

Executive Summary

Held in Toronto, June 9-12, 2002, the Canadian Association of Paediatric Health Centres' (CAPHC) 2002 Annual Conference entitled: "Child and Youth Health in the 21st Century: Where is the Evidence?" brought together a truly multidisciplinary assembly of health care professionals from across Canada, the United States, Sweden and Mexico, all who share a strong common goal which is to promote and maintain the well being of children, youth and families around the world (a list of conference participants is available on the CAPHC website at: www.caphc.org).

The conference focused on four interrelated themes:

- Care of Children and Youth in the Home and Community,
- Maximizing our Resources and Our Ability to Collaborate Nationwide,
- Realities and Opportunities in our Health Care System and
- Transition for Children and Youth with Chronic Disease

These themes originated from a recent environmental scan carried out (via telephone) with CAPHC members, affiliates and partners, who identified the urgency for the development of national standards to guide in the validation and establishment of effective health service delivery.

The conference highlighted the emergence of new collaborative models and the needs, challenges and strategies for delivering improved health care to children and youth. The models presented reflected the diversity of care regarding acute, chronic and/or psychosocial challenges. Attention was also given to organizational changes, national collaboration, and the role of communication and information technologies in facilitating new and validated health service delivery approaches.

Throughout all sessions, issues of high relevance regarding the well-being of children, youth and families were addressed from several diverse perspectives, relating to the current child and youth health care climate in Canada. Workshop leaders and delegates discussed and put forth recommendations for key health service delivery models ultimately aimed at the creation and implementation of national standards/guidelines grounded by evidence based practice. In the final conference session, these recommendations were summarized and discussed as part of CAPHC's deliberation process in identifying and implementing priority initiatives for the coming years. ***The priority issues or 'hot buttons' that came forward were:***

- Health Services/ Resources
- Human Resources
- Knowledge Transfer
- Networking/ Connectivity
- Research & Evaluation/ Data
- Transition & Alternate models
- Family Centred Care
- Health Promotion/Illness Prevention

The following document provides an overview of CAPHC, some background information on what led up to the development of the 2002 CAPHC conference, highlights of the sessions and discussions that took place during the conference itself.

Canadian Association of Paediatric Health Centres (CAPHC)

Background

- CAPHC is a national, not-for-profit, multidisciplinary organization dedicated to improving the health and welfare of children and youth in Canada.
- Recently re-named, CAPHC originates from the Canadian Association of Paediatric Hospitals, founded in 1968 by nine free-standing children's hospitals.
- CAPHC's new name is symbolic of its membership (please see Appendix A for a list of members), as it reflects health centres that provide care for children and youth in community, regional, and tertiary care facilities.

CAPHC's Commitment

- Raising awareness of the unique characteristics and importance of child and youth health
- Facilitation of collaboration and partnership development
- Information dissemination, knowledge transfer, expertise sharing
- Optimization of regional and national resources
- Promoting Best Practices, knowledge transfer, dissemination of information
- Facilitating communication, fostering collaboration and utilizing new technologies aimed at optimizing national resources in support of our membership and partners
- Facilitating collaboration and new partnerships to maximize benefits, research development, and new knowledge

CAPHC Organizational Renewal - February 2001 – 2002

In February 2001, the Board of Directors met at a strategic retreat to review the organization's history, context and current challenges. As a result, the following three key directives were identified:

- to be cognisant of and responsive to member needs, given the changing challenges and structures for child and youth health care centres in Canada;
- to focus the Board's work on defining, stewarding and enabling the Mission of CAPHC; and
- to recruit a new Chief Executive Officer for the Association.

In response to these directives CAPHC embarked on the following initiatives:

- **New Name:** As a first step, and following a unanimous consensus of its members, the Association was renamed the Canadian Association of Paediatric Health Centres to be more reflective of its membership - health centres that provide care for children, youth and families in community, regional, and tertiary care facilities.

- **Environmental Assessment:** To enhance communication, we conducted an environmental assessment (via teleconferencing) with all CAPHC members. Many key child and youth health issues were identified as part of this process, however the common concern expressed by all was the lack of national guidelines for child and youth health services (clinical pathways, best practices etc), hence the theme and focus of the 2002 annual meeting.
- **Website:** In response to the association's commitment to sharing Information, knowledge and best practices, our attention turned to the development of a comprehensive and interactive website (and new logo) which was officially launched on January 1, 2002 (www.caphc.org). In a very short period of time, CAPHC's website has become the domain for many regional and national child and youth health initiatives. Environmental hazards and the effects on human health; cultural competency in paediatric health care, and a national initiative focusing on poverty as a determinant of health and well-being of children, youth and families, are some of the initiatives featured on the website.
- **Membership:** The importance of maintaining a strong and interactive relationship with our members, as well as building on that membership was highlighted as an important strategic focus. Reaching out beyond the traditional health care centre to include multidisciplinary groups such as child health networks, national professional associations and individual professionals was also identified. Based on these priorities, a membership committee was established to tackle the following objectives:
 - develop a strategic plan to enhance and maintain current membership,
 - re-define and broaden the membership scope; and
 - accordingly, develop and implement a new fee schedule.
- **New Members:** It is our pleasure to welcome our newest members - Hôpital Maisonneuve Rosemont, Montreal, Quebec and Grand River Hospital, Guelph Ontario.
- **CAPHC 2002 Annual Meeting:** Promoting best practices and optimizing resources are shared goals of our members and all child and youth health care facilities nationwide. CAPHC is committed to supporting its members by promoting, facilitating and advocating for improved research, ultimately aimed at establishing national health delivery guidelines for children and youth supported by evidence based data.

**2002 CAPHC Annual Meeting, June 9-12, 2002
Conference Proceedings**

***Child and Youth Health Care in the 21st Century:
Where is the evidence?***

Below you will find the highlights of each conference session. Please note that a more comprehensive conference program including the majority of conference presentations, speaker biographies, poster presentations and pre and post conference events can be viewed on the CAPHC website at [www.caphc.ca](#). The salient points (listed as Highlights below) of each session were identified by the conference moderators and evaluators. These points were then summarized into priority areas or *hot buttons* that were then brought forward for discussion on the final day of the conference.

The questions that guided the moderators/evaluators were as follows:

- What are the major topics being presented?
- Within these topic areas, what are the major issues or 'hot buttons' generating discussion?
- Within the 'hot buttons', how strong or weak is the evidence around current best practices?
- What are the controversies (if any) around the evidence?
- What priorities for child and youth health care in Canada have been identified in this session?

Sunday, June 9, 2002

Reception and Opening Key Note Address: 6:00 – 8:00 pm

Improving the Health and Well-Being of Children and Youth: Problems and Prospects

Dan Offord, Director, Canadian Centre for Studies of Children at Risk, McMaster University and the Hamilton Health Sciences Corporation; Recent Recipient of the Order of Canada

In this key note address, Dr. Offord addressed the burden of illness in relationship to the current problems and prospects of child and youth health. Dr. Offord discussed the need for, as well as the advantages and disadvantages of implementing, sustaining and evaluating health care programs from the following perspectives:

- Civic Community;
- Universality;
- Targeted Programs and
- Clinical Programs.

Highlights

- There is an essential need to evaluate existing programs and build an evaluation process into new programs - do not assume that something new is good, evaluate it
- The voice of children and youth is limited and their needs must be represented by their families and the wide array of professionals that care for them
- Health professionals, public health workers, teachers, social services workers and parents play a critical and collaborative role in the development and care of children and youth
- As health care workers and individuals we need to look beyond our own children, our own communities and our own health centres and be concerned about the well-being of all children- it's not my child or it's not my problem mentality must change if we are to level the playing field for all children and youth

Monday, June 10, 2002

9:00 – 10:00 am: Achieving Cultural Competency in Health Care

Glenn Flores, Associate Professor of Paediatrics and Public Health, Robert Wood Johnson Generalist Physician Faculty Scholar, Founder and Co-Director, Paediatric Latino Clinics, Division of General Paediatrics, Boston Medical Center

This plenary session examined how to achieve cultural competency in health care with an emphasis on the following areas: why cultural competence is so important in health care, normative cultural values that affect clinical care, language and interpreters, folk illnesses, patient/parent beliefs, provider practices, illustrative cases, and a model of cultural competency in clinical care, applicable to any cultural group.

Highlights

- Importance of culture in health care - culture, language and beliefs impact on access, communication and health outcomes (e.g. importance of interpreters, language appropriate labelling, awareness of folk illness beliefs- may overlap with medical treatments, patient/parent beliefs, etc.)
- Need to develop a data driven model of cultural competency
- Need for a set of National Standards around cultural competency

10:30am – 12:00 pm: Closer to Home: Envisioning New Models for Family-Centred Care

Emma Rylander, Senior Paediatric Physician; Head, Department for Advanced Hospital Managed Home Care for Children, Karolinska Hospital, Stockholm, Sweden

Paul Dick, Assistant Professor, Department of Paediatrics, School of Graduate Studies and the Graduate Department of Health Administration, University of Toronto; Scientist, Population Health Sciences Division, Hospital for Sick Children; Adjunct Scientist, Institute for Clinical Evaluative Sciences (ICES)

Bonnie Stevens, SIGNY Hildur Eaton Chair in Paediatric Nursing Research, University of Toronto; Centre for Nursing, Hospital for Sick Children

Moderator: Stacey Daub, Manager, Child and Family Services, Toronto Community Care Access Centre, Toronto, Ontario

This session addressed the significant changes in health care delivery and multidimensional aspects of home care for children. The leaders of this plenary session highlighted the emergence of new collaborative models and the needs, challenges and strategies for delivering improved family and home centred care.

The models presented reflected the diversity of care for infants to youth with acute, chronic and/or psychosocial challenges. Attention was given to organizational changes, collaboration, and the role of communication and information technologies in facilitating these new approaches.

Highlights

- The concept of hospital care being carried out at home - increased home care is favoured but the hospital sector and community sector are quite different- currently there is poor continuity of care from hospital to community
- Initial evaluation of home care- quality of care is good, 30% cheaper than hospital care, satisfied families, increased professional satisfaction
- Evaluation of Integrated Home Care Model- effect on child quality of life improved compared to hospital care, improved general health of the child, improved sense of security concerning care by family, improved continuity of care by family
- Negative aspects - home is not set up like a hospital, therefore there is a potential risk to the child and care provider; current rigid funding schemes make home care very expensive
- Strong trend toward more homecare- including children with complex needs but there is resistance to change- individual, institutional and system's level resistance
- Families need to be able to choose whether to use a hospital based system or home-based care system
- If we are to encourage a home-based care system it will be important to invest in parent skill development and then support them
- Need to develop an integrated care model with sophisticated technologies for communication and monitoring
- Need to evaluate alternate care strategies such as home-based hospitalization through interactive and flexible planning/evaluation paradigms rather than rigid, inflexible evaluation (research/service must reflect the real world)

12:00 – 1:30 pm: CAPHC Annual Luncheon and Key Note Address; The Importance and Impact of Political Involvement

John Godfrey, MP, Don Valley West and Chair of the National Children's Agenda Caucus Committee, House of Commons, Ottawa, Ontario

In his keynote address, Mr. Godfrey addressed the political side of the current national health care debate and the importance and impact of political involvement in developing a national system of community based early childhood strategies. Within this key note address, Mr. Godfrey focussed on the universally agreed upon components of early childhood development from conception to 6 years of age, the attachment theory, universal screening, community affects, public health issues and the overall quality of health care. This session provided a unique opportunity for CAPHC conference delegates to discuss the importance of a national focus for advancing knowledge to improve health outcomes that insure that all children have the opportunity to succeed.

Highlights

- It is important to not sit back and criticize the government for not doing anything- become proactive to open doors
- It is important for health professionals to be in tune with the political issues to maximize opportunities for involvement and influence
- CAPHC has the opportunity to work with the government on behalf of it's members to bring forward key issues- CAPHC is a conduit to influencing change

1:30 – 3:00 pm: Care of Children and Youth in the Home and Community: Concepts, Evidence and Challenges

Peter Rosenbaum, Developmental Paediatrician, Canada Research Chair in Childhood Disability; Professor of Paediatrics, McMaster University and University of Toronto; Co-Director, CanChild Centre for Childhood Disability Research

Mary Law, Professor, Faculty of Health Sciences, School of Rehabilitation Science and Department of Clinical Epidemiology and Biostatistics, McMaster University; Co-Director, CanChild Centre for Childhood Disability Research

Nancy Young, Assistant Professor, Department of Paediatrics and Graduate Department of Rehabilitation Science, University of Toronto; Scientist, Community Health Systems Resource Group, Hospital for Sick Children

Moderator: Nancy LeFebvre, Vice President, Knowledge & Practice, Saint Elizabeth Health Care, Markham, Ontario

In this symposium the leaders addressed the evolution of practice, theoretical models of care, and evaluation of care for children, youth and their families in the home and community. The session emphasized the principles and practices of Family-Centered Service, the family within the community, and the community within professional systems. The importance of focusing on functional adaptation and performance (rather than solely on capacity) of children and youth with disabilities was highlighted, as well as the considerable role of the individual's environment. This session was evidence based with delegates having an opportunity to consider ways of making a difference by considering the needs of the child, the family, the community, the environment and the tasks of childhood in new ways.

Highlights

- Implications for policy development- decreased number of service sources = increased client/family satisfaction = increased positive perception of family centred services = increased positive involvement of family
- Need for the development of new models of care that take into consideration the families perspective
- Need to focus research on functional outcomes versus the disability
- Strong relation between strength of Family Centred Services (FCS) culture at organization level and parent satisfaction- understanding of FCS by organizations is high but real implication is quite variable from good to poor
- Need to focus on performance and participation not just on capacity/capability as measurement tools
- Need for new, clear models of care, outcome measures and philosophies of care for children with disabilities- an impairment/normative/fix it model is not real or adequate- should focus on function and on broad scope of need (eg, emotional/social, not just physical)
- Transition into adulthood is a major issue for the disabled (different models, different expectations)- need for integration within the system from childhood to adolescence to adulthood

1:30 – 3:00 pm: Data, Information and Knowledge: A Model for National Electronic Collaboration

Andrew Szende, Chief Executive Officer, electronic Child Health Network (eCHN), Toronto, Ontario

Jeanette Martin, Coordinator, Canadian Paediatric Decision Support Network, Children's Hospital of Eastern Ontario

Moderator: Ronald Lindstrom, Research Associate, Centre for Community Child Health Research, B.C. Research Institute for Children's & Women's Health, Vancouver, British Columbia

This session provided insight and an overview of the mission and vision of both eCHN (electronic Child Health Network) and the Canadian Paediatric Decision Support Network (CPDSN).

The goals of this session were to identify and discuss potential opportunities for the development of a national electronic database model aimed at improving health service delivery and fostering the continuum of care for children, youth and their families. The challenges of ethical issues, privacy and confidentiality were also addressed.

Highlights

- Need to capture ambulatory and emergency room data- collection should be mandated
- Need standardized paediatric data collection methodology and standards across the country to ensure the integrity of paediatric data
- Need to encourage the appropriate use of paediatric health information
- Need to have paediatric specific database for sharing and collaboration to improve patient care parameters- security required for confidentiality
- Need to ensure that network members are multi-disciplinary/multi-sectoral
- Knowledge translation is imperative- web based databases, health information, professional communication- to reduce duplication and enhance best practices
- Need to make data comparable across the country- different provinces/territories use different systems
- Need for a data dictionary- talk the same talk- compatibility
- Need to develop mechanisms for communication to the public and amongst members (professional on-line password protected, access to customized reports from the database)
- Need to communicate health record information
- Need to identify and evaluate areas for hospitalized utilization and quality improvement including the development of paediatric benchmarks

3:30 – 4:30 pm: Lead, Follow... or Get out of the Way!

Dennis Timbrell, Supervisor, Ottawa Hospital; former President, Ontario Hospital Association; former Minister of Health

In Mr. Timbrell's address he recognized the strength of CAPHC in representing health care professionals and although the current health care climate in Canada is extremely challenging CAPHC must take a leadership role.

It is time to lead, follow or get out of the way, and CAPHC on behalf of it's members must take a leadership role in working with provincial and federal governments to increase the awareness of the hot buttons (e.g. networking and connectivity, knowledge transfer, human resources, etc.) and ensure that a mechanism is put in place for members and partners to continually feed into this process.

Highlights

- The potential role of CAPHC in the development of future health policy
- If providers of health services do not take the lead and engage the public to develop policy, government will continue to take the lead (more commissions or reviews)
- Need to be consistent with messages to have political influence
- CAPHC needs to take a lead role and use collective strength of the membership (strong national voice) in promoting children and youth issues
- Utilize media to promote the CAPHC message

Tuesday, June 11, 2002

9:00 – 10:00 am: Child and Youth Health Research in the 21st Century

Alan Bernstein, President, Canadian Institute of Health Research (CIHR)

John Challis, Scientific Director, CIHR Institute of Human Development, Child and Youth Health

In this plenary session Dr. Bernstein presented the vision and mission of the Canadian Institutes of Health Research (CIHR) and provided an in-depth progress report of CIHR's achievements and milestones since the launch of the CIHR on June 7th, 2000. Dr. Bernstein also addressed the importance and potential impact of CIHR's Innovation Agenda. Dr. Challis addressed the overall goals and strategic direction of the CIHR Institute of Human Development, Child and Youth Health (IHDCYH) and provided an opportunity for CAPHC conference delegates to learn about some of the ongoing inter-institute partnerships and opportunities specific to CIHR's environmental, aboriginal and rural health initiatives. Emphasis was also placed on IHDCYH's research priorities and the ongoing national consultative process and criteria implemented in determining these priorities.

This session provided delegates with a unique opportunity to actively participate in the ongoing consultation process and to discuss opportunities for new regional and national initiatives in key areas of child and youth health research.

Highlights

- CIHR is interested in problem based vehicles of exchange, training grants, knowledge transfer and cultural determinants of health
- Recognize that evidence-based data/information is needed for change
- Importance of best practices/outcomes, multi-disciplinary teams and strategic research,
- Need for research and a mandate for knowledge transfer
- Fetal alcohol. Aboriginal child health, smoking, injury, training grants, strengthening infrastructure are just some of the priorities

10:30 – 12:00 pm: Chronic Illness in Children and Youth: Finding Strength through Psychosocial Care

Patrick McGrath, Professor of Psychology, Paediatrics, Psychiatry and Biomedical Engineering Psychology Department, Dalhousie University

Rose Geist, Director, Child and Adolescent Medical Psychiatric Program, Division of Child Psychiatry, University of Toronto, Hospital for Sick Children

Moderator: Brian Shaw, Chief, Community Health and Knowledge Transfer, Hospital for Sick Children, Toronto, Ontario

This session addressed disability in children and youth with chronic illnesses including delivery systems for psychosocial care in both traditional and non-traditional settings. Areas of focus were on (but not limited to) mental health, chronic illness, pain management and unexplained medical symptoms.

Highlights

- Lack of access to psychosocial care and importance of integrating psychosocial care into the medical model- there is a need for more involvement in psychosocial care in a timely way
- Need to advocate for shared planning with adult practitioners
- Need to support and educate health professionals who take on transition planning
- Transition planning models are emerging- need for enhanced implementation and communicating results- establish a mechanism for sharing resources
- Evidence in transition planning is anecdotal at the moment but is starting in some areas and there is clearly an opportunity for research across the country- use research to help delineate best practices
- Need to establish transition program national standards for chronic care areas

10:30 – 12:00 pm: If you have to eat an elephant, it doesn't matter where you take the first bite: Evaluating networks

Suzanne Barclay, Manager, Office for Cross-Cultural Care and Diversity, Children's and Women's Health Centre of B.C.

Fanny Zegarra, Manager, Multiculturalism Programming, Children's Hospital of Eastern Ontario

Shehnaz Alidina, Executive Director, Child Health Network for the Greater Toronto Area

Lynn Raskin, Consultant, Child Health Network for the Greater Toronto Area

Janice Popp, Project Manager, Southern Alberta Child and Youth Health

Dennise Albrecht, Director, External Development, Children's Hospital of Eastern Ontario

Hector Tenorio Rodriguez, Vice-President of La Sociedad de Pediatría de Oaxaca, Oaxaca, Mexico

Blanca Delia Palacios, Pediatric Intensivist, Hospital de la Niñez Oaxaqueña Oaxaca, Mexico

Carlos Garcia Rosado, Pediatrician, Centro Médico de Cozumel, Cozumel, Quintana Roo, Mexico

Moderator: Marilyn Booth, Director, Child Health Systems, Hospital for Sick Children, Toronto, Ontario

The co-leaders of this symposium presented lessons learned around the development of networks and their evaluation. Qualitative and quantitative approaches around process, outcomes and standards were anchored in explicit examples of network performance. Cultural competence in paediatric health care was also addressed and co-leaders were provided with two case studies outlining the following:

- The steps that have been taken by a national consortium of paediatric hospitals and health centres towards the development of National Cultural Competence Standards for Pediatric Health Care;
- Lessons learned in collaborating across institutions on policy agenda setting at the national level;
- The future possibilities and opportunities for resource sharing and cooperative resource implementation that have arisen from the preliminary work.

Highlights

- Importance of using technology to support networks and research links (eg. telehealth)
- Need funding for national network infrastructure support
- Need to be able to determine success- development of indicators
- Need to create multi-sectoral and multi-disciplinary national collaborations
- Need for cultural competency in paediatric practice- the current system is insensitive to cultural differences
- Need to increase understanding of cultural competence- accepting the need and building it into organizational mission/vision
- Need to develop methods to evaluate networks involving all stakeholders
- Importance of collaboration between networks
- Importance of building hospital/community relationships
- Importance of building a process for communication, decision making and collaboration across the country

1:00 – 2:30 pm: Responding to Local Needs and Realities: Adaptive Care Models in Home Palliative and Intensive Ambulatory Care

Geoffrey Dougherty, Director, Ambulatory Care Services, Montreal Children's Hospital, Department of Paediatrics, McGill University

Stephen Liben, Lighthouse Program, Montreal Children's Hospital, Department of Paediatrics, McGill University

Moderator: Janet Harris, Chief Executive Officer, Durham Access to Care, Whitby, Ontario

This session introduced participants to several innovative and challenging health service delivery models addressing both acute and chronic care needs. The Co-leaders presented current health care models for children, youth and families within the ambulatory care health centre setting, the home and the community including examples of "process of analysis" of the individual or family needs in determining an optimal care design. Delegates were encouraged to consider the underlying principals of health service delivery in the most appropriate setting and were challenged to consider alternatives to the more traditional health service delivery based on empirical data. Both proven models and new opportunities were addressed.

Parents who care for a child with complex medical needs face many stresses and demands including those that involve 24hr a day, 7 day a week care of their child. For these parents respite, the planned opportunity to have others care briefly for their child, is often non-existent. Within this session, the speakers addressed the definition of respite care; what respite care means for families that care for a child with a complex chronic illness; its essential features and what families have to say about the care network they and their children are in. Delegates were encouraged to consider these issues through the results of a study that looked in depth at these questions. The presentation of this study brought forth to the delegates the voices of parents and their children and the challenges healthcare professionals face regarding yet unmet needs. Both proven models and new opportunities were addressed.

Highlights

- There are a growing number of technologically dependent children with complex care long-term needs- how do we care for them at home?
- Need for more integration and coordination around the transition from acute care services to family centred care
- Need for more specialized respite care (human resources) for complex needs children that meets the needs of parents and children/youth
- Need range of feasible alternatives to hospitalization and more evidence on feasible alternatives
- Medically complex technologically dependent children could be cared for somewhere else for short term episodic care with appropriate support to families
- Need to determine the risk assessment of respite care
- Need to expand the delivery of health care (acute or chronic) outside the hospital in community- identify existing programs and expand availability; think outside the box

1:00 – 2:30 pm: Road Map for Reducing Child and Youth Health Injury: A Recipe for Success!

Paul Boase, Chief, Road Users, Road Safety Programs, Transport Canada

Amy Zierler, Information Specialist, Safe Kids Canada

Margaret Herbert, Manager, Injury Section, Health Surveillance & Epidemiology Division, Health Canada

Alison Macpherson, Research Fellow, Paediatric Outcomes Research Team, Hospital for Sick Children

Moderator: Michael Moffatt, Professor and Head, Department of Paediatrics and Child Health, University of Manitoba; Medical Director, Winnipeg Regional Health Authority, Child Health Program

Few will argue that as the primary cause of death for Canadians under the age of 19, injury is a major health issue for children and youth. However, while the health sector manages the aftermath of these incidents, the effective prevention of injury is by necessity transdisciplinary, requiring the collaboration and cooperation of multiple sectors, including among others, health, transportation, justice and non-government organizations.

Taking transportation related injuries as an illustrative focus, the symposium leaders provided an overview of the magnitude of the issue, as well as an outline of current prevention and research initiatives and challenges. Participants were encouraged to discuss opportunities to strengthen collaboration and partnership development opportunities between multiple sectors at regional, provincial and national levels. Emphasis was also given to the important leadership role of the Health Centre, within community, regional and tertiary health care settings.

Highlights

- Effective prevention must be trans-disciplinary- CAPHC needs to foster collaboration and information sharing
- Need collaboration and cooperation among sectors- the field is very fragmented- need to come together
- Need to build on known successes
- Need for evaluation of injury programs
- Need to use multiple strategies- Education/Environment/Enforcement
- Hospitals are a vehicle for the provision of data and they need to be involved in injury prevention strategies
- Need to promote the evaluation of programs
- Issue areas needing immediate attention: infant car seats/restraints; bicycle helmet legislation; graduated licensing
- Need to get professional and public opinion behind our efforts
- Education alone is rarely effective (though often used)

- Importance of networks- need to connect more disciplines/professionals/children and youth organizations
- Need to build research capacity
- Need for community level data

3:00 – 4:30 pm: Transition of Children and Youth with Chronic Diseases: It's Up to All of Us

Mary Paone, Clinical Nurse Specialist Youth Health/Transition Planning, Children's and Women's Health Centre of BC; Faculty of Nursing, University of British Columbia

Marcia Frank, Clinical Nurse Specialist, Hospital for Sick Children, Centre for Nursing, University of Toronto

Moderator: Linda Young, Program General Manager, Regional Paediatric & Perinatal Services, Rouge Valley Health System Toronto, Ontario

Early identification of diseases and treatments have meant that a large population of children growing up with health conditions are living well into their adult years. As health care professionals, we need to support the development of these youth and create treatment strategies that add to the quality of their lives while supporting their health into adulthood. Transition, developmentally-appropriate and continuous care into adulthood, can be seen as an effective means to support their health. A number of strategies and models are available and being used in centres across Canada. This session highlighted the importance of sharing these strategies amongst paediatric and community agencies and looking for opportunities to collaborate in areas of furthering this work and researching outcomes.

Highlights

- Need a cross Canada model to transition
- Need to address adult hospitals' perceptions that paediatric hospitals create dependency
- Need a national agenda and focus for transition
- Need to start the transition to adult services early
- Need to use what we know about transitions within childhood and use this to help with transitions to adult care
- Need to determine if resources/efforts should focus on the child/family and/or the adult system
- Need to develop and share best practice models of care
- Need to work together to use our resources to push this agenda item forward
- Need to foster collaborative inter-agency research

3:00 – 4:30 pm: An Integrated Approach to Service Delivery and Research: Realism with Rigor

Aubrey Tingle, President & CEO, Michael Smith Foundation for Health Research, Vancouver

Hume Martin, Executive Director, Alberta Children's Hospital, Calgary

Moderator: Sheila Jarvis, President & CEO, Bloorview MacMillan Children's Centre, Toronto, Ontario

In this interactive session, the symposium leaders acquainted participants to new and highly innovative organizational frameworks and partnerships linking research to health service delivery. While addressing the realities of current funding scarcities, the session highlighted and recognized the realities and opportunities around new technology and the benefits of new skill sets within health care settings. The symposium leaders discussed the emergence and clear impact of networks and/or targeted areas of health care focus and encouraged participants to share similar regional and national initiatives.

Highlights

- Need for regionalization/rationalization of tertiary/quaternary services
- Research can influence the delivery of care
- Need to develop new sources and partnerships for funding
- Need to find a way to get academics and practitioners to work together
- Need to develop a Network of Networks- the time is right for a focus on child and youth health network development
- Need to identify best practices in microsystems and communicate these to members
- Need to identify stakeholders and engage them- local, provincial/territorial, national and international
- Need for a national paediatric service delivery plan with identified areas of focus for all centres
- Need to develop a national approach to developing, measuring and improving family centred care
- Need to enhance child and youth health service delivery within full population integrated service delivery models
- Need to establish linkages and partnerships with networks and other unconventional organizational structures to lead change
- Need to develop links between children/youth, family and service providers
- Need for the development of call centre protocols

7:00 – 7:30 pm: CAPHC Annual Dinner Key Note Address, Investing in Our Children's Future!

Miriam Stewart, Scientific Director, CIHR, Institute of Gender and Health

Highlights

- The Institute of Gender and Health is not just men and women but for boys and girls
- Factors contributing to resiliency in Canadian children and youth - income, culture/ethnicity, social environment/social support, physical environment, biology and gender
- Strategies contributing to resiliency in Canadian children and youth - supportive safe environments and accessible programs and services
- Institute of Gender and Health priority themes (2001-2005)- access to equity for vulnerable populations; gender and health across the lifespan; promoting health in chronic conditions; promoting positive health behaviours; and, gender and the environment
- Importance of health determinants to overall health status (eg. income, education,, etc.)

Wednesday, June 12, 2002

8:00 – 11:00 am: Evidence-Based Practice Workshop, A CAPHC presentation in partnership with the Canadian Paediatric Society

Part I

8:00 – 10:00 am: What is Evidence-Based Practice?

Co-Leader: *Terry P. Klassen*, Chair and Professor, Department of Paediatrics, University of Alberta

Co-Leader: *Judith Ritchie*, Associate Director for Nursing Research, McGill University Health Centre

Moderator: Hugh O'Brodovich, Professor and Chairman of Paediatrics, University of Toronto; Chair in Paediatrics, Hospital for Sick Children, Toronto

This workshop brought together multidisciplinary practitioners from across the continuum of care to examine the process of standard(s) development and its application to child and youth health practice. Workshop leaders and delegates discussed and put forth recommendations for key health care issues in which the application of consistent national standards would make a significant difference to the health care of children and youth. These recommendations were included as part of the deliberation of CAPHC in identifying and implementing priority initiatives for the coming year.

Highlights

- The goal of evidence-based practice is different for disciplines/sectors with different perspectives to working together in harmony
- For the clinician, accessible summaries of evidence that are disseminated using a variety of strategies are most likely to increase uptake of the evidence
- We need more evidence that use of evidence improves patient care and the efficiency of the system
- Areas of focus included (but were not limited to): injury prevention; needs-based service delivery (transition to adult care and home care; family centred care (culturally competent care); networks and evaluation design

Part II

10:00 – 11:00 am: What are the Emerging ‘Hot Buttons’?

Part II of the Evidence-based practice workshop focused on a presentation and summary of the recommendations and national priorities identified throughout all sessions of the CAPHC 2002 conference. The following *‘hot buttons’* were identified:

Health Services/ Resources

- Defending the need for paediatric services
- Provision of equitable, ethical access
- Identification of funding sources
- Lack of access to psychosocial care
- Regionalization/rationalization of tertiary/quaternary services

Human Resources

- Capacity
- Training and education
- Inservices/workshops

Knowledge Transfer

- Communicating information to the public and amongst CAPHC members
- Need for research and a mandate for knowledge translation

Networking/ Connectivity

- Developing national guidelines
- Formal mechanism for sharing resources
- Network of networks- collaboration among networks
- Support and information sharing for families/children/youth, organizations and service providers
- Leadership role of CAPHC: For example, CAPHC website as a communication vehicle
- New strategies to enhance government relationships

Research & Evaluation/ Data

- Nationally linked Paediatric database
- Need for paediatric specific data for benchmarking across all sites of care
- Need for ambulatory, emergency room and home care data
- Building child & youth research capacity
- Systematic evaluation/ New models of evaluation
- Need for Multi-disciplinary strategic research
- Cultural issues in research design

Transition & Alternate models

- Delivery of health care (acute or chronic) outside hospital in community- identify existing programs and expand availability (interval care)
- Disability- A new focus on performance not capacity
- Need for consistent transition between child and adult care
Respite Care/Hospice Care/Palliative care
- Use of technology to develop approaches

Family Centred Care

- Issue of choice for families
- Responsive organization structures
- National approach to measuring and improving family centred care
- Cultural competence for children/youth

Health Promotion/Illness Prevention

- Care giver input into development of health policy
- Injury prevention
- Determinants of health

Part III

12:00 – 1:30 pm: Implementation and Next Steps: CAPHC Strategic Directions- Presentation and Open Discussion (Working Lunch)

Co-Leader: *Dennise Albrecht*, Director, External Development, Children's Hospital of Eastern Ontario

Co-Leader: *Terry P. Klassen*, Chair and Professor, Department of Pediatrics, University of Alberta

Co-Leader: *Judith Ritchie*, Associate Director for Nursing Research, McGill University Health Centre

The following reflects the discussion that came forward around the *hot buttons* listed above. There were no deletions or additions to the buttons listed, instead the discussion focused on the top priorities for CAPHC to move forward on immediately.

Networking/ Connectivity

- **CAPHC** should become a network of networks and act as a clearinghouse for information, discussion, proposals, data, etc.
- **CAPHC** should work closely with partner organizations who are specialists in different areas- build on and partner with them as part of the clearinghouse through the identification of local, regional, national groups
- **CAPHC** should link with existing networks such as the Child and Youth Homecare Network or the Network for Family Centred Care
- **CAPHC** should focus on finding a niche that is not being handled by another national association- determine the pieces of information that are common to a multi-sectoral group, foster connectivity between groups and provide information on what is happening in Canada (research, best practices, etc.)
- **CAPHC** should focus on mobilization- going somewhere and doing something NOW

Human Resources

- The poaching of human resources is becoming an emerging issue and this is not a way to achieve the goal of a unified front- depleting all resources from one place for another is not the way to do business- **CAPHC** needs to assist in strengthening human resources across Canada- in every province/territory
- **CAPHC** needs to communicate and advocate around the importance of maintaining paediatric services and expertise- we are currently losing the battle
- Human resources are a big issue- there are not enough paediatric sub-specialists and this is an important strategy for **CAPHC** to take on - including issues such as the disparities in pay which are discouraging new paediatricians

Knowledge Transfer/Connectivity

- The strength of this conference was it's appeal to a broad range of professionals that need to know what is happening within the Health Centre communities across the country - **CAPHC** should be a knowledge broker for identifying and sharing resources among disciplines including multi-disciplinary approaches and links between organizations
- There is a real need for **CAPHC** to share innovative models of care in paediatrics

Health Promotion/Prevention

- There will never be enough resources to meet the needs, therefore **CAPHC** needs to focus on health promotion/prevention, initially focussing on injury prevention and health promotion

General Recommendations

- **CAPHC** should expand it's historical focus from acute care to other areas- tertiary, quaternary- what happens at the front end, back end etc.- assist in improving the skills of everyone- continuum of care

- **CAPHC** cannot do it all at once - keep a national perspective, keep it flexible, broaden the mandate to involve more partners and make the organization truly multi-sectoral
- **CAPHC** must continue to be heard at all forums- it has become a stronger organization due to the involvement of multi-disciplinary groups and must maintain a focus on the national children's agenda and demand quality care for children/youth
- **CAPHC** should stay future focused and identify a few key issues each year (eg. genetics)

Closing Remarks: Next Steps

On behalf of the CAPHC Board of Directors, closing remarks were presented by Elaine Orrbine, CEO, and Marilyn Booth, Secretary/Treasurer, CAPHC Board of Directors.

CAPHC is more committed than ever to supporting the individuals and organizations that are working to improve health care and promote the well-being of Canadian children, youth and families. Throughout the 2002 conference, the promotion of best practices based on evidence, as well as the optimization of provincial and national resources were identified as key areas of focus for the future. In the coming months, CAPHC's Board of Directors will move forward in determining national priorities, building on the enthusiasm and recommendations brought forward from the 2002 conference delegates. Association members and partners will be encouraged to play an integral role in this process and will be invited to lead, as well as to participate in a number of working groups.

Pre & Post Conference Events and Poster Sessions

Sunday, June 9, 8:15am – 3:30pm

Child and Youth Health Networks - An Innovative Service-Delivery Model: Theory, Evidence, and Practice

During the full day session, three speakers offered insight into the theory, evidence, and practice of networks (Dr. Brenda Zimmerman, Dr. Penny Hawe and Dr. Francois Champagne). The fourth speaker, Dr. Rupert Chisholm, was unable to attend due to illness.

Main themes that came forward from this session:

- Theory informing practice and practice informing theory is a network development trend we are seeing that should be continued and fostered
- Leadership of a network is full of paradox- therefore we must learn to work with opposites
- Small initiatives can have huge impacts
- Cooperation and competition coexist to make initiatives thrive
- How you evaluate something depends on what you are doing it for
- We need to think about how to work together more closely and efficiently- stop sending clients from a to b to c
- We are never in one network, we are in several networks at once (co-existing at different levels)
- Clinical practice, teaching and research are all important parts of a network
- Networks should use more imagination when choosing partners- the tendency is to go with traditional but they might not always be the right choice

Sunday, June 9, 8:15am- 3:30pm

Inaugural Meeting of the Canadian Child Health Clinician Scientist Program (CCHCSP)

This full day session was the first meeting of the newly created Canadian Child Health Clinician Scientist Program which aims to develop a transdisciplinary training program for the next generation of clinician-scientists in child and youth health research in Canada. Designed to address the national deficiency of multidisciplinary child health researchers, the CCHCSP has established a national network of 13 Canadian Child and Youth Health Research Centres in partnership with the Canadian Institute of Health Research (CIHR), The Hospital for Sick Children Foundation and the B.C. Research Institute for Children's and Women's Health.

CCHCSP's objectives and plans for implementation are:

1. Recruit child and youth health clinicians that aspire to be career scientists. Most clinician-scientist trainees develop an interest in science during clinical training. CCHCSP's team of mentors will identify, recruit, and mentor trainees in clinical child health programs across disciplines including, but not limited to, medicine, communication disorders, nursing, psychology, and rehabilitation.

2. Train towards transdisciplinary research. CCHCSP has assembled a cadre of expert mentors from within the four CIHR pillars (basic science, clinical research, health services and policy research and population health) to supervise training within interdisciplinary/integrated programs. The following strategies will be pursued:
 - Doctoral or post-doctoral training. A highly qualified mentor will supervise research training for pre- and post-doctoral level recruits. Each trainee will gain interdisciplinary scientific expertise, and receive mandatory exposure to the concepts, perspectives, and languages of scientists across the four CIHR pillars.
 - Participation in multidisciplinary/interdisciplinary symposia. CCHCSP's program will establish regional and national workshops and interactive long-distance multimedia programs. These will engage both trainees and mentors in interdisciplinary debates on major questions in child and youth health through participation in problem-solving exercises. CCHCSP will model interdisciplinary research by demonstrating current research within our partner centres, and with our partners in the Canadian Language and Literacy Research Network and the CanChild Centre for Childhood Disability Research.
 - Core curriculum. A common language in clinical research, population health, and health services disciplines will be developed through seminars, courses, and interactive exercises in research design, statistics, research ethics, and knowledge transfer. CCHCSP will use web-based tools and feature mini-symposia on these issues at annual research symposia.
3. Train in professional knowledge, values, and skills. The curriculum will address integrity in research practice, skills in grant and manuscript writing, time management, teaching and mentoring skills, and research ethics.
4. Support Career Development. Limited early career support for clinician-scientists undermines the success of new 'faculty' appointees by failing to provide mentoring and protected research time. CCHCSP's program will address this critical gap in career development by providing two to three years of mentoring after completion of the training phase and by providing salary support to newly appointed clinician-scientists.

Sunday, June 9, 3:30- 5:00pm

The Rights of the Hospitalized Child- Focus Group

In partnership with the Canadian Institute of Child Health (CICH) and the Canadian Association of Paediatric Health Centres (CAPHC), delegates discussed and provided input regarding health care and the UN Convention on the Rights of the Child. Originally developed by CICH in 1980, the document, entitled, "The Rights of the Hospitalized Child"; is currently under review. Participants in this focus group reviewed and provided feedback and recommendations on newly developed materials.

Below please find the current "Rights of the Hospitalized Child":

- I have the right to be viewed first as a child, then as a patient.
- I have the right to be treated as an individual with my own special needs.
- I have the right to be cared for by people who can see the world through my eyes
- I have the right to be afraid and to cry when I feel hurt.

- I have the right to be safe in an environment that is unfamiliar to me.
- I have the right to ask questions and receive answers that I can understand.
- I have the right to be cared for by people able to perceive my needs even though I may be unable to explain what they are.
- I have the right to speak for myself when I am able and to have someone speak on my behalf when I am unable.
- I have the right to have those dear to me close by whenever I should need them.
- I have the need to have rights fulfilled.

Source: Canadian Institute of Child Health, April 1980

For more information on the Rights of the Hospitalized Child please contact CICH at: dwalker@cich.ca

Post-Conference Session

Wednesday, June 12, 3:00 - 6:00pm

Assembly of Canadian University Paediatric Department Heads & CAPHC

Dr. Hugh Scully, Chair of Communications and Spokesperson, Canadian Medical Association, Co-Chair, Canadian Medical Workforce and Task Force Two: ***“Overview of the Canadian Workforce and Task Force Two”***;

Ms. Marie Adele-Davis, Executive Director, Canadian Paediatric Society: ***“Physician Resource Planning”***

Dr. Michael Moffatt, University of Manitoba: ***“Injury Research”***.

Dr. Scully provided an overview of the physician workforce issues and the work of the Task Force Two. The objectives of Task Force Two are: to examine models for the organization of delivery of medical care; to assess their implication for physician supply and training requirements; and to develop options for a long term human resource strategy for physicians.

Marie Adele-Davis provided an overview of the Canadian Paediatric Society’s Physician Resource Planning activities including the results of a the survey completed in 2002, of Canadian Paediatricians that revealed:

- 40% of paediatricians plan to retire by 2010
- 80% of specialists work in large cities
- Average working hours/week before on-call is 54- for part-time the average working week is 37
- 42% of current workforce is female
- fewer young paediatricians are choosing community based consulting practices

For more information on the CPS *Physician Resource Planning initiative*, please contact Marie Adele Davis at: maried@cps.ca

Dr. Moffatt presented on the current status of injury research in Canada. His presentation outlined: the “burden of illness” of injury; the effectiveness of injury prevention strategies; the injury research agenda for Canada and recommendations on how to promote injury research and programming in Canada.

Poster Exhibits

Monday, June 10 – Wednesday June 12

This year’s poster sessions and exhibits were represented by child and youth health professionals from across Canada. In total, forty-two posters were displayed providing delegates with a very comprehensive overview of the magnitude and diversity of the child and youth health programs throughout Canada and abroad. The complete poster program can be viewed on the CAPHC website. The following is a list of conference posters and presenters:

1. Active Living Alliance for Canadians with a Disability
Chris Bourne, National Partnerships Manager, Active Living Alliance for Canadians with a Disability
2. Quality Counts - A Comprehensive Quality Survey in a Children's Hospital
Don Buchanan, Facilitator, Community Education and Family Resource Centre, Children's Hospital at Hamilton Health Sciences
3. The Canadian Association of Pediatric Haematology/Oncology Program Leaders - The Formation of a New Networking Group
Seonag Macrae, Director of Strategy, Haematology/Oncology/Immunology/Allergy, Hospital For Sick Children, Toronto Ontario
4. An Overview of the Patient Safety Program at the Hospital for Sick Children
Polly Stevens, Director, Quality and Risk Management, The Hospital For Sick Children, Toronto, Ontario
5. Neonatal/Pediatric Best Practice: A Work in Progress
Lenora Duhn, Clinical Nurse Specialist, Women's & Children's Programs, Kingston General Hospital, Kingston, Ontario
6. Canadian Institute of Child Health (CICH)
Dawn Walker, Executive Director, Canadian Institute of Child Health, Ottawa, Ontario
7. Canadian Institute of Child Health (CICH); "The Health of Canada's Children, a CICH Profile, 3rd edition
Dawn Walker, Executive Director, Canadian Institute of Child Health, Ottawa, Ontario
8. Child and Youth Congress 2003
Dawn Walker, Executive Director, Canadian Institute of Child Health, Ottawa, Ontario
9. Building A Regional Approach to Neonatal Care: Focus on Professional Education
Kathryn Hayward-Murray, Regional Neonatal Education Coordinator, The Credit Valley, Trillium, William Osler, Halton Health Centre
10. Critical Link Canada
Heather Clarke, Consultant, Services to Linguistic & Ethnocultural Communities Montréal, Québec
Isabelle Hemlin, Interim Chief of Service, Services to Linguistic & Ethnocultural Communities and Inter-regional Interpreter Bank, Montreal Quebec

11. Injuries To The Abdomen and Thorax Caused by Bicycle Handlebars: Data From The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP)
Steven R. McFaul, Research Analyst, Injury Section, Health Surveillance and Epidemiology Division, Population and Public Health Branch, Health Canada, Ottawa
12. Paediatric Injuries Resulting From Television Set Tip-Over: Data From The Canadian Hospitals Injury Reporting And Prevention Program (CHIRPP)
Steven R. McFaul, Research Analyst, Injury Section, Health Surveillance and Epidemiology Division, Population and Public Health Branch, Health Canada, Ottawa
13. The Hypothermia Paediatric Head Injury Trial
The HyP-HIT Study Group, c/o Marcia A. Barnes, Ph.D., Brain and Behaviour Program, The Hospital for Sick Children, Toronto, Ontario
14. Child and Youth Health Network
Janice Popp, Project Manager, Southern Alberta Child & Youth Health Network, Alberta Children's Hospital, Calgary, Alberta
15. A Three-Year Screening And Outcome Assessment Initiative
Melanie Barwick, Psychologist, Associate Scientist, Community Health Systems Resource Group, The Hospital for Sick Children
16. Population Baseline of Meconium Fatty Acid Ethyl Esters Among Infants of Non-Drinking Women In Jerusalem And Toronto
D. Chan; PhD Student, Clinical Pharmacology and Toxicology, Hospital for Sick Children, Toronto Ontario
Co-authors: B. Bar-oz; B. Pellerin; C. Paciorek; J. Klein; D. Farine**; G. Koren. Division of Clinical Pharmacology/Toxicology, The Hospital for Sick Children, Toronto, Canada;*
**Hadassah University Hospital, Jerusalem, Israel; **Mount Sinai Hospital, Toronto, Canada.*
17. The Canadian Hospitals Injury Reporting and Prevention Program (CHIRPP): An example of Emergency Department Injury Surveillance Description
Margaret Herbert, Health Surveillance and Epidemiology Division, Centre for Healthy Human Development, Population and Public Health Branch, Health Canada
18. Child and Youth Health Network for Eastern Ontario
Dennise Albrecht, Director, External Development, Children's Hospital of Eastern Ontario
19. The electronic Child Health Network (eCHN)
Andrew Szende, Chief Executive Officer, electronic Child Health Network, Hospital For Sick Children, Toronto Ontario
20. The Paediatric Acquired Brain Injury (PABI) Consortium
Adrienne D. Witol Psy.D., Glenrose Rehabilitation Hospital, University of Alberta, Project Leader, Pediatric Acquired Brain Injury (PABI) Consortium
21. Poverty Makes Me Sick!
Charlotte Gray, Chair, CHEO Advocacy Committee, Board Member, Canadian Association of Paediatric Health Centres
22. Pulmonary Artery Hypertension (PAH) in the Paediatric Population
Janette T. Reyes, RN, BScN, Master's Candidate, Pulmonary Hypertension Program, Division of Cardiology, The Hospital for Sick Children. Toronto, Ontario
Co-author: Ian Adatia, MBChB, MRCP(UK), FRCP(C)

23. Sildenafil (Viagra) in Childhood and Neonatal Pulmonary Hypertension
Simon Erickson, Janette Reyes, Des Bohn, Ian Adatia, Hospital for Sick Children, Toronto, Ontario, Canada.
24. The Rural Perspective on Continuity of Care: Pathways and Barriers to Care for Children with Emotional and Behavioural Disorders
Tiziana Volpe, Research Coordinator, Community Health Systems Resource Group, The Hospital for Sick Children
Co-authors: Boydell, K.M.; Pong, T.; Tilleczek, K.
25. Safe Kids Canada
Jennifer Hall, Coordinator, Partners and Programs, Safe Kids Canada
26. I Promise Program: Formative Evaluation
Morag MacKay, Director, Plan-it-Safe, Children's Hospital of Eastern Ontario Research Institute
27. Suicidality, Risk-Taking Behaviours, and Psychological Adjustment of Homeless Adolescent Males
Morag MacKay, Director, Plan-it-Safe, Children's Hospital of Eastern Ontario Research Institute
28. Protective Equipment Use and Skill Level Among In-Line Skaters over a 2-Year Period
Morag MacKay, Director, Plan-it-Safe, Children's Hospital of Eastern Ontario Research Institute
29. CHEO: Reaching Out to Prevent Injuries
Morag MacKay, Director, Plan-it-Safe, Children's Hospital of Eastern Ontario Research Institute
30. A Path to Best Practice For Gastroenteritis: The Road to Critical Pathway
Louise Martin RN, BN, Clinical Educator, Children's Hospital of Eastern Ontario Ottawa Ontario
31. Integrating Best Practice Guidelines for the Care of Bronchiolitis
Louise Martin RN, BN, Clinical Educator, Children's Hospital of Eastern Ontario Ottawa Ontario
32. The Child and Youth Homecare Network
Marilyn Booth, Director, Child Health Systems, The Hospital for Sick Children
33. Supporting the Opportunity for Tissue Donation in the Palliative Care Setting
Eleanor Holmgren, Donor Coordinator, The Ottawa Hospital Organ and Tissue Donation Program, Ottawa, Ontario
Marion Rattray, Palliative Care Coordinator, Children's Hospital of Eastern Ontario, Ottawa, Ontario
34. CIHR Institute of Gender and Health (IGH)
Miriam Stewart, Scientific Director, Kathleen Lewis, Executive Assistant
CIHR Institute of Human Development, Child and Youth Health
John Challis, Scientific Director, Nicholas McDermott, Assistant Director, Loretta Wong, Institute Liaison
CIHR Institute of Nutrition, Metabolism and Diabetes
Diane Finegood, Scientific Director, Hope Kubryn, Operations Coordinator

35. The Canadian Child Health Clinician Scientist Program
Norman Rosenbloom, Principal Investigator, Canadian Child Health Clinician Scientist Program, Department of Paediatrics, University of Toronto, Hospital for Sick Children, Toronto
36. Knowledge and Attitudes about Routine Childhood Immunization among Paediatric Nurses in a Tertiary Care Centre
Helen Heurter RN BScN, Research Nurse, Division of Infectious Diseases, Hospital For Sick Children, Toronto
37. Maximizing Our Resources: An International Collaboration
Fanny Zegarra, Manager, Multiculturalism Programming, Children's Hospital of Eastern Ontario
Hector Tenorio Rodriguez, Vice-President of La Sociedad de Pediatria de Oaxaca, Oaxaca, Mexico
Blanca Delia Palacios, Pediatric Intensivist, Hospital de la Niñez Oaxaqueña , Oaxaca, Mexico
Carlos Garcia Rosado, Pediatrician, Centro Médico de Cozumel, Cozumel, Quintana Roo, Mexico
38. Creative Options and Value
Ann Kelterborn, Director, Pharmacy, MEDBUY Corporation
Cyndy Donnell, R.N., Director, O.R. & Medical Imaging, MEDBUY Corporation
39. Family Centred Care: Putting Theory into Practice
Joanne van Dyck, M.Sc., Family Centered Care Advisor, Winnipeg Children's Hospital, Winnipeg, Manitoba
40. Four stages involved in safely transporting children aged 12 and under
Paul Boase, Chief, Road Users, Road Safety Programs, Transport Canada, Ottawa, Canada
41. National Cultural Competency Standards for Paediatric Health Care
Fanny Zegarra, Manager, Multiculturalism Program, Children's Hospital of Eastern Ontario
Suzanne Barclay, Manager, Office for Cross-Cultural Care & Diversity, Children's and Women's Health Centre of B.C.
Beth Stanger, Co-ordinator of Diversity and Equity Initiatives, Children's and Women's Health Centre of B.C.
42. National Cultural Competency Standards for Paediatric Health Care
Ellen Rosen, Tactical Manager, CHWO, London Health Science Centre, London, Ontario

Appendix A

CAPHC MEMBERSHIP

- Alberta Children's Hospital, Calgary
- Centre universitaire de Sherbrooke
- Children's & Women's Health Centre of British Columbia, Vancouver
- Children's Hospital Hamilton Health Sciences, Hamilton
- Children's Hospital of Eastern Ontario, Ottawa
- Credit Valley Hospital, Mississauga
- Janeway Children's Health and Rehabilitation Centre, St. John's
- Grand River Hospital, Guelph
- Hôpital Ste. Justine, Montreal
- Hospital for Sick Children, Toronto
- Hotel Dieu Grace Hospital, Windsor
- Hotel Dieu Hospital, Kingston
- Hôpital Maisonneuve - Rosemont, Montreal
- IWK Health Centre, Halifax
- Kingston General Hospital
- London Health Sciences Centre,
- Montreal Children's Hospital
- North York General Hospital, Toronto
- Orillia Soldier's Memorial Hospital,
- Quinte Healthcare Corporation, Belleville
- Rouge Valley Health System, Toronto
- St. Joseph's Health Centre, Toronto
- Stollery Children's Hospital, Edmonton
- Toronto East General Hospital, Toronto
- William Osler Health Centre, Etobicoke
- Winnipeg Children's Hospital, Winnipeg

Opportunities for new membership:

- Royal University Hospital,
Saskatoon
- Université Laval, Quebec
- Ontario Association of Children's Rehabilitation Services (OACRS)
- Saint Elizabeth Health Care, Markham, Ontario