



Women & Children's Health Network 2024-25 Workplan

Program Description: The Women and Children's Health Network is committed to ensuring equitable and integrated access to excellent health care for all women and children across the region. The Network accomplishes this by facilitating meaningful and innovative health care through inclusive collaboration. The Network aims to achieve quality improvement and better outcomes for the communities served through innovative projects and initiatives to address local and regional health service gaps. There is a keen focus on education, training, implementation of best practices, standardization, and care pathways that assist community members and care providers to navigate and access the health care system. The Network prides itself in developing purposeful community connections with families, community agencies, hospitals, health service providers, the Ministry of Health, Ontario Health Central, Provincial Council for Maternal and Child Health (PCMCH), Better Outcomes Registry and Network (BORN), the Regional Networks Operations Forum (RNOF) and others. The Network includes a growing and valued team of Patient and Family Advisors who help to achieve our Network's goals and objectives.

Core Functions: Local Gap Analysis and Planning, Executing Improvements to Care, Connecting/Coordinating Providers, Informing/Providing Input to Provincial Entities

Network Strategic Pillars: Evidence-Based Learning and Growth; Supportive and Inclusive Connections; Service and Resource Accessibility

Clinical Priorities: Perinatal Mental Health; Breastfeeding; Pregnancy Loss and Complications; Medical and Therapeutic Management of Pregnancy; Cervical Cancer Screening; Child and Youth Mental Health; Respiratory Care; Early Childhood Development

Key Priority	Description of Activities	Activities by Quarter	Deliverables/Outcomes	Results
Local Gap Analysis and Planning				InterIm Report - Oct 31, 2024 Final Report - April 30, 2025
Service and Resource Accessibility - <i>Early Childhood Development</i> (Child-Youth Working Group)	Advocacy; Education	Q1-4: Advocacy for and elevation of the importance of this clinical priority; develop understanding of regional services, gaps, considerations regarding covid impacts; offer support to agencies currently providing services; share education opportunities and reputable resources (website and social media); explore support options for parents	<ul style="list-style-type: none"> • Letter of support • Social media and website content • Education 	
Service and Resource Accessibility; Supportive and Inclusive Connections; Evidence-based Learning and Growth – <i>Perinatal Mental Health (PMH)</i> (Birthing Families Working Group)	System planning; Advocacy; Education	<p>Q1: Continued development of the PMH Task Force (membership growth and direction setting); determine metrics to be added to Birthing Families Working Group dashboard; organize and hold regional perinatal mental health strategy day; new/existent service and resources profiling</p> <p>Q2-3: Begin to operationalize regional strategy day actions, continued development of Network social media and website including “resource library” and “access care” hubs (i.e. regional PMD Clinician, OATS, SMDHU, Bria, walk in counselling (i.e. Chigamik Tuesdays), support groups, others); build regional repository for PMH services; explore opportunities for peer support; service expansion strategy development; re-profile available Canadian Perinatal Mental Health Trainings offerings and other education; begin 2025/26 work planning</p> <p>Q4: Finish any incomplete action items; evaluate Q1-Q4 activities, finalized plan for 2025/26</p>	<ul style="list-style-type: none"> • PMH Strategy • Resource library and access care hub (website) • Social media content • Proposal and funding advocacy 	
Service and Resource Accessibility; Supportive and Inclusive Connections - <i>Cervical Cancer Screening</i> (Women's Health Working Group)		<p>Q1-3: Profile existent and pop-up pap clinics for increased awareness and accessibility (special populations consideration); collaborate with the Barrie Family Teaching unit (residents) and SMDHU (space/admin) to increase care options; CCO connection and support any screening change recommendations; communications/engagement: CHCs and community (providers & clients)</p> <p>Q4: Evaluate Q1-Q4 activities; finalize 2025/26 workplan</p>	<ul style="list-style-type: none"> • Increase community access and awareness of cervical cancer screening clinics 	

Executing Improvements to Care				
Evidence-Based Learning and Growth; Supportive and Inclusive Connections - <i>Respiratory Care</i> (Child-Youth Working Group)	Education	<p>Q1: Form new Paediatrics Education Task Force, brainstorm regional education strategy; finalize education passport; explore the feasibility of a level 1/level 2 OTN connection</p> <p>Q2: Roll out education passport; develop core course sustainability plan</p> <p>Q2-3: Respiratory education blitz in preparation for fall/winter (utilize KHA/SickKids/other available resources to support)</p> <p>Q3: Paediatric Education Task Force to develop 2025/26 work plan items</p> <p>Q4: Evaluate Q1-Q4 activities, finalize work plan for 2025/26</p>	<ul style="list-style-type: none"> • Paeds Education Task Force • Education passport 	
Service and Resource Accessibility; Supportive and Inclusive Connections (Child-Youth Working Group)	Paeds Response Nurse Pilot (lessons learned); Advocacy	<p>Q1: Explore learnings from RVH's Paeds Response Nurse pilot; explore opportunities to build on pilot's strengths for regional support</p> <p>Q2-3: Support continued success of RVH's Paeds Response Nurse Pilot (if applicable); advocate for and explore scale and spread opportunities (funding model TBD)</p> <p>Q3: Develop 2025/26 work plan items specific to this Response Nurse Pilot</p> <p>Q4: Evaluate Q1-Q4 activities, finalize plan for 2025/26</p>	<ul style="list-style-type: none"> • TBD once pilot evaluated and resource availability explored 	
Service and Resource Accessibility - <i>Mental Health</i> (Child-Youth Working Group)	Improve access to local and regional care; Advocacy	<p>Q1-4: Continue to support the work of the Child and Youth Mental Health Crisis Task Force (refer to Task Force work plan for details); education dissemination to support care for children and youth in crisis; explore the feasibility of a level 1/level 2 OTN connection to support mental health care</p> <p>Q3: 2025/26 work plan items specific to child-youth mental health</p> <p>Q4: Evaluate Q1-Q4 activities, finalize plan for 2025/26</p>	<ul style="list-style-type: none"> • Education 	
Service and Resource Accessibility; Evidence-Based Learning and Growth - <i>Breastfeeding</i> (Birthing Families Working Group)	Governance; Best practice implementation	<p>Q1: Alignment of Near North Baby Friendly Initiative (NN BFI) Committee with Network's Birthing Families Working Group; SMDHU presentation to NN BFI/BF WG: 2023 infant feeding surveillance and WHO competency guide; determine metrics to be added to Birthing Families Working Group dashboard; strategize ways to support staff to support family goals (prenatally, postnatally, and in cases where there are maternal/newborn separation/NICU considerations); back to basics; socialize and educate on new CPS guidelines (breastfeeding in NICU)</p> <p>Q2: Integrate breastfeeding education into regional passport as core competency (BCC as foundation); explore education and standardization of resources opportunities; develop plan to proactively offer regional breastfeeding education to staff via SMDHU (make available on Network website)</p> <p>Q3: Gap analysis for local breastfeeding supports and link breastfeeding resources (including local tongue tie options) on Network and SMDHU website and profile on social media; update BF referral map; begin 2025/26 work planning</p> <p>Q4: Service collaboration opportunities (SMDHU/hospitals/community partners); finish any incomplete action items; evaluate Q1-Q4 activities, finalized plan for 2025/26</p>	<ul style="list-style-type: none"> • Breastfeeding education 	
Service and Resource Accessibility; Evidence-Based Learning and Growth - <i>Pregnancy Loss and Complications</i> (Women's Health Working Group)	Service access; Standardization; Education	<p>Q1-Q4: Support existing Little Loss Libraries and roll out of new Libraries within the region; continued support to Bridget's Bunnies comfort kit sustainability plan</p> <p>Q1: Pregnancy Loss and Complications Task Force to initiate development of Emergency Department Standard of Care (ED SOC) and/or adopt toolkit from Ottawa region; participate in toolkit evaluation with PAIL</p> <p>Q2-3: Finalize/roll out ED SOC/toolkit; Profile and support education blitz of PAIL Communication e-learning module; Evaluate documents developed in 2023/24: lactation after loss, information booklet for second/third trimester loss</p> <p>Q3: Develop work plan for 2025/26; complete any incomplete activities</p> <p>Q4: Evaluate Q1-Q4 activities, finalize work plan for 2025/26</p>	<ul style="list-style-type: none"> • Little Loss Libraries • ED SOC/toolkit • PAIL training course 	

Connecting/Coordinating Providers			
Evidence-Based Learning and Growth; Supportive and Inclusive Connections (Child-Youth Working Group)	Regional mock exercise	<p>Q1: Plan for a paediatrics-focused emergency disaster mock exercise</p> <p>Q2: Carry out paed mock exercise (September)</p> <p>Q3: Implement learnings/recommendations that stem from mock</p> <p>Q4: Evaluate Q1-Q4 activities, finalize plan for 2025/26</p>	<ul style="list-style-type: none"> • Recommendations/feedback for system improvement
Evidence-Based Learning and Growth; Supportive and Inclusive Connections (Birthing Families Working Group)	Education; Orientation	<p>Q1: Form new Obstetrics Education Task Force</p> <p>Q1-4: Develop level 1/level 2 mentorship program inclusive of regional MOU, streamlined orientation training process (i.e. online modules, on unit, and in class), shared training responsibility between RVH & OSMH; central intake process; standardize clinical competencies for OBS</p>	<ul style="list-style-type: none"> • OBS Education Task Force • Level 1 / level 2 mentorship program
Service and Resource Accessibility; Evidence-Based Learning and Growth - <i>Medical and Therapeutic Management of Pregnancy</i> (Women's Health Working Group)	Service access; Standardization	<p>Q1: Finalize package/training plan for pharmacies; implement Muskoka abortion care pathway; for MAs, explore options for 24-hr access to follow up for first 24-hrs; profile and roll out new pregnancy-related D&C patient resources, provider checklist and associated information package</p> <p>Q2: Disseminate Mifigymiso survey list to providers; disseminate MA resources and education to pharmacies and patients (profile MA education, what to expect)</p> <p>Q3: Share abortion care pathway with other subregions/provincial tables; ongoing assessment of central intake opportunities (EMCM: potential funding source)</p> <p>Q4: Evaluate Q1-Q4 activities, finalize workplan for 2025/26</p>	<ul style="list-style-type: none"> • Medication abortion education for pharmacies • Mifigymiso pharmacy list • Muskoka abortion care pathway
Informing/Providing Input to Provincial Entities			
Participation in PCMCH and BORN Committees and provincial work		Bi-monthly PCMCH meetings: OH Central, RNOF, Maternal-Newborn Committee, Child-Youth Committee, BORN Dashboard Committees; Presentations as requested; participation in CANOSS research work as needed	
Network Specific Priorities			
Evidence-Based Learning and Growth; Supportive and Inclusive Connections (all Working Groups)	Data analysis	<p>Q1: Define metrics group would like to track on new Network dashboard inclusive of clinical priorities</p> <p>Q2: Develop performance metric dashboard with targets</p> <p>Q3: Finalize and disseminate dashboard; brainstorm change ideas that stem from regional data review to plan for 2025/26 work plan</p> <p>Q4: Evaluate dashboard; data plan for 2025/26</p>	<ul style="list-style-type: none"> • Regional dashboard
Network Growth and System Connections	Strengthen linkages to OHTs; Network expansion to include more of central region	<p>Q1: OHT engagement meeting to learn more about individual OHT priorities and share WCH Network priorities, seek collaborative opportunities</p> <p>Q2: Add an additional central region hospital, Midwifery Practice Group, Indigenous representative, and subregion catchment area as Network members/partners</p> <p>Q3: Orientate new members to the Network</p> <p>Q4: Explore continued Network growth opportunities</p>	<ul style="list-style-type: none"> • Catchment area and supported geography growth
An Integrated Approach to Better Care.			