



CHAMPLAIN MATERNAL NEWBORN REGIONAL PROGRAM
PROGRAMME RÉGIONAL DES SOINS À LA MÈRE
ET AU NOUVEAU-NÉ DE CHAMPLAIN

CMNRP's Strategic Plan 2018-2021



April 2018

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Who We Are

The Champlain Maternal Newborn Regional Program (CMNRP) is a network whose mandate is to provide leadership, support and coordination for the planning and delivery of perinatal health services in the Champlain and South East Local Health Integration Networks (LHINs).

With families' voice at the center of what we do, CMNRP's goal is to ensure high quality integrated services and care at the right time, at the right place, by the right provider along the continuum from pregnancy through the postnatal period.

CMNRP is composed of a network of perinatal health care providers from hospitals, public health units, community health centres, a birth centre and other community agencies - Working together on key initiatives to ensure standardized, data-driven, evidence-informed and family-centred care across the region.

Vision

*Achieving the best health outcomes for childbearing families
in Eastern and South Eastern Ontario*

Mission

*We will optimize pregnancy, birth and postnatal outcomes as a foundation
for a healthy population through partnerships and collaboration,
and by building a high quality system of care across the perinatal continuum*

Core Values

- Accountability** We accept responsibility for our services and are accountable to our health care partners and our community.
- Collaboration** We work to engage and collaborate with partners and families, recognizing that our combined and collaborative efforts exceed what we can accomplish individually.
- Integrity** We act openly and truthfully with fairness and equity in all we do.
- Quality** We are committed to health care excellence by promoting high quality, evidence-informed maternal-newborn care for patients and families, and education for health care providers.
- Respect** We promote strategies that support expectant and new parents' informed choices for their care and care of their newborn. We respect their autonomy in decision-making.
- Leadership** We lead the way to enhanced health care services and better outcomes for expectant and new parents, their newborns and families.



CMNRP's Operational Pillars

Nurturing a collaborative network of maternal-newborn service providers

Championing knowledge translation and best practice implementation

Planning high quality integrated services to childbearing and new families

Vision - Mission - Core Values





CMNRP's Strategic Imperatives 2018-2021

1. Actively support and inform regional capacity planning across the Champlain and South East LHINs

The Calling (*What we heard*):

Partner organizations are working on their respective master plans which will impact other organizations in the region. Neonatal care capacity needs to be reviewed and analyzed to determine the most appropriate levels of care and to address surge capacity.

Our Response (*How we will get there*):

- 1.1 Provide quantitative and qualitative data related to regional capacity of maternal-newborn services (including infrastructure, resources, cost, etc.).
- 1.2 Provide recommendations to inform regional capacity planning needs.
- 1.3 Develop a regional maternal-newborn master plan.

2. Promote and facilitate implementation of evidence-informed best practices in line with trends and priorities

The Calling (*What we heard*):

Partners have limited resources and voiced the need to be supported in implementation of best practices to enhance quality of care across the region. Regional networks are considered a key strategy to lead implementation of provincial initiatives.

Our Response (*How we will get there*):

- 2.1 Identify, promote and support knowledge translation strategies for implementation of best practices in priority areas. This includes: care bundles that provide the evidence, clinical pathways, education strategies/resources, change management tools and coaching options to adopt best practices.
- 2.2 Identify, monitor and report on the metrics to measure both implementation and sustainability of best practice initiatives.
- 2.3 Identify and recommend strategies to address data-driven and ongoing practice issues.



3. Strengthen integrated and connected care closer to home, while working to address inequities

The Calling (What we heard):

Families express the need to receive specialized services closer to home. Many services already exist, but need to be better integrated. Health inequity is frequently cited as a priority to address. We must work for equity in both access to health services and health outcomes, and use local data to identify gaps.

Our Response (How we will get there):

- 3.1 Increase the level of family and health care provider engagement within the local and broader networks.
- 3.2 Support inter-sector networking of service providers at the LHINs' sub-region level.
- 3.3 Propose and implement strategies to promote existing strengths, address challenges and gaps in services and to enhance transitions across the perinatal continuum of care.
- 3.4 Explore innovative strategies to facilitate consultation, shared care and timely referrals to optimize care as close to home as possible.
- 3.5 Advocate for collection of sociodemographic data that will allow inequities in health care access and relevant health outcomes to become visible.
- 3.6 Support advocacy work to reduce health inequities in social determinants of health.

4. Enhance families' preparation for childbearing and early parenting experiences

The Calling (What we heard):

Families and health care providers highlight general lack of knowledge about and lack of access to maternal newborn services. Families indicate receiving inconsistent information from health care providers and various resources. Families report feeling unprepared for the early postnatal period/parenting (retrospectively).

Our Response (How we will get there):

- 4.1 Explore strategies to connect with women and families in early pregnancy.
- 4.2 Explore establishment and maintenance of a registry/contact list (communication tool) of perinatal service providers.
- 4.3 Enhance knowledge of and access to credible sources of information related to pregnancy, labour, birth, postnatal care and early parenting, using diverse and innovative strategies.
- 4.4 Explore behavioural science approaches to provide incentives and encourage greater uptake of available materials.

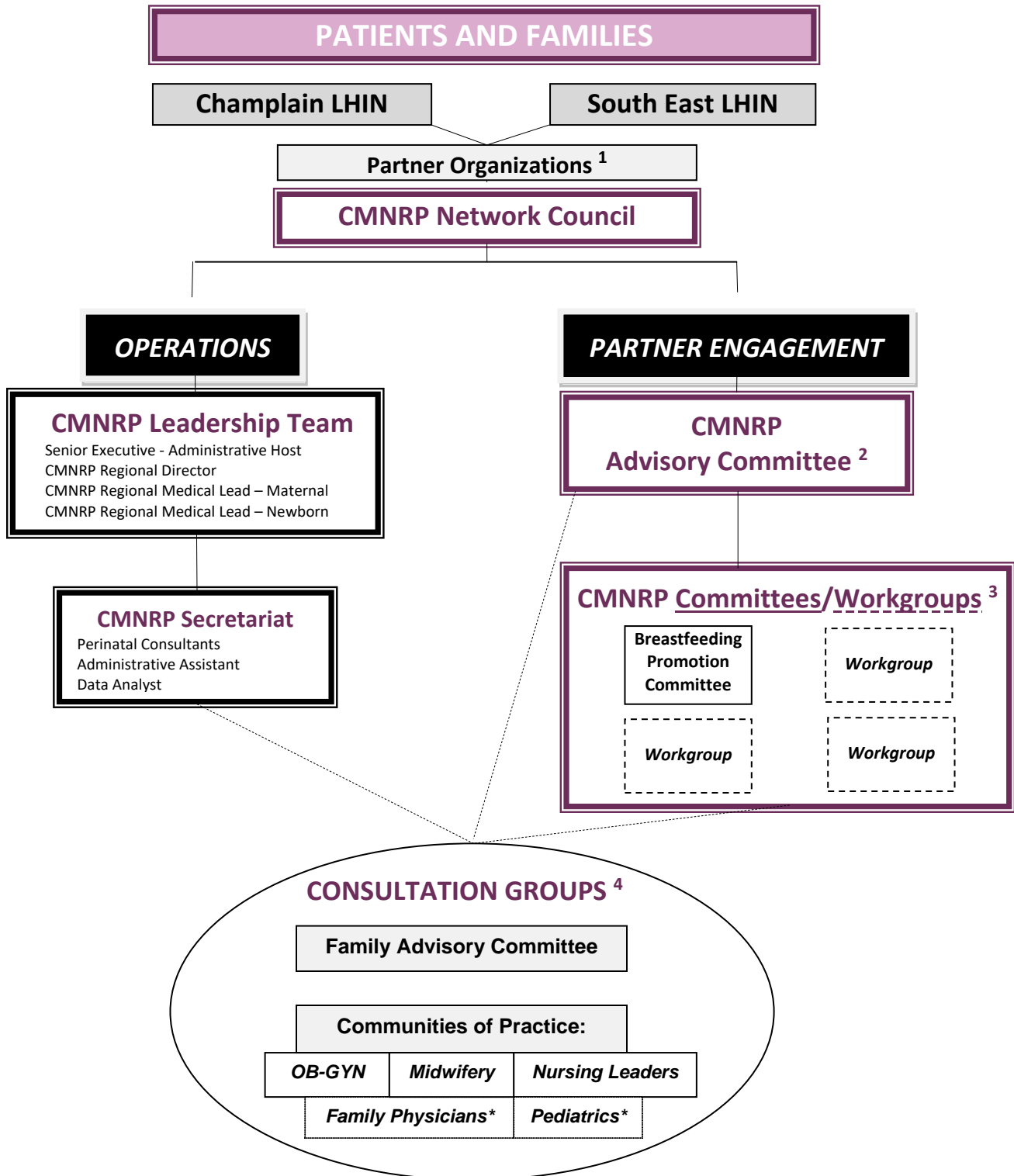


Clinical Priority Areas 2018-2021

1. Breastfeeding
2. Preterm Birth Prevention
3. Mental Health
4. Substance Use
5. Safer Birth

*Clinical areas identified through
partners and stakeholders consultations
as the top trends/priorities to address
in 2018-2021*





1 - Partner organizations and providers of maternal-newborn care/services in the Champlain and South East LHINs

2 - Clinical leadership representatives from funding organizations, CMNRP leads, work groups and consultation groups

3 - Representatives with key expertise from funding organizations and consultation groups

4 - Family Advisory Committee and Communities of Practice (CoPs) created to engage families and discipline-specific professional groups in regional priorities as per their shared interests and expertise. *NOTE: Family Physicians and Pediatrics CoPs to be created.



1. **CMNRP Network Council**

- Provides leadership and oversight to CMNRP's strategic directions, and guides the identification of strategic system-level priorities to health care providers, partners, key stakeholders and the LHINs.
- Membership - *Senior executive representatives of partner organizations and representatives of various health care disciplines.*
- Meeting frequency – Quarterly.

2. **CMNRP Advisory Committee**

- Provides operational advice, organizational support (membership) and oversight to committees and workgroups.
- Develops the Terms of Reference for workgroups, approves deliverables, ensures accountabilities, etc.
- Brings forward new issues that impact maternal-newborn care in region (e.g. service reductions, new programs)
- Membership – *Clinical leadership representatives of partner organizations and CMNRP team leads.*
- Meeting frequency – Bi-monthly.

3. **Committees/Workgroups/Task Forces** specific to topic areas or key strategies

- Created to address strategic priority areas as they are identified.
- Membership composition:
 - **Inter-professional experts, family representatives** and **interested stakeholders** in topic area
 - Representatives from relevant **organizations**, various **levels of care, geography**
 - Expertise related to **data analysis** (quality/performance measurement), **education, knowledge transfer, research**
 - **Perinatal Consultants** as project leads
- Terms of Reference and Project Charters for each work group include clear objectives, scope, deliverables and timelines.
- Aim for 1-2 year commitment timeline, depending on scope.
- Meeting frequency - Monthly or bi-monthly (determined by mandate, members and/or at the call of the Lead).

4. **Family Advisory Committee**

- Current mandate maintained to ensure there is family input into all components of the regional program and to promote family-centred care. Are engaged/consulted by committees and workgroups as needed.
- Meeting frequency – 2-3 times a year or as needed.

5. **Obstetrics / Pediatrics* / Family Physicians* Communities of Practice**

- Created to increase and ensure engagement of Medical Chiefs/Department Heads from Champlain and South East LHINs hospitals in regional maternal newborn priorities. * Yet to be created.
- Co-chaired by CMNRP Medical Leads and/or other medical leads, as determined by the respective CoP.
- Meeting frequency – Quarterly or as needed.

6. **Midwifery Community of Practice**

- Created to ensure midwifery engagement and voice in regional maternal newborn priorities.
- Membership made up of midwife representatives from all midwifery practice groups in Champlain and South East LHINs. Chaired by a Registered Midwife.
- Meeting frequency – Bi-monthly or as needed.

7. **Nursing Leaders Community of Practice**

- Created to ensure nursing leadership engagement and voice in regional maternal newborn priorities.
- Membership made up of nursing educators, advanced practice nurses, managers, directors (and other nursing leaders) from partner organizations.
- Meeting frequency – Bi-annual or as needed.

