



Southwestern Ontario
Maternal, Newborn, Child and Youth Network

South
West
Maternal
Newborn
Child
Youth

2018-2021

Strategic Plan

Keeping Care Close to Home

Who We Are

The purpose of the network is to enable the consistent delivery of safe, quality, maternal, newborn, child and youth care in the region by:

- Providing better health outcomes through systematic improvements in health promotion, illness and injury prevention, acute and follow up care and patient safety
- Providing better operational management through improved asset management within the organization and across the region, resulting in a greater return on investment
- Providing better systems integration through improved communication, program planning and support, resulting in greater coordination across the region and . . .
- Enhancing the learning and growth of health care providers by promoting and advocating for a consistent standard of care throughout the region.

What we do

- Annual case reviews (annual for each organization)
- Critical event reviews (when required)
- Simulation events (on request)
- Outreach nursing site visits (1 visit for every organization)
- Pediatric monthly knowledge reviews
- Program reviews (Q5 years)
- Annual conference
- Level 2 nursery workshop (Q 5 years)
- Collaborative Quality Improvement initiatives (per strategic plan)

MNCYN Strategic Directions 2018-2021

Align and support the work of the Provincial Council for Maternal and Child Health

VBAC, Pre-Term Birth Prevention, Post-Partum Standards of Care, Pediatric In-Pt Levels of Care

A strategic planning session was held on February 6th, 2018 with our regional partners and key stakeholders (see appendix A for participating organizations). The strategic priorities were determined by the feedback (themes) as voiced by our partners. The themes were then positioned under the strategic pillars of MNCYN, Quality Health Outcomes, Systems Integration, Improved Asset Management and Enhanced Learning and Growth.

Quality Health Outcomes

- 1) Develop standardized maternal newborn population for benchmarking.

Low-risk women (defined as women with a singleton live birth in 41 cephalic presentation at 37– weeks' gestation, with spontaneous onset of labour, no previous cesarean deliveries, no maternal medical problems, no obstetrical or intrapartum complications)

Low-risk newborns Live born infants >37 weeks of gestational age at birth and discharged home (i.e., not transferred to NICU or special care nursery) (*may need to add something about no major congenital anomaly*).

- 2) BORN KPI's – KPI 1 Newborn screening samples and KPI 4 elective C/S < 39 weeks.

Review of the regional data suggests that these 2 metrics require attention in order for our region to meet the targets. Interdisciplinary working groups would be created with TOR and deliverables, meetings co-ordinated through MNCYN.

Measurement – KPI 1

KPI 4

System Integration

- 1) Regional Credentialing

Cross credentialing of physicians, nurses and educators to support a perinatal system of care. Staff will be trained in LHSC orientation system and required to work a percentage of time in both LHSC as well as one of the organizations in the region.

- 2) Acute to community transitions in care

Explore opportunities to improve communications and transitions in care – paediatric care from acute care organizations to the community. Including Paediatrics technology and or documentation flow to support optimal patient outcomes and improving relationships with all partners in care with the family. Supporting care close to home is a safe environment.

Improved Asset Management

1) Standardized orientation

Develop a standardized orientation program for all partners to access. This will include perinatal and pediatric. It will be modular based. It will include competencies and tools to support preceptors. This program will be a train the trainer model and will be supported by the MNCYN nurse consultants.

2) Human Resource planning – medical/nursing/educators

Determine a pediatric and perinatal human resource plan for the region. This will be in collaboration with the credentialing priority. Develop an understanding of staffing requirements and projected requirements due to attrition and retirements. Consider a regional schedule for staffing the units.

Enhanced Learning and Growth

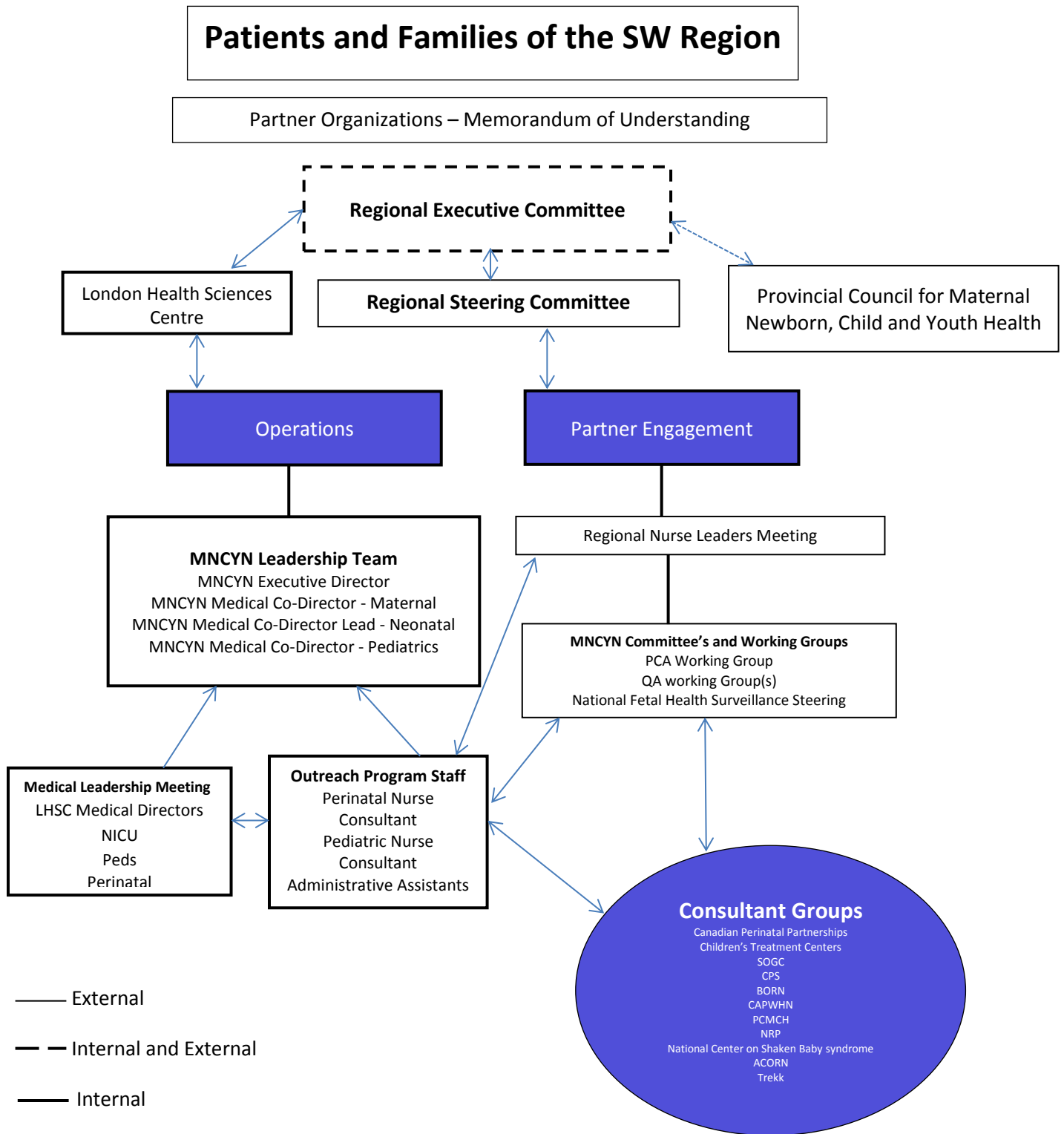
1) Provide outstanding education opportunities/workshops/simulations

ACORN, NRP, FHS, Level 2 nursery course, labour support workshop, conference. Plan simulation events with regional partners. Work with partners to determine educational needs. Continue to track events and number of attendee's.

2) Experiential Learning

Finalize the agreement to support staff from SW region to access hands on training through LHSC. Develop internal process through LHSC to determine intake process and tracking. Develop outcome measures to determine impact on quality/services

MNCYN Accountability & Operational Structure 2018-2021



1- See following page for descriptions of committee's and accountabilities.

1) Executive Committee

- In order to facilitate the operations and management of the Network, an Executive Committee will be formed to represent the Regional Steering Committee. The Executive Committee will report to the Regional Steering Committee at minimum semi-annually, or more often when necessary.

Meeting Quarterly

2) Partner Organizations (MOU)

- This MOU is designed to serve as a framework to inform and guide the on-going working relationship between the South Western Ontario Maternal, Newborn, Child and Youth Network (hereafter referred to as the "Network") sponsored by London Health Sciences Centre and partner hospitals, Community Care Access Centers and Public Health units (hereafter referred to as the "Partners").
- All parties have agreed to enter in the Agreement for the purpose of defining their roles and responsibilities, including financial, in the formation and operation of the Network.

3) Regional Steering Committee

- Reporting to the Partner organizations' CEO/ Medical Officer of Health, the Network Regional Steering Committee will make strategic decisions as they apply to the Network and will plan for the successful evolution of program developments in Southwestern Ontario as agreed to by the Partners. The Regional Steering Committee will ensure that the key goals, vision and mission of the Network are consistent with the direction of the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and the Ministry of Children and Youth Services, nationally recognized best practice standards, and the needs of The Partners and other stakeholders. Additionally, the Regional Steering Committee will review reports and recommendations resulting from the work of the Task and Working Groups. The Regional Steering Committee consists of one voting member from each Partner organization.

Meeting bi-annual.

4) Committees/workgroups

- Created to address strategic priority areas as they are identified.
- These are time limited committee's to address specific deliverable/projects
- These committees and groups are volunteer based with key stakeholders and TOR with deliverables

5) Medical Leadership Meeting

- Created to update medical leadership on current state of MNCYN initiatives
- Support communication between partner organizations and medical leadership
- Creates a forum to better understand the complexity of children received through LHSC to inform educational/follow up with regional centers

Meeting monthly

6) Regional Nurse Leader Meeting

- Created to ensure nursing leadership engagement and voice in regional maternal newborn and pediatric priorities.
- A forum to understand regional challenges and opportunities
- Knowledge translation and development

Bi-annual meeting