MATERNAL NEWBORN CHILD & YOUTH STRATEGIC CLINICAL NETWORK™

2017-2020

Transformational Roadmap
A message from the
Maternal Newborn Child & Youth
Strategic Clinical Network™ Senior Leadership

The Maternal Newborn Child and Youth Strategic Clinical Network™ (MNCY SCN™) is dedicated to making a difference to improve outcomes for mothers, babies, children and youth in Alberta. This three year transformational roadmap reflects a bold vision and path forward for our community. It is intended to be a dynamic and responsive plan. We have engaged broadly and looked critically at areas of need to determine where there are opportunities to improve maternal, newborn, child and youth outcomes for Albertans now, and in the future.

With a focus on innovation and the application of existing knowledge, the roadmap contains goals and strategies that reflect our commitment to develop, implement and evaluate change. The network also supports sustainability of Alberta’s health care system through careful examination of current practices and the use of research and innovation to achieve excellence in care and value for investment.

In partnership with patients and families, clinicians, administrators, policy makers, researchers, and community partners, we strive to bring together people, evidence and data to improve health outcomes for the maternal, newborn, child and youth population. Including patients and families in all aspects of our work and in the development of this transformational roadmap, we will help ensure a focus on the patient experience and on obtaining the best outcomes possible. This roadmap also highlights the necessity of our network to be integrated and aligned with Alberta Health Services’ vision and health plan to meet the needs of all our stakeholders.

Thank you to our incredibly engaged Core Committee, our Maternal-Fetal, Newborn, Child & Youth, and Indigenous Standing Committees, and the many work groups making substantive contributions to the work of our Strategic Clinical Network™. Everyone has actively and enthusiastically participated in the development of this transformational roadmap. We would also like to thank our patient advisors who keep our conversations grounded in what matters most.

We invite all of you to use this transformational roadmap as a gateway to engage with the MNCY Strategic Clinical Network™ and become part of the transformation. We look forward to a road well-travelled together!

Many thanks,
Allison and David

David Johnson
Senior Medical Director
Maternal Newborn Child & Youth Strategic Clinical Network™
Alberta Health Services

Allison Bichel
Senior Provincial Director
Maternal Newborn Child & Youth Strategic Clinical Network™
Alberta Health Services
The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network (SCN)”™ was officially launched in March 2015. Multidisciplinary members from three unique subspecialties: obstetrics, neonatal intensive care and pediatrics as well as many supporting health, research and related disciplines have worked together to create this Transformational Roadmap (TRM).

The work completed by this dedicated and passionate group of individuals led to the development of a vision, mission, guiding principles and key platforms or areas of need upon which to focus the development of our key priorities for the next three years.

Our Vision
“Healthy mothers, newborns, children, youth and families”

Our Mission
To bring together people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children, youth and families within a sustainable publically funded health care system.

Guiding Principles
➊ Families as Partners
➋ Innovation and Knowledge Translation
➌ Coordination and Collaboration
➍ Integration
➋ Focus on Outcomes

Strategic Platforms
The key strategic platforms that categorize the areas upon which we will focus our priority work includes the need for accessible metrics to measure and drive improved performance and outcomes, the need for enhanced access to health care services (frequently defined by capacity), and the need for high quality, sustainable care.
Priorities

MNCY has established twelve priorities for 2017-2020 that we believe will transform care practices, process and outcomes for maternal, newborn, child, and youth populations. These include development, implementation and evaluation of:

**METRICS THAT MATTER**
- A multi-systems linked data repository called **MyCHILD** Alberta will enable clinicians and researchers to access data from health, finance, education, human services, and justice to transform the way we analyze outcomes and respond with improvements in care practices and systems.
- A **NICU dashboard** to link neonatal practice with outcomes so that clinicians are able to monitor and change practices to improve outcomes for this most vulnerable population of premature and ill newborns.
- **Key Performance Indicators** to enable the network to measure progress in attainment of the overarching goal of healthy mothers, babies and children in Alberta.

**ACCESS AND CAPACITY**
- Strategies aimed at improving obstetrical access for rural, indigenous and marginalized women in Alberta.
- Pediatric capacity optimization strategies aimed at enhancing the confidence and competence of nursing staff caring for the acutely ill child in non-metro acute care facilities as well as the provision of support to medical clinicians in the continued management of these children through a coordinated telemedicine program.
- Strategies to support children with complex care needs and their families transition through each stage of childhood and into adulthood.

**QUALITY AND SUSTAINABILITY**
- A Pregnancy Pathway that supports consistency in care and practice that promotes normalcy and mitigates risk in all stages of pregnancy – preconception, pregnancy, labor, birth, postpartum and newborn stages of care.
- A Pediatric Concussion Pathway that supports optimal outcomes for children with mild traumatic brain injury.
- Strategies to improve health outcomes for indigenous women and children who live on or off reserve.
- Strategies to support a sustainable workforce in Regional Neonatal Intensive Care Units across the province.
- Family integrated care in NICUs.
- Using resources wisely – appropriate use of technology and resources.
- Processes to support research grant applications.

This document highlights information about the current state, the structure established to support the work, and the network’s direction for 2017-2020. Details are provided about each of the TRM components with a focus on priority actions to improve maternal and fetal, newborn, child and youth health outcomes for Albertans. The Maternal Newborn Child & Youth Strategic Clinical Network™ is excited to share its direction for 2017-2020 and looks forward to collaborating with network partners, both internal and external, to meet the challenges and opportunities ahead.

For more information contact:
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MISSION:
To bring together people, evidence, and data to achieve the best possible health outcomes for mothers, newborns, children, youth, and families within a sustainable, publically funded health care system.

PRINCIPLES WE LIVE BY
• Families as Partners
• Innovation and Knowledge Translation
• Coordination and Collaboration
• Integration
• Focus on Outcomes

QUALITY & SUSTAINABILITY
• Pregnancy Pathways
• Pediatric Concussion Pathway
• Indigenous populations outcomes
• Sustainable NICU/Peds workforce
• Family integrated care in NICU
• Using resources wisely
• Research
• Clinical Knowledge Topics

HEALTHY MOTHERS, NEWBORNS, CHILDREN, YOUTH AND FAMILIES

ACCESS & CAPACITY
• OBS access for rural, indigenous, marginalized women
• Optimized Pediatric Capacity
  - standardized pediatric education
  - teledicine support
• Facilitated transitions for children with complex needs

METRICS THAT MATTER
• MyCHILD ALBERTA
• NICU Dashboard
• Performance Indicators
# Contents

Introduction ........................................................................................................................................ 8  
- About the Maternal Newborn Child & Youth Strategic Clinical Network™ .............................................. 8  
- Development of the Transformational Roadmap .................................................................................... 10  
- Context – Key Drivers ....................................................................................................................... 12

Overview of MNCY’s Transformational Roadmap for 2017-20 .............................................................. 13

Overview of MNCY’s Strategic Platforms ............................................................................................. 17  
- Platform # 1: Metrics that Matter ....................................................................................................... 17  
- Platform #2: Access and Capacity ....................................................................................................... 18  
- Platform #3: Quality and Sustainability .............................................................................................. 20

Expected Outcomes .................................................................................................................................. 22

MNCY TRM and AHS Alignment - Summary ......................................................................................... 24

Looking Forward and Next Steps .......................................................................................................... 26  
- Conclusion .......................................................................................................................................... 26

Glossary .................................................................................................................................................... 27

Appendix A:  
MNCY SCN™ Leadership and Core Committee Members ........................................................................ 28

Appendix B:  
Maternal, Newborn, Child & Youth SCN™ 2017-20 Priorities Timelines .............................................. 29

References .................................................................................................................................................. 30
Introduction

Alberta Health Services’ (AHS) mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans. Strategic Clinical Networks (SCNs)™ lead evidence-informed, provincial actions that strive for high quality care and optimal health outcomes for all Albertans. They are province wide teams that bring together the diverse experiences, expertise and perspectives of health care professionals, academics and researchers, government, communities and patients and their families to focus on specific clinical areas and improve our health care system. SCNs™ are the mechanism through which AHS empowers and supports Alberta’s physician and clinical leaders to develop and implement evidence-informed, clinician-led, team-delivered health improvement strategies across Alberta.

The Maternal Newborn Child & Youth SCN™ Transformational Roadmap (TRM) guides the work and direction of the network while allowing for responsiveness to emerging provincial priorities and new healthcare innovations. The TRM is aligned with provincial direction and the AHS Health Plan and Business Plan and represents the outcome of significant work to understand the current state of provincial services and health needs, identify best and promising practices, and chart out key strategies to move services forward over the next three years.

The audience for this TRM is MNCY’s membership and AHS leadership, zone and provincial partners, both internal and external. It is available to anyone interested in learning more about the MNCY SCN™ and the work being done to improve maternal, newborn, child and youth health in Alberta.

About the Maternal Newborn Child & Youth Strategic Clinical Network™

The Maternal Newborn Child & Youth (MNCY) Strategic Clinical Network (SCN)™ was officially launched in March 2015. To date, the SCN™ has developed a vision and mission, defined priorities, and implemented a structure to support a broad scope of work. Different aspects of the TRM are at varying stages of design, implementation, and evaluation.

“MNCY SCN™… it isn’t just another committee – it’s an inspiring collaboration.”

Susan M. Gilmour, MD, MSc, FRCP(C)
Chair, Department of Pediatrics
University of Alberta

Governance Structure

The network structure of the MNCY SCN™ reflects the complexity and breadth of its work. It supports inclusion of a broad network of clinical and other experts, collaborating to improve maternal, newborn, child and youth health outcomes for Albertans. The Core Committee membership is composed of obstetricians, neonatologists, pediatricians, family practice physicians, nurses, administrators, allied health professionals, community, families, and researchers. Each of the three subspecialties (Maternal/Fetal, Newborn and Child & Youth) has established Standing Committees enabling the network to expand membership and reach deep into the world of clinicians. A fourth Standing Committee has been created to respond to a significant need to improve maternal fetal health outcomes of the Indigenous population in Alberta. Each Standing Committee is accountable to provide a forum to respond to emerging issues, identify priority initiatives, develop strategies to address those priorities, and coordinate knowledge translation activities. To accomplish this level of work and the varied priorities identified, each Standing Committee has established additional working groups. As a result, MNCY’s network stretches far and wide and significant communication strategies have been put into place to keep all stakeholders informed and involved in the work. Figure 1 below presents an overview of the governance structure.
A small leadership team supports the MNCY SCN™. The leadership team includes: a Senior Provincial Director (SPD), a Senior Medical Director (SMD), an Executive Director, a Manager, a Senior Consultant, Consultant, Scientific Director, Assistant Scientific Director, and administrative support.

**THE MNCY SCIENTIFIC OFFICE HAS THREE STRATEGIC DIRECTIONS:**

- to support high-quality research aligned with the MNCY SCN™ priorities,
- to build research capacity across the MNCY SCN™ community, and
- to enable the liberation of data and data linkages.

Within the AHS organizational structure, the MNCY SCN™ reports to the Senior Program Officer and Associate Chief Medical Officer of Health responsible for Strategic Clinical Networks™. It links to other SCNs™ and program and service areas of AHS, including Zone operations and related provincial programs. Various AHS business and corporate supports are accessed as required.

**FIGURE 1: Governance Structure of the MNCY SCN™**
Development of the Transformational Roadmap

In early meetings, the MNCY membership identified the following functions as being imperative to the transformation of maternal, newborn, child and youth health care and resulting outcomes:

1. Develop and recommend standards of practice based on evidence and research in the form of clinical care pathways, policies, procedures, standards and guidelines.
2. Utilize research and data to identify risks for each population subset and drive outcome based initiatives.
3. Develop a coordinated approach to guide the health care journey of the medically complex child.
4. Enhance knowledge transfer and support expertise and competency development of health care providers.
5. Recommend models of care to support rural access and sustainability.
6. Partner with other SCNs™ and support partners.
7. Implement health promotion and illness prevention strategies.
8. Address First Nation disparities.
9. Provide a voice for patients and families.

These nine functions were confirmed through subsequent stakeholder surveys, analysis of benchmarking data, and patient and family discussions. Projects were prioritized according to those that network members determined would have the greatest impact on maternal-child outcomes and for which the organization was in a ready state.

When asked “How can we accomplish changes that would address these themes?”, the group unanimously responded: “through collaboration, networking, innovation, insight into what matters to families, research, data, evidence-based knowledge, knowledge translation strategies, pathways and new care models.”

From these strong beginnings it was easy to land on a vision and mission statement for the Maternal Newborn Child & Youth SCN™ that has taken us from that first meeting in March of 2015 to today. It is a vision and a mission that will continue to lead us into the future.
Vision:
Healthy mothers, babies, children, youth and families.

Mission Statement:
To bring together people, evidence and data to achieve the best possible health outcomes for mothers, newborns, children, youth and families within a sustainable, publicly funded health care system.

The MNCY SCN™ continually seeks to ensure our work is aligned with zone operations and provincial programs. Collectively we are striving to make a difference for families, mothers, babies, children and youth.

Our strategic platforms align with the four foundational strategies and balanced scorecard of the AHS Health Plan and Business Plan as well as the Government of Alberta / Alberta Health direction for maternal-infant health, early childhood development, and mental health for children and youth.

Key provincial partners include:
• PolicyWise for Children & Families
• Alberta Children’s Hospital Research Institute (ACHRI)
• Alberta Health (AH)
• Alberta Innovates (AI)
• Alberta Perinatal Health Program (APHP)
• Women and Children’s Health Research Institute (WCHRI)
• Covenant Health

Patients and families are actively involved in committees and working groups. Their experiences, insight and feedback inform MNCY’s priorities and actions.

“In just a few short hours, the course of our lives was changed… forever.”
Context – Key Drivers

The following information highlights Alberta’s current state of services and the key drivers for MNCY’s efforts to improve maternal, newborn, child and youth health and health services in Alberta. The information is grouped by the subspecialty focus areas represented by MNCY’s Standing Committees.

MATERNAL AND FETAL:

• Childbirth is the number one reason for hospital admission in Canada. Approximately 380,000 pregnancies occur in Canada every year. While the majority of these pregnancies end with the birth of a healthy infant, 1 in 9 results in a complicated birth that requires admission to a Neonatal Intensive Care Unit (NICU) for treatment. Low birth weight, preterm birth, and respiratory problems are the most common complications.

• In 2014, 55,822 women gave birth in hospitals across Alberta; 23.3% of live births occurred in Level 1 facilities, 53.4% of live births occurred in a Level 2 facility and 23.2% of live births occurred in a Level 3 facility.

• Caesarean section is the number one surgical procedure in Canada. In 2014, the Caesarean section rate in Alberta was 28.3%, an increase from 27.6% in 2012.

• Between Canadian provinces there is significant variability in maternal and infant outcomes, perinatal care practices, and health care system performance. Recent data indicate that rates of severe maternal morbidity are above the national average in Alberta; national preterm birth rates range from 7.4% to 12.8%; and Caesarean section rates vary from 8.4% to 31.8% across provinces.

• AHS cost of delivery data from 2009 highlights the significant costs to the health care system, particularly related to preterm births involving extreme low birth weights, respiratory distress, and congenital malformation where costs for an average length of stay of 17 days can be as high as $400,000.

• Postpartum depression is the most common sequelae following live birth ranging from 6 to 16% of postpartum women during the first year following birth in various regions across the province.
NEWBORN:

- There are 13 Neonatal Intensive Care Units (NICUs) across Alberta, two of which are designated Level 3. In 2015, the percentage of newborns with NICU admission averaged 15% which increased from 11% in 2014\(^10\).

- In 2014, the preterm birth rate in Alberta was 8.8 per 100 live births\(^{11}\). Preterm babies are at greater risk for infections and breathing and feeding problems than babies born full term. Parents must leave their preterm babies in the hospital to fully develop and become healthy enough to take home. When it is time for discharge, parents are often not ready to look after their baby because they may have had limited involvement in the care of their baby in hospital. In addition to the distress and costs to parents of having a baby in hospital, health system costs also increase the longer a baby is required to remain in hospital.

- 20% of babies are delivered in rural and primary care hospitals annually in Alberta\(^{12}\).

- In 1 in 67 births, mothers suffer severe complications including uterine rupture, the need for blood transfusions, hysterectomy, and cardiac arrest. The delivery of effective, high quality perinatal care is necessary for the prevention and treatment of such traumatic occurrences\(^{13}\).

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**1 IN 67 BIRTHS**

mothers suffer severe complications

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Parents must leave their preterm babies in the hospital to fully develop and become healthy enough to take home

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Percentage of newborns with NICU admission

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>2014</td>
<td>11%</td>
</tr>
<tr>
<td>2015</td>
<td>15%</td>
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CHILD AND YOUTH:

- There are two major pediatric referral centers in Alberta (the Stollery Children’s Hospital in Edmonton and the Alberta Children’s Hospital in Calgary) as well as five regional facilities (Lethbridge, Medicine Hat, Red Deer, Grande Prairie and Fort McMurray) that support pediatric care. Care is also provided in other urban and rural centres across the province; examples include the Peter Lougheed Centre, South Health Campus, the Grey Nuns and Misericordia Covenant Health sites, and Wetaskiwin.

- While most specialized pediatric care is delivered in the Children’s Hospitals, a significant proportion of acute pediatric care is delivered in general urban, regional and rural hospitals. For example, about 80 per cent of all emergency visits by children are to emergency departments outside the Children’s Hospitals, of which half are to rural hospitals.

- Over 30,000 children are admitted to Alberta hospitals annually; 13% of these children and their families are required to travel outside of their home zone to access care.

- 2,400 youth with complex needs transition to adulthood every year and neither the adult care system or the youth and their family are prepared for this change.

- While capacity within the tertiary level pediatric units at Stollery and Alberta Children’s Hospital in Alberta has been exceeded, regional facility pediatric units across the province are underutilized.

- Overcapacity at the Children’s Hospitals results in frequent cancellation of scheduled surgeries, increasing emergency wait times and delay in treatments such as chemotherapy. Substantial costs result from unnecessary transport from the regional centers and overtime nursing hours in urban centers to address the capacity issues.

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- Accidents kill more children than any other cause after the first year of life, and severe head injury is by far the most common reason children die or are left with significant morbidity from accidents. Further, mild traumatic head injury resulting in persistent concussion symptoms is extremely common and a major health care problem. Management of children with concussion is highly variable and often not consistent with best evidence.
INDIGENOUS MATERNAL AND NEWBORN HEALTH:

- Alberta is home to more than 220,000 people descended from First Nations, Metis and Inuit peoples, the third largest Indigenous population in Canada. In Alberta there are 45 culturally diverse First Nations in three Treaty areas; languages spoken include Blackfoot, Cree, Chipewyan, Dene, Sarcee and Stoney (Nakoda Sioux). Indigenous women in Alberta may reside on one of 140 designated reserves, in urban centers or in rural and remote communities.

- In 2014, the infant mortality rates for First Nations in Alberta was double that of non-First Nations: 9.6 per 1,000 live births compared to 4.3 per 1,000 live births.

- Early prenatal care is the national standard of care set by the Society of Obstetricians and Gynaecologists of Canada; it can identify modifiable risk factors to achieve better health outcomes. However, barriers including financial, cultural, social and geographical impact Indigenous women's access to adequate prenatal care. In 2013, 72% of Indigenous women in Alberta did not access prenatal care in the first trimester.

- Indigenous and marginalized women have reduced access to early prenatal care and are often required to travel significant distances to receive appropriate levels of care.

- Late access to prenatal care reduces the opportunity to identify and mitigate risk and contributes to maternal and newborn morbidity and mortality. Late access occurs because:
  - Service is not readily available in the woman's home community,
  - Travel arrangements to receive care are difficult for marginalized populations,
  - Culturally insensitive care poses a social barrier to Indigenous and marginalized populations seeking care, and
  - Busy Primary Care Physician and Obstetrical Specialist practices in referral communities result in women being unable to access care in their first trimester.

- Marginalized women, including Indigenous, immigrant and rural women, experience language as well as socioeconomic barriers.

- Health literacy and access to understandable information for immigrant and marginalized populations creates an additional access barrier.

This information reinforces MNCH’s critical role in improving health services for maternal, newborn, child and youth care in Alberta and has informed MNCH’s direction and its Transformational Roadmap for 2017-20.

2014 Alberta infant mortality rates:

- **9.6** per 1,000 live births
  - First Nations

- **4.3** per 1,000 live births
  - non-First Nations

Alberta is home to more than **220,000** people descended from First Nations, Metis and Inuit peoples.

72% of Indigenous women in Alberta did not access prenatal care in the first trimester.
Overview of MNCY’s Transformational Roadmap for 2017-2020

The Transformational Roadmap (TRM) is built upon five guiding principles and three strategic platforms.

Guiding Principles:

1. Families as Partners
2. Innovation and Knowledge Translation
3. Coordination and Collaboration
4. Integration
5. Focus on Outcomes

Strategic Platforms:

The key strategic platforms that categorize the greatest areas of need and the areas upon which we need to focus our priority work include:

1. Metrics that Matter
2. Access and Capacity
3. Quality and Sustainability

Rationale

The guiding principles and the strategic platforms provide a guide for the development of transformational activities that will lead to the achievement of the vision for healthy mothers, babies, children, youth and families in Alberta.

1. FAMILIES AS PARTNERS

MNCY is committed to actively involving families in all aspects of the design, delivery and evaluation of services across the care continuum. This guiding principle is embedded in all three platforms of need. With families as partners, MNCY will develop strategies that make a difference for patients and families. Our work will be targeted toward what is important to the patient as well as what is achievable within a sustainable health care system. Involving patients and families in the identification of need, development, design and implementation of solutions to issues will result in improving access and capacity, quality and sustainability.Partnered work will result in strategies designed to meet the needs of patients and will support a patient journey through the health care system that is not only effective, efficient, safe and appropriate, but also acceptable to the people we serve.

2. INNOVATION AND KNOWLEDGE TRANSLATION

The incorporation of innovative ideas coupled with solid knowledge translation strategies will enable the implementation of evidence based practice aimed at improving maternal, newborn and child health outcomes. Health care providers have innovative ideas for improving service delivery based on years of experience. Research projects focused on topics and needs identified by health care providers, patients, families and other stakeholders will provide information about health outcomes for mothers, babies, children and youth in the Alberta context and inform decision making for spread and scale of initiatives that will benefit all Albertans. We will systematically search the literature and look to other jurisdictions for ideas and evidence for how to better address the health care issues we have identified as priorities.
We will convene representative teams of clinicians to adapt these ideas and evidence to local practice, then implement innovations, e.g. clinical pathways, into representative parts of AHS and rigorously evaluate the effect of these innovations. If the proof-of-concept shows benefit, we will scale and spread these innovations across AHS. Knowledge Translation, metrics and evidence will inform system and process improvements that support access, capacity, quality and sustainability.

COORDINATION AND COLLABORATION
Coordination and collaboration with multiple programs and stakeholders locally, provincially and nationally will enable the work of the network to move from evidence to practice. We recognize the critical role of our SCN™ in engaging with front-line clinicians, operational clinical and administrative leadership, academic partners, not for profit agencies and provincial policymakers to facilitate a unified determination of priorities and innovative solutions for our maternal fetal, neonatal and child health communities. We also recognize MNCY’s central role in helping to integrate health care services in urban and rural settings, and explore how to enhance communication between acute and community caregivers, with the goal of optimizing delivery of community services thereby minimizing the need for acute care services. This network of collaboration will effectively use people, time and resources to achieve the best possible outcomes for mothers and children in a sustainable publically funded system. Collaborative care models that provide options for patients and families in the ‘right’ settings based on individualized health needs is an achievable target. Coordination of multiple knowledge translation strategies across many sites, programs, disciplines, and jurisdictions requires significant collaboration with all stakeholders that will result in successful implementation of priority projects.

INTEGRATION
Integration of work across disciplines, jurisdictions, programs and multiple Strategic Clinical Networks™ will minimize duplication in effort and ensure efforts from multiple areas are aimed toward the same goal. The population based structure of MNCY means that there is significant cross over with other SCN™s such as: Surgery, Emergency, Critical Care, Addictions and Mental Health, Diabetes, Obesity and Nutrition, and Population, Public and Indigenous Health. In addition there is significant need to integrate activities with laboratory and diagnostics, nutrition and food services and information technology to name but a few. Working together and integrating practices will enable the networks to address practice and system improvements that result in improved health outcomes, a reduction in acute care spending and patient satisfaction.

FOCUS ON OUTCOMES
Each priority project that MNCY undertakes will focus on outcomes. We believe that improving patients’ health care outcomes should drive whether or not we judge health care innovations as being successful or not. Which health care outcomes to use should be determined by patients and families, in collaboration with front-line clinicians. The Alberta Health Quality Matrix indicators for accessibility, appropriateness, effectiveness, efficiency, acceptability, and safety will provide key areas for reporting on the success of each initiative. Key Performance Indicators (KPIs) will provide an overarching measurement of the success of MNCY in achieving its overall vision for healthy mothers, newborns, children, youth and families in Alberta.

Figure 2 provides a summary of how these different pieces come together to describe MNCY’s direction for 2017-20; details are further flushed out in the remainder of the document.
### MNKY STRATEGIC PLATFORM – ACCESS and CAPACITY

**Sustainable Neonatal workforce** strategies

- **Optimized pediatric capacity** in regional facilities to support family access close to home will be supported through specialized education/support for health care practitioners:
  - Standardized Pediatric Nursing Education
  - Telemedicine support for physicians caring for complex and acutely ill children
- **Improved Access to OBS care** for rural, Indigenous and marginalized populations
- **Facilitated transitions** for families of children with complex care needs to adult services

### MNKY STRATEGIC PLATFORM - QUALITY and SUSTAINABILITY

**AHS Pregnancy Pathways** will support health care practitioners with evidence-based guidelines to support optimal care and outcomes for mothers and babies. These pathways include:
- Birth Ready or Not for health professionals
- Pregnancy pathway
- Labour and birth pathway
- Postpartum and newborn pathway

A **pediatric concussion pathway** will support early identification and optimal management and outcomes for the child with mild traumatic head injury

**Improved outcomes for Indigenous** maternal, newborn, child and youth health through collaborative partnerships

**Clinical knowledge topics**, clinical pathways, physician order sets and related clinical documentation to support common obstetrical, neonatal and pediatric problems (e.g., pediatric diabetic ketoacidosis)

Using resources wisely to:
- Assess risks for preterm birth (Discontinuation of Fetal Fibronectin)
- Determine need for Type & Screen for OBS patients (Choosing Wisely)

**Support Family Integrated Care** in NICU (PRIHS 2) – will support shorter NICU lengths of stay

**Support research** that advances MNKY’s vision – PRIHS and MERCK

Develop, implement and manage **Health Outcome Improvement (HOI) Fund** which will help support the implementation and evaluation of many of MNKY priorities outlined above

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**FIGURE 2: MNKY SCN™ Principles, Platforms and Priority Actions**

GUIDING PRINCIPLES
- Families as Partners
- Innovation & Knowledge Translation
- Coordination and Collaboration
- Integration
- Focus on Outcomes

METRICS THAT MATTER
- MyCHILD ALBERTA system-linked data sets to improve quality and sustainability
- Neonatal Dashboard to support clinical and operational improvements (NICU)
- Determine **Key Performance Indicators (KPI)** that reflect MNKY’s vision

STRATEGIC PLATFORMS

- **METRICS THAT MATTER**
- **ACCESS & CAPACITY**
- **QUALITY & SUSTAINABILITY**

---

GUIDING PRINCIPLES
- Families as Partners
- Innovation & Knowledge Translation
- Coordination and Collaboration
- Integration
- Focus on Outcomes
Overview of MNCY’s Strategic Platforms

### STRATEGIC PLATFORM: Metrics that Matter

<table>
<thead>
<tr>
<th>PRIORITY ACTIONS AND PROJECTS</th>
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<tr>
<td><strong>MyCHILD</strong>&lt;sub&gt;ALBERTA&lt;/sub&gt; system-linked data sets to improve quality and sustainability</td>
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<tr>
<td><strong>Neonatal Dashboard</strong> to support clinical and operational improvements (NICU)</td>
</tr>
<tr>
<td>Determine Key Performance Indicators (KPI) that reflect MNCY’s vision</td>
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This strategic platform focuses on the development of a province-wide data repository that includes information on health outcomes, finances and social determinants. This data repository will be used to:

- Report on key performance indicators (broad measures used to track the health and well-being of Alberta’s mothers and children);
- Determine gaps in health care delivery, plan and develop innovative approaches to close these care gaps, evaluate the effectiveness of these approaches, and, if effective, scale and spread the approaches across the health care system;
- Facilitate health systems research that provides a deeper understanding of health care issues and the full consequences of any changes to the health system; and
- Facilitate an improved understanding of how social, educational, housing and justice policies can improve health care outcomes.

### Metrics that Matter - Work underway

- **DEVELOPMENT OF MYCHILD**<sub>ALBERTA</sub> **SYSTEM-LINKED DATA SETS**
  
  **Goal:** A comprehensive data repository will provide health care practitioners, administrators, researchers and policy makers with a better understanding of health care problems, and allow them to design, implement and evaluate innovative approaches to address these problems.
  
  **Strategy:** MNCY is collaborating with AHS Analytics and the Policy Wise for Children and Families to develop a comprehensive data repository containing a wide range of data sets that track acute and community health care, and services provided by Alberta social, educational and justice agencies. This is one of the 5 demonstration projects funded under the Secondary Use Data Platform (SUDP), a strategy within the Health Research and Innovation Collaboratory (HRIC) sponsored by Alberta Health & Alberta Innovates.

- **DEVELOPMENT OF A NEONATAL DASHBOARD TO SUPPORT CLINICAL AND OPERATIONAL IMPROVEMENTS (NICU)**
  
  **Goal:** NICU data on activity, acuity, interventions, outcomes, workload and cost will inform and drive care decisions with optimal patient outcomes.
  
  **Strategy:** MNCY is collaborating with AHS Analytics and Information Technology to design and develop an activity, acuity and clinical management NICU dashboard that will evaluate clinical interventions on Length of Stay (LOS) and other outcomes. This will inform management strategies that will result in optimal outcomes for fragile premature infants.

- **KEY PERFORMANCE INDICATORS (KPIs) THAT REFLECT MNCY’S VISION**
  
  **Goal:** Each of MNCY’s priority projects will have metrics to help measure the success of the particular project. In addition, higher level KPIs will indicate whether MNCY is making a difference on health outcomes.
  
  **Strategy:** Potential indicators collected from a variety of international and national sources will be used in a modified Delphi process. The MNCY Core Committee will participate in this process to act as an expert panel to decide upon a selection of KPIs that will be focused on. MNCY is looking for KPIs that are feasible, evidence based, measurable, able to demonstrate success and that demonstrate progression towards its overall goal of healthy mothers, babies, children and youth.
STRATEGIC PLATFORM: Access and Capacity

PRIORITY ACTIONS AND PROJECTS

Sustainable Neonatal workforce strategies

Optimized pediatric capacity in regional facilities to support family access close to home will be supported through specialized education/support for health care practitioners:

- Standardized Pediatric Nursing Education
- Telemedicine support for physicians caring for complex and acutely ill children

Improved Access to OBS care for rural, Indigenous and marginalized populations

Facilitated transitions for families of children with complex care needs to adult services

“We were overwhelmed with treatment options – and no one to tell us which one was evidence based and might make a difference for our child. It was like saying here’s your list – good luck!

Having a child with so many problems placed incredible stress upon our family, relationships, resources, careers and health. The volumes of paperwork and documentation to prove that your child – all you hoped for – is a failure by society’s standards so you can qualify for programs is soul crushing.”

Laurel Ryan, MNCY SCN™, Patient Advisor

Access and Capacity - Work underway

- SUSTAINABLE NEONATAL AND PEDIATRIC WORKFORCE STRATEGIES
  
  **Goal:** Establish a sustainable model of care that supports health care providers in Level 2 NICUs and enables recruitment and retention of appropriate categories of staff to support effective, acceptable and safe care of neonates in Alberta.

  **Background and strategy:** Regional NICUs are having difficulty recruiting and retaining pediatric/neonatal medical practitioners. Strategies include development of a proposal for Neonatal Nurse Practitioner educational program in Alberta and appropriate resourcing for AHS to hire NPs in both tertiary and secondary level NICUs in province. Development of care delivery models that support integrated team approach to neonatal care.

- OPTIMIZED REGIONAL PEDIATRIC CAPACITY
  
  **Goal:** To provide accessible, safe, appropriate, effective, acceptable and efficient care for pediatric patients in Alberta that optimizes use of current infrastructure and resources.

  **Background and strategy:** Support for regional facility general pediatric units and health care practitioners to appropriately care for and manage more acutely ill children within funded pediatric capacity in the province will enable families to access appropriate care as close to home as possible. This will also support optimal efficiency in bed utilization across the province leading to lower health care costs for the pediatric population.

  Two projects that fall under this priority include:
  - **Use of Telemedicine** – Enhance the telemedicine support required for physicians caring for complex and acutely ill children throughout the province (technology, training, ongoing support, etc.)
  - **Standardized Pediatric Nursing Education** – Develop and support the provincial implementation of an evidence-based pediatric nursing education program that will build provincial capacity for caring for pediatric patients and their families across the province.
• SMOOTH TRANSITIONS FOR CHILDREN WITH COMPLEX CARE NEEDS TO ADULT CARE

**Goal:** To provide accessible, safe, effective, efficient, appropriate and acceptable continuity of care for youth with special health care needs as they transfer to adult care.

**Background:** The development of transitions to adulthood pathway coupled with a facilitated navigation system will help reduce the stress, uncertainty and risk for health complications for the child with complex health needs. This will lead to a decrease in emergency department visits and admissions to hospital for the young adult.

• IMPROVED ACCESS TO OBSTETRICAL CARE FOR RURAL, INDIGENOUS AND MARGINALIZED POPULATIONS

**Goal:** Albertan women living in rural or remote Alberta, on First Nations Communities or women who are otherwise marginalized are able to access appropriate, safe, acceptable, effective and efficient prenatal and intrapartum care.

**Strategies:** Proposed collaborative maternity services within corridors of care will support sustainability of maternity services in rural communities across Alberta. This will also support the ability to sustain and maintain optimal surgical services within corridors of care across the province. Key projects that fall under this priority include:

- Pilot projects in the First Nations communities of Maskwacis, Little Red River Cree and Inner City Edmonton that focus on removing the barriers to accessing prenatal care. In addition collaborative work with First Nations communities will be focused on the provision of culturally sensitive care and the building of skills and competency within indigenous populations to interact with and effectively navigate the health care system.

“Rural facilities, physicians and staff provide quality care to our patients. The support of specialists in large metro centers in Alberta will enable more people to be cared for closer to home. Working together and supporting one another will enable this to happen.”

Dr. Deon Erasmus – Provost, MNCY SCN™, Core Committee Member

“At first I wanted to have my baby in a hospital where I knew I could have an epidural if I needed one, but when the time came, I knew I wanted to have my baby in my home town hospital with the doctor and nurses I knew and trusted. I was healthy and had no risk factors – I didn’t need to be in a bigger hospital – I was glad I had the choice.”

Rebecca Rock, Patient Advisor, Pregnancy Pathways Working Group
STRATEGIC PLATFORM: Quality and Sustainability

**PRIORITY ACTIONS AND PROJECTS**

**AHS Pregnancy Pathways** will support health care practitioners with evidence-based guidelines to support optimal care and outcomes for mothers and babies. These pathways include:
- Birth Ready or Not for health professionals
- Pregnancy pathway
- Labour and birth pathway
- Postpartum and newborn pathway

A pediatric concussion pathway will support early identification and optimal management and outcomes for the child with mild traumatic head injury.

**Improved outcomes for Indigenous** maternal, newborn, child and youth health through collaborative partnerships.

**Clinical knowledge topics**, clinical pathways, physician order sets and related clinical documentation to support common obstetrical, neonatal and pediatric problems (e.g., pediatric diabetic ketoacidosis).

**Appropriate use of Methodology and resources to:**
- Assess risks for preterm birth (Discontinuation of Fetal Fibronectin)
- Determine need for Type & Screen for OBS patients (Choosing Wisely)

**Support Family Integrated Care** in NICU (PRIHS 2) – will support shorter NICU lengths of stay.

Support research that advances MNCY’s vision – PRIHS and MERCK

Develop, implement and manage **Health Outcome Improvement (HOI) Fund** which will help support the implementation and evaluation of many of MNCY priorities outlined above.

**Quality and Sustainability - Work underway**

**· PROVINCIAL PREGNANCY PATHWAYS**

**Goal:** To provide Alberta’s health care practitioners with evidence-based clinical pathways to guide assessment, management and care of the obstetrical patient and normal newborn.

**Strategy:** Develop and support implementation of provincial clinical pathways to guide the continuum of pregnancy care including: preconception, antenatal, intrapartum and postpartum care, and newborn care.

**· PEDIATRIC CONCUSSION PATHWAY**

**Goal:** To provide accessible, safe, effective, efficient, appropriate and acceptable care for children who have sustained a concussion that facilitates a return to normal activity with minimal long term effects.

**Strategy:** Develop and support implementation of a provincial pediatric concussion pathway for acute and community health care practitioners, families, schools and communities that results in optimal outcomes for children who sustain a concussion.

“Knowing that there is consistency in care and practice no matter what hospital I deliver my baby in is comforting. It assures me that if anything goes wrong the right things will happen quickly to ensure my baby and I are healthy.”

Jaclyn Beasley, Patient Advisor, Pregnancy Pathways Working Group
• UTILIZING RESOURCES WISELY

Goal: To identify health care practices that are commonly used and costly but do not result in significant improvement in health outcomes for patients, and to develop strategies that decrease the use of these strategies. Disinvestment strategies are used to identify health care practices that are commonly used and costly but do not result in significant improvement in health outcomes for patients.

Strategies:
- Assessment of the risks for preterm birth (Discontinuation of Fetal Fibronectin) - A comprehensive provincial review of the use of Fetal Fibronectin (fFN) for the early identification of women at risk for preterm birth determined that it has not positively impacted clinical management or outcomes and has resulted in significant costs to the healthcare system. Alternative evidence-based options for identifying and managing the risks associated with preterm birth are being implemented. The MNCY SCN™ is leading the socialization and knowledge transfer for this provincial practice change and is working on a comprehensive set of strategies to support it. Learnings will also be applied to future practice changes.
- Appropriate use of Type & Screen for OBS patients (Choosing Wisely) - The routine ordering of a Type and Screen or Group and Cross Match for the otherwise healthy woman with an uncomplicated pregnancy is not a recommended practice. The MNCY SCN™ will facilitate a provincial review of the ordering practices for routine obstetrical and Caesarean sections in hospitals across Alberta with a focus on reducing the routine ordering of type and screen or group and cross match on otherwise healthy women with uncomplicated pregnancies. MNCY is working with the Transfusion Medical Officer to develop a plan for education to support provincial practice change.

• RESEARCH THAT ADVANCES MNCY’S VISION IS SUPPORTED – PRIHS 2 GRANT- FAMILY INTEGRATED CARE IN NICU

Goal: To support families in providing care for their Level 2 NICU baby so that they feel competent and comfortable caring for baby, there are fewer interventions and a shortened NICU length of stay.

Background: Family Integrated Care (FiCare) is a model of care currently being evaluated in Alberta through a Partnership for Research and Innovation in the Health System (PRIHS) grant. It involves nurses educating and supporting parents to provide care for their baby while physicians and nurses provide all medical procedures. If determined to be successful in the Alberta context, this model of care will support increased access and capacity for existing funded NICU beds.

• HEALTH OUTCOMES IMPROVEMENT (HOI) FUND

Goal: Stewardship of the HOI Fund will support the moving forward of MNCY’s vision and key platforms/priorities:
- Development of research proposal guidelines
- Request for / review of proposals
- Management of projects

• CLINICAL KNOWLEDGE TOPICS TO GUIDE HEALTH CARE PROVIDER PRACTICE

Clinical Knowledge Topics (CKTs) focused on maternal, newborn, child and youth health will be developed and built into provincial clinical information systems to improve patient care, quality and safety. MNCY is partnering with AHS Clinical Knowledge and Content Management (CKCM) services to develop research-based and evidence-informed clinical pathways that will support health care practitioners providing care for common medical problems occurring in MNCY’s populations. The list of topics will continue to expand as new issues are identified. A key feature is access to these pathways on the CKCM website and links to related policy and procedure decision making order sets, clinical documentation forms and other tools. Current topics being developed include:
- Maternal / fetal – induction of labour, postpartum hemorrhage, pain management strategies and pregnancy induced hypertension
- Child and Youth – pediatric emergency, ICU and general pediatrics including for example, management of diabetic ketoacidosis, epilepsy, and sepsis.
Expected Outcomes for MNCY’s Priority Initiatives

MNCY’s success in achieving its overall vision for healthy mothers, babies, children youth and families in Alberta will be measured by the development and monitoring of key performance indicators (KPIs), a priority initiative of the network.

The AHS Dimensions of Quality will be used to focus on and measure quality. Table 1 below outlines anticipated outcomes for MNCY’s priority actions organized by the six dimensions of quality: accessibility, appropriateness, acceptability, effectiveness, efficiency and safety.

### TABLE 1 – Anticipated outcomes for MNCY’s priority actions

<table>
<thead>
<tr>
<th>AHS DIMENSIONS OF QUALITY</th>
<th>MNCY STRATEGIC PLATFORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRICS THAT MATTER</strong></td>
<td><strong>ACCESSIBILITY</strong></td>
</tr>
<tr>
<td>Services are obtained in the most suitable setting in a reasonable time and distance</td>
<td>Health care providers have ready access to data and metrics that will drive practice toward improved patient outcomes</td>
</tr>
<tr>
<td><strong>ACCESSIBILITY</strong></td>
<td>OBS, Pediatric, and NICU occupancy rates reflect the needs of the community</td>
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<tr>
<td>Services are relevant to users’ needs and are based on accepted or evidence based practice</td>
<td>Pediatric capacity is appropriately distributed across the province</td>
</tr>
<tr>
<td><strong>APPROPRIATENESS</strong></td>
<td>% pediatric admissions of children from outside home zone</td>
</tr>
<tr>
<td>Services are respectful and responsive to user needs, preferences and expectations</td>
<td>Number of pediatric transfers between hospitals</td>
</tr>
<tr>
<td><strong>ACCEPTABILITY</strong></td>
<td>Use of telemedicine supports keeping children in facilities close to home</td>
</tr>
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<th>AHS DIMENSIONS OF QUALITY</th>
<th>MNCY STRATEGIC PLATFORMS</th>
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<tbody>
<tr>
<td><strong>METRICS THAT MATTER</strong></td>
<td><strong>ACCEPTABILITY</strong></td>
</tr>
<tr>
<td>Educational and other resources provided to patients and health care providers meet their needs</td>
<td>Patient experience</td>
</tr>
<tr>
<td><strong>ACCEPTABILITY</strong></td>
<td>Demonstrated reduction in hardship for families</td>
</tr>
<tr>
<td>Services are respectful and responsive to user needs, preferences and expectations</td>
<td>Reduced stress when interacting with the health system, less time away from home and families, reduced out of pocket costs and lost income</td>
</tr>
<tr>
<td><strong>ACCEPTABILITY</strong></td>
<td>Health care providers are satisfied with the provincial service delivery system</td>
</tr>
</tbody>
</table>

- % women who have appropriate gestational aging by ultrasound in the first trimester
- C-section rate is supported with Robson scores
- % inductions at >40 weeks
- % VBAC attempts

- Patient experience
- Albertans see themselves as active participants in maternal, newborn, child and youth care
- Patient/family confidence in the health care system and their ability to navigate it
- Perinatal services across Alberta are culturally sensitive to Indigenous and marginalized populations seeking care
<table>
<thead>
<tr>
<th>AHS DIMENSIONS OF QUALITY</th>
<th>MN CY STRATEGIC PLATFORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVENESS</strong></td>
<td></td>
</tr>
<tr>
<td>Services are provided based on scientific knowledge to achieve desired outcomes</td>
<td><strong>Access and Capacity</strong></td>
</tr>
<tr>
<td>• Informed local and provincial decision making to support clinical and operational improvements for all aspects of obstetrical, neonatal, child and youth care across the province</td>
<td>• % ED visits for children with complex needs transitioning to adult services</td>
</tr>
<tr>
<td>• Information provided through MyCHILD®ALBERTA® drives initiative prioritization and informs practice changes to improve health outcomes</td>
<td></td>
</tr>
<tr>
<td><strong>EFFICIENCY</strong></td>
<td></td>
</tr>
<tr>
<td>Resources are optimally used in achieving desired outcomes</td>
<td><strong>Quality and Sustainability</strong></td>
</tr>
<tr>
<td>• Comprehensive and cross jurisdiction data will support appropriate and efficient long range planning of programs and resources</td>
<td>• % Fetal Alcohol Spectrum Disorder babies</td>
</tr>
<tr>
<td>• NICUs able to recruit and retain appropriate medical and nursing support</td>
<td>• % Narcotic Abstinence Syndrome babies</td>
</tr>
<tr>
<td>• Reduction in # transports from inter-city, rural and regional centers</td>
<td>• Family competence and comfort in newborn care</td>
</tr>
<tr>
<td>• % nursing overtime hours at the Children’s Hospitals related to capacity issues</td>
<td>• Health care provider uptake of provincial care pathways, practice guidelines and related tools</td>
</tr>
<tr>
<td>• Appropriate LOS for OBS, NICU, Peds related to patient need</td>
<td>• % babies detected with early hearing loss within 3 months of birth</td>
</tr>
<tr>
<td>• % births resulting in NICU admission</td>
<td>• Incidence of Necrotizing Enterocolitis in NICUs</td>
</tr>
<tr>
<td>• Decrease in NICU Length of Stay (LOS) for babies and families involved in FiCare</td>
<td>• % mothers breastfeeding</td>
</tr>
<tr>
<td>• Discontinuation of methodology and practices that demonstrate no added value to individual or system health outcomes</td>
<td></td>
</tr>
<tr>
<td>• % women diagnosed with postpartum depression</td>
<td></td>
</tr>
<tr>
<td>• A standardized provincial pediatric education program is in place for all nurses who support pediatric care</td>
<td></td>
</tr>
<tr>
<td>• Perinatal mortality rates for Indigenous populations are equivalent to rest of population</td>
<td></td>
</tr>
<tr>
<td>• % term deliveries, % perinatal complications</td>
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</table>
MNCY TRM & AHS Alignment - Summary

AHS recommends the use of a balanced score card approach to align business activities to its vision, to monitor performance against goals and objectives, and to improve communication and support bottom-up improvement.

MNCY’s vision, mission, platforms and guiding principles will help guide its efforts for 2017-20 and align with provincial direction and AHS’ roadmap for the delivery of health care in Alberta.

MNCY’s three strategic platforms and related priority actions align with AHS’ balanced scorecard and four guiding strategies of the AHS Health Plan and Business Plan. It is recognized that sustainability involves all stakeholders working together to maintain system improvements and evolvement will be based on continuous feedback. Connections with relevant provincial programs and zone operations will be maintained to ensure alignment of actions with the needs of front line services and health care providers.

Figure 3 below provides a summary comparison of the key components of the TRM.

FIGURE 3: Comparison of Key Components: AHS and MNCY SCN™

<table>
<thead>
<tr>
<th>AHS</th>
<th>MNCY SCN™</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VISION</strong></td>
<td>* Healthy Albertans. Healthy Communities. Together.</td>
</tr>
<tr>
<td><strong>MISSION</strong></td>
<td>* To provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.</td>
</tr>
</tbody>
</table>
| **STRATEGIES / PLATFORMS** | * Patient Experience  
* Our People  
* Health outcomes and clinical best practice  
* Financial sustainability and operational best practice | * Metrics that Matter  
* Access and Capacity  
* Quality and Sustainability |

The five guiding principles that MNCY has identified to ‘move the dial’ on its strategic platforms are built on the AHS values of Compassion, Accountability, Respect, Excellence and Safety (CARES).

MNCY’s guiding principles incorporate the core concepts of patient and family centered care: respect and dignity, information sharing, participation, and collaboration.

To support innovation and knowledge translation, the MNCY SCN™ embeds evidence, research and measurement into everything that we do. MNCY’s Scientific Office and research strategy support the platforms outlined in the MNCY SCN™ Transformational Roadmap. Evidence, research and measurement are required to support the development of innovative provincial care and funding models that will transform care for obstetrical and neonatal services, and child and youth health.

Knowledge translation is a broad concept that turns research into action, closes the gap between knowing and doing, and speeds up the capture and practical application of new knowledge created through research. A multi-level framework articulating the ‘knowledge to action’ cycle for innovations in maternal, newborn, child and youth health as well as the development of knowledge tools such as care pathways and guidelines is required. The model below describes how MNCY approaches its work, emphasizing its SCN™ role in spreading evidence-based innovation across the province.
Innovation involves looking at all aspects of health care including prevention, care delivery processes, service models, devices and procedures to deliver outcomes that achieve transformational change and value for money. Innovation includes incorporating clinical and Information Management / Information Technology (IM/IT) solutions (e.g., eCritical Alberta for NICU; a provincial Clinical Information System (CIS)). Innovations that support patient access and transitions and that build system capacity and communication between health care providers and patients will contribute to achieving success with many of MNCY’s priority initiatives.

Coordinated and collaborative practice and team work are essential to the success of MNCY’s initiatives and involve all stakeholders including the patient and their family, staff and physicians. Working to improve integration across the continuum of care as well as the health system will guide MNCY’s efforts to improve health outcomes for its focus populations.
Looking Forward and Next Steps

The MNCY SCN™ is committed to working collaboratively, internally within AHS and externally with partners, to improve maternal, newborn, child and youth health services in Alberta. Opportunity exists for AHS zone operations, provincial programs and the MNCY SCN™ to work together to transform care that will improve maternal, newborn, child and youth health outcomes. MNCY’s actions will continue to build on organizational system improvements such as the Clinical Information System and the work of Clinical Knowledge and Content Management Services. Opportunity also exists to work with other SCNs™ to explore and develop initiatives for maternal, newborn, child and youth health. MNCY’s collaboration with the many partners who are involved with maternal, newborn, child and youth health in Alberta will continue to grow as priority initiatives move forward. While current priority actions are primarily focused on acute care service delivery, it is expected that projects in the community setting will be identified and developed as the network matures.

Conclusion

The strategic platforms identified in this three year Transformational Roadmap will support Alberta as a leader in Canada with the implementation of evidence based practice at all levels of care to improve maternal, newborn, child and youth health outcomes. The Maternal Newborn Child & Youth Strategic Clinical Network™ looks forward to collaborating with network partners, both internal and external, to meet the challenges and opportunities ahead.
<table>
<thead>
<tr>
<th>Glossary</th>
<th>Definition</th>
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| **Clinical Pathway**     | A description of evidence informed, clinician recommended interdisciplinary care to help a patient with a specific health condition or concern move progressively toward optimal health outcomes.  
*Source: AHS Clinical Pathways Working Group, October 2013*                                                                                 |
| **Clinician**            | A physician or other health care provider who is involved in the treatment and observation of patients, as distinguished from one engaged in research.  
*Source: AHS Health Professions Strategy and Practice Glossary, 2013*                                                                            |
| **Continuum of Care**    | The delivery of services across sectors by different health care providers in a coherent, logical, and timely fashion.  
*Source: AHS Health Professions Strategy and Practice Glossary, 2013*                                                                            |
| **Health Care Provider** | Includes professional providers of medical, dental, nursing and allied healthcare services as well as support service providers.  
*Source: Adapted from Seniors SCN™ Transformational Roadmap, 2013*                                                                                 |
| **Knowledge Management** | A set of principles, tools and practices that enable people to create knowledge, and to share, translate and apply what they know to create value and improve effectiveness.  
*Source: Adapted from World Health Organization, 2009 by AHS Knowledge Management*                                                                |
| **Knowledge Translation**| A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.  
*Source: CIHR http://www.cihr-irsc.gc.ca/e/29418.html#1*                                                                                     |
| **Innovation**           | (In the healthcare context) A device, a drug, a technique, a method, a system or a service procured from outside an organization or developed within, with ideally clear evidence of its added value over existing approaches26.                                                                                           |
| **Patient**              | Includes patients – typically someone receiving care in hospital, client – someone receiving a support service or care in the community, resident – someone living in a care facility.  
*Source: Adapted from Seniors SCN™ Transformational Roadmap, 2013*                                                                                 |
| **Patient Safety**       | The reduction and mitigation of unsafe acts within the health care system, as well as through the use of best practices shown to lead to optimal patient outcomes27.                                                                                                         |
| **Population Health**    | Population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.  
*Source: Federal, Provincial and Territorial Advisory Committee on Population Health, 1997 in Public Health Agency of Canada, 2012*                              |
| **Quality**              | The degree of excellence; the extent to which an organization meets client needs and exceeds their expectations.  
*Source: Accreditation Canada, n.d.*                                                                                                           |
| **Quality Improvement**  | A continuous process which includes identifying issues and opportunities, applying well thought out and often innovative solutions and then learning from the process and resulting outcomes28.                                                                                     |
Appendix A:

MNCY SCN™ Leadership and Core Committee Members

Voting Members

Alf Conradi  Pediatrician – Edmonton
Alice Ndayishimiye  Health Technology Assessment Analyst
Allison Bichel  Senior Provincial Director – MNCY SCN™
Barb Bodiguel  Registered Midwife
Brent Scott  ACHRI
Bridget Smith  Executive Director – Critical and Neonatal Care – Edmonton
Caroline Hatcher  Executive Director – Critical and Neonatal Care – Calgary
Charlotte Foulston  Pediatrician – Medicine Hat
Christine Westerlund  Senior Operating Officer – Stollery Children's Hospital
Cindy Mulherin  Senior Director Operations – Covenant Health
Danica Sharp  Director, Provincial Midwifery Services
David Johnson  Senior Medical Director – MNCY SCN™
Debbie Leitch  Executive Director – MNCY SCN™
Debbie McNeil  Scientific Director – MNCY SCN™
Deon Erasmus  Family Physician – Provost
Ernest Phillips  Medical Lead - Neonatology – Edmonton
Fern Miller  Alberta Health
Gail Cameron  Executive Director – Covenant Health
Gloria Keays  Medical Officer of Health
Janice Stewart  Senior Operating Officer, Peter Lougheed Hospital
Janie Tyrrell  Executive Director Women’s Health – Edmonton
Jessica Lamb  Senior Consultant, Engagement & Patient Experience
Jill Woodward  Executive Director, Inpatient Care – Alberta Children’s Hospital
Jim Kellner  Medical Lead – Pediatrics – Calgary
Joan Libsekal  Senior Operating Officer – Grande Prairie
Jo-Ann Nelson  Senior Planner, Planning & Performance
Juliana Harris  Patient/Family Advisor
Julie Evans  Health Professions Strategy & Practice
Kim Brunet Wood  Director – Nutrition Services
Laurel Ryan  Patient/Family Advisor
Laurie Blahitka  Executive Director – Community, Rural, & Mental Health – Calgary Zone
Lawrence Richer  WCHRI
Lia Louiser  Patient/Family Advisor
Lisa Gagnon  Psychiatrist
Margaret Fullerton  Senior Operating Officer – Alberta Children’s Hospital
Maureen Devolin  Director – Healthy Children & Families, PPIH (provincial)
Mike Simoens  Patient/Family Advisor
Monique Janes  Director – Northern Lights – Fort McMurray
Doug Wilson  Obstetrician, Medical Lead – Women’s Health – Calgary
Rachel Waltonington  Business Relationship Partner, Information Technology
Radha Chari  Obstetrician, Medical Lead - Women’s Health – Edmonton
Robert Moriarity  Pediatrician – community
Robyn Blackadar  PolicyWise for Children & Families
Roxanne Pynn  Patient/Family Advisor
Sandi Sebastian  Director – Women's and Children's Health – RDRHC
Seija Kromm  Assistant Scientific Director – MNCY SCN™
Sharon Dueck  Director – Maternal Child Services – Lethbridge
Shelly Wilsey  Communications Advisor
Stacey Nyl  Coordinator – Alberta Perinatal Health Program (APHP)
Susan Gilmour  Medical Lead – Pediatrics – Edmonton
Susan Nolt  Manager – Maternal-Infant and Early Childhood Development – Primary Prevention and Wellness Health
Thierry Lacaze  Medical Lead – Neonatology – Calgary
Ursula Szulczewski  Manager – MNCY SCN™
William Young  Obstetrician – Associate Zone Medical Director – Central Zone
Appendix B:

Maternal, Newborn, Child & Youth SCN™ 2017-20 Priorities Timelines

Appendix B illustrates the anticipated timelines over the next three years for identified priority activities. Projected timelines will be reviewed and adjusted based on ongoing evaluation and learnings. Emerging initiatives will continue to be identified and as current initiatives are completed, new projects will be identified and prioritized based on SCN™ and operational capacity to address.

<table>
<thead>
<tr>
<th>Priority Actions/Projects</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
<th>2019-20</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>METRICS THAT MATTER</strong></td>
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<tr>
<td>Determine MNCY Key Performance Indicators (KPIs)</td>
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<tr>
<td>MyCHILDALBERTA system-linked data sets</td>
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<tr>
<td>Neonatal dashboard to support clinical and operational improvements (NICU)</td>
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<td><strong>ACCESS &amp; CAPACITY</strong></td>
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<td>Sustainable Neonatal workforce strategies</td>
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<td>Optimize pediatric capacity in regional facilities to support family access close to home:</td>
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<td>• Standardized Pediatric Nursing Education</td>
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<td>• Telemedicine support for physicians</td>
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<td>Improve access to OBS care for rural, Indigenous and marginalized populations:</td>
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<td>• Rural Communities Maternity Services</td>
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<td>• Indigenous populations</td>
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<td>Facilitated transitions for children with complex care needs</td>
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<td><strong>QUALITY &amp; SUSTAINABILITY</strong></td>
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<td>AHS Pregnancy Pathway</td>
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<td>• Birth Ready or Not for health professionals</td>
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<td>• Pregnancy</td>
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<td>• Labour and birth</td>
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<td>• Postpartum and newborn</td>
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<td>Pediatric concussion pathway</td>
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<td>Improved outcomes for Indigenous maternal, newborn, child and youth populations</td>
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<td>Clinical knowledge topics</td>
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<td>Appropriate use of Methodology and resources to:</td>
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<td>• Assess risks for preterm birth (Discontinuation of Fetal Fibronectin)</td>
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<td>• Determine need for Type &amp; Screen for OBS patients (Choosing Wisely)</td>
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<td>Support Family Integrated Care in NICU (PRIHS 2)</td>
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<td>Support research that advances MNCY’s vision — PRIHS and MERCK</td>
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<td>Develop, Implement and Manage Health Outcome Improvement (HOI) Fund</td>
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References

10Alberta Health Services- Data Analytics report to MNCY September (2015).
14Alberta Health Services- Data Analytics report to MNCY September (2015).
