

2011 ANNUAL REVIEW



CAPHC

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



Knowledge to Action!

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Knowledge to Action!

Canadian Association of Paediatric Health Centres 2011 Annual Review
presented at the CAPHC Annual Conference in Ottawa October 16–19, 2011



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'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 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.



Focus

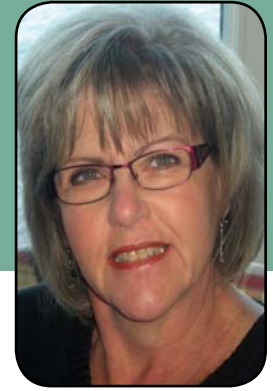
CAPHC's Strategic Priorities

- **Establish** programs and activities that address current and emerging child and youth healthcare priorities;
- **Advocate** for transforming health service delivery for children and youth in Canada;
- **Connect** service providers and key stakeholders to realize shared child and youth healthcare goals;
- **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
- **Build** capacity and enhance organizational health to ensure that CAPHC can realize organizational objectives and meet the needs of member organizations.



Susan Richardson
Chair, CAPHC Board of Directors

Knowledge to Action!



Elaine Orrbine
President & CEO, CAPHC

The past 12 months has demonstrated an exceptional level of pan-Canadian collaboration that has been most gratifying and rewarding. In the past year, through a wide variety of initiatives, national meetings and webinars, our annual conference and CAPHC's Knowledge Exchange Network (KEN), we have reached out to and engaged with numerous child and youth healthcare organizations in Canada and far beyond our country's borders. CAPHC's commitment is stronger than ever to establishing essential links with content experts to share best practices and foster innovation in health service delivery, across our child and youth healthcare community.

We have not done this alone! CAPHC's strength lies in the leadership, participation and commitment of our member organizations and partners. Founded in 1968 by ten children's hospitals in Canada, CAPHC now reaches out to over fifty member organizations, representing multidisciplinary health professionals that provide healthcare and health services to children, youth and their families within quaternary and tertiary health centres; community health centres; rehabilitation centres; and home care provider agencies nationwide. Each year, approximately 8.75 million children and youth rely on the services of our member organizations.

A key focus of CAPHC's 2011 Annual Review will highlight our collective ability to influence practice change as well as our ability to reach out to ensure optimal knowledge translation and information sharing. In 2009 we brought a new 5 year strategic plan to our members and their respective constituencies. We have remained very committed to this plan and have ensured that all current and future activities are reflective of our strategic vision and commitment to all our members and stakeholders.

Our 2011 annual review will highlight our national programs and bring a snapshot of our achievements and plans for the year ahead. You will also learn about the many knowledge translation opportunities available to all our members and partners. We encourage you to share this report and collaborative opportunities with your respective organizations and colleagues!

As we reflect upon the achievements of the past year and our vision forward, we would like to extend our sincere appreciation to all our member and partner organizations for the leadership and commitment to all CAPHC activities.



Collaboration

NATIONAL PROGRAMS

Our commitment to Patient Safety and Quality Improvement

Over the past 12 months, the **CAPHC Patient Safety Collaborative** has strengthened and enhanced our collaboration with key partners largely focused on **Culture, Communication** and **Medication Safety**. Strong partnerships with the Canadian Patient Safety Institute (CPSI), Accreditation Canada and all CAPHC member organizations represented within the Collaborative enabled the sharing of experiences and key learnings as well as effective strategies for implementing safety required organizational practices (ROPs).

The following archived presentations and related podcasts can be viewed on **CAPHC's Knowledge Exchange Network** <http://ken.caphc.org> and are also available on i-tunes:

- Enhancing Patient Safety: Using Collaborative Approaches to Address Aggression
- Safety Culture: How We Behave When No One Is Looking
- Communicating with Youth for Patient Safety
- Prospective Analysis: What, Why, How...?
- Effective Communication for High Risk Activities
- Improving Patient Safety and Building Quality Care through LEAN Processes
- Paediatric Opioid Safety – Toward a Change in Practice
- Canadian Bar Coding Project



NATIONAL PROGRAMS

CAPHC is taking the Safety Competencies Challenge!

Launched in January 2011, our Safety Competencies Challenge is engaging members of our child and youth healthcare community (tertiary, community and rehabilitation centres) in a pan-Canadian demonstration project committed to changing culture, and current practice aimed at enhancing patient safety across the continuum of care. The CPSI Safety Competencies Framework is being used to guide this demonstration project focusing on the following six domains:

Domain 1: Contribute to a Culture of Patient Safety

A commitment to applying core patient safety knowledge, skills, and attitudes to everyday work;

Domain 2: Work in Teams for Patient Safety

Working within interprofessional teams to optimize patient safety and quality of care;

Domain 3: Communicate Effectively for Patient Safety

Promoting patient safety through effective healthcare communication;

Domain 4: Manage Safety Risks

Anticipating, recognizing, and managing situations that place patients at risk;

Domain 5: Optimize Human and Environmental Factors

Managing the relationship between individual and environmental characteristics in order to optimize patient safety; and

Domain 6: Recognize, Respond to, and Disclose Adverse Events

Recognizing the occurrence of an adverse event or close call and responding effectively to mitigate harm to the patient, ensure disclosure, and prevent recurrence.

CAPHC Paediatric Trigger Tool (CPTT)

The CAPHC Paediatric Trigger Tool (CPTT) is a patient safety improvement tool developed in 2009 in collaboration with patient safety and quality improvement experts from across Canada. The CAPHC Paediatric Trigger Tool program has been largely supported through grants provided to CAPHC from Canadian Medical Protective Association (CMPA); Canada's Research-Based Pharmaceutical Companies (Rx&D); and other partner organizations. The tool is available for download at no charge to all CAPHC member organizations, for noncommercial use only. http://www.caphc.org/programs_safety_cppt.html



NATIONAL PROGRAMS

Opioid Safety in Paediatrics

CAPHC and the Institute for Safe Medication Practices Canada (ISMP Canada) have established a strategic partnership to: “Create an intervention that will assist in the implementation of safe medication practice for the delivery of opioids in paediatric settings”. This intervention includes all aspects of the opioid medication system from prescribing to storage and administration.

Through a comprehensive Medication Incident Reporting Analysis conducted in 2008, Phase I identified the top five medications reported as causing or potentially causing, harm to paediatric patients.

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

Phase I analysis also identified the two most common medication incidents reported as “wrong drug” and “wrong dose” errors. A national survey also conducted at that time, identified leading practices that have been implemented in many facilities, but also suggested that safe practices are not being consistently implemented.

http://caphc.org/documents_programs/patient_safety/final_phase_I_report.pdf

The decision to focus on opioid agents in Phase 2 was based on a set of predetermined criteria and the results of the incident report analysis and landscape survey as described in the Phase I Report.

A multidisciplinary team from ISMP Canada and CAPHC member hospitals have now developed and provided standardized approaches to opioid safety within three groups of activities:

- Fundamental System Safety;
- Prescribing Standardization; and
- Dose Administration Standardization.

The team’s ultimate recommendations reflect the iterative, consultative process that was implemented to reach Pan-Canadian consensus.

Phase 3 began in 2011 with the development of an online Opioid Safety in Paediatrics Resource Kit that is located and accessible to all on the CAPHC Knowledge Exchange Network (KEN) <http://ken.caphc.org> The online Resource Kit includes the Consensus Guidelines for standardization with supporting resources and related references and tools. **As part of a comprehensive Knowledge Exchange strategy, multiple interactive education and training sessions via national webinars will be offered throughout the fall of 2011 and winter of 2012.**

The Opioid Safety in Paediatrics Program has been supported through multiple grants generously provided to CAPHC from the Canadian Patient Safety Institute (CPSI), MEDBUY, Baxter Corporation and Healthcare Reciprocal of Canada (HIROC).



Commitment

NATIONAL BENCHMARKING ACROSS THE CONTINUUM OF CARE

In 2005 the **CAPHC–Canadian Paediatric Decision Support Network (CPDSN)** was established as a national network representing the academic paediatric health centres in Canada. Today, CAPHC-CPDSN is the recognized Canadian Institute for Health Information (CIHI) “Paediatric Community of Practice” (CoP). This strategic partnership provides all CAPHC–CPDSN members with access to analytical software used for reporting and sharing of pan-Canadian paediatric data housed within CIHI’s national data warehouses.

Through a dynamic bundle of content, functionality and features, the CoP has enhanced and enabled improved evaluation methodology, stronger decision support and broader knowledge transfer across the paediatric community in Canada.

Expanding Benchmarking and National Data Sharing Across the Continuum of Care

Over the past year CAPHC–CPDSN has expanded our pan-Canadian benchmarking program to new areas representing the continuum of care. We have officially welcomed the four paediatric academic health sciences centres in the province of Quebec to our CoP, representing an unprecedented opportunity to engage the province of Quebec in national paediatric benchmarking and data sharing.

In the year ahead, collaborating with our community hospitals will be an important next step in CAPHC–CPDSN’s commitment to paediatric national data sharing and benchmarking across the continuum of care.

Highlights of 2011 Benchmarking Report:

- More detailed reporting, with most indicators reported at the facility level;
- 57 indicators and growing; and
- Three years of Quebec data in ICD 10 – CA



NATIONAL BENCHMARKING ACROSS THE CONTINUUM OF CARE

Enhancement of New Healthcare Indicators – Management Information Systems (MIS) Financials & Productivity

Reporting on new management information systems (MIS) indicators including financial, productivity and utilization for 5 inpatient units (Medical, Surgical, Paediatric ICU, NICU Level III, and Haematology/Oncology) are targeted for inclusion in the 2012 Benchmarking Report.

Paediatric Outpatient Rehabilitation – Development of a National Minimum Data Set



The **Canadian Network for Child and Youth Rehabilitation** (CN-CYR) has been operating as a network of CAPHC since 2004. 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.

CN-CYR Commitment:

- **To promote** data sharing and benchmarking, such as comparing structure, process and outcome indicators with like organizations to demonstrate and effect service improvement at a system level.
- **To present** a coordinated national voice for children's rehabilitation and children with disabilities to ensure the latter's position on the national health agenda.
- **To facilitate** and maintain an inclusive network whose membership reflects the national perspective and realizes shared child and youth rehabilitation delivery goals.
- **To promote** best practices, knowledge transfer and bridging research to practice.



NATIONAL BENCHMARKING ACROSS THE CONTINUUM OF CARE

The Launch of a New Rehab Program in 2011

Healthcare leaders consistently identify how current health care service delivery should be improved for children and youth with childhood disabilities. This population represents children and youth with chronic conditions, cognitive/behavioural & motorneuro disability, life altering diseases, lengthy hospitalizations, mental health and end-of-life care needs.

These children and youth typically depend on services delivered from across the continuum of care (from hospital to community agencies) and extremely high levels of care coordination and case management. Costs services for this group can be high and yet there is a lack of data to ensure that care and costs are being managed effectively to ensure consistent and equitable access to high quality care. It is also not known where care is being provided (e.g. in the home, community, outpatient, acute care, school etc.). These services are currently lacking a policy framework and/or national standards to deliver consistent and equitable access to high quality care.

A National Rehabilitation Minimum Data Set (NMDS)

In 2011–2012, to address this information gap, a national minimum data set (NMDS) will be developed and implemented by the Canadian Network for Child and Youth Rehabilitation (CN-CYR) and other key partners, to monitor and evaluate paediatric rehabilitation services.

Vision

High quality data collection tools for clinicians who work with children with developmental disabilities that are used and reported across Canada.

Mission

To make information available to support decision-making at the clinical, facility, provincial and federal government levels on quality of care, efficiency, effectiveness and accessibility to support program planning and evaluation.

In the initial phase of this work, the NMDS will be used to collect data on outpatient rehabilitation services for children with cerebral palsy and autism for this phase of the project. At a later date, additional conditions will be added.



Caring

BRINGING THE VOICE OF CHILDREN AND YOUTH TO
HEALTH CARE QUALITY IMPROVEMENT AND STANDARDS

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

Competencies Profile - Interfacility Critical Care Medical Transport - Recommendations for a Minimum Set of Standards

Regionalization of health care has driven the need for inter-facility transport services, with requirements for timely, equitable access to tertiary care. At the same time, provincial transport system models are highly variable. Critical Care Medical Transport Practitioners and Teams are responsible for the stabilization and safe transport of unstable, acute and critically ill neonatal, paediatric and/or high risk maternal patients. Due to the unique and dynamic nature of each transport, medical transport practitioners must acquire numerous competencies to meet the needs of a variety of transport scenarios.

At a national symposium entitled “**Transport Systems moving our Children Across Systems – Challenges, Barriers and Enablers**”, held at CAPHC’s 2008 Annual Conference in Edmonton, conference delegates identified the need to develop national standards for the inter-facility transport of critically ill newborns, children and youth.

In 2009, CAPHC established a **National Transport Systems Steering Committee** comprised of multidisciplinary experts from across the country that began to address this issue.

In July 2010, members of CAPHC’s Transport Systems Steering Committee established the **CAPHC Practitioner Profile Working Group** bringing together a team of Canadian neonatal and paediatric medical transport experts, to define and recommend a set of minimum standards for Canadian paediatric medical transport practitioners.



BRINGING THE VOICE OF CHILDREN AND YOUTH TO HEALTH CARE QUALITY IMPROVEMENT AND STANDARDS

National Consultation and Knowledge Translation (KT) Strategy

In October 2011, as part of a national consultation and KT strategy, CAPHC will introduce the first draft of recommended minimum standards for Canadian paediatric medical transport practitioners entitled: **Competencies Profile – Interfacility Critical Care Medical Transport**. These competencies cover a broad spectrum of requirements which, for the purposes of this Profile, have been summarized under the following seven categories:

- Professional Responsibilities;
- Communication;
- Health and Safety;
- Assessment and Diagnostics;
- Therapeutics;
- Integration; and
- Transportation.

Throughout the fall and winter 2011–2012, CAPHC will host a series of national multidisciplinary focus group webinars. These webinars will provide content experts from a variety of sectors an opportunity to provide critical feedback to these recommendations. Upon completion of this national consultation, CAPHC will finalize the **Competencies Profile** and work with Accreditation Canada to explore opportunities to bring these recommendations to a national accreditation platform.

New Collaborative Opportunities – Developing, Implementing and Evaluating Paediatric Practice Guidelines

Consistent with its mission and strategic priorities, CAPHC is initiating a new national program in the fall of 2011, aimed at improving and promoting quality of care, safety and efficiency across the continuum of care. This new national program will be implemented over a three-year period and will be guided by a national steering committee comprised of quality leaders, researchers and decision-makers. It is anticipated that the leadership capacity of this national collaboration will grow as we go forward bringing together content experts and various expertise from many different child and youth healthcare specialties and organizations.



BRINGING THE VOICE OF CHILDREN AND YOUTH TO HEALTH CARE QUALITY IMPROVEMENT AND STANDARDS

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

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that describes the range of effects that can be caused by prenatal exposure to alcohol. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. The prevalence of FASD in Canada is estimated at 9.1 per 1,000 live births, and the estimated lifetime cost for one individual with FASD is one million dollars.

In partnership and collaboration with the Public Health Agency of Canada (PHAC), First Nations Inuit Health Branch – Health Canada, many FASD experts, practitioners and researchers, CAPHC has facilitated the development of the National Screening Tool Kit for Children and Youth Identified and Potentially Affected by FASD. This work began in 2007, with the launch of the National Screening Tool Kit at CAPHC's 2010 Annual Conference in Winnipeg. The Kit is located and publically accessible on the CAPHC Knowledge Exchange Network (KEN) <http://ken.caphc.org/>.

Dissemination and Education Strategy

In March 2011, CAPHC initiated a six part Webinar series to introduce a broad multi-sector constituency to the screening tool kit. The following archived presentations and related podcasts can be viewed on CAPHC's Knowledge Exchange Network <http://ken.caphc.org/> and are also available on i-tunes:

- Fetal Alcohol Spectrum Disorder - An In-depth Overview and National Dialogue with the Experts; March 7, 2011
- Screening with the Tool Kit: Introduction and Overview; April 6, 2011
- Pre-Natal Exposure Screening Tools: The Maternal History Guide and Meconium FAEE Testing; May 4, 2011
- Maladaptive Behaviour Screening Tools: The NST and Screening for Youth Probation Officers; June 1, 2011
- Medicine Wheel Screening Tools; June 30, 2011
- The Ethics of Meconium Screening; September 12, 2011

Going forward, we will continue to evaluate the development in FASD screening as new knowledge is gathered through wider implementation of the tools and new tools and methods emerge.





RAISING THE PROFILE OF CHILD AND YOUTH HEALTHCARE

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.

Declaration of Partnership on Patient Safety Programs

On April 29, 2011 the Canadian Patient Safety Institute (CPSI) and CAPHC signed an agreement to formalize a longstanding partnership building on our collaborative efforts to advance patient safety for Canadian infants, children and youth across the continuum of care. Formalizing our relationship with CPSI will help to advance the work we are doing in patient safety and further engage in programs, strategies and initiatives to ensure safe care for Canada's children and youth.

“CAPHC is a recognized leader and advocate for advancing the improvement of healthcare for Canada's children and youth and this partnership builds on the work we have been doing in recent years and further strengthens our efforts to align priorities to make healthcare safer,” says Hugh MacLeod, CEO, Canadian Patient Safety Institute. “By working together we can leverage our collective resources to maximize outcomes and minimize duplication of efforts toward a safer healthcare system for all Canadians.”



As a part of this partnership agreement, CAPHC and CPSI agree to promote and integrate each other's work. CPSI has committed to supporting CAPHC's patient safety initiatives including the paediatric trigger tool; medication safety interventions such as high alert medication delivery, opioid safety, and paediatric medication reconciliation. CAPHC has committed to leading or participating in specific CPSI programs and projects related to children and youth, such as *Safer Healthcare Now!* interventions, demonstration projects related to Governance, the Patient Safety Education Program (PSEP-Canada); integration of the *Safety Competencies* into practice environments, and adoption of bar coding technology across our paediatric health centres.

Going forward, CAPHC's and CPSI's shared strategic directions and operational priorities for patient safety will form the principle for establishing a strong partnership agenda. This agreement also speaks to CAPHC's and CPSI's commitment to serving as a “knowledge broker” to our respective communities and stakeholders.



Advocacy

RAISING THE PROFILE OF CHILD AND YOUTH HEALTHCARE

“CAPHC knows children and youth — their challenges, their needs, their healthcare options. The organization’s experience has been indispensable to us as we develop new, pioneering standards for healthcare practitioners.”

– Wendy Nicklin, President and CEO, Accreditation Canada.

Relationships are at the Core of Extraordinary Improvement

The development and implementation of national standards specific to the needs of our children and youth, remains a high priority for all CAPHC member organizations. To this end, CAPHC has developed an important and highly productive relationship with Accreditation Canada. The past 12 months have focused on our work in the delivery of high alert medications in paediatrics as well as competencies related to the interfacility transport of critically ill infants, children and youth.

CAPHC has also welcomed colleagues from Accreditation Canada to many national webinars that have focused on the development process of Required Organizational Practices, as well as many aspects of the Accreditation Canada Qmentum program.



Mental Health

CONNECT SERVICE PROVIDERS AND KEY STAKEHOLDERS TO
REALIZE SHARED CHILD AND YOUTH HEALTH CARE GOALS

National Infant Child and Youth Mental Health 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.

Since its conception in 2008, CAPHC is committed to serving The Consortium as a facilitator in a national collaborative process. To date, over 30 organizations have been recognized by the Consortium, representing regional, provincial and national organizations from across Canada. It is these organizations that lead the activities of The Consortium.

In an effort to create a more focused approach to the issues facing the child and youth mental health community, The Consortium has spent the last 12 months reaching out to its stakeholders to share its vision and highlight the benefits of this national collaboration.

In October 2010, CAPHC, The Ontario Centre of Excellence for Child and Youth Mental Health, and the Canadian Institutes of Health Research (CIHR) – Institute of Human Development, Child and Youth Health collaborated in the writing of a publication entitled: *Access and Wait Times in Child and Youth Mental Health: A Background Paper*. This background paper provides context and relevance to the challenges of access and waits times to mental health services for children and youth in Canada with a focus on current research, policy, and practice. http://caphc.org/documents_programs/mental_health/2011_07_22_cmyh_access_backgrounder_en.pdf

As a follow up to the first two National Invitational Symposia on Child and Youth Mental Health held in 2007 & 2009, The Consortium is planning a third national event in collaboration with the Child Welfare League of Canada. With a dual focus on School Based Mental Health and Addictions Programs and Access and Wait Times, this national symposium will be held in Calgary in spring of 2012.



CAPHC is committed to fostering research, brokering knowledge, facilitating educational opportunities and enhancing information exchange for its members and stakeholders.

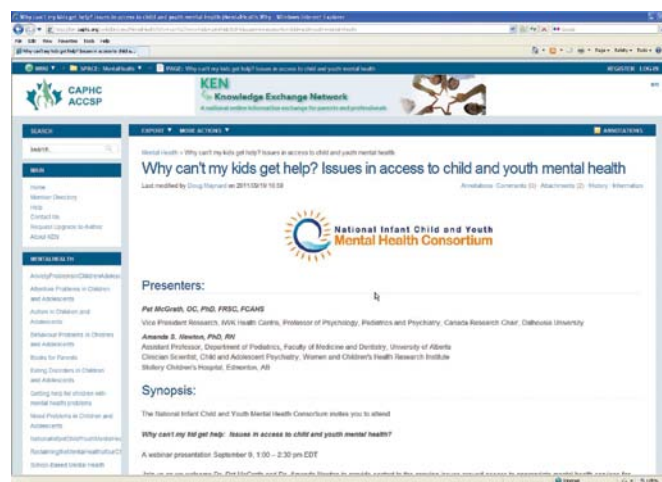
CONNECT SERVICE PROVIDERS AND KEY STAKEHOLDERS TO REALIZE SHARED CHILD AND YOUTH HEALTH CARE GOALS

The Consortium is reaching out to its Stakeholders

Over the past year, CAPHC and The Consortium have supported two national webinars: The following archived presentations and related podcasts can be viewed on CAPHC's Knowledge Exchange Network <http://ken.caphc.org> :

- “Upcoming Research Opportunities in Mental Health Services For Children and Youth” – February 25, 2011
- “Why Can't My Kids Get Help? Issues in Access to Child and Youth Mental Health” – September 9, 2011

A third webinar is currently being planned and will focus on “Knowledge Translation and Mental Health Literacy”.





Partnering With Our Families

CONNECT SERVICE PROVIDERS AND KEY STAKEHOLDERS TO REALIZE SHARED CHILD AND YOUTH HEALTH CARE GOALS

Building Bridges Across the Nation by Linking Paediatric Patient & Family Advisory Groups



Canadian Family Advisory Network (CFAN)

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 has been a CAPHC partner since the inception of this National Network in 2002. Over the past decade, CFAN and CAPHC have developed a strong partnership based on our mutual commitment to the health and well-being of our children, youth and families.

Over the past year, our CFAN colleagues have provided tremendous leadership and insight by participating in many CAPHC programs and various working groups and national committees. CFAN continues to provide unique insights and the voice of our families at many CAPHC virtual tables.

Annual CFAN Workshops

In conjunction with CAPHC's Annual Conference, CFAN organizes an annual CFAN workshop. On Sunday, October 16th, 2011, CFAN will welcome delegates from across Canada to its 10th Annual Workshop entitled: "Patient & Family Centered Care: Where Have We Been? What Have We Accomplished?" The workshop will focus and bring insight to Family Advisory Council infrastructures, levels of parent participation and trending at our institutions across the country.

We would like to encourage all CAPHC members and stakeholders to visit CFAN's website (http://caphc.org/partnerships_cfan_about.html) and consider how we can all strengthen our ties with this national network.



CONNECT SERVICE PROVIDERS AND KEY STAKEHOLDERS TO
REALIZE SHARED CHILD AND YOUTH HEALTH CARE GOALS

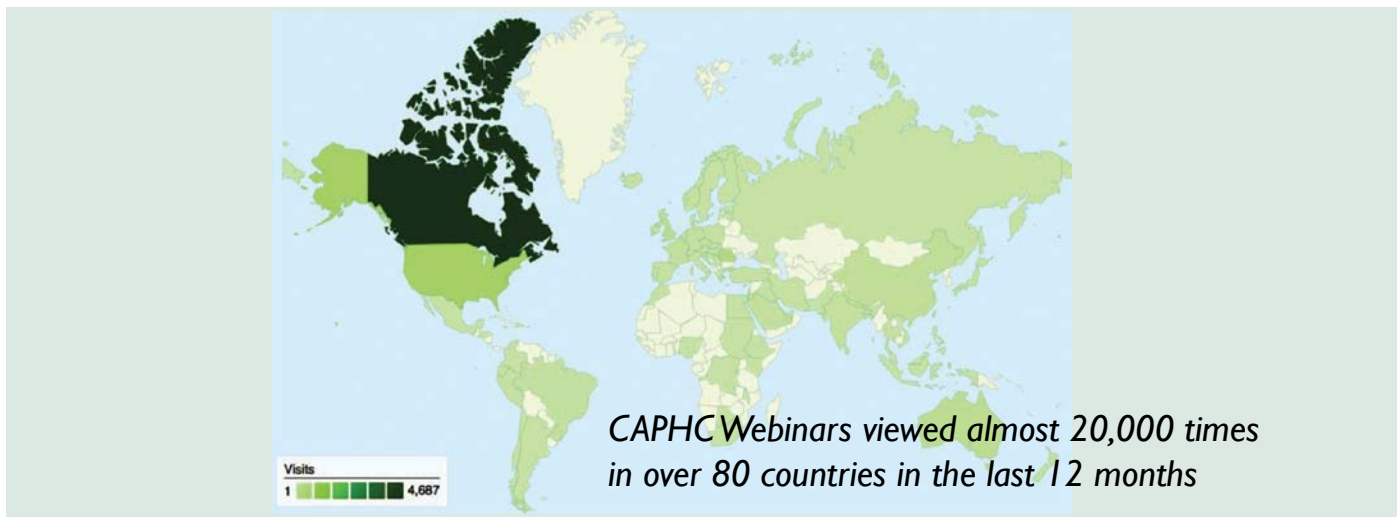
CAPHC is committed to fostering research, brokering knowledge, facilitating educational opportunities and enhancing information exchange for its members and stakeholders.

Knowledge Translation and Outreach

One of CAPHC's strategic priorities identifies our role as a knowledge broker, facilitating the transfer and exchange of knowledge and mobilizing knowledge across the child and youth health community.

A recent addition to our KT strategy has been the initiation of a series of webinars, designed to bring new and original content to our members. This initiative has had tremendous success with our webinars being viewed almost 20,000 times in over 80 countries, in the last 12 months.

Topics have included children's pain, FASD, patient safety, mental health, and administrative and financial topics.



Canadian Association of Paediatric Health Centres Statement of Operations

For the year ended 31 August 2010 (with 2009 figures for comparison)

| | <u>2010 \$</u> | <u>2009 \$</u> |
|--------------------------------------|------------------|------------------|
| REVENUE | | |
| Membership fees | 142,867 | 132,154 |
| Annual conference fees | 148,246 | 137,781 |
| Sponsorship funding | 110,475 | 158,975 |
| Partnership initiatives | 517,697 | 290,532 |
| Infrastructure funding | 182,091 | 182,928 |
| Administration fees | 116,572 | 108,498 |
| Other revenue | <u>56,457</u> | <u>54,856</u> |
| | <u>1,274,405</u> | <u>1,065,724</u> |
| EXPENSES | | |
| Salaries and benefits | 237,199 | 206,227 |
| Annual conference | 218,547 | 277,311 |
| Partnership initiatives | 519,972 | 290,532 |
| Infrastructure | 179,565 | 177,132 |
| Web site | 4,200 | 4,450 |
| Office | 49,257 | 38,357 |
| Rent and occupancy costs | 20,842 | 21,326 |
| Proposal development | | 7,778 |
| Travel | 18,394 | 15,654 |
| Professional fees | 10,382 | 8,254 |
| Board meeting | 9,296 | 4,552 |
| Board strategic plan | | 9,225 |
| Insurance | <u>4,334</u> | <u>3,809</u> |
| | <u>1,271,988</u> | <u>1,064,607</u> |
| Net income for the year | 2,417 | 1,117 |
| Surplus at the beginning of the year | <u>22,346</u> | <u>21,229</u> |
| Surplus at the end of the year | <u>24,763</u> | <u>22,346</u> |

(see accompanying notes)

MacKillican & Associates
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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

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Dr. Harvey Guyda

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

Kathryn Hayward-Murray

Vice President, Strategy, Quality & Organizational Performance, Credit Valley Hospital, Mississauga, Ontario

Dr. James D. Kellner

Professor and Head, Department of Paediatrics, University of Calgary and Calgary Health Region, Alberta Children's Hospital, Calgary, Alberta

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Chief Clinical Executive, Senior VP Knowledge and Practice, Saint Elizabeth Health Care, Markam, Ontario

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President & CEO, IWK Health Centre, Halifax, Nova Scotia

Marilyn Monk

Executive Vice President, Clinical Programs & Services, The Hospital for Sick Children, Toronto, Ontario

Dr. Bruno Piedboeuf

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

Delmaire Sadoway

Executive Director, Public Health, Primary Care and Chronic Disease Management - Edmonton Zone, Alberta Health Services, Edmonton, Alberta

Cheryl Susinski

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

* Michelle Lahey is now living in England and is not actively participating on CAPHC Board

Recognizing Collaboration, Leadership and Commitment!

All CAPHC programs are guided by the commitment and expertise of our member organizations. CAPHC is most grateful for the leadership and dedication of so many colleagues from across the country. These individuals represent the true fabric of the CAPHC organization and we would like to formally recognize and appreciate the commitment and dedication of all!

CAPHC Patient Safety Collaborative
CAPHC Paediatric Trigger Tool (CPTT) Quality Improvement Committee
High Alert Medication Delivery in Paediatrics: Opioid Safety Steering Committee
High Alert Medication Delivery in Paediatrics: Opioid Safety National Advisory Committee
Competencies Challenge Leadership Committee
National Infant, Child and Youth Mental Health Consortium
Canadian Network for Child and Youth Rehabilitation (CN-CYR) Operations Committee
CN-CYR Knowledge Translation and Research Sub-Committee
CN-CYR Outcomes & Benchmarking Sub-Committee
CN-CYR Outcomes & Benchmarking; Wait Times Initiative
CN-CYR National Advisory Committee
CN-CYR Conference Planning
Transport Systems National Steering Committee
Transport Systems - Practitioner Profile Working Group
Transport Systems - Systems Design Working Group
Fetal Alcohol Syndrome Disorder (FASD) National Steering Committee
CAPHC Financial Development & Implementation Committee
National Network of Hospital Financial Leaders
CAPHC-Canadian Paediatric Decision Support Network (CPDSN) Steering Committee
CPDSN Annual Benchmarking Report Work Group
CPDSN Community Hospital Expansion Working Group
CPDSN Paediatric Data Suite Working Group
CPDSN MIS Financials and Productivity Working Group
CPDSN Sharing Best Practices Strategy Working Group
CPDSN-Canadian Paediatric Surgical Wait Times Work Group
CAPHC Conference Planning Committee
Paediatric Practice Guidelines National Steering Committee
CAPHC Board of Directors; Governance Committee
CAPHC Conference Poster Committee

Alberta Children's Hospital Calgary, Alberta
Liaison: Margaret Fullerton, Dr. James Kellner

Holland Bloorview Kids Rehab Toronto, Ontario
Liaison: Nick Joachimides

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

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

Centre hospitalier universitaire de Sherbrooke Sherbrooke, Québec
Liaison: Jean Delisle

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

Children's Hospital London Health Sciences Centre London, Ontario
Liaison: Val Roussom

CHUQ - L'Hôtel-Dieu de Québec Québec City, Québec
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: Jeanne Robertson

Fraser Health Surrey, British Columbia
Liaison: Jan Radford

Halton Healthcare Services Oakville, Ontario
Liaison: Cindy MacDonald

Hôpital Maisonneuve-Rosemont Montréal, Québec
Liaison: Linda Spigelblatt

Hôpital Ste. Justine Montréal, Québec
Liaisons: Isabelle Amyot, Dr. Fabrice Brunet

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

Interior Health Authority British Columbia
Liaison: Ruth Johnson

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: Dr. Peter Fitzgerald

Montreal Children's Hospital Montréal, Québec
Liaison: Dr. Harvey Guyda, Demetra Kafantaris

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: Jennifer Begg

CAPHC MEMBER ORGANIZATIONS AND LIAISONS

Quinte Healthcare Corporation Belleville, Ontario
Liaison: Janet Whalen

Regina Qu'Appelle Regina, Saskatchewan
Liaison: Sharon Garratt

Rouge Valley Health System Toronto, Ontario
Liaison: Sue Fyfe

Saint Elizabeth Health Care Markham, Ontario
Liaison: Kristen Campbell

Saskatoon Regional Health Authority
Saskatoon, Saskatchewan
Liaison: Bette Boechler

Shriners Hospital for Children Canada
Montréal, Québec
Liaison: Sharon Brissette

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, Jennifer Torode

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

The Hospital for Sick Children Toronto, Ontario
Liaison: Karen Fontana-Chow

Toronto East General Hospital Toronto, Ontario
Liaison: Linda Young

Trillium Health Centre Mississauga, Ontario
Liaison: Derek McNally

William Osler Health Centre Etobicoke, Ontario
Liaison: Lindsay Hogeboom

Windsor Regional Hospital Windsor, Ontario
Liaison: Christa James

Winnipeg Children's Hospital Winnipeg, Manitoba
Liaison: Dr. Cheryl Greenberg, Leslie Galloway

Winnipeg Rehabilitation Centre for Children
Winnipeg, Manitoba
Liaison: 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: Teri Nicholas

Canadian Paediatric Society

Ottawa, Ontario
Liaison: Marie Adele Davis

Champlain Maternal Newborn Regional Program

Ottawa, Ontario
Liaison: Carleen Ridley

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

Montréal, Québec
Liaison: Aniele Lecoq

IWK Health Centre Foundation

Halifax, Nova Scotia
Liaison: Allan Horsburgh (Interim CEO)

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

Montréal, Québec
Liaison: Louise Dery-Golberg

SickKids Foundation

Toronto, Ontario
Liaison: Ted Garrard

Stollery Children's Hospital Foundation

Edmonton, Alberta
Liaison: Jennifer Wood



Elaine Orrbine
CAPHC President and CEO



Doug Maynard
CAPHC Associate Director



Debra Schleyer
CAPHC Executive Assisant



Lisa Stromquist
CAPHC National Coordinator,
Patient Safety and Quality



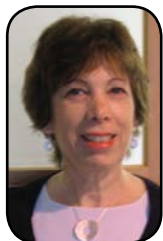
Leah Boon
CAPHC National Coordinator,
CAPHC–Canadian Paediatric Decision
Support Network



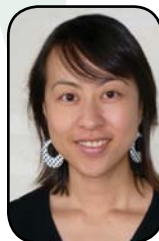
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Julia Woolsey
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Charlotte Rosenbaum
CAPHC–FASD Consultant,
Charlotte Rosenbaum Consulting



Yin Yin Tan
CAPHC–Canadian Paediatric Decision
Support Network Analyst



Our Partners

Accreditation Canada
Baxter Corporation
B.C. Children's Hospital Foundation
Bilodeau Family
Canada's Research-Based Pharmaceutical Companies (Rx&D)
Canadian Child and Youth Health Coalition
Canadian Institute for Health Information
Canadian Patient Safety Institute (CPSI)
Child Welfare League of Canada
Children's Hospital of Eastern Ontario (CHEO)
Children's Hospital Foundation of Manitoba
CIHR – Institute of Human Development, Child and Youth Health
CIHR Team in Children's Pain
Discovery Campus
Health Canada – First Nation's Inuit Health Branch
Health Insurance Reciprocal of Canada (HIROC)
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Paediatric Chairs of Canada
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SickKids Foundation – National Grants Program
Stollery Children's Hospital Foundation
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