



CAPHC

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

2010 *Annual Report*

October 19, 2010



Together We Are Making A Difference!

CAPHC's Values, Vision and Mission

CAPHC'S Values

- **Collaboration** – We work and respond to the needs of the full spectrum of the community that is committed to advancing child and youth health service delivery. This involves health practitioners, educators, researchers, administrators, children, youth and families, and policy decision-makers alike.
- **Consultation** – We recognize the expertise (formal and informal) that exists within our community and engage a broad inter-professional child and youth health community in all our undertakings and encourage fostering relationships.
- **Respect** – We are respectful of the cultures, diversities, strengths, knowledge and needs of all member organizations, stakeholders and partners. We listen to what is important to our constituency and work with organizational stakeholders to effect change at a system-wide level.
- **Stewardship** – We are responsible and accountable for the resources provided to us by our member organizations and partners to carry out the goals and mission of our Association.

CAPHC Vision

The Canadian Association of Paediatric Health Centres is a recognized leader and advocate for advancing the improvement of healthcare for Canada's children and youth.



CAPHC Mission

The mission of the Canadian Association of Paediatric Health Centres is to support member and partner organizations through education, research and quality improvement initiatives to improve health service delivery for Canadian children and youth.

We do this by:

- Advocating for the unique character and importance of the health of children and youth;
- Identifying and responding to emerging issues and trends that impact our communities;
- Building a community of practice to share research, knowledge and expertise;
- Building strategic partnerships and facilitating collaboration;
- Leveraging opportunities to advance health service delivery priorities through education, research and improved healthcare; and
- Promoting best practices in quality improvement and patient safety.



Together We Are Making A Difference!

Canada's future is dependent upon the health and well-being of our children, youth and families. All children and youth must have access to a health care system supported by healthy public policies that will appropriately position them for success as they transition to adulthood.

We are certain that our collective national voice is essential to address current and emerging challenges, thus ensuring the health, well-being and future of Canada's children and youth.

This year's report provides an overview of CAPHC's vision, mission, strategic priorities, as well as a detailed profile of our national programs and related activities over the past twelve months.

All CAPHC activities and programs are based on a mandate provided to CAPHC by its member organizations. CAPHC would like to acknowledge the leadership and expertise of the many child and youth health professionals and families who contribute to CAPHC's national programs and activities.

Although there are too many people to name individually in this report, we have highlighted CAPHC's working groups, steering and advisory committees that oversee and provide content expertise and leadership to all activities and programs. It is the individuals that serve on these various committees that represent the true fabric of the CAPHC organization. We would like to formally recognize and appreciate the commitment and dedication of all!

In our annual report, we have recognized our CAPHC Liaisons who bring our initiatives and programs to the front line in each of our member organizations. These individuals are your key communicators and we would encourage you to

connect with your respective liaison to learn more about CAPHC opportunities that are pertinent to your work.

Over the past decade, we have established key partnerships that have enabled, supported and sustained our Association's' growth and development. We have recognized many of our partners in this year's report and would like to extend our appreciation for their commitment and support.

We would also like to express our sincere gratitude to the SickKids Foundation National Grants Program and the Stollery Children's Hospital Foundation for their generous support and ongoing commitment to CAPHC.

Our 2010 Annual Report is a reflection of CAPHC's current activities and programs, as well as our vision and commitment for the future. We welcome your feedback!



Susan Richardson
Chair, CAPHC Board of
Directors



Elaine Orrbine
President and CEO,
CAPHC



CAPHC 2010 Annual Report

The 2010 Report focuses on CAPHC's national programs and related activities over the past twelve months, as well as future directions as they relate to each of CAPHC's five strategic priorities.

Strategic Priorities

- 1 Establish programs and activities that address current and emerging child and youth healthcare priorities;**
- 2 Advocate for transforming health service delivery for children and youth in Canada;**
- 3 Connect service providers and key stakeholders to realize shared child and youth healthcare goals;**
- 4 Foster research, broker knowledge, facilitate educational opportunities and enhance information exchange for members and stakeholders, within the child and youth healthcare community, as well as with external partners; and**
- 5 Build capacity and enhance organizational health to ensure that CAPHC can realize organizational objectives and meet the needs of member organizations.**

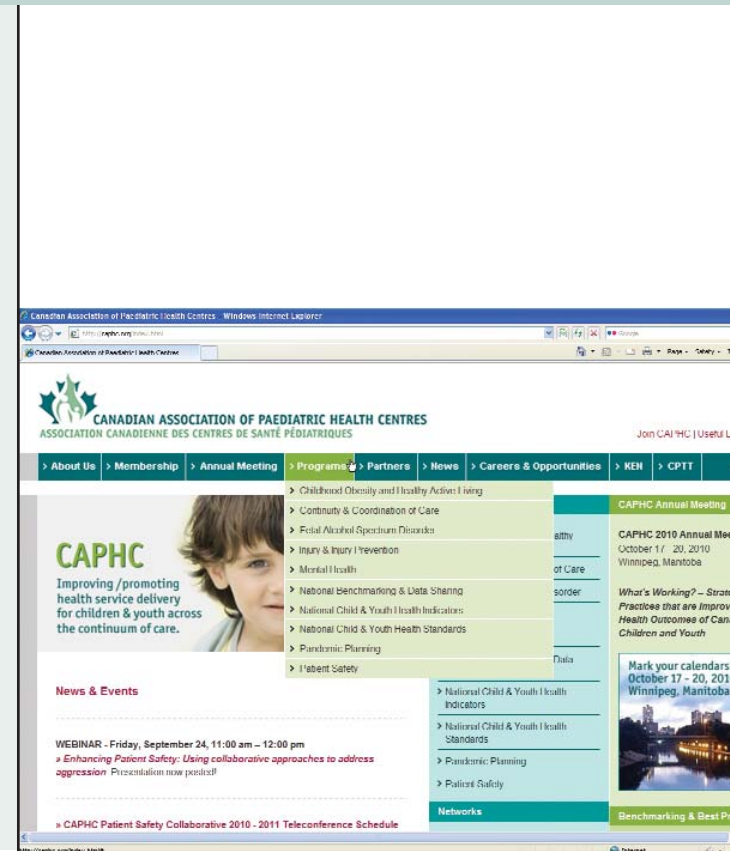
http://www.caphc.org/documents_about/2009_09_21_caphc_strategic_plan.pdf

Strategic Priority #1

Establish programs and activities that address current and emerging child and youth healthcare priorities

Falling within this strategic priority are the following National CAPHC Programs:

- 1.1** CAPHC–Canadian Paediatric Decision Support Network (CAPHC–CPDSN);
- 1.2** Development of Child and Youth Population Standards;
- 1.3** National Patient Safety Programs; and
- 1.4** Fetal Alcohol Spectrum Disorder (FASD) – Developing a National Screening Tool Kit for Those Identified and Potentially Affected by FASD



1.1 CAPHC–Canadian Paediatric Decision Support Network (CAPHC–CPDSN)

http://www.caphc.org/programs_benchmarking.html#what



About CAPHC–CPDSN

- CAPHC–CPDSN is a network of the sixteen academic paediatric health centres in Canada (all children’s hospitals in the country) that have come together as a formal Community of Practice to advance paediatric empirical decision support and national benchmarking in Canada, with the goal of improving health care and the health of Canadian children, youth and their families.
- CAPHC–CPDSN’s mandate is to coordinate and oversee national data sharing, networking and benchmarking for the paediatric healthcare community.
- Our members represent professionals from senior management, medical staff, and decision support and quality management in paediatric healthcare facilities, all committed to supporting health care management with comparative and reliable health information.

Key External Partnerships

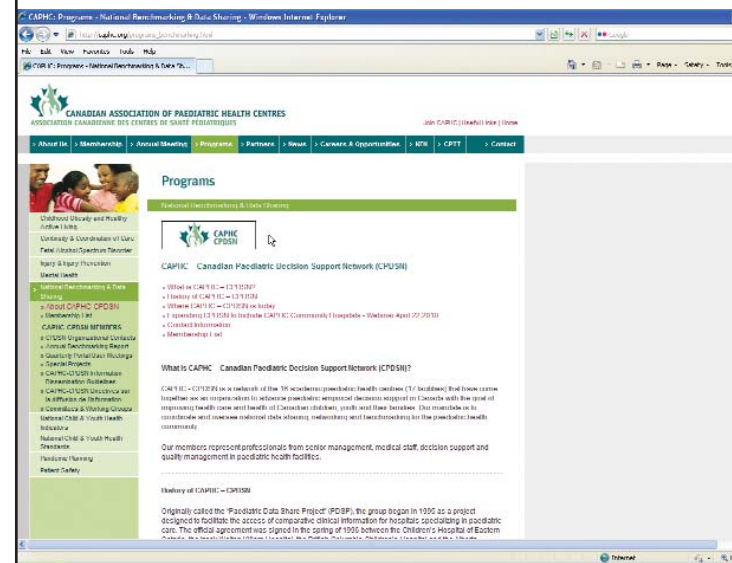
- In 2005 CAPHC– CPDSN established a formal partnership with the Canadian Institute for Health Information (CIHI), setting the stage for an unprecedented child and youth population focused Community of Practice.
- As a Community of Practice (CoP), CAPHC–CPDSN has served in an advisory capacity to CIHI influencing the improvements, enhancements and functionality of the business intelligence tool.
- CIHI Portal provides access to enriched, facility-identifiable data on the delivery of services by Canada’s hospitals.
- Through a dynamic bundle of content, functionality and features, CIHI Portal allows for improved evaluation, stronger decision support and broader knowledge transfer.

2009–2010 Milestones

- New CAPHC and CIHI Portal Agreement (2009–2012) — successfully negotiated improved terms and functionality for CAPHC member organizations.
- Asthma Special Project — creation of a new paediatric specific indicator — “*Asthma Return Rate to Paediatric Emergency Departments*”; This new indicator is now included in the 2010 Annual Benchmarking Report.
- Launch of CAPHC–CPDSN Portal User Webinars.
- Release of enhanced CAPHC–CPDSN Information Dissemination Guidelines.
- Release of 2009 CAPHC–CPDSN Web-based Benchmarking Report.
- Release of bilingual CAPHC–CPDSN Orientation Manual: Portal Benchmarking Reports and Quebec Data Mapping.
- Official launch of Quebec Portal Pilot, engaging all four paediatric academic health centres in the province.
- Development of the following four strategy work groups in alignment with the CAPHC 2009–2014 Strategic Plan:
 - ♦ Expanding Membership to Community Hospitals;
 - ♦ Management Information Systems & Productivity;
 - ♦ Paediatric Data Suite; and
 - ♦ Sharing Best Practices.

CAPHC–CPDSN Looking Ahead to 2011

- Engagement and integration of CAPHC Community and Regional Hospitals to expand paediatric decision support and benchmarking across the continuum of care.
- Launch of five-year work plans in each of the following priority areas: MIS Productivity, Paediatric Data Suite; and Sharing of Best Practices.



1.2 Development of Child and Youth Population Standards

About this Program

- There is strong consensus across the CAPHC network that the establishment of national standards for child and youth healthcare and health service delivery would inform and assist policy and decision-makers in addressing future paediatric resource planning and allocation requirements;
- The establishment of national standards would also provide greater consistency in the provision of healthcare services across the continuum of care.

Key External Partnerships

- On April 4, 2006, CAPHC established a formal partnership and Memorandum of Understanding (MOU) with Accreditation Canada (formerly Canadian Council on Health Services Accreditation).
- The primary goal of this MOU is to collaboratively develop child and youth national healthcare standards in key priority areas threatening the health and well-being of this vulnerable population.
- As part of this MOU, Accreditation Canada provides:
 - ♦ National and international accreditation perspective;
 - ♦ Survey and education and expertise;
 - ♦ Standards development expertise and application to Accreditation Canada's Required Organizational Practices.
- As part of this MOU, CAPHC provides:
 - ♦ Access to expertise on current and emerging child and youth healthcare issues;
 - ♦ Expertise toward the development of national standards; and
 - ♦ Access and linkages for dissemination and uptake.

The partnership between CAPHC and Accreditation Canada has allowed an unprecedented opportunity to address the lack of national standards for child and youth healthcare and service delivery.

Work to date has resulted in bringing forward important perspectives and required standards of practice now being provided to our children and youth across the continuum of care. Our work has also created an increased awareness of the unique needs of this vulnerable population and as a result, has integrated new specific child and youth "Required Organizational Practices" in various accreditation programs and processes.

Going forward, Accreditation Canada and CAPHC are committed to working collaboratively to address other priority areas (as listed above).



2009–2010 Milestones

- Implementation of Medication Reconciliation Standards across Canada;
<http://www.accreditation.ca/accreditation-programs/qmentum/required-organizational-practices/medication-use/>
- Implementation of Child and Youth Population Standards across Canada;
http://www.caphc.org/programs_standards.html; and
- Implementation of Emergency Department Practice Guidelines;
<http://www.accreditation.ca/accreditation-programs/new-initiatives/emergency-health-services/>

Looking Ahead to 2011 and Beyond

- Establish and implement standards relating to ensuring safe delivery of high alert medications (i.e. opioids) in Paediatrics;
- Establish and implement transport systems guidelines for Neonates and Paediatrics; and
- Other areas of priority to be determined by our member organizations.



1.3 National Paediatric Patient Safety Programs http://www.caphc.org/programs_safety.html

About the CAPHC National Patient Safety Collaborative

- Patient Safety and Quality Improvement is one of CAPHC's national priorities. Established in 2003, CAPHC's Patient Safety Collaborative provides a national framework for partnership development and communication that supports paediatric patient safety and quality improvement programs.
- The Patient Safety Collaborative meets via tele-conference every fourth Friday of the month and welcomes colleagues and partners from across the country.
- We invite everyone to come and join us as we begin our 2010–2011 season!

Goals and Objectives of the Patient Safety Collaborative

- To “guide” CAPHC’s decision-making process concerning patient safety related initiatives or requests for endorsement.
- To serve as an advisory/consultation mechanism for the CAPHC Board, our members and national partners in the area of patient safety.
- To increase the profile of patient safety issues and challenges in relation to promoting safety and the well-being of children and youth.
- To promote and facilitate ongoing education, research and knowledge translation opportunities.
- To identify current and emerging patient safety issues.
- To build critical mass to advance or leverage common goals and objectives.
- To establish national linkages and develop partnerships with organizations that have common goals and objectives.
- To promote opportunities for multi-site research to generate new knowledge in the area of child and youth related patient safety.
- To identify best practices and establish national child and youth patient safety standards.
- To establish a formal national mechanism for knowledge dissemination (e.g.; Web site, webinars, publications, workshops & symposia, etc).



The next section of the report will focus on the following three CAPHC Patient Safety and Quality Improvement Programs

- 1.3.1** Paediatric Medication Reconciliation Intervention – Key Strategies and Essential Success Elements – The 3-Year Journey Final Report;
- 1.3.2** CAPHC Paediatric Trigger Tool® (CPTT) – Web-Based Paediatric Tool; and
- 1.3.3** Canadian Paediatric High Alert Medication Delivery: Opioid Safety – Toward a Change in Practice.



1.3.1 CAPHC Paediatric Medication Reconciliation Intervention

About the CAPHC Paediatric Medication Reconciliation Intervention

- Paediatric healthcare institutions face many unique challenges in the delivery of care; with medication errors being one of the most common patient safety problems.
- For paediatric inpatients, medication errors have been reported to range from 1 in 5.7, to 1 in 6.4 medication orders and are three times more common than in adult populations (Riley-Lawless, 2009).
- Incomplete and/or inaccurate medication information at admission and subsequent healthcare transition points are significant factors in up to 50 % of all inpatient medication errors (Manno and Hayes, 2006).

A National Paediatric Intervention

- In June 2005, CAPHC established an important patient safety partnership with the Canadian Patient Safety Institute (CPSI) and the Safer Healthcare Now! Campaign (SHN).
- Among the six SHN! Campaign interventions at that time, CAPHC's Patient Safety Collaborative selected Medication Reconciliation as our national focus.
- The CAPHC Paediatric Medication Reconciliation Collaborative (PMRC) was initiated in August 2005.
- Since 2005, the PMRC has been working in partnership with CPSI, SHN, ISMP Canada and 23 implementation teams across the country to expedite change and quality improvement in medication reconciliation at all paediatric centres and other related organizations across Canada.
- **Medication Reconciliation is now an Accreditation Canada "Required Organizational Practice".**

Key External Partnerships

The CAPHC-Paediatric Medication Reconciliation Intervention Program was supported through multiple grants generously provided to CAPHC from the Canadian Patient Safety Institute (CPSI), MEDBUY and Baxter Corporation.

2009–2010 Milestones

- CAPHC Publication of *Final Report – Key Strategies and Essential Success Elements – The 3-Year Journey* http://www.caphc.org/documents_programs/patient_safety/pmrc_final.pdf
- The report focuses on the knowledge acquired with respect to barriers and challenges, the essential elements for success, as well as key strategies and best practices based on the experiences of the paediatric collaborative teams.
- This report represents a culmination and description of the ongoing effort of the paediatric centres who have been working to implement medication reconciliation, and is a reflection of the commitment, and collective leadership of this Paediatric Collaborative.

Looking Ahead to 2011 and Beyond

- While the PMRC as an intervention has concluded, CAPHC will continue to provide a forum for periodic MedRec "check-ins" through teleconferences, webinars and annual patient safety symposia, facilitated by the CAPHC Patient Safety Collaborative.
- The PMRC framework and collaboration will continue to serve as a collaborative model for the Canadian Paediatric High Alert Medication Delivery – Opioid Safety program (see ahead), as well as other national patient safety initiatives in the future.



1.3.2 CAPHC Paediatric Trigger Tool® http://www.caphc.org/programs_safety_cppt.html

About the CAPHC Paediatric Trigger Tool®

- The total burden of harm related to the care of hospitalized children has not definitively been studied. One reason has been the absence to date of a single validated tool designed to detect harm of all types within the paediatric patient populations (i.e. those related to medications, surgery, and other healthcare associated complications).
- The CAPHC Paediatric Trigger Tool or “CPTT”, is a robust tool that has been validated for use in children less than 18 years of age.
- The CPTT builds on the methodology and experience of many individuals and groups worldwide that have used screening criteria to characterize the incidence of adverse events in hospitalized patients through retrospective chart review.
- Established a CAPHC Quality Improvement Steering Committee to guide the launch of the CPTT and lead national education sessions and workshops.
- Official launch of the CPTT at CAPHC’s Annual Conference in Halifax, Nova Scotia on October 18, 2009 – concurrent education sessions were run at the annual conference allowing many healthcare professionals to participate in hands-on practical workshops.
- The CPTT can now be downloaded from the CAPHC web-site and is available free of charge to all CAPHC member organizations; http://www.caphc.org/programs_safety_cppt.html.

Milestones to Date

- Feasibility Study conducted in 2005: *The Development of the Canadian Paediatric Trigger Tool for Identifying Potential Adverse Events; Healthcare Quarterly*, 8(Sp) 2005: 90-93.).
- Validation Study: 2006–2007: *Reducing Harm in Paediatric Care: Evaluation of the Canadian Association of Paediatric Hospital Centers – Paediatric Trigger Tool*, Anne G. Matlow et. al. (manuscript submitted).
- Development of the CAPHC–CPTT® Web based Tool 2009: http://www.caphc.org/programs_safety_cppt.html

Key External Partnerships

The CAPHC-Paediatric Trigger Tool program has been supported through grants generously provided to CAPHC from The Canadian Medical Protective Association (CMPA); Canada’s Research-Based Pharmaceutical Companies (Rx&D); and other partner organizations. Generous in-kind contributions were also made to this program by all health centres who participated in the validation study.

CPTT 2011 and Beyond

- Guided by the expertise of the CAPHC Quality Improvement Steering Committee, CAPHC will continue to facilitate education and training sessions to engage healthcare organizations across the continuum of care.
- In 2011, CAPHC will begin a new series of webinars that will promote feedback and measurement of the utilization and benefit of the CPTT.
- Revision and enhancements to the Tool will be made accordingly.



1.3.3 Canadian Paediatric High Alert Medication Delivery: Opioid Safety

About the High Alert Medication Delivery Project

- Paediatric healthcare institutions face many unique challenges in the delivery of care — among these challenges is the lack of standardization of paediatric medication dosing and delivery practices.
- It is well known that medication errors and adverse events are among the most common patient safety problems in paediatrics and that certain high-risk medications pose particular risks. Non-standardized practices are a recognized challenge across the majority of child and youth healthcare centres in Canada.

Key External Partnerships

- In 2008, CAPHC and the Institute for Safe Medication Practices Canada (ISMP Canada) established a partnership to undertake this work, and completed the first phase of this project that year;
http://www.caphc.org/documents_programs/patient_safety/2010_04%20_09_final_opioid_report.pdf
- The High Alert Medication in Paediatrics program has been largely supported through grants generously provided to CAPHC from the Canadian Patient Safety Institute (CPSI), MEDBUY and Baxter Corporation.

Key Phase 1 Findings

- Top five medications involved in paediatric adverse events reported were:
 - ♦ Morphine;
 - ♦ Potassium Chloride;
 - ♦ Insulin;
 - ♦ Fentanyl; and
 - ♦ Salbutamol.
- Based on the Phase 1 results and a set of predetermined criteria, the focus of the initiative was then narrowed to opioid delivery in paediatrics.
- A National Advisory Committee was established and agreed on the following intervention — *“To create an intervention that will assist in the implementation of safe medication practice for the delivery of opioids in paediatric settings. This includes all aspects of the opioid medication system from prescribing, to storage and administration”*.
- The 2009–2010 report describes the second phase of this collaborative initiative, as well as a clear direction for the third and final phase of this work.

http://www.caphc.org/documents_programs/patient_safety/final_phase_1_report.pdf

<http://www.ismp-canada.org/download/safety-Bulletins/ISMPCSB2009-6-NationalCollaborative-Top5DrugsReported.pdf>

2009–2010 Milestones

- Implementation and completion of Phase 2 resulted in the following milestones:
 - ♦ Development of a comprehensive set of intervention recommendations and tools to ensure safe opioid medication practice including:
 - ♦ Methods of standardization for prescribing and administration, calculation, contracting and storage, and
 - ♦ The utilization of an innovative approach by applying human factors expertise and psychological theory and practice to design strategies for developing support for professionals in safe medication delivery practice.
- The interventions described in the Phase 2 report encompass the following three groups of recommended activities, providing what we believe will be an optimal ‘ladder’ of safety:
 - ♦ Standard IV Concentrations;
 - ♦ Safe Storage and Labeling; and
 - ♦ Prescribing Standardization.
- The conclusions of Phase 2 investigations support:
 - ♦ Moving to standardized concentrations to reduce calculation and other errors; and
 - ♦ Customization of standards for community and tertiary hospitals (covering the continuum of care);
 - ♦ The benefits of an optimal psycho-physiological state to deliver opioids — introduction and adoption of the “O Zone” (Opioid Zone).

Proposed activities to implementing these recommendations over the next 24 months include:

Establishing a Community of Practice

- Creating an e-community of practice via training and interactive communications; Using online tools such as the CAPHC Knowledge Exchange Network (K.E.N).
- Developing instructions/calculation aids for using standard concentrations.

Measuring the Impact

- Assessing the impact of the recommendations on healthcare provider practice.
- Conducting pre and post implementation surveys to assess healthcare provider attitudes and readiness to implementing practice change towards the intervention practices.
- Conducting compliance audits to assess the extent to which there is evidence that the practices are in place.

**Looking Ahead to 2011 and Beyond –
“Taking Findings to Action”**

- The Phase 2 work carried out in 2009 addressed critical issues that were identified in Phase 1 and established recommendations for action accordingly.
- The need to assess the impact and outcomes of Phase 2 recommendations on safety and on organizations’ resources is an essential next step.



1.3.4 Fetal Alcohol Spectrum Disorder (FASD) – Developing a National Screening Tool Kit for Those Identified and Potentially Affected by FASD

About this work

- On March 1, 2005, the Fetal Alcohol Spectrum Disorder (FASD) Canadian Guidelines for diagnosis were published in the *Canadian Medical Association Journal (CMAJ)*
www.cmaj.ca/cgi/reprint/172/5/S1.pdf.
- The development of the guidelines was facilitated by the Public Health Agency of Canada and Health Canada.
- However, in spite of the Canadian Guidelines, no valid and reliable screening tools existed therefore limiting the ability of health care, allied professionals and families working with children with behavioural and learning disabilities to consistently screen for FASD and refer for further assessment and diagnosis.
- To address this need for valid and reliable screening tools, CAPHC has developed an important collaboration with The Public Health Agency of Canada (PHAC) and Health Canada – First National Inuit Health Branch (FNIHB) to develop, pilot and implement an FASD Screening Tool Kit, a process of extensive consultation and development that began in 2007.
- To address the need for valid and reliable screening tools, CAPHC and our National FASD Steering Committee are working with PHAC and FNIHB to develop an FASD Screening Tool Kit.

Milestones To Date

- Surveyed the literature; consulted with screening tool researchers and key informants.
- Surveyed FASD diagnostic clinics screening tools and current practices.
- Conducted & published literature review.
- Facilitated two national workshops with practitioners and researchers in the field.
- Completed mapping of Screening Tools & draft recommendations.

http://www.caphc.org/documents_programs/fasd/final_fasd_lit_review.pdf;

http://www.caphc.org/documents_programs/fasd/workshop_proceedings_oct_2007.pdf;

http://www.caphc.org/documents_programs/fasd/workshop_proceedings_march_2008.pdf

- Determined five appropriate and effective screening tools that can be used by health care and allied health providers in identifying children and youth who may require a referral for an FASD diagnosis.
- Evaluated practical applicability of selected FASD screening tools and methods used to refer children to diagnostic clinics (February 2010).

Key External Partnerships

Since 2007, the FASD program has been supported through contribution agreements provided to CAPHC from PHAC and FNIHB.



Going Forward 2011 and Beyond

- Develop Tool Kit and practical guidelines to support the implementation and uptake of screening tools across multiple sectors (March–June 2010).
- Pilot the five components of the FASD Screening Tool Kit in different jurisdictions across Canada (April 2010–March 2012).
- Target implementation and practical evaluation of tools in selected jurisdictions with specific population.
- Provide an opportunity to further validate the tools' epidemiological characteristics (i.e. sensitivity, specificity, and predictive values).

Strategic Priority #2

Advocate for Transforming Health Service Delivery for Children and Youth in Canada

CAPHC's Commitment to Advocacy

- Over the past 12 months CAPHC has maintained strong and highly productive relationships with key partners, decision and policy leaders and other key stakeholders.
- Underpinning these strategic partnerships is CAPHC's commitment to advocating for improved healthcare and health service delivery for our children and youth.
- Outcome to date has resulted in enhanced engagement and increased awareness of the unique needs of this vulnerable population.



2009–2010 Advocacy Activities

- Ongoing work with Accreditation Canada in the development of various child and youth health-care standards as described in this report.
- Establishment of new strategic partnerships (and leadership on national advisory committee) with The Canadian Institute for Health Information (CIHI) in promotion of the development and consolidation of paediatric benchmarks and standards for child and youth healthcare centres throughout Canada - ensuring reliable access to evidence-based information to meet the evolving needs of CAPHC member organizations.
- Established new strategic alliances (and leadership on national advisory committee) with Canada's Research-Based Pharmaceutical Companies (RX&D) — bringing the paediatric perspective to Canada's Drug regulation renewal, to ensure improved access and safety of new medications and interventions for this vulnerable population.
- Development of health indicators for children and youth In partnership with the Canadian Institute for Health Research – Institute for Human Development Child and Youth Health and the Canadian Child and Youth Health Coalition. *A collaborative focus and commitment to:*
 - ♦ Building capacity in the area of child and youth health services research;
 - ♦ Targeting greater consistency in the provision of health services for infants, children, youth and families;

- ♦ Monitoring and improving access to quality of care within individual health care organizations and regional health authorities; and
- ♦ Informing and assisting policy and decision makers in addressing future maternal, infant, child and youth health resource planning and allocation requirements.
- Ongoing work with the Canadian Patient Safety Institute focused on enhancing patient safety across health professions and organizations — developing new partnerships and national programs focused on promoting and implementing patient safety practices into the education curriculum. This work is focused on the following six themes, as published in the CPSI Safety Competences guidelines released in September of 2008:
 - ♦ Contribute to a Culture of Patient Safety;
 - ♦ Work in Teams for Patient Safety;
 - ♦ Communicate Effectively for Patient Safety;
 - ♦ Manage Safety Risk;
 - ♦ Optimize Human and Environmental Factors; and
 - ♦ Recognize, Respond & Disclose Adverse Events.

<http://www.patientsafetyinstitute.ca/English/education/safetyCompetencies/Documents/Safety%20Competencies.pdf>

2011 and Beyond

- Enhance partnerships, activities and opportunities with our key national partners based on current and emerging challenges threatening the health and well being of our children and youth.
- Pursue new and strategic partnerships to support the needs of our member organizations and the respective communities served.
- Work with both Federal and Provincial Governments – Ministries of Health, as well as other related ministries to support the needs of our member organizations and the respective communities served.



Strategic Priority #3

Connect Service Providers and Key Stakeholders to Realize Shared Child and Youth Health Care Goals

Falling within this Strategic Priority are the following National Programs and/or Networks that are supported and/or facilitated by CAPHC

- 3.1** Canadian Network for Child and Youth Rehabilitation (CN-CYR);
- 3.2** The National Infant, Child and Youth Mental Health Consortium; and
- 3.3** Canadian Family Advisory Network.



3.1 Canadian Network for Child and Youth Rehabilitation (CN-CYR)

http://www.caphc.org/partnerships_cncyr.html

About CN-CYR

The Canadian Network for Child and Youth Rehabilitation (CN-CYR) has been operating as a network of CAPHC since 2003. CN-CYR was formed under the sponsorship of CAPHC to meet an identified need within the paediatric rehabilitation community and to further CAPHC's strategic direction with respect to broadening its focus across the continuum of healthcare. Since its inception, momentum and interest in CN-CYR has continued to grow and in the short time that it has been in existence, CN-CYR has achieved a number of milestones.



CN-CYR Activities in 2009–2010

i. Outcomes and Benchmarking:

- Assessment of current practices and needs in benchmarking & data collection/sharing across paediatric rehabilitation centres.
- National survey, webinar presentations and feedback session on current capacity of data collection within this sector.
- Subsequent webinars to present findings of national survey and to introduce wait times issues and challenges for subsequent discussion at CN-CYR National Advisory Forum at the CAPHC 2009 conference in Halifax.
- Identified effectiveness, efficiency and access indicators as the highest priority (client safety, family centred care, client satisfaction, etc)
- Initiated project to develop minimum paediatric rehabilitation dataset:
 - ♦ Ongoing consultation with CIHI;
 - ♦ Segmented dataset into common elements — motor-neuro, behavioural/cognitive, measure of processes of care for service providers (MPOC), and wait times/access; and
 - ♦ Established multiple working groups to work on these indicators concurrently.

ii. Knowledge Translation & Research:

- Developed Child Development and Rehabilitation Leaders Online Round-table
<http://groups.google.com/group/cn-cyr>
 - ♦ Approximately 50 members from Rehabilitation Centres, and Research Departments from across Canada.
 - ♦ Approximately 30 ongoing discussions.
- CAPHC Knowledge Exchange Network (KEN) — the most active category in the KEN is Childhood Development & Rehabilitation.
- Partnerships with the Children's Rehabilitation Research Network and Ontario Association of Children's Rehabilitation Services (OACRS) to contribute research and best practices content.
- The development of a rehabilitation researcher engagement framework.

Milestones To Date

- The establishment of a dedicated steering committee of seventeen inter-provincial members which meets monthly by teleconference.
- The establishment of six working groups focused on outcome indicators, access and wait times, data collection, annual workshop planning, sponsorship and business planning.
- Sponsorship of five annual rehabilitation workshops in conjunction with the CAPHC annual conference which have been increasingly well attended and have received very positive evaluations.
- Partnership with CanChild to expand the intranet nationally.
- Representation at a number of national and provincial forums.

CN-CYR 2011 and Beyond

- National Rehabilitation Symposium and National Advisory Forum at CAPHC 2010 Conference in Winnipeg, Manitoba.
- Facilitate multiple meetings and/or webinars for National Advisory Forum to present CN-CYR activities, obtain broad stakeholder feedback, and improve engagement of the paediatric rehabilitation community.
- Collaborate with Children's Rehab Research Network (CRRN – sub group of Ontario Rehab Research Network) to assume activities and content:
 - ♦ Continue to disseminate research and other tools;
 - ♦ Maintain current provincial (Ontario) researcher database, and use this as a foundation for CN-CYR to expand to a national database, and
 - ♦ Continue to build on the CRRN researcher engagement framework.
- Establish a partnership with the International Paediatric Rehabilitation Collaborative – CN-CYR has been invited to participate in this international collaborative, reciprocally; this international collaborative will be participating in CN-CYR's outcomes and benchmarking working groups.
 - ♦ This international partnership will focus on the WeeFIM Project (i.e. Function Independence Measure).

Key Partnerships

Support for CN-CYR's work to date has been provided by CAPHC, CN-CYR member organizations and private industry.



3.2 The National Infant, Child and Youth Mental Health Consortium

http://www.caphc.org/programs_mentalhealth.html

About The Consortium

The National Infant, Child and Youth Mental Health Consortium (*The Consortium*) is based on the recognition that the collective work of partners from a variety of communities and sectors is vital to achieving a vision to improve the mental health and well being of Canada's children and youth.

The Consortium Vision

The Consortium vision is a Canada in which every infant, child and youth thrives within their families and communities and has the opportunity to achieve their optimal mental health.

The Consortium Mission

The primary mission of *The Consortium* is to actively champion the development and implementation of a cohesive Infant, Child and Youth Mental Health National Action Plan. This will be accomplished by informing, supporting, facilitating and mobilizing the collective work of our organizations and stakeholders.

The Mental Health of Canada's Children and Youth

- Mental health related issues in Canada have reached crisis proportion among children and youth.
- Over 1.25 million children and youth in Canada have a significant mental health problem.
- Services are frequently inadequate and fragmented.
- The current system of mental health care has too many silos and is not sufficiently collaborative or focused on the needs of children, youth and their families.



Building Consensus & Developing a National Mental Health Action Plan

- It is recognized that the issue of infant, child and youth mental health cannot be addressed in isolation and requires the partnership and leadership of many organizations.
- In October 2006, as part of our Annual Conference, CAPHC hosted a mental health symposium entitled “*Reclaiming the Mental Health of our Children & Youth – A National Call to Action*”.
- Recommendations from this event lead to the creation of the National Infant, Child and Youth Mental Health Consortium.

The Consortium 2011 and Beyond

- The following four distinct working groups have been established to steer the work of individual projects; *Symposium Working Group, Child and Youth Mental Health Day Working Group, Access and Wait times Working Group, and Communications and Membership.*
- Currently a background paper is being written with the guidance of the Access and Wait Times Working Group. This paper will provide context and relevance with a focus on research, policy, and practice with a synthesis of gaps in these areas and suggestions and strategies for further work. This background paper will help to inform a future CIHR Request for Applications.
- Plans are also underway to host national webinars over the next twelve months that will highlight successful programs and promote the uptake of evidence informed mental health practice and innovative models of care;
- Create a database of Canadian expertise and use this information to determine where the collective energy of this community can most effectively work to improve outcomes;
- Develop a communications strategy to enable members of The Consortium to share ideas and strategies, and to learn about the plans and actions of The Consortium and its member; and
- In collaboration with other child-serving sectors, facilitate the development of resources, programs, and interventions that produce optimal infant, child and youth mental health across our communities.

Milestones to Date

- 2009 – Second National Invitational Symposium on Child and Youth Mental Health - “Getting in the Right Door at the Right Time”, November 19 & 20, 2009.
- 2008 – National Infant, Child and Youth Mental Health Consortium – Terms of Reference http://www.caphc.org/documents_programs/mental_health/2008_10_26%20nicymhc_terms_of_reference.pdf
- 2007 – Inaugural National Invitational Symposium on Child and Youth Mental Health, September 17 & 18, 2007.
- 2007 – Established the National Infant, Child and Youth Mental Health Consortium with ongoing regular national working teleconferences.
- 2006 – CAPHC Annual Conference Symposium “Reclaiming the Mental Health of our Children & Youth” – A National Call to Action”
- 2005 – CAPHC Annual Conference Symposium “Healthy Minds – Time for Action!”

3.3 Canadian Family Advisory Network

http://www.caphc.org/partnerships_cfan_about.html

About CFAN

The Canadian Family Advisory Network (CFAN) was established in 2002 to link family advisory groups that are involved with paediatric acute care, rehabilitation, regions and hospices across Canada. CFAN's members have experience from across all health sectors and are a mix of family representatives and children's hospital staff liaisons.

CFAN Mission

To encourage and facilitate the participation and leadership of families in efforts to improve the health and wellness of children and youth throughout Canada.

CFAN Goals

- To help family-based advisory groups associated with paediatric health centres (including tertiary care and community hospitals, rehabilitation centres, and paediatric hospices) achieve their goals by facilitating the sharing of information, advice, and encouragement.
- To ensure the voices of families are heard in discussions and debates, especially in national, provincial and regional forums about the health of children and youth and about the healthcare services that are, or should be available to them and to their families.
- To serve as a resource to The Canadian Association of Paediatric Health Centres (CAPHC) and to other organizations that wish to collaborate with families in projects aimed at improving the health of children and youth.

Enablers and Key Partnerships

CFAN has been an important CAPHC partner since its inception in 2002. CAPHC has provided in-kind resources and expertise to support CFAN's goals and objectives in addition to the development of the CFAN website (housed within the CAPHC website), annual symposia and conferences, teleconferences and webinars. In addition, CFAN has received multiple workshop grants from the Hospital for Sick Children's Foundation – National Grants Program in support of the annual workshops and symposia.

2009–2010 CFAN Activities

- Working with CAPHC to ensure a family voice is represented on multiple working groups and national committees.
- National advocacy initiatives and projects with the Canadian Child and Youth Health Coalition.
- As a member of the Canadian Child and Youth Health Coalition, CFAN is currently leading the “Child and Family in the Healthcare System Project” – This national project is currently surveying hospitals and family groups across the country about parental presence at induction and in recovery and about surgical preparation programs.
- CFAN members are also participating as part of an advisory group of the CIHR funded project entitled “Parenting Matters”. This project is looking at what affects the parenting of the broad range of children with neurodevelopmental disorders; In addition to CFAN's role on the research advisory committee, the CFAN network will also help facilitate the participation of many other parents from across the country.
- Sharing information about education opportunities in family centred care across Canada and the United States on the CFAN website, webinars and newsletters.
- Planning for 2010 Annual CFAN workshop, in conjunction with CAPHC's 2010 Annual meeting in Winnipeg (October 17–20, 2010).
- Encouraging family representation at all levels in the health sector.
- Sharing stories and being involved with media opportunities about family centred care.



Strategic Priority #4

Foster Research, Broker Knowledge, Facilitate Educational Opportunities and Enhance Information Exchange for Members and Stakeholders within the Child and Youth Healthcare Community, as well as with External Partners

"Knowledge translation is the effective and timely incorporation of evidence-based information into the practices of health professionals in such a way as to effect optimal health care outcomes and maximize the potential of the health system." (Adapted from the Canadian Institutes for Health Research definition, 2001).

CAPHC's Commitment to our Member Organizations

- CAPHC endeavors to share and promote best practices crossing many priority areas that are currently threatening the health and well-being of our children and youth.
- CAPHC is committed to providing access for our all member organizations and their respective stakeholders to the rapidly increasing knowledge arising from various contributors in Canada and around the globe.

The following few pages, outline our various knowledge transfer and exchange programs within three primary media:

- 4.1 The CAPHC Knowledge Exchange Network (KEN);
- 4.2 Knowledge Brokering Initiatives and Partnerships;
- 4.3 Webinars and Podcasts; and
- 4.4 The CAPHC Annual Conference.



4.1 CAPHC's Knowledge Exchange Network (KEN)

<http://ken.caphc.org/xwiki/bin/view/Main/WebHome>

About KEN

The CAPHC Knowledge Exchange Network (KEN) is a wiki-based, interactive, online community focused on sharing and growing knowledge in child and youth health service delivery. KEN was designed to focus on sharing, growing, expanding and creating knowledge for the child and youth health community.

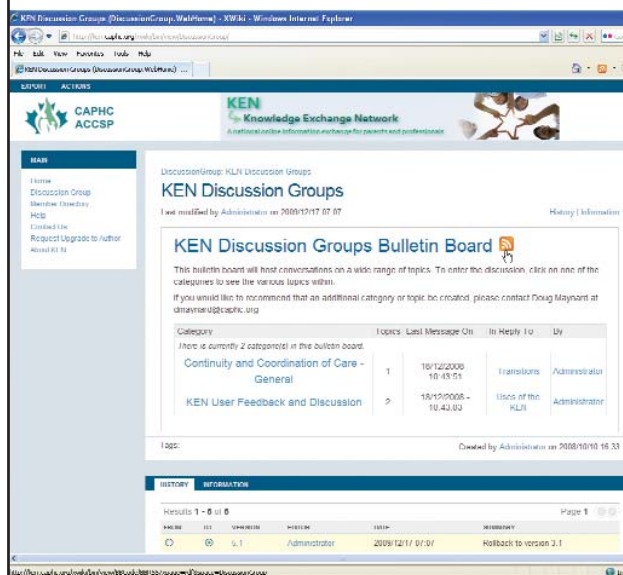
KEN Goals and Objectives

- To facilitate the identification and sharing of leading practices.
- To provide an infrastructure to support information dissemination (Knowledge Translation) and the application of new knowledge.
- To provide the child and youth health community with simple tools to share knowledge and encourage the community to maintain a dynamic repository of knowledge with many levels of interaction from a variety of individuals and stakeholder groups from within the child and youth health community and beyond.
- To avoid the pitfalls of a static website that does not encourage or allow the timely revision of content and interaction with the content and its creators.
- To provide the community with tools to not only share content, but to solicit feedback, and collaboratively improve content related to health-care and service delivery.

4.2 Knowledge Brokering Initiatives and Partnerships

- Knowledge creation and transfer serves as a cross cutting theme and commitment of all CAPHC activities and national programs.
- As part of our commitment to brokering knowledge and ensuring optimal communication across all member organizations, CAPHC is collaborating as an Decision Maker/“Uptake Partner” with several national research and quality improvement collaboratives including, but not limited to:
 - ♦ TROPIC–CIHR Team in Children’s Pain & “Be Sweet To Babies” Systematic Reviews of Sweet Solutions for Acute Pain Relief in Infants and Children;
<http://www.caphc.org/news.html>

- ♦ Evidence Practice for Improving Quality Improvement (EPIC) – MiCARE Research Centre – <http://www.epiq.ca/LinkClick.aspx?fileticket=gAT6r2fnzqw%3D&tabid=57>.
- ♦ Canadian Pharmacogenomics Network for Drug Safety – <http://www.genomeweb.com/dxpgx/genome-bc-project-aims-launch-pgx-test-predict-adverse-drug-reactions-children>.
- ♦ Pain in Child Health – Strategic Training Initiative in Health Research, Canadian Institutes of Health Research, <http://paininchildhealth.da.ca>.
- ♦ The Experience and Resolution of Moral Distress in Pediatric Intensive Care Teams: A Canadian Perspective, Canadian Institutes of Health Research.
- ♦ Genetics and Paediatric Health; Canadian Institutes of Health Research.
- ♦ Developing Quality of Care Indicators for Pediatric Conditions Requiring High Acuity Emergency Department (ED) Care, Canadian Institutes of Health Research.
- “Parenting Matters! – The Biopsychosocial Context of Parenting Children with Neurodevelopmental Disorders in Canada.” Canadian Institutes of Health Research.



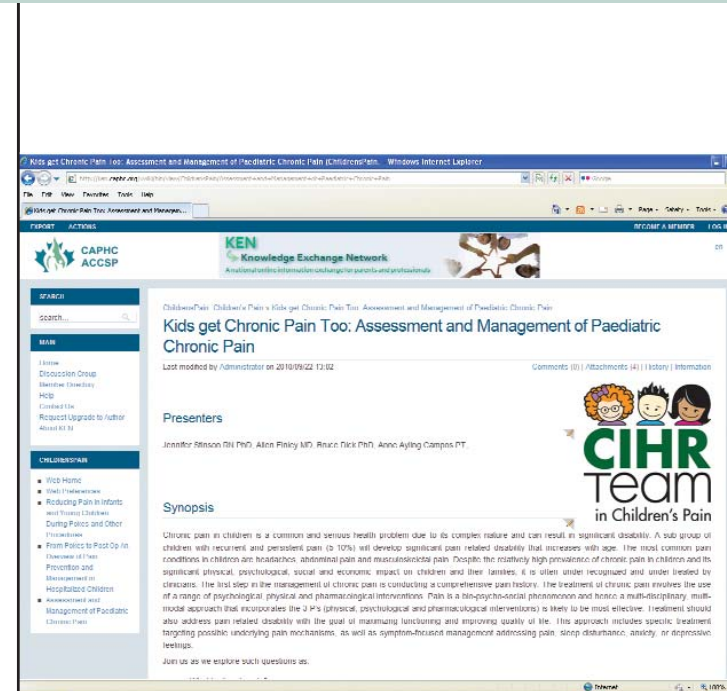
4.3 Expanding our Reach through Webinars and Podcasts

As part of our commitment to knowledge exchange and the promotion of best practices across the continuum of care, CAPHC has reached out to and engaged with many new colleagues and communities from across Canada in activities focused on multiple child and youth healthcare priorities.

The following table provides an overview of national webinars facilitated by CAPHC over the last twelve months: <http://www.caphc.org/news.html>;

Priority Areas have included

- CAPHC-CPDSN Quarterly Portal user Webinar #1 – 11 March 2009
- Mock Code Yellow Balancing Safety Concerns – 24 April 2009
- CAPHC H1N1 (Swine Flu) Update – Invitation to Open Discussion – 13 May 2009
- CAPHC-CPDSN Quarterly Portal user Webinar #2 – 27 May 2009
- Neonatal-Paediatric Transport Systems – 16 June 2009
- CAPHC-Paediatric Trigger Tool Launch – 18 June 2009
- Neonatal Abstinence and Methadone – 26 June 2009
- Asthma Return to ED Rate Steering Committee Webinar – 3 September 2009
- Outcomes & Benchmarking Webinar – 4 September 2009
- Patient Safety Competencies Introduction – Building A Culture of Patient Safety – 25 September 2009
- Managing The Risk of Hyponatremia From Intravenous Fluids In Children – 27 November 2009
- CAPHC-CPDSN Quarterly Portal user Webinar #3 – 1 December 2009
- CAPHC Paediatric Trigger Tool Demonstration and Education Session – 27 January 2010
- CAPHC-CPDSN Quebec Portal user Orientation Webinar #1 – 23 February 2010
- Paediatric Morphine Safety – 26 February 2010
- From Pokes to Post-op: An Overview of Pain Prevention and Management in Hospitalized Children – 1 March 2010
- CAPHC Paediatric Trigger Tool Demonstration and Education Session – 9 March 2010
- CAPHC-CPDSN Quebec Portal user Orientation Webinar – 11 March 2010
- Pandemic Planning – The Effects of H1N1 On Patient Safety – 26 March 2010
- Reducing Pain in Infants and Young Children During Pokes and Other Procedures – 29 March 2010



- Expanding CAPHC-CPDSN to Include CAPHC member Community Hospital – 22 April 2010
- CAPHC Paediatric Trigger Tool Demonstration And Education Session – 11 May 2010
- Applying the ICF Framework to Measure Outcomes in Paediatric Rehabilitation – 14 May 2010
- CAPHC Patient Safety Collaborative – Hand Hygiene Implementation & Compliance – 28 May 2010
- CAPHC Paediatric Trigger Tool Demonstration and Education Session – 29 June 2010

4.4 CAPHC Annual Meeting – October 17–20, 2010 <http://conference.caphc.org/>

The CAPHC Annual Conference has become the largest annual meeting of the multidisciplinary child and youth healthcare provider community in Canada. The Conference engages a broad stakeholder group that includes Hospital CEOs, Chief Financial Officers, Senior Administrators, Physicians, Clinical Directors, Multidisciplinary Practitioners, Policy Makers, Researchers, Families, Youth and many others.

The 2010 Annual Conference will draw attention to the true collaborative nature of the CAPHC community and will highlight many national partnerships and collaborative programs with the CAPHC Patient Safety Collaborative, the Canadian Child and Youth Health Coalition, the Canadian Family Advisory Network, the Infant, Child and Youth Mental Health Consortium, the Canadian Network of Child and Youth Rehabilitation, and many more!

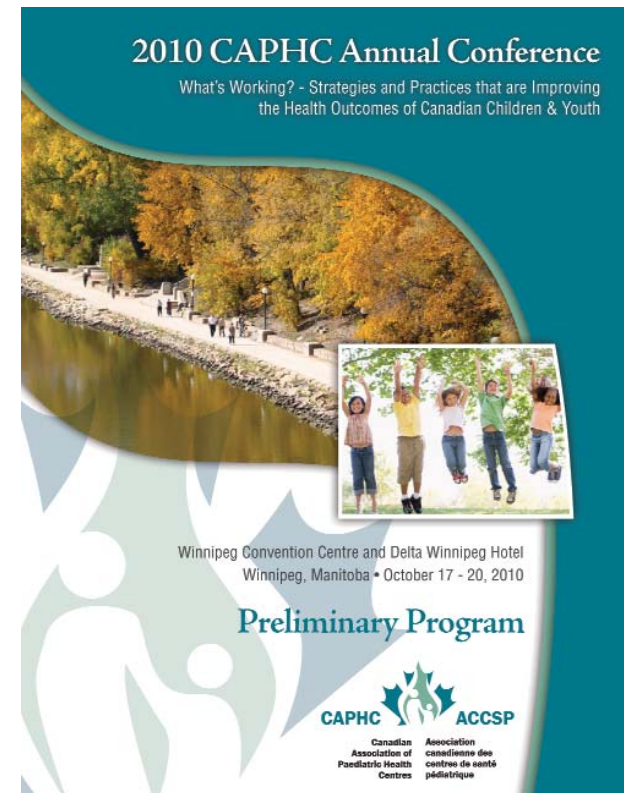
As part of the CAPHC tradition, the 2010 Annual Conference will showcase the emergence of effective and innovative models of care, as well as highlight the needs, challenges and strategies to ensure access to the very best healthcare for all children and youth.

2010 Annual Conference Theme

- The theme of the 2010 Annual Conference is: “What’s Working? – Strategies and Practices that are Improving Health Outcomes of Canadian Children & Youth”.
- This year, while continuing to take a holistic, systems level approach to health service delivery, we will drill down and focus on demonstrating improved outcomes and bring evidence to what is really working!
- The complete 2010 Annual Conference program can be viewed at <http://conference.caphc.org/>

Knowledge Transfer and Exchange 2011 and Beyond

- CAPHC will continue to serve our member organizations and key stakeholders as a “knowledge broker” to enhance nation-wide communication to promote best practices and future collaborative opportunities.
- Continue to use the webinar and podcast technologies to promote research, best practices and knowledge transfer in key areas of child and youth healthcare and serve delivery.



Strategic Priority #5

Build capacity and enhance organizational health to ensure that CAPHC can realize its objectives and meet the needs of its member organizations

Membership Outreach & Growth

<http://www.caphc.org/membership.html>

Since 2001, CAPHC has diversified its membership, partnerships and programs to reflect its focus on healthcare and health service delivery across the continuum of care. Today, CAPHC is proud to support forty-five member organizations (from the original 16 in 2001), representing multidisciplinary health professionals that provide healthcare and health service delivery to our children and youth.

New Member Organizations

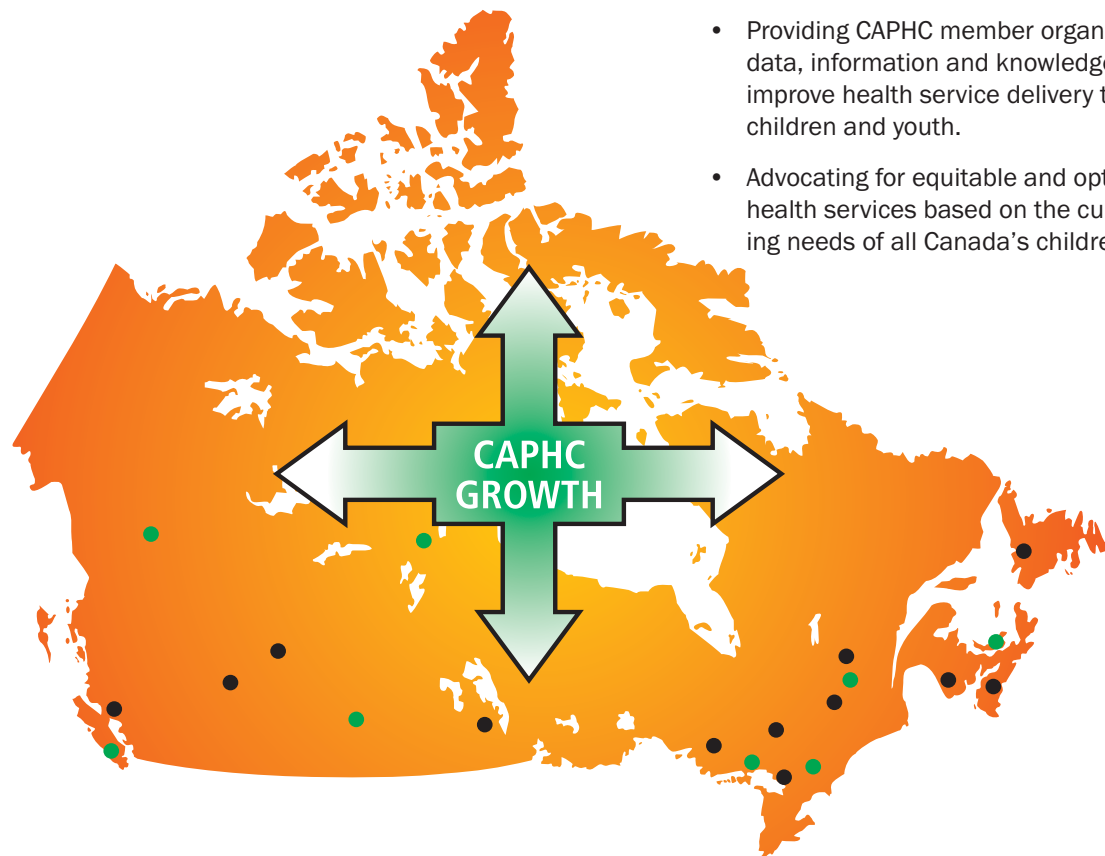
In the last year, CAPHC has welcomed the Regina Qu'Appelle Region (Saskatchewan), Sudbury Regional Hospital and the Horizon Network in New Brunswick, including Regional Hospitals in St John, Moncton, Miramichi and Fredericton.

In the coming months, various introductory webinars and site visits will take place across the country to explore membership opportunities and new partnerships.

Looking Ahead to 2011 and Beyond

The need to build capacity and enhance organizational health to ensure that CAPHC can realize its objectives and meet the needs of its member organizations will continue to be a key focal point going forward. Looking to the months and years ahead, CAPHC is committed to:

- Increasing and diversifying the number, nature and scope of member organizations.
- Engaging and sustaining the active participation of the health providers and families represented by each of our member organizations.
- Providing CAPHC member organizations with the data, information and knowledge necessary to improve health service delivery to Canada's children and youth.
- Advocating for equitable and optimal access to health services based on the current and emerging needs of all Canada's children and youth.



Recognizing our Members, Partners and the Commitment to our Children, Youth and Families



As we reflect on the activities of the past twelve months and look forward to new opportunities in the year ahead, we would like to acknowledge and thank our member organizations, partners and the many child and youth healthcare leaders from within these organizations who have given so much of their time, expertise and leadership to CAPHC's activities and national programs.

Through a wide variety of initiatives and social media, we have reached out to and engaged with many child and youth health organizations, healthcare providers, policy makers, researchers, families and youth from coast to coast. The level of Pan Canadian collaboration associated with our work, is truly remarkable and most rewarding.

Looking ahead to the next twelve months, CAPHC will continue to scan the environment for emerging issues, consult with our constituency regarding key child and youth healthcare priorities and disparities and seek new partnerships to enhance current and new initiatives to advance and improve child and youth healthcare and service delivery across the continuum.

CAPHC is committed to ensuring the successful implementation and facilitation of the goals and objectives described in this year's report. CAPHC is also very committed to our Strategic Direction and will continue to work to ensure that we achieve the goals and directions set by the CAPHC Board of Directors and our member organizations.

Susan Richardson
Chair
CAPHC Board of Directors

Elaine Orrbine
President and CEO
CAPHC



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

Board Executive

Chair

Susan Richardson

Vice President, Professional Services, Children's Hospital of Eastern Ontario, Ottawa, Ontario

Vice Chair

Larry Gold

President, British Columbia Children's Hospital and Sunny Hill Health Centre, Provincial Health Services Authority, Vancouver, British Columbia

Past-Chair

Michele Lahey

Former Executive Vice President & Chief Operating Officer – Health Services Capital Health, Stollery Children's Hospital, Edmonton, Alberta

Treasurer

Bette Boechler

Director, Maternal and Children's Services, Royal University Hospital, Saskatoon Health Region, Saskatoon, Saskatchewan

President and CEO (ex-officio)

Ms. Elaine Orrbine

Canadian Association of Paediatric Health Centres

Members at Large (in alphabetical order)

Dr. Fabrice Brunet

President & CEO, Hôpital Ste Justine, Montréal, Québec

Dr. A. R. Cooper

Department of Paediatrics, Memorial University, Janeway Children's Health and Rehabilitation Centre, St. John's, Newfoundland

Jasmin Earle

Consultant, Saint Elizabeth Health Care, Toronto, Ontario

Dr. Peter Fitzgerald

President, McMaster Children's Hospital, Hamilton, Ontario

Susan Fogg

Program Director, Child Health, Winnipeg Regional Health Authority, Director of Patient Services, Children's Hospital, Health Sciences Centre, Winnipeg, Manitoba

Deb Gordon

Senior Vice-President, Major Tertiary Hospitals, Alberta Health Services

Dr. Harvey Guyda

Associate Executive Director, Montreal Children's Hospital, Chair & Chief, Department of Paediatrics, Montreal Children's Hospital, McGill University, Montreal, Quebec

Mary Jo Haddad

President & CEO, SickKids, Toronto, Ontario

Kathryn Hayward-Murray

Vice President, Strategy, Quality & Organizational Performance

Dr. James Kellner

Head, Pediatrics, University of Calgary and Alberta Health Services – Calgary

Dr. Jonathan Kronick

Head/Chief of Pediatrics, IWK Health Centre, Halifax, Nova Scotia

Dr. Bruno Piedboeuf

Directeur du département de pédiatrie, Université Laval, Centre Hospitalier Universitaire de Québec, Ste-Foy, Québec

Cheryl Susinski

Executive Director, Winnipeg Rehabilitation Centre for Children, Winnipeg, Manitoba

CAPHC's Advisory and Steering Committees

Although there are too many people to name individually in this report, we have highlighted CAPHC's working groups, steering and advisory committees that oversee and provide content expertise and leadership to all activities and programs. It is the individuals that serve on these various committees that represent the true fabric of the CAPHC organization. We would like to formally recognize and appreciate the commitment and dedication of all!

Canadian Network for Child and Youth Rehabilitation (CN-CYR) Operations Committee

CAPHC Conference Planning Committee

CAPHC Financial Development & Implementation Committee

CAPHC Patient Safety Collaborative

CAPHC Paediatric Trigger Tool (CPTT) Quality Improvement Committee

CAPHC-Canadian Paediatric Decision Support Network (CPDSN) Steering Committee

CAPHC-CPDSN Strategy Work Group

Childhood Obesity & Healthy Active Living

Child Health in the 21st Century National Steering Committee

CN-CYR Conference Planning

CN-CYR Knowledge Translation and Research Sub-Committee

CN-CYR Outcomes & Benchmarking Sub-Committee

CN-CYR National Advisory Committee

CPDSN Community Hospital Expansion Working Group

CPDSN Paediatric Data Suite Working Group

CPDSN MIS Financials and Productivity Working Group

CPDSN Sharing Best Practices Working Group

Fetal Alcohol Syndrome Disorder (FASD) Steering Committee

High Alert Medication Delivery in Paediatrics: Opioid Safety National Advisory Committee

High Alert Medication Delivery in Paediatrics: Opioid Safety Steering Committee

National Infant, Child and Youth Mental Health Consortium

National Network of Hospital Financial Leaders

Pandemic Planning and Emergency Preparedness Working Group

Transport Systems National Steering Committee

Transport Systems – Practitioner Profile Working Group

Transport Systems – Systems Design Working Group



CAPHC Member Organizations and Liaisons

Alberta Children's Hospital
Calgary, Alberta
Liaison: *Deb Gordon*

HollandBloorview Kids Rehab
Toronto, Ontario
Liaison: *Tracy Kitch*

CanChild Centre for Childhood Disability Research,
McMaster University
Hamilton, Ontario
Liaison: *Dr. Peter Rosenbaum*

Centre de réadaptation MAB-Mackay Rehabilitation
Centre
Montreal, Québec
Liaison: *Christine Boyle*

Centre hospitalier universitaire de Sherbrooke
Sherbrooke, Québec
Liaison: *Manon LaChapelle*

Children's & Women's Health Centre of British Columbia
Vancouver, British Columbia
Liaison: *Larry Gold*

Children's Hospital of Eastern Ontario
Ottawa, Ontario
Liaison: *Michel Bilodeau, Carol Cooke*

Children's Hospital London Health Sciences Centre
London, Ontario
Liaison: *Karen Davies*

CHUQ – L'Hôtel-Dieu de Québec, Centre Mère et
Enfant
Quebec City, Quebec
Liaison: *Bruno Piedboeuf*

Children's Treatment Network
Simcoe, Ontario
Liaison: *Bill Frampton*

Credit Valley Hospital
Mississauga, Ontario
Liaison: *Angela Rae-Mahoney*

Eastern Regional Integrated Health Authority,
Children's and Women's Health Program
St. John's, Newfoundland
Liaison: *Joy Stuckless*

Fraser Health
Surrey, British Columbia
Liaison: *Jan Radford*

Grand River Hospital
Kitchener, Ontario
Liaison: *Debbie Bruder*

Halton Healthcare Services
Oakville, Ontario
Liaison: *Cindy MacDonald*

Hôpital Maisonneuve-Rosemont
Montreal, Quebec
Liaison: *Linda Spigelblatt*

Hôpital Ste. Justine
Montréal, Quebec
Liaisons: *Isabelle Amyot*

Horizon Health Network
New Brunswick
Liaisons:
Zone 1 - Moncton: *Claire LeBlanc*
Zone 2 - Saint John: *Pat McGill*
Zone 3 - Fredericton: *Charlotte Russell*
Zone 7 - Miramichi: *Karen Dunn, Marilyn Underhill*

IWK Health Centre
Halifax, Nova Scotia
Liaison: *Ms. Mary Ann Hiltz*

Lakeridge Health Corporation
Oshawa, Ontario
Liaison: *Kevin Empey*

McMaster Children's Hospital
Hamilton, Ontario
Liaisons: *Linda Kostrzewa*

Montreal Children's Hospital
Montreal, Quebec
Liaison: *Harvey Guyda*

North York General Hospital
Willowdale, Ontario
Liaison: *Catherine Badeau*

Ontario Association of Children's Rehabilitation
Services (OACRS)
Toronto, Ontario
Liaison: *Linda Kenny*

Orillia Soldier's Memorial Hospital
Orillia, Ontario
Liaison: *Philip Hough*

University Hospital of Northern British Columbia
(UHNBC)
Prince George, BC
Liaison: *Rose Perrin*

Quinte Healthcare Corporation
Belleville, Ontario
Liaison: *Janet Whalen*

Regina Qu'Appelle
Regina, Saskatchewan
Liaison: *Sharon Garratt*

Rouge Valley Health System
Toronto, Ontario
Liaison: *Natalie Bubela, Julie Goldstein*

CAPHC Member Organizations and Liaisons

Saint Elizabeth Health Care
Markham, Ontario
Liaison: *Helene Lacroix*

Saskatoon Regional Health Authority
Saskatoon, Saskatchewan
Liaison: *Bette Boechler*

Shriners Hospital for Children Canada
Montreal, Quebec
Liaison: *Sharon Bissette*

South Eastern Ontario Science Centre
Kingston, Ontario
Liaison: *Kellie Kitchen and Marnie Dahl*

Stan Cassidy Centre for Rehabilitation
Fredericton, New Brunswick
Liaison: *Sarah Lavoie*

St. Joseph's Health Centre
Toronto, Ontario
Liaison: *Trish Crawford*

Stollery Children's Hospital
Edmonton, Alberta
Liaison: *Christine Westerlund*

The Hospital for Sick Children
Toronto, Ontario
Liaison: *Chris Carew*

Toronto Community Care Access Group
Toronto, Ontario
Liaison: *Anna Cooper*

Toronto East General Hospital
Toronto, Ontario
Liaison: *Linda Young*

Trillium Health Centre
Mississauga, Ontario
Liaison: *Derek McNally*

William Osler Health Centre
Etobicoke, Ontario
Liaison: *Shannon Landry*

Windsor Regional Hospital
Windsor, Ontario
Liaison: *Christa James*

Winnipeg Children's Hospital
Winnipeg, Manitoba
Liaison: *Gerarda Cronin, Leslie Galloway*

Winnipeg Rehabilitation Centre for Children
Winnipeg, Manitoba
Liaison: *Ms. Cheryl Susinski*

CAPHC Associate Members and Liaisons

Alberta Children's Hospital Foundation
Calgary, Alberta
Liaison: *Saifa Koonar*

BC Children's Hospital Foundation
Vancouver, British Columbia
Liaison: *Sue Carruthers*

Children's Health Foundation
London, Ontario
Liaison: *Debbie Comuzzi*

Children's Health & Hospital Foundation of
Saskatchewan
Saskatoon, Saskatchewan
Liaison: *Brynn Boback-Lane*

Children's Hospital Foundation of Manitoba
Winnipeg, Manitoba
Liaison: *Lesia Sianchuk*

Children's Hospital of Eastern Ontario Foundation
Ottawa, Ontario
Liaison: *Frederick M. Bartlett*

Hospital Sainte-Justine Foundation
Montreal, Quebec
Liaison: *Aniele Lecoq*

IWK Health Centre Foundation
Halifax, Nova Scotia
Liaison: *Robert Shaw*

Janeway Children's Hospital Foundation
St. John's, Newfoundland
Liaison: *Lynn Sparkes*

McMaster Children's Hospital
Hamilton, Ontario
Liaison: *Pearl Veenema*

Montreal Children's Hospital Foundation
Montreal, Quebec
Liaison: *Louise Dery-Golberg*

Perinatal Partnership Program of Eastern and
Southeastern Ontario
Ottawa, Ontario
Liaison: *Carleen Ridley*

SickKids Foundation
Toronto, Ontario
Liaison: *Ted Garrard*

Stollery Children's Hospital Foundation
Edmonton, Alberta
Liaison: *Jennifer Wood*

CAPHC Team

Together We Are Making A Difference!



The CAPHC Team (left to right):
Leah Boon, Debra Schleyer, Doug Maynard, Elaine Orrbine, Lisa Stromquist and Deborah Gallow

Elaine Orrbine

President & CEO

Canadian Association of Paediatric Health Centres

Doug Maynard

Associate Director

Canadian Association of Paediatric Health Centres

Leah Boon

National Coordinator

CAPHC-Canadian Paediatric Decision Support Network

Lisa Stromquist

CAPHC Patient Safety Liaison

Canadian Association of Paediatric Health Centres

Debra Schleyer

Executive Assistant

Canadian Association of Paediatric Health Centres

Deborah Gallow

Administrative Assistant

Canadian Association of Paediatric Health Centres



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

*Together We Are
Making A Difference!*



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