fragmentation of Services

As a paediatric community of practice, we must focus on integration and accountability at a system level

# CAPHC's # 1 Priority

Bringing child and youth health care to the national agenda!



## National Strategy

- Build consensus
- Get children's health care issues to the various tables (Provincial & Federal)
- Position the issues
- Establish key partnerships and relationships
- Demonstrate ability & credibility to effectively contribute to national health reform agenda

# National Partnership Initiatives

Achieving Common Goals & Objectives!

Impacting the National Agenda through  
leadership and collaboration

Together we are  
making a difference!



# Key Partnerships and Relationships – “The Alphabet Soup”

- **Canadian Paediatric Decision Support Network (CPDSN)**
- **National Child & Youth Health Coalition (NCYHC)**
- **Paediatric Chairs of Canada (PCC)**
- **Paediatric Surgical Chiefs of Canada (PSCC)**
- **Canadian Child Health Clinician Scientist Program (CCHCSP)**
- **Council of Child Health Research (CCCHR – All Research Institutes)**
- **Child & Youth Research Network (CYRN – Terry Klassen Project Lead)**
- **Canadian Institute of Health Information (CIHI)**
- **Canadian Council on Health Services Accreditation (CCHSA)**
- **Canadian Patient Safety Institute (CPSI)**
- **Canadian Institute for Health Research (CIHR)**
- **Health Canada**
- **Public Health Agency of Canada (PHAC)**
- **Transport Canada**
- **Canadian Medical Association (CMA)**

# What's Hot and Making A Difference?

## National Child & Youth Health Priorities:

- Pan-Canadian Data Sharing and Benchmarking – CAPHC-CPDSN
- Establishing National Child and Youth Health Indicators
- Quality Improvement programs/initiatives – transitions across the continuum of care/continuity of care – access, wait times, developing and implementing national standards & health indicators
- Health Promotion/ Prevention – Patient Safety, Mental Health, Childhood Obesity & Healthy Active Living, Chronic Health Conditions

## Cross-cutting Themes:

- Research & Evaluation
- Knowledge Translation
- Networking/Connectivity
- Advocacy

# Achieving Common Goals & Objectives!

Impacting the National Agenda through leadership  
and collaboration

“Pan-Canadian Data Sharing  
and Benchmarking”

# Building on CPDSN Accomplishments

- 1996 – 2004: **Nine** Canadian Paediatric Health Centres
- 2005 –: We are now **sixteen** strong!



# CAPHC – CPDSN The Next Generation

**“To advocate on behalf of the  
Canadian paediatric population  
through one national voice”**



# Pan-Canadian Data Sharing and Benchmarking

## **CAPHC's commitment to our members:**

- To seamlessly benchmark through the sharing of clinical, operational, patient satisfaction and patient safety information through a central resource
- To create and sustain a coordinated & integrated approach, using technological sophistication, for data sharing and national collaborative initiatives.
- To enhance the opportunities in order to continually identify and monitor core measures of hospital performance for paediatric services in the country and enhance efficiencies organizationally and system-wide.



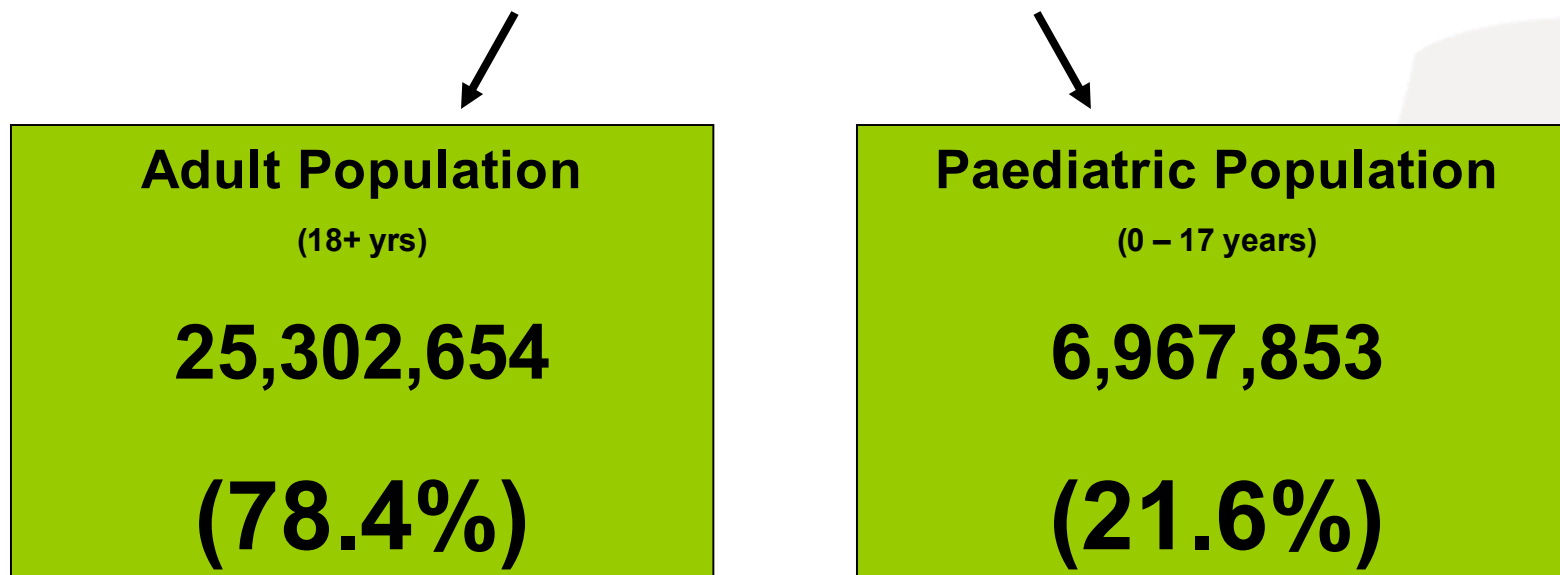
# CAPHC – CPDSN Composition

- **The Tool:** CIHI Portal – “Paediatric Community of Practice”
- Recognizes - Not all paediatric centres are the same!
  - Stand-alone Hospitals
  - Hospitals within a Hospital
  - Hospitals within a Regional Health Authority
- Data are represented from 16 Academic Health Sciences Centres → 31 individual sites

# Where are the kids?

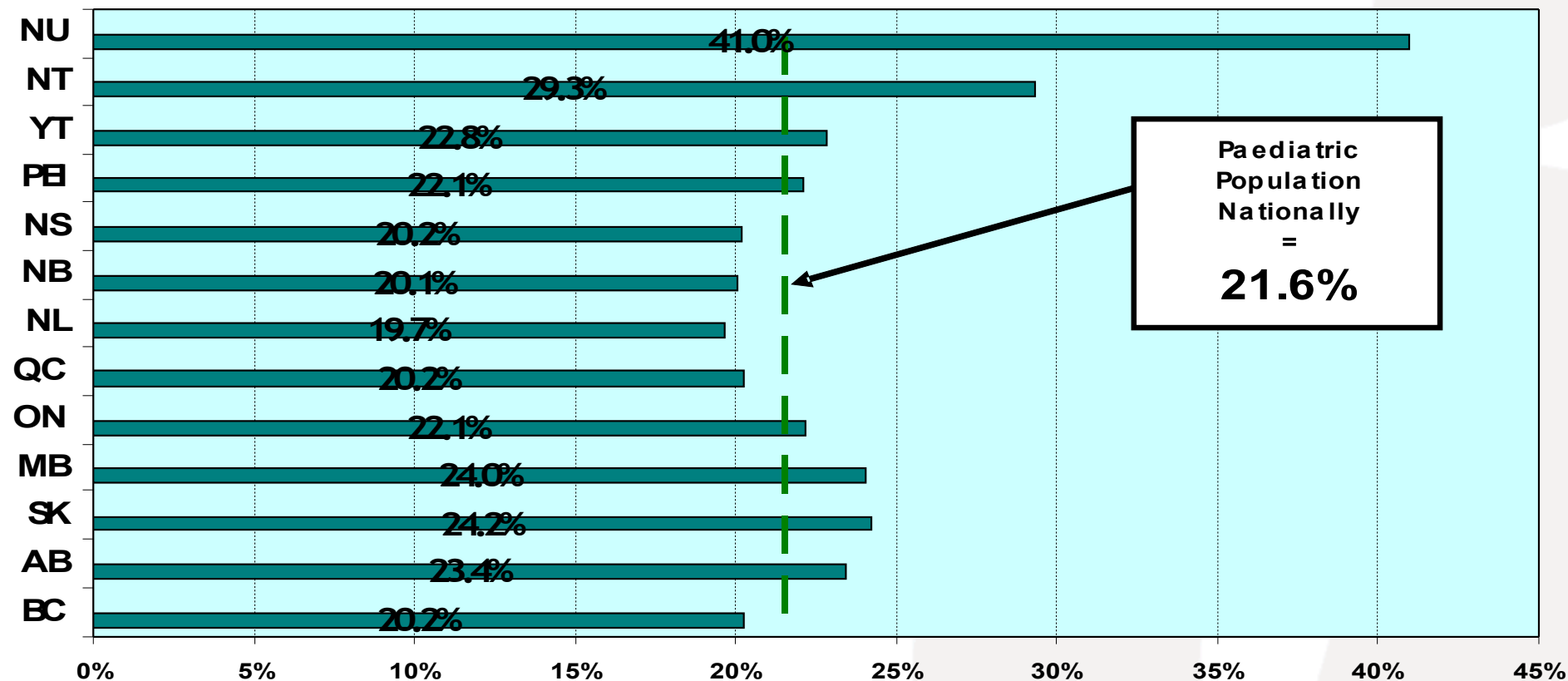
## 2005 Canadian Population

**32,270,570**



# Where are the kids?

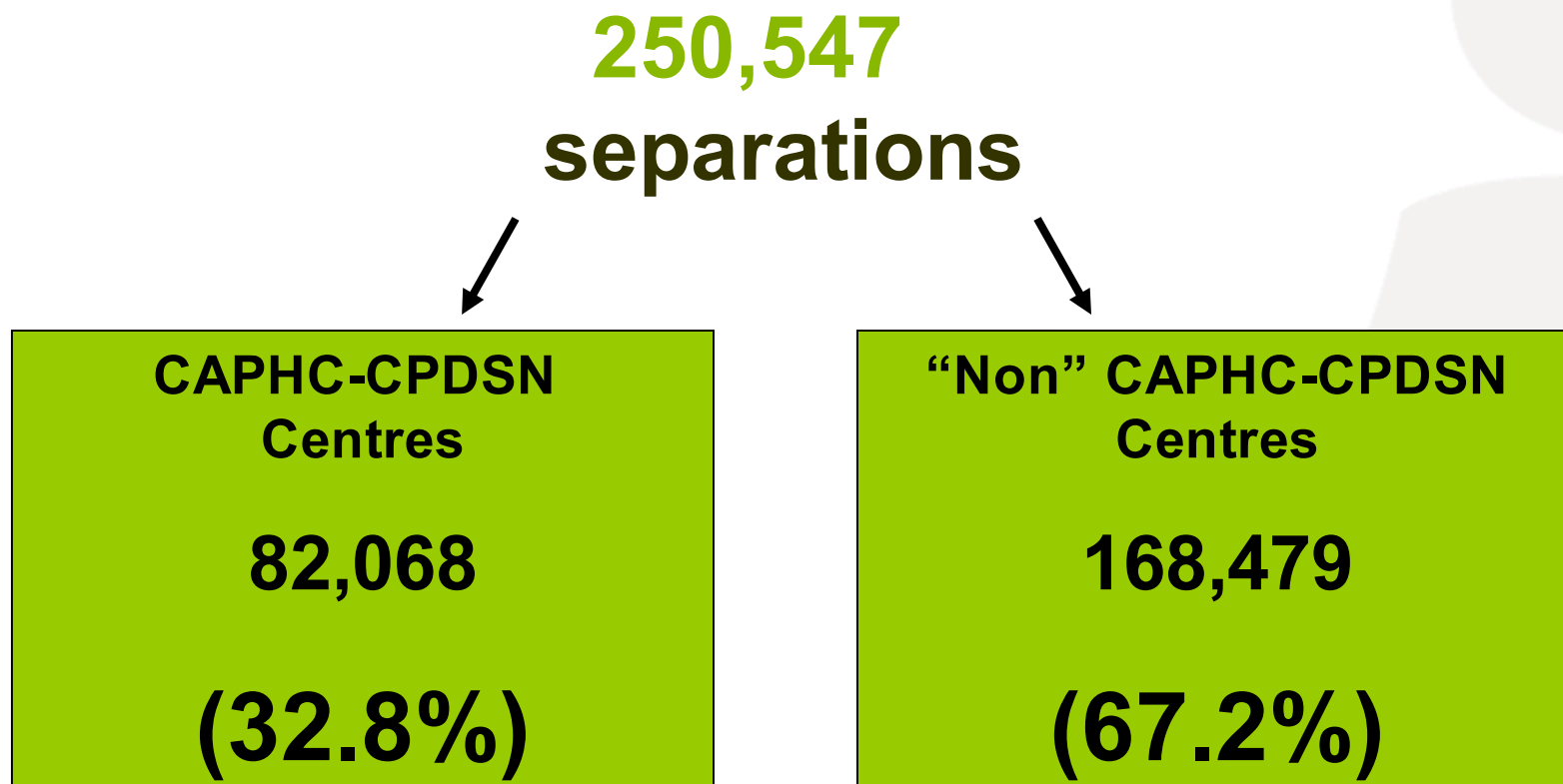
## % paediatric population within each province:



\* Based on 2005 provincial population data

# Where are the kids being treated?

## F2004 Canadian Paediatric Hospitalizations\*



\* Excluding Quebec (entire provincial dataset not currently available for reporting)

# Why are the kids being treated?

## F2004 Top 5 Canadian Paediatric Most Responsible Diagnoses\*: By Volume

### CAPHC-CPDSN Centres

2. P07 Disorders related to short gestation/low weight NEC (6.3%)
3. Z51 Other Medical Care<sup>1</sup> (3.3%)
4. J45 Asthma (2.9%)
5. P22 Respiratory distress of newborn (2.8%)
6. J21 Acute Bronchiolitis (2.8%)

Top 5 MRDX account for  
**18.1%**  
of total cases treated

### “Non” CAPHC-CPDSN Centres

2. P07 Disorders related to short gestation/low weight NEC (8.6%)
3. P22 Respiratory distress of newborn (5.1%)
4. P59 Neonatal jaundice from other / unspecified causes (4.8%)
5. J45 Asthma (4.6%)
6. J18 Pneumonia, organism unspecified (2.8%)

Top 5 MRDX account for  
**27.3%**  
of total cases treated

\*Excluding Quebec (entire provincial dataset not currently available for reporting)

<sup>1</sup> Primarily comprised of “Admissions for Chemotherapy”

# **Achieving Common Goals & Objectives!**

**Impacting the national agenda through  
leadership and collaboration:**

**“Establishing National Child and  
Youth Health Indicators”**

# Tying it all Together: National Child & Youth Health Coalition (NCYHC)



The NCYHC has recognized the importance of national collaboration and considers the **development and validation of evidence-based indicators** a key priority towards building the future of health and health care for Canada's children and youth.

## National Child and Youth Health Coalition



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# National Child & Youth Health Coalition (NCYHC)

- Canadian Association of Paediatric Health Centres (CAPHC)
- Canadian Child Health Clinician Scientist Program (CCHCSP)
- Council of Canadian Child Health Research (CCCHR)
- Paediatric Chairs of Canada (PCC)
- Pediatric Surgical Chiefs of Canada (PSCC)



**Synergies Advancing a Common Vision**

**SickKids**<sup>®</sup>  
FOUNDATION

The infrastructure of the NCYHC is generously supported by a grant from SickKids Foundation - National Grants Program.



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# Evidence-based Child and Youth Health Indicators

## The need for child and youth health indicators:

- Policy-makers and the public have a false sense of security about child and youth health and healthcare!
- Our knowledge of the status of the health and healthcare of our children and youth is seriously hampered by the lack of nationally validated indicators!
- Infant, child and youth health and healthcare indicators is NCYHC's first national priority!
- Over 200 Canadian research, clinical experts and administrators have participated in the creation of the NCYHC Indicator Program!

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# NCYHC Indicator Partners

Partnerships are the strength of the Coalition Indicator Program:

- CIHR - Institute of Human Development, Child and Youth Health (Lead Institute)
- CIHR - Institute of Gender and Health
- CIHR - Institute of Health Services and Policy Research
- CIHR - Institute of Neurosciences, Mental Health and Addiction
- CIHR - Institute of Nutrition, Metabolism and Diabetes
- Alberta Centre for Child, Family and Community Research
- BC Mental Health and Addictions Research Network
- Bloorview Childrens Hospital Foundation/Bloorview Research Institute
- Canadian Council on Health Services Accreditation (CCHSA)
- Canadian Institute for Health Information (CIHI)
- Child Health BC and BC Child and Youth Health Research Network
- Healthy Child Manitoba Office, Healthy Child Committee of Cabinet, Government of Manitoba
- Public Health Agency of Canada - Division of Childhood & Adolescence
- Public Health Agency of Canada - Health Surveillance & Epidemiology Division
- The Provincial Centre of Excellence for Child & Youth Mental Health at CHEO
- Transport Canada



National Child and Youth Health Coalition



# National Child & Youth Health Coalition (NCYHC)

## Developing the Child and Youth Health Indicators Program

and

## The Role of a Request for Applications (RFA)

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# Child and Youth Health Indicators Program

The research and clinical child and youth health community has created and enthusiastically embraced the Indicators Program

## Identifies Priorities

- Chronic Conditions
- Disabilities
- Injury
- Mental Health
- Patient Safety
- Primary Care

## Cross Cutting Themes

- Access to Care – Wait Times
- Adverse Events
- Burden of Illness/Care
- Effectiveness of care/outcomes
- Efficiency of Resource use
- Health care Utilization
- Quality and Safety of care
- Uptake of Guidelines and Treatments
- Uptake of Indicators and Impact

# Child and Youth Health Indicators Program

## What an RFA can do to advance the objective of establishing valid indicators:

- Ensure the empirical basis of new and validated indicators
- Broaden the research base and national audience far beyond the academic health care setting, e.g. the primary care world, Aboriginal community, community health agencies, education sector, policy analysts, social agencies, philanthropic organizations...
- Allow the “content experts” to validate a process that will allow for system-wide change
- Help build Canadian standards for our children & youth!

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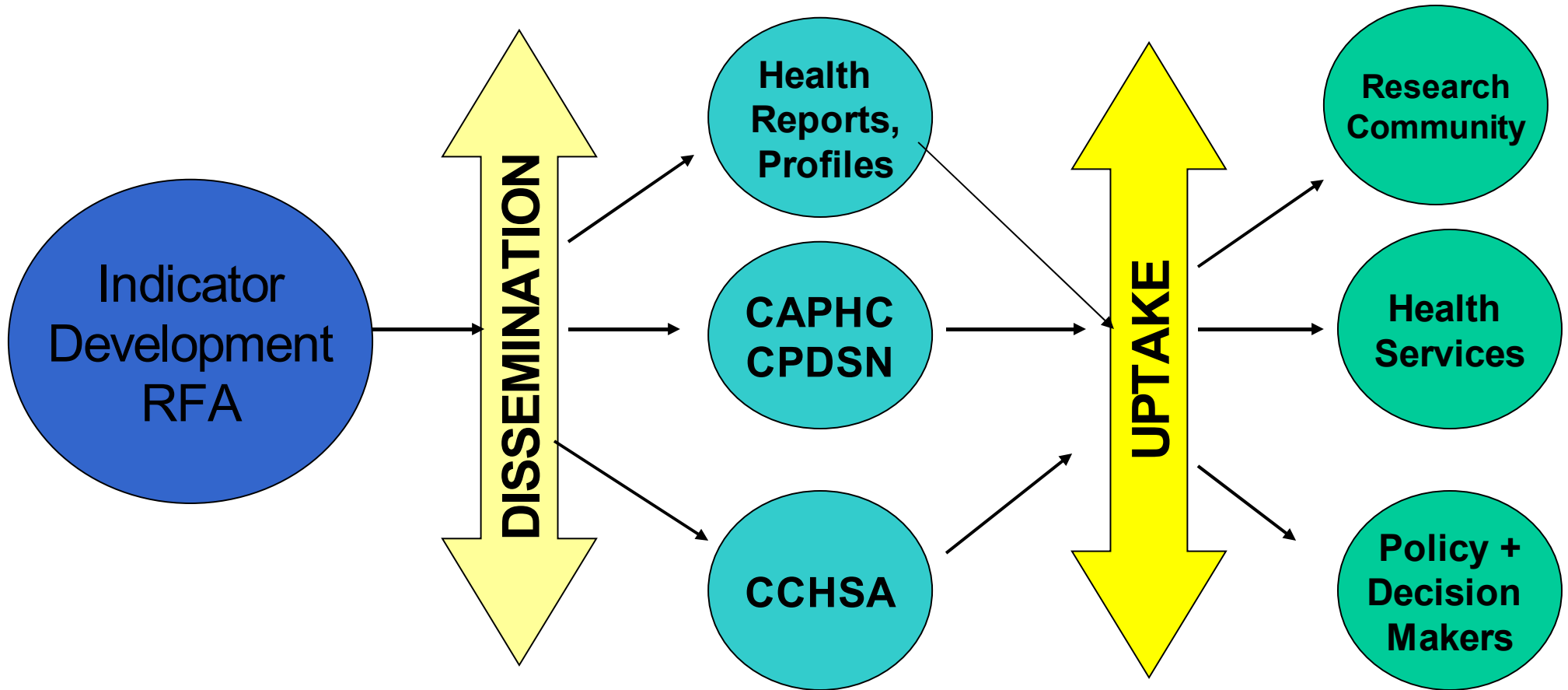


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# Child and Youth Health Indicators Program

## Indicator Development, Dissemination/Uptake



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# Child and Youth Health Indicators Program

## Areas of focus within the six identified priorities:

- How can we reliably measure **wait lists** and their impact on prognosis and outcome, including those for the family and the healthcare system?
- How can we measure the **burden of illness and burden of care** for infant, children and youth with different conditions at different developmental stages, in different cultural groups and geographic regions?
- How can we measure **well-being and resilience** in infants, children and youth and their families with respect to health, i.e., physical, mental and social well-being?
- How can we measure the **uptake of condition-specific care guidelines and evidence-based treatments** for different conditions and the impact these have on quality of care, healthcare utilization and health outcome?

# Child and Youth Health Indicators Program

Areas of focus within the six identified priorities (continued):

- How do we identify and measure the **determinants of health care utilization** across the continuum of care? How do we measure “**inequality**” within the system and its impact on health and system outcomes?
- How can we measure the current **health resources** being expended on infants, children and youth across the continuum of care?
- How do we measure **safe health care**?
- How can we measure the **uptake of indicators** and the impact of their utilization on the healthcare system and health outcomes?  
How can we measure quality improvement?

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# Child and Youth Health Indicators Program



Children and youth deserve  
Indicators: **Let's make this  
a national vision!**

**National opportunities for  
our research community  
to make a difference!**



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# **Call For Proposals: Canadian Institutes of Health Research Operating Grant - Partnerships for Child and Youth Health Indicators**

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# CIHR – IHDCYH and the NCYHC RFA

## Request for Applications: **Important Dates**

- **December 2006** - Opportunity Launched
- **March 1, 2007** - Registration Deadline
- **June 1, 2007** - Full applications
- **December 1, 2007** - Anticipated notification of decision
- **January 8, 2008** Anticipated start date.
  
- Please visit **[www.cihr-irsc.gc.ca/e/32843.html](http://www.cihr-irsc.gc.ca/e/32843.html)** for details.



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# Paediatric Surgical Wait Times

**National Collaboration that is making a difference!**

## **Announcement of a National Strategy**

- January 11, 2007- Prime Minister Harper announced federal funding for a national surgical wait times strategy
- The 16 paediatric health sciences centres from across the country will participate in the development of a national information system that will identify children who are waiting longer than the acceptable time for surgery.



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# Paediatric Surgical Wait Times

## Addressing Paediatric Surgical Wait Times

### The Goals....

To develop a national surgical wait time information system that will:

- Provide the data needed to support informed treatment decisions.
- Provide recommendations for improving and monitoring the management of paediatric surgical wait times
- Identify what works and what doesn't in terms of recourse options, and develop a plan for children whose wait times are beyond acceptable targets in any of the six pilot areas
- Identify areas for improvement and submit recommendations to government

# Paediatric Surgical Wait Times

## Addressing Paediatric Surgical Wait Times

### Looking Ahead

- Expand the project/model to include other areas where children face significant waits – Mental Health; Childhood Development etc.



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# Child and Youth Research Network (CYRN)



## **NCYHC: Tying it all together**

**Another way that national collaboration is making a difference!**



## **The Child and Youth Research Network (CYRN)**



## **CYRN's Vision:**

**Healthy children and youth through high quality collaborative clinical research**

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# Child and Youth Research Network (CYRN)

## Goals of the CYRN:

- To support high-quality, multi-centre, trans-disciplinary projects in clinical research
- To enable new Canadian research capacity through linkages of existing infrastructure and expertise and minimization of resource duplication
- To identify and remove or reduce barriers to clinical research
- To identify gaps and needs in existing infrastructure and expertise and develop innovative approaches to filling these gaps
- To build trust among diverse national stakeholders by encouraging contributions by all clinical researchers and research centres, regardless of size, and representing a broad array



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# Child and Youth Research Network (CYRN)

## Goals of the CYRN (continued):

- To determine the optimal training pathways needed to enable clinician investigators to translate biological discoveries into innovative diagnostic and therapeutic strategies
- To have a significant impact on researcher career development through active and on-going mentorship, training, education, and knowledge transfer
- To include groups and initiatives from across the continuum of care, in both hospital-based and community settings

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# Child and Youth Research Network (CYRN)

## Goals of the CYRN (continued):

- To promote development and application of indicators of child and youth health and health care in high-priority areas, including chronic disease, disabilities, injury, mental health, patient safety, and primary care
- To facilitate regular and accessible communication of Canadian research successes, capacities, opportunities, and expertise
- To work towards a sustainable funding base for the network, with an early emphasis on leveraging existing funding by seeking matching funds from local, provincial, regional, and national partners]

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# Child and Youth Research Network (CYRN)

## CYRN Areas of Focus

- Data Management
- Bio-Banking
- Training:
- Research Ethics and Regulatory Affairs
- Statistics and Methodologies
- Knowledge Translation

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# **Achieving Common Goals & Objectives!**

**Impacting the national agenda through leadership  
and collaboration:**

**“CAPHC Patient Safety Quality Improvement  
Programs/Initiatives“**

# Patient Safety

**ALL child and youth health organizations are committed to patient safety!**

- There are sobering problems in quality
- The problems come from poor systems...not bad people
- We can fix it... but it will require large-scale changes.

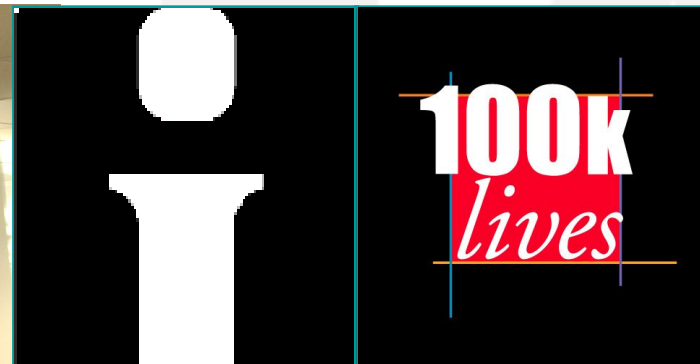
# Patient Safety Concerns (U.S.)

- Up to 100,000 annual deaths from medical errors
- Over 1,000,000 annual preventable medical injuries
- Cost: over \$50 billion/yr
- Problems of “Misuse”: injury from care intended to help

Why? Current systems don't prevent errors...

- Lack of coordination
- Lack of technology (eg. CPOE)
- Nosocomial infections (up to 80K deaths/yr [CDC])
- Human factors (eg: memory, fatigue)

# Patient Safety: U.S. Response – December 2004



# Patient Safety: Response in Canada– June 2005

safer healthcare  
*now!*

**The Canadian Campaign to Improve Patient Safety**  
**CAPHC Medication Reconciliation Collaborative**

# Patient Safety: Safer Healthcare Now (SHN)!

## What is the Canadian Campaign?

- **Safer Healthcare Now (SHN)!** is a grassroots patient safety campaign aimed at reducing preventable complications and deaths in Canadian hospitals, through the implementation of 6 evidence-based patient safety interventions .

It is patterned after the 100K Lives campaign, led by the Institute for Healthcare Improvement based in Cambridge, Massachusetts.

# Safer Healthcare Now! Interventions

Six evidence-based interventions supported in the scientific literature:

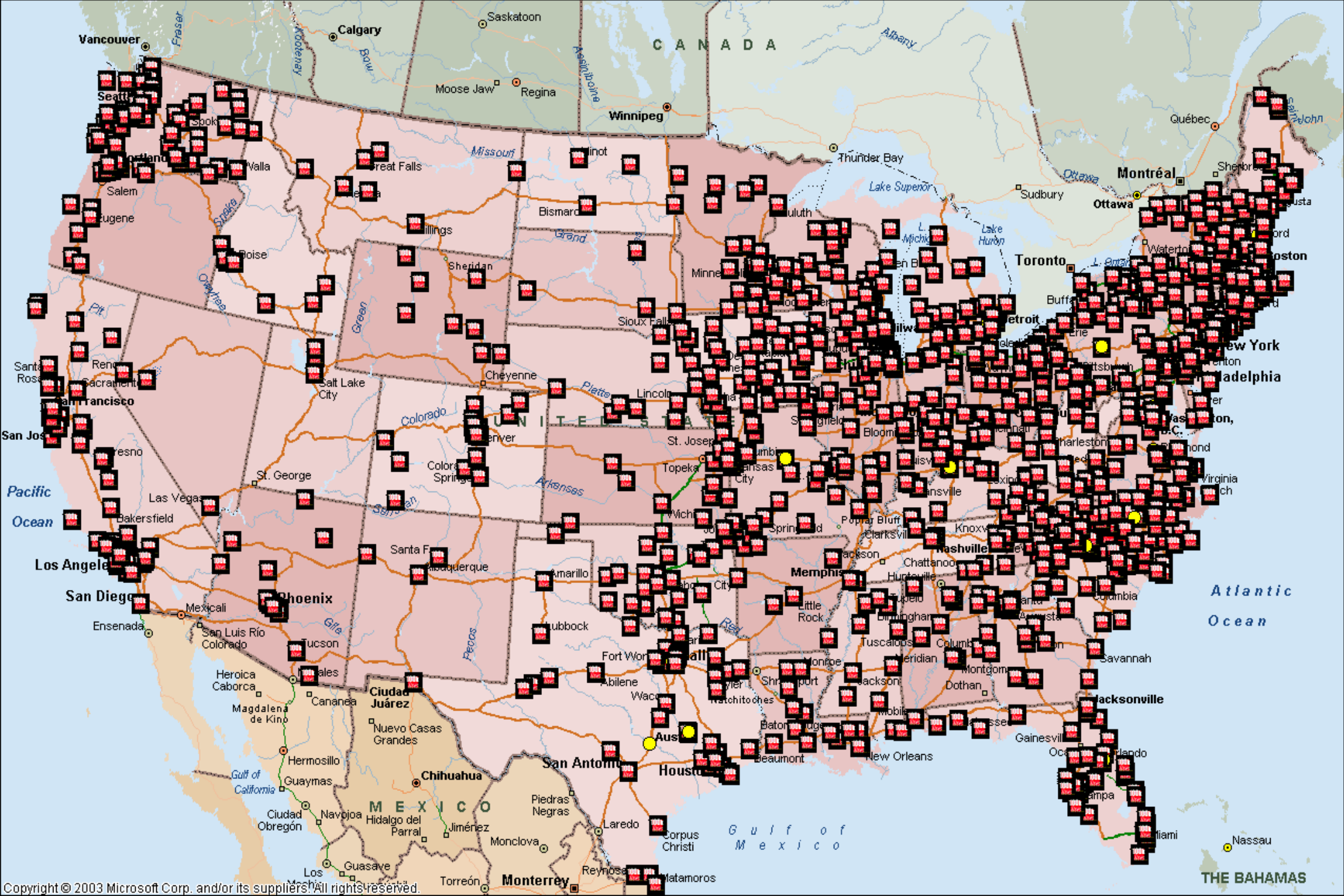
- Deploy Rapid Response Teams
- Prevent Adverse Drug Events – Medication Reconciliation
- Deliver reliable AMI care
- Prevent Ventilator Associated Pneumonia
- Prevent Surgical Site Infections
- Prevent Central Line Infections

# Taking a Leap: CAPHC's Paediatric Response to Safer Healthcare Now!



# SHN! Focus on Children, Youth, and Families

- Within a large geographical area, there is often **only one** children's health centre. This poses a significant challenge for **system-wide** quality improvement based on limited opportunity for relevant benchmarking, sharing of information and best practice. Working as a paediatric patient safety collaborative will expedite change and quality improvement.



# CAPHC's Patient Safety Collaborative

- Among the six campaign interventions, **CAPHC's Patient Safety Collaborative** identified **“Prevention of Adverse Drug Events” - Medication Reconciliation** as their national priority.

# What is Medication Reconciliation

- A formal process of obtaining a complete and accurate list of current home medications (name, dose, etc), comparing MD's admission, transfer or discharge orders to that list and reconciling differences

**Verification**

**Clarification**

**Reconciliation**

## CAPHC-SHN Paediatric Medication Reconciliation Collaborative

**Together we are making a difference!**

**Early Implementation Data Summary  
Early Days.....**

# Evidence of National Collaboration

- Eighteen paediatric teams from across Canada are participating in the medication reconciliation program
- Patient populations vary across the teams from children admitted to paediatric wards in community hospitals to more complex populations including nephrology, mental health and respiratory medicine within acute care settings

# Baseline and early implementation data; Type 2 Discrepancies (by team)

## Intentional Discrepancy (Type 2)

- Definition - An undocumented intentional discrepancy (Type 2) has occurred when the physician has made an intentional choice to add, change or stop a medication however this choice was not clearly documented in the patient chart.

## The Baseline Phase:

- Across the paediatric teams, a total of 442 patients were reviewed during the baseline phase and 211 Type 2 discrepancies were identified
- The mean number of Type 2 discrepancies identified ranged from 0 to almost two per patient

## During the early implementation stage -

- A total of 768 patients have been reviewed to date and 248 Type 2 discrepancies have been identified
- The mean number of Type 2 discrepancies identified ranged from 0 to one per patient

# Baseline and early implementation data; Type 3 Discrepancies (by team)

## **An unintentional discrepancy (Type 3)**

- Definition - An unintentional discrepancy has occurred when the physician has unintentionally changed, added or omitted a medication the patient was taking prior to admission

## **The Baseline Phase:**

- Across the paediatric teams, a total of 442 patients were reviewed during the baseline stage and 230 Type 3 discrepancies were identified
- The mean number of Type 3 discrepancies identified ranged from 0.07 to 1.25

## **During the early implementation stage -**

- A total of 768 patients were reviewed and 218 Type 3 discrepancies were identified
- The mean number of Type 3 discrepancies identified ranged from 0.04 to 1.08

# Other related CAPHC patient safety programs

Other CAPHC quality improvement & patient safety programs and activities include:

- Patient Safety List Serve
- Sharing and Learning Tool
- Development and Validation of a “Paediatric Trigger Tool – Research project: CMPA Funded
- High Risk Medications – determining best practice and the development of national standards

All CAPHC Patient Safety programs are guided by the members of our Patient Safety Collaborative

**Achieving Common Goals & Objectives!**

**Impacting the national agenda through  
leadership and collaboration:**

**“Health Promotion/ Prevention”**

# Health Promotion/Prevention

## Mental Health:

- Over 1.25 million children and youth in Canada have a significant mental health problem.
- Services are frequently inadequate and fragmented.
- The recently released report by the Senate Standing Committee on Social Affairs, Science and Technology (The Kirby Report) has highlighted the plight of our children and youth and has occasioned the opportunity for our community to take action!

# Health Promotion/Prevention

## Mental Health (continued):

- CAPHC has established a national mental health task force and will focus on the following key areas:
  - Building community capacity;
  - Mental health service models;
  - Health human resource development; and
  - Research and knowledge mobilization.

# Health Promotion/Prevention

## FASD:

- Currently, no valid and reliable screening tools exist for consistent screening of children for a possible FASD.
- This limits the ability of health care and allied professionals working with children with behavioral and learning disabilities to consistently screen for FASD and refer for further assessment and diagnosis.
- Consistent screening would also reduce wait times for formal diagnosis as those on the wait lists would be pre-screened, thus reducing the amount of time for diagnosis.

# Health Promotion/Prevention

FASD – Current areas of focus:

- To survey and critically evaluate FASD screening tools and methods in use in Canada for referral to or acceptance into diagnostic clinics;
- Evaluate practical values (sensitivity, specificity, and predictive values) of these tools; and
- Develop practical guidelines (Tool Kit), based on the identified and evaluated tools.

CAPHC is working with the [Canada Northwest FASD Research Network](#) and many other leaders and experts from across the country

# Health Promotion/Prevention

## Childhood Obesity & Healthy Active Living:

- The Canadian Pediatric Society's committee on Healthy Active Living (HAL) and CAPHC are conducting a survey on current Healthy Active Living policies at children's hospitals across Canada.
- This survey is an initiative based on the recommendations made at a symposium held at CAPHC's 2005 Annual Meeting entitled "The Pediatric Obesity Crisis: Working Together for Change".

# Health Promotion/Prevention

Childhood Obesity & Healthy Active Living (continued):

The goals of this national survey are to:

- share best practices with our colleagues nationwide;
- enhance existing HAL hospital policies;
- help facilitate new policies that will promote healthy lifestyles for staff, patients and families; and
- contribute to the development of a national strategy in the campaign against childhood obesity.

All sixteen Children's Hospitals in Canada are participating in this national survey!

# Continuity and Coordination of Care National Partnerships: CAPHC, CYHN, CN-CYR & CFAN

## Finding Our Way Back Home - A National Resource on Promising Transition Practices

The primary purpose of this resource is to:

- Enhance knowledge exchange across Canada.
- Share some of the promising practices currently in place throughout the country.
- Based on discussions with parents and providers, analyse the factors that support and impede continuity of care.
- Develop a strategy to utilize the resource content as a vehicle for change.

# CAPHC National Partnership

Canadian Network for Child & Youth Rehabilitation (CN-CYR)

## Goals & Objectives:

5. Present a coordinated national voice for Children's Rehabilitation and children with disabilities to ensure the latter's position on the national health agenda.
6. Provide a mechanism for promoting best practices, knowledge transfer and bringing research to practice.
7. Create a forum for communication and networking with Children's Rehabilitation and associated partners.

# CAPHC National Partnership

Canadian Network for Child & Youth Rehabilitation (CN-CYR)

## Goals & Objectives (continued):

5. Assist with effective service and systems planning by providing a mechanism for information sharing, including identifying emerging trends and changes in the environment.
6. Provide a mechanism for benchmarking, such as comparing structure, process and outcome indicators with like organizations, as well as advancing the development of outcome indicators specific to children's rehabilitation.

# Canadian Family Advisory Network - CFAN

- CFAN connects and fortifies family advisory bodies attached to paediatric health centres from across Canada
- All the groups share a commitment to family-centred care which they attempt to promote and model by collaborating with the professionals and the institutions they advise.
- They seek to ensure that family-centred care can be found not only in institutional mission statements but in the experience of all the patients and families who move in and out of the various health centres.

# CFAN: Main Activities

- Education programs in which parents and/or former patients make family-centred care vivid and particular for groups of medical students, nurses, residents, and others;
- Service on a variety of hospital committees and task forces, e.g. pain management, facility design, patient safety, research ethics, etc.
- Supplying advice and feedback about hospital signage, survey forms, meals, privacy and confidentiality, parental presence during induction, visitors policies, psycho-social supports, etc.

# CAPHC National Partnership

## National Network for Volunteer Services

### Goals & Objectives:

- To create official linkages across the country around benchmarking, information sharing and creating networks at a national level focused on activities of volunteer services

### Enhancing Communication:

National Volunteer Network Electronic Discussion Forum

[www.caphc.org/partnerships\\_nvn.html](http://www.caphc.org/partnerships_nvn.html)



# CAPHC

Promoting the health and well-being of children, youth and families.



## News & Events

**CAPHC 2006 Annual Meeting: Building Blocks for the Future - Improving the Health of Canada's Children and Youth**

» [Conference presentations now posted!](#)

### National Child and Youth Health Coalition

*The infrastructure of the NCYHC is generously supported by a grant from SickKids Foundation - National Grants Program*

» [New documents now posted!](#)

» **RFA Launch:** Request for Applications on Partnerships for Child and Youth Health Indicators.

### Bell Canada & CAPHC

» [Finding Our Way Back Home: A National Resource on Promising Transition Practices](#)

» [Bridging the Divide between Health Centres and the Community - Child & Youth Health Services across the Continuum](#)

## Benchmarking & Best Practices

**SURVEY - Determining Best Practice: Gastrostomy Tube Management**

[Results now posted »](#)

**SURVEY - Children's Environmental Health »**

A National Survey for Health Care Professionals.

**Pandemic Planning in Our Paediatric Communities - Sharing and Learning From Each Other »**

CAPHC National Teleconference, June 27, 2006

[Proceedings now posted »](#)

**Patient Safety Culture - Sharing and Learning From Each Other »**

CAPHC National Teleconference, Friday, June 30, 2006

[Proceedings now posted »](#)

**Patient Identification Systems »**

Examining the safety of patient identification systems for infants.

[Results now posted »](#)

**Clinical Pathways: A National Survey »** Utilization of clinical

## CAPHC Programs

**Bell Canada »**



**Canadian Paediatric Decision Support Network »**



**Patient Safety Collaborative »**



## CAPHC Partnerships

**Canadian Child Health Clinician Scientist Program »**



**Canadian Family Advisory Network »**

# CAPHC's Annual Conference

“Informing Health Care Policy for Canadian Children and Youth:  
Strategies that are making a Difference!”

October 14 - 17, 2007

Hilton Montreal Bonaventure  
Montreal, Quebec

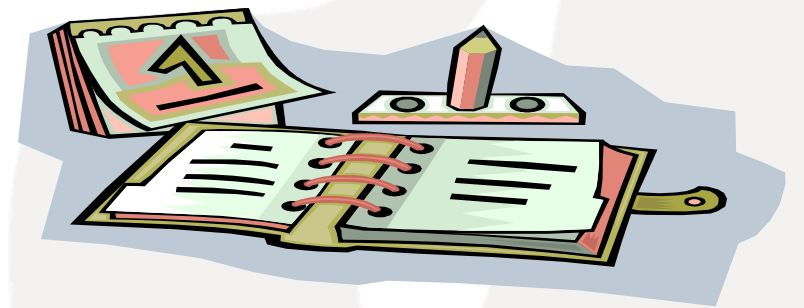
Call-for-Abstracts and preliminary online registration posted  
February 13, 2007!

Preliminary Program to be posted March 31, 2007!

[www.caphc.org](http://www.caphc.org)

# CAPHC Annual Conferences: Looking Ahead

- 2007 October 14 - 17th, Montreal, Quebec
- 2008 October 19 - 22, Edmonton, Alberta
- 2009 October 18 - 21, Halifax, Nova Scotia
- 2010 October 17 - 20, Winnipeg, Manitoba
- 2011 October 16 - 19, Ottawa, Ontario
- 2012 October 14 - 17, Saskatoon, Saskatchewan
- 2013 October 20 - 23, Toronto, Ontario



**THANK YOU** to all our colleagues for your leadership and continued collaboration!!

**WE COULD NOT DO IT WITHOUT YOU!**

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