



MATERNAL, NEWBORN, CHILD & YOUTH

Contact

[Leadership team](#)

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Key Partners

[Alberta Children's Hospital Research Institute \(ACHRI\), University of Calgary](#)

[Women and Children's Health Research Institute \(WCHRI\), University of Alberta](#)

Major initiatives and achievements, 2022-2023

Over the past year, the Maternal Newborn Child & Youth (MNCY) SCN and its Scientific Office have advanced work on several important initiatives focused on measuring patient- and family-experience, and improving health outcomes, and health service delivery for mothers and children. Collaboration with patients, families, researchers, health care providers, and other partners across Alberta has been an essential part of this work.

The Neonatal Intensive Care Experience Reporting (NICER) instrument: Enhancing patient- and family-centred care through co-design and partnership

Although AHS routinely collects patient and family experience data using a standard instrument, it is not used in the neonatal intensive care unit (NICU). To address this gap, NICUs across Alberta have created site-specific surveys to collect unit-level data that is used internally. This context led the MNCY SCN's Patient and Family Advisory Council (PFAC) to identify and prioritize the need for a validated provincial survey to measure patient- and family-centred care (PFCC) experience in NICUs across Alberta.

Patient and family advisors on the PFAC have partnered with the MNCY SCN Scientific Office, the SCN Manager—a PhD candidate from the University of Calgary, Faculty of Nursing—and healthcare providers from the NICU Standing Committee to create this validated instrument. The team meets biweekly and collaborates with three hospital-based parent advisory groups to broaden patient and family input into the work. NICU-specific principles of PFCC, developed by the research team, provide a foundation for this work and were informed by the IPFCC's [core concepts of PFCC](#) as well as [AHS' definition](#) and commitment to PFCC.

Throughout this process, research training opportunities occur to ensure that team members, regardless of previous research experience, are equal contributors to the project. As well, team members who have research and clinical training respect and integrate the expertise of the PFAC members who are co-leading this work.

The final instrument will not only measure PFCC, but will help identify inequity in family experience in the NICU and ultimately inform strategies to improve family experience in the NICU. This work has been presented at several conferences, including the 2022 NorthWest SPOR Collaborative Forum, where it won the [award](#) for best highlighted presentation ([poster](#) and [video](#)).

This work is an example of the strength of partnerships between Strategic Clinical Networks and Patient and Family Advisors, and the importance of advisor-generated ideas being developed through co-design. SCN advisors are leaders and co-leading projects with them is a privilege.

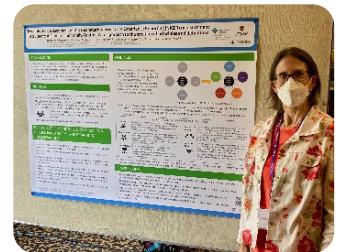
Evidence-based strategies to enhance Alberta's Regional Pediatrician Workforce

Alberta's five regional hospitals, located in Fort McMurray, Grande Prairie, Red Deer, Medicine Hat, and Lethbridge, experience great challenges with recruitment and retention of pediatricians. The scope of the regional pediatrician is extremely broad and includes both community and inpatient practice, consultation in the emergency department, and neonatology. Regional sites frequently cycle through periods of significant shortages of pediatricians, which further impact physician burnout and retention as well as access to pediatric care for Albertan children and youth in rural and regional areas.

Recognizing this critical need and addressing the SCN's [Child & Youth priority](#) to identify and support strategies to optimize pediatric capacity across the province, the MNCY SCN convened a Regional Pediatrician Workforce Steering Committee. The committee developed a comprehensive methodology



Jacqueline Wilson (SCN Manager) and Christine Johns (PFAC co-lead)



Michelle Neraasen (PFAC co-lead)



relying on a literature review, surveys, interviews, stakeholder expertise, and service use data and drafted recommendations to address the challenges of ensuring a sustainable pediatric workforce in regional sites in Alberta.

From this robust, evidence-based foundation, a consensus process was followed to create a shortlist of recommended priorities and potential strategies, including:

- developing innovative, multidisciplinary pediatric service delivery models
- ensuring Alberta-based pediatric trainees have ample opportunity to develop the diverse skills considered essential to success in regional practice
- addressing barriers to appropriate remuneration, reflective of the broad scope of the role

This year, the Steering Committee's recommendations were wholly endorsed by medical leadership from all AHS zones. Growing partnerships with stakeholders, including Provincial Medical Affairs and Pediatric Residency Programs, are already leading to implementation of key recommendations, such as targeted recruitment strategies and increased pediatric resident quotas.

Other quality and outcome improvements

Alberta Post-Partum Hemorrhage Initiative

The Alberta Perinatal Health Program (APHP), part of the MNCY SCN, supported development of the Alberta Post-Partum Hemorrhage Initiative. Post-Partum Hemorrhage (PPH) is defined as excessive bleeding that occurs within the first 24 hours after delivery. It occurs in 5% of all deliveries, and is the leading cause of maternal death world-wide. PPH that is not fatal can result in further interventions, exposure to blood products, shock and other complications. Preventing PPH through active management of patients during the third stage of labour, identifying patients with risk factors, and promptly recognizing, assessing and treating blood loss can improve patient outcomes.

Alberta's PPH Initiative involved a shift practice from estimated blood loss (EBL) to quantitative blood loss (QBL) in labour & delivery and postpartum units across the province. A PPH Toolkit was developed to help guide clinical care. It includes a risk assessment, classification of PPH by stage, stage-based checklists, a medication table, amniotic fluid graph, and other resources. Clinicians can access this information on Insite, under [MNCY SCN Resources, Postpartum Hemorrhage Toolkit](#) (requires an AHS login).

Impacts on health and care

The MNCY SCN continues to develop partnerships and build research capacity that positively impacts patient care for infants, children, youth, and mothers in Alberta. Over the past year, this work has contributed to:

- ▶ Recommendations to address challenges in and improve Alberta's regional pediatrician workforce.
- ▶ Continued work with parents to co-develop a NICU-specific patient- and family-experience measurement instrument (the NICER instrument), including collaboration with healthcare providers and researchers.
- ▶ Continued focus on improving practice across the province by developing clinical guidelines, policies, and tools to support evidence-based care.

MATERNAL, NEWBORN, CHILD & YOUTH

Grants and Publications



10

Peer-reviewed Publications

Engagement



5

Workshops & Presentations

Outcomes and Impact

Continued work with Patient and Family Partners to develop the NICER Instrument, a validated patient- and family-experience tool.



\$3.6M

Research Grants



248

Research Members

Prioritized recommended actions to increase regional pediatrician capacity through continued partnerships and targeted strategies.

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