



CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES (CAPHC)
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES (ACCSP)

CAPHC 2007 Annual Meeting, Montreal, Quebec

Regional Development Event: Monday, October 15, 2007

Transitions from Acute Care Settings to the Community: It's on the Radar

Hosted by the Continuity and Coordination of Care National Working Group

I. Introduction and Objectives

Elaine Orrbine and Eva Szczerba welcomed delegates to the CAPHC Regional Development Event. This session intended to launch the Continuity and Coordination of Care National Working Group's second phase of its work on the development of a national strategy to improve transitions and continuity of care for children and youth with complex needs across the country.

Formed in 2005, the National Continuity and Coordination of Care Working Group is a partnership between Canadian Association of Paediatric Health Centres, the Child and Youth Home Care Network, the Canadian Family Advisory Network and the Canadian Network of Child and Youth Rehabilitation. The group is committed to the development of a national strategy to improve transitions and continuity of care.

The initial phase focused on bridging the gap between health centres and community care for children and youth with complex needs. This has resulted in the development of the national resource, [Finding Our Way Back Home](#). The reference document identified promising practices across the country and compiles an inventory of what is happening across Canada in regards to addressing the co-ordination challenges children, youth and families are facing. To access the report, please visit the CAPHC website

www.caphc.org/document_programs/bell/finding_way_home_final.pdf

Phase One was also the beginning of a partnership with Bell Canada. Bell has recognized the communication challenges families in Canada are facing in transitioning between hospital, community and home and has supported this initiative in order to bridge the gap and facilitate communication.

The Regional Development Event "***Transitions from Acute Care Settings to the Community: It's on the Radar***" saw the launch of the Working Group's second phase. With the support of Bell Canada, phase two will focus on the development of a Knowledge Exchange Network (KEN). Using a regional development approach, the identification, evaluation and sharing of promising practices will be facilitated through a web-based portal on the CAPHC website. This exchange network will be accessible to both practitioners and families.

The Knowledge Exchange Network (KEN) aims to systematically identify leading practices on the transition between acute care and community settings and act as a resource of tools, templates and programs for families and service providers.

Delegates were invited to share their ideas and expertise on how best the KEN can work for practitioners and families in hopes of further identifying how to facilitate knowledge exchange and mobilization across Canada.

The main objectives of the session were to:

- Broaden the Regional Development process and identify local Champions
- Discuss the concept of the self-evaluation tool
- Identify priority areas related to transition between acute care and community settings for the identification of leading practices
- Identify potential Knowledge Exchange Network components and how best the KEN can work for delegates

Ultimately, the Working Group hopes that the establishment of the KEN will facilitate the development of national accreditation standards, in partnership with CCHSA, for the transition of care for children and youth with complex needs. Leading practices must be identified in order to inform the accreditation process.

II. A Tool for the Systematic Review and Evaluation of Clinical Programs

Peter Rosenbaum provided an overview of the concept behind the draft self-evaluation tool. The tool is being brought forward as the template for the CAPHC Continuity and Coordination of Care Working Group Knowledge Exchange Network (KEN) and aims to provide practitioners and families a method to systematically evaluate programs and determine how it is working in its current context. The tool is meant to guide the user through the process and have them critically analyze their current practices.

The template guides the user through the evaluation in a structured manner. The responses to the tool's questions will not only help to evaluate the program and its effectiveness but support further questions around additional data collection. An overview of the template questions was provided and each of the sections outlined:

- What is the program about and what are its goals
- How could the program be evaluated
- How are families involved
- Who is impacted by the program
- What are the expected outcomes
- Other considerations

The information collected through the tool, will be accessible through the KEN and aims to provide access to practitioners and families on-going identification, evaluation and sharing of promising leading practices from across the country.

III. Group Discussion

The session provided an opportunity for delegates to discuss the second phase of the initiative and provide feedback on the effectiveness to the draft template. General feedback from the group discussions resulted in the following recommendations:

1. Recommendations to Improve the Framework

- In the framework, add a section that allows the user to comment on the evaluation process and the lessons learned going through it.
- Overall, it was reported that the framework was a good fit for the purposes of self-evaluation, however it was recommended that it be changed slightly to improve its accessibility, language levels and user-friendliness.
- It was recommended that more instruction accompany the tool.
- It was noted that the tool would likely be of most use to health services professionals, as compared to families

2. The perceived value of the information

- Overall, there was great support for the Knowledge Exchange Network. Delegates felt that the proposed KEN and the information that would be collected could be extremely useful to practitioners and families across the country. The information would allow for an increase in shared learning and contribute to the enhancement of local programs.
- For families, the KEN would allow them greater access to information and to become more informed consumers. Families would be better informed to advocate and bring new ideas for programs forward in their region and would provide the opportunity for families to dialogue with service providers on what sorts of services could be available in the region.
- The KEN would also provide an opportunity to help identify gaps that are currently in the system and explore how others across the country are dealing with them.

3. Additional Content for the KEN

- Using the Network, it was suggested that the group help facilitate the development of standardized definitions of populations.
- Facilitating cost analysis practices using a family-centred approach.
- Providing links to resources, information and current research and trials.
- Province-specific information and services

4. Priorities for the Identification of Leading Practices

The following priorities were recommended as related to the transition between acute care and community settings:

- Education and peer support networks for patients and families including checklists of issues that families should be aware of prior and during transition from acute care settings
- Strength-based approaches
- Lessons learned and different ways to approach issues
- Community capacity building for human and financial resources
- Gap analysis
- Culturally competent care
 - Increased involvement of community providers in the development of discharge planning
 - Cross-ministerial collaboration models
 - Communication and feedback loop strategies
 - National standardization of definitions

IV. Next Steps

It was generally agreed that delegates needed more time to reflect on the template to better determine its practicality and effectiveness and to make recommendations to improve the tool.

The work completed at this session will be brought to the next Working Group meeting for review and discussion of next steps. Delegates wishing to receive the session proceedings, and/or additional information on this program, were invited to contact the CAPHC office at dschleyer@caphc.org or 613 738 - 4164.