

## MNCY turns 3!



MNCY just celebrated our 3<sup>rd</sup> birthday and like many of the three year old children we serve, we are very passionate, still new to the game, and continue to learn and grow. We have created a fabulous network of clinicians and patients with high levels of engagement. As a result, we have a lot of amazing meaningful work underway! Click here to view our current projects:

<https://www.albertahealthservices.ca/scns/Page11636.aspx>

## Well on Your Way: Supporting transitions from pediatric to adult care



In June 2017, over 50 youth transition stakeholders gathered in Calgary, representing patients and families, pediatric medical specialists and allied health from across Alberta. Their mission: to discuss ways to improve the transition of care for the medically complex child into adult care. The group discussed opportunities and provincial approaches that would improve the transition from pediatric to adult services for this population. One of the quick wins identified was to combine efforts with an existing working group with members from Alberta Children's Hospital, Stollery Children's Hospital, Glenrose Rehabilitation Hospital and the pediatric units from the regional hospitals to develop a web based patient/parent information portal.

“**Well on Your Way**” is the name of this youth transitions initiative and it is indeed well on its way. The working group has engaged families and health care specialists to identify needed content and potential layout and format for the site. The web based resource currently being developed will provide a provincial, one-stop, readily accessible, source of consistent, reliable and comprehensive information, tools and resources for all youth and families across the province. The interactive website will be filled with patient stories, videos, and information about topics such as how to find a doctor and keep track of health information, how to find housing, how to manage money, healthy relationships, sexuality, mental health, and many other topics that youth and families have told us are important to them. Stay tuned to hear more about this exciting and needed initiative. For more information please contact one of the working group co-chairs: [deb.thul@ahs.ca](mailto:deb.thul@ahs.ca) or [karen.johnston2@ahs.ca](mailto:karen.johnston2@ahs.ca)

## What's inside?

- **MNCY turns 3!**
- **Well on Your Way – supporting transitions from pediatric to adult care**
- **New Antepartum Pathway – focus on modifiable risk factors**
- **World Preeclampsia Day May 22, 2018**
- **Clinical Knowledge Topics**
- **Connect Care**
- **Quality Improvement in Obstetrics – MORE<sup>OB</sup> takes the lead**
- **MNCY Grants & Studentships**
- **Spotlight: MNCY Leadership**



# NEW Alberta Antepartum Pathway Focuses on Modifiable Risk Factors

Early identification and management of modifiable risk factors early in pregnancy can result in improved maternal and newborn outcomes. This is the intent of a new Alberta Antenatal Pathway and supporting prenatal record that will be trialed in nine physician clinics across the province starting in September of 2018. Over 200 clinicians (obstetricians, family practice physicians, midwives, nurses, researchers and families) provided input into the pathway. It supports the rural and community maternity corridors of care, ensuring that pregnant patients have continuity and consistency in assessment and care where ever they live in Alberta. In addition, clinicians will have ready access to references, resources and decision trees that facilitate the effective management of early identified risk factors and continuity across sites.

An example of one of the most significant non-medical, modifiable risk factors related to poor mother and baby outcomes that is addressed in the pathway, is related to *unhealthy weight gain* (either too great or too little) during pregnancy.

Supporting women in their efforts to achieve healthy weight gain goals during pregnancy can have a significant effect on reducing the number of mother and baby risks including:		
Too much gain	Maternal and Newborn risks:	Birthing difficulties including:
	<ul style="list-style-type: none"> <li>Gestational diabetes</li> <li>Hypertension</li> <li>Preeclampsia/Seizures</li> <li>Reduced Oxygenation to Fetus</li> <li>Large birthweight babies</li> <li>inherited transfer of metabolic and cardiovascular disease that the infant will carry into adulthood</li> <li>neonatal hypoglycemia</li> </ul>	<ul style="list-style-type: none"> <li>Shoulder Dystocia</li> <li>Instrumental delivery</li> <li>Fetal distress</li> <li>Vaginal tears</li> <li>Cesarean section</li> <li>Postpartum hemorrhage</li> <li>neonatal admission to NICU</li> </ul>
Too little gain	<ul style="list-style-type: none"> <li>intrauterine growth restriction</li> <li>failure to thrive</li> </ul>	<ul style="list-style-type: none"> <li>small for gestational age</li> <li>neonatal admission to NICU</li> </ul>

Early in a woman's pregnancy, it's important to calculate the recommended rate of weight gain and total weight gain range for all women using pre-pregnancy BMI and corresponding weight category. Talking to women about healthy weight gain at the first appointment and throughout pregnancy can help to promote and normalize weight gain conversations. The following table outlines the recommended weight gain during each trimester of pregnancy based on the mother's initial weight and BMI.

**As health care providers, we all have a role to play in socializing society to these risk factors and in supporting pregnant women to achieve their goals for a healthy pregnancy and a healthy baby.**

## Canadian Gestational Weight Gain Recommendations

Pre-pregnancy BMI	Average rate of weight gain 2nd and 3rd trimester		Recommended range of total weight gain	
	kg/week	lb/week	kg	lbs
Below 18.5	0.5	1.0	12.5 - 18	28 - 40
Between 18.5 - 24.9	0.4	1.0	11.5 - 16	25 - 35
Between 25.0 - 29.9	0.3	0.6	7 - 11.5	15 - 25
30 or more	0.2	0.5	5 - 9	11 - 20

Image retrieved from:

<http://www.simcoemuskokahealth.org/Topics/PregnancyandBefore/HealthyPregnancy/gwg.aspx>

See AHS Health Pregnancy Weight Gain information & resources:

<https://www.albertahealthservices.ca/info/Page14356.aspx>

## Clinical Knowledge Topics

Evidence-based Clinical Knowledge Topics (CKTs) provide guidance at the point of care for a specific disease or condition. The topics include the latest research regarding which diagnostic tests or medications to order, which treatments to use for specific conditions, when to discharge patients from the hospital, and many other aspects of clinical practice. CKT developers use a specialized framework, called **PICO**, to frame clinical questions, develop literature search strategies and identify answers based on the best practice and evidence.

Evidence-based guidance can improve the quality of care of patients by supporting interventions of proven benefit, while discouraging interventions that are ineffective or potentially harmful. Incorporating CKTs along with standardized medical order sets into the Provincial Clinical Information Systems can improve the consistency of care, regardless of geographical location within the province.

Significant work continues on the development of clinical knowledge topics that support pediatric, neonatal intensive care and obstetrics.



### Topics to be soon released for pediatrics include:

- A respiratory suite of topics that includes: croup, bronchiolitis, and community acquired pneumonia
- Concussion
- Diabetic ketoacidosis (DKA),

**A NICU topic to be soon released is on hypoxic ischemic encephalopathy.**

## MNCY Connect Care



As you may know, the Connect Care team has been busy orchestrating three large “**Direction Setting**” sessions in Edmonton and Calgary over the past three months. MNCY representatives have been there too, ensuring the provincial vision and initiatives are recognized and considered when making decisions about higher level EPIC system functionalities and workflows. The next phase involves “**Validation**” where the Subject Matter Experts review how the system takes shape to ensure the workflows configured at the direction setting sessions work well across the different applications. MNCY members are highly engaged participants on both the Women’s Health and Pediatric **Area Councils**. This participation allows for inclusion and/or leverage of existing MNCY initiatives, partnerships, resources and more!

To view Clinical Knowledge Topics, visit the Clinical Knowledge Viewer on Insite or email [ckcm@ahs.ca](mailto:ckcm@ahs.ca) for a pdf copy.

Coming soon to the AHS  
external site

[www.albertahealthservices.ca!](http://www.albertahealthservices.ca!)



### World Preeclampsia Day Tuesday, May 22, 2018!

Chronic hypertension, obesity, diabetes, and kidney disease increase a woman's risk of developing preeclampsia. Preeclampsia makes her three to four times more likely to develop heart disease later in her life.

2018 World Preeclampsia Day is dedicated to raising awareness of prevention and detection measures for non-communicable diseases that can lead to preeclampsia.

For more information visit <http://www.endingeclampsia.org>

**Quality Improvement in Obstetrics - MORE<sup>OB</sup> takes the lead**

MORE<sup>OB</sup> was introduced and supported by AHS in 2005. It was adopted as an approach to patient safety that started with the establishment of site specific and unit based teams consisting of specialists, family physicians, midwives, nurses and operational leaders called MORE<sup>OB</sup> Core Teams.

In year one, these teams co-led by medicine and nursing, developed workshops and activities to educate all health care providers in obstetrical care to the same evidenced based knowledge so that everyone would speak the same language and know the same things. In year two, the core teams began working on establishing communities of practice, establishing a culture of team work and trust.

After year three, teams continued to improve processes and outcomes by building skills in conducting audits, reviewing practice and analyzing unexpected outcomes using root cause analysis and Failure Mode Effects Analysis processes (FMEA). The tracking of unexpected outcomes in the obstetrical units led to the development of strategies and changes in process aimed at identifying and mitigating factors that led to that unexpected outcome.

The teams have matured and grown over the past twelve years. With the added support of the MNCY SCN and the Alberta Perinatal Health Program’s obstetrical data reports and provincial perinatal quality assurance reviews, the teams have begun to look at both provincial and local trends related to poor maternal and newborn outcomes. The teams are analyzing the linkages between a woman’s presenting risk factors, medical interventions and resultant outcomes. This analysis has led to the establishment of obstetrical quality improvement goals and strategies for each site. Because the goals are driven by data that is meaningful to each community and to the clinicians who provide obstetrical care in that community, the MORE<sup>OB</sup> teams are strong Quality Improvement Teams who are in well positioned to facilitate and support obstetrical quality improvement both locally and provincially.

**MNCY Grants and Studentship Announcements!**

2018 MNCY Seed Grant Award Recipients	2018 MNCY SCN™ Studentships
<p>Congratulations to the following MNCY seed grant recipients.</p> <ul style="list-style-type: none"> <li>• <b>Diana Mager</b> (University of Alberta) received a two year grant of \$15,000 for her project on a “Gluten free food guide for Albertan Children and Youth”</li> <li>• <b>Stephen Freedman</b> (University of Calgary) received a 2 year grant of \$15000 for his project on “Estimating the Burden of Viral Acute Gastroenteritis in Alberta’s Children”</li> </ul>	<p>Congratulations to the successful applicants to the 2018 MNCY SCN™ Studentship Competition.</p> <ul style="list-style-type: none"> <li>• <b>Sumedh Bele</b> will support the ACH &amp; Medicine Hat Telemedicine Rounding and Consultation (TRAC) project</li> <li>• <b>Oluwakemi Amodu</b> will support the access to obstetrical care for marginalized populations project</li> </ul> <p>The students will work with project leads and the MNCY SCN Scientific Office to carry out health services research focused on MNCY SCN priority projects. We are delighted to have them join our team!</p>



# Spotlight: MNCY SCN Leaders David W Johnson and Allison Bichel



**Dr. David Johnson MD is our Senior Medical Director**, a pediatric emergency physician and medical toxicologist. He is also a Professor of Pediatrics, Emergency Medicine, and Physiology and Pharmacology in the Cummings School of Medicine, University of Calgary. His previous research interests focused primarily on the management of common childhood respiratory emergencies, and ensuring primary health care professionals utilize 'best evidence' in managing these diseases. He is absolutely passionate about improving AHS child health data analytics!

**Q: What is one thing that you would like readers to know about you and the work of the Maternal Newborn Child and Youth SCN?** **A:** It's about making our care better!

**Q: Why is the MNCY SCN a success?** **A:** We work as a team.

**Q: How do you balance clinical needs of the care providers with the research and innovation work of the SCN?**

**A:** Sitting down together and finding a common ground.

**Fun Fact about David:** My idea of a good time is long swim and cycle ride - weird no? Or more conventionally watching the Toronto Raptors or Calgary Stampeders' games with my son.



**Allison Bichel MPH MBA PhD, is our Senior Program Director for MNCY and AMH.** She is fierce advocate for mental health and Indigenous Maternal Child initiatives.

**Q: What is one thing that you would like readers to know about you and the work of the MNCY SCN?**

**A:** I love the work of the Strategic Clinical Networks. It is a really exciting time to innovate and improve health care in Alberta. My wish is that all clinicians, operational leads, and patient/family advocates see themselves as the MNCY network. We are better together!



**Q: Why is the MNCY SCN a success?**

**A:** It's amazing what can happen when we get families, clinicians, and researchers from different parts of the province together in the same room. Opportunities and barriers turn into big ideas. We help put form to a path forward, and bring people together to get things done. Above all we have a fabulous network of passionate dedicated people who care about improving the health of moms, babes, and youth.

**Fun Fact about Allison:** The Bichel family has six bee hives....so if you want some Grade A Organic Alberta honey....you know where to find it! We are also Marching Band Music fanatics with our three kids Joseph (19), Thomas (17), and Julia (14) heavily involved with the Calgary Stampede Bands. Who would have imagined we'd have a jazz ensemble under our roof (piano, saxophone, trombone, trumpet, French horn)! Recently we added a new member to our family: Luna the polar bear lab. She has me wrapped around her paw.



**Q: How do you balance clinical needs of the care providers with the research and innovation work of the SCN?**

**A:** Ditto to finding common ground. It's less about finding balance, and more about bringing together different perspectives to create a better experience and outcome for patients and families.

