



Early health. Lifelong health.
Début en santé. Longue vie en santé.


BORN Ontario Briefing

BORN COMMITTEES


October 20 - 2011

Committee Structure

Ministry of Health and Long Term Care
Maternal Child Youth Health Strategy



Provincial Council for Maternal Child Health (PCMCH)



Better Outcomes Registry & Network (BORN)

Maternal Newborn Advisory Committee

Child & Youth Advisory Committee

Maternal Child Screening

Maternal/ Newborn Outcomes

Child & Youth Outcomes

Congenital Anomalies

Prenatal Screening Subcommittee

Newborn –Child Screening Subcommittee

Dashboard Subcommittee

Neonatal Subcommittee

Genetics Subcommittee



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Maternal Newborn Outcomes Committee (MNOC)

MNOC Scope

- Provide scientific, health system, and technical leadership advice to BORN Ontario
 - This will encompass predisposing factors and outcomes related to clinical care issues and social determinants of health affecting Ontario's maternal and newborn populations, including, but not limited to:
 - Pregnancy issues (e.g. hypertensive disorders, access to care, folate use, etc.)
 - Birth and postpartum issues (e.g. cesarean section, appropriate level of care, use of fetal fibronectin, breastfeeding etc.)
 - Neonatal issues (e.g. prematurity, transport, etc.)
 - Maternal health issues (e.g. maternal morbidity)
 - Social determinants of health (e.g. smoking)
 - Outcomes (including later development and child health)

MNOC Committee Membership

Dr. Graeme Smith (Chair)	MFM & Research	Kingston
Dr. JoAnn Harrold (Vice-Chair)	Neonatology	Ottawa
Ms. Liz Darling	Midwifery	Ottawa
Dr. Paul Dick	Pediatrics	Owen Sound
Dr. Gregory Flynn	Laboratory Services	Toronto
Dr. Chris Longo	Health Economics	Hamilton
Dr. G. Mariampillai	Obstetrics	Humber River
Dr. Renato Natale	MFM & Regional Programs	London
Ms. Nancy Persichino	Administration	Thunder Bay
Ms. M-A Pietrusiak	Public Health	Whitby
Dr. Joel Ray	MFM & Research	Toronto
Dr. Prakesh Shah	Neonatology and Epidemiology	Toronto
Dr. Shi Wu Wen	Perinatal Epidemiology	Ottawa
Dr. Ann Sprague	Nursing and BORN Resource	Ottawa

Dashboard Subcommittee Members

Dr. Graeme Smith (Chair)	MFM and Research	Kingston
Dr. JoAnn Harrold (Vice-Chair)	Neonatology	Ottawa
Ms. Liz Darling	Midwifery	Ottawa
Dr. Sandy Dunn (BORN Resource)	Neonatal Nursing	Ottawa
Ms. Deshayne Fell/Sherrie Kelly	Epidemiology – BORN	Ottawa
Dr. Ivor Margolis	Pediatrics	Toronto
Dr. Renato Natale	MFM & Regional Programs	London
Dr. Mark Walker	MFM and Epidemiology	Ottawa
Dr. Ann Sprague	Nursing and BORN	Ottawa

Neonatal Subcommittee

Dr. JoAnn Harrold (co-chair)	Neonatology	Ottawa
Dr. Prakesh Shah (co-chair)	Neonatology & Epidemiology	Toronto
Dr. Doug Campbell	Pediatrics	Toronto
Ms. Barbara Chapman	Data Quality – BORN	Oakville
Ms. Marion Deland	Administration	Toronto
Dr. Shaheen Doctor	Neonatology	North York
Dr. Terry Lacaze	Neonatology	Ottawa
Dr. Shawn Murray	Pediatrics	Sudbury
Dr. Henry Roukema	Neonatology & Regional Programs	London
Ms. Wendy Seidlitz	Data Management	Hamilton
Dr. Ann Sprague	Nursing and BORN Resource	Ottawa

MNOC Meetings

- Dec 2/10 (inaugural - in person)
- Mar 21/11
- June 28/11
- Oct 5/11 (in person)

MNOC - Progress to date

- Finalized terms of reference
- Dashboard and Neonatal subcommittees established and projects underway for both
- First MNOC projects scoped and preliminary data pulls started – seeking guidance on first priority
 - Economic analysis associated with increasing BMI
 - Economic analysis associated with repeat elective cesarean sections at less than 39 wks gestation in low risk women
 - Economic analysis associated with fertility treatment and pregnancy outcomes

Other MNOC Tasks

- Establish a data element review cycle for maternal newborn data elements in the BORN system
- Consult on performance indicators for maternal newborn system

BORN Data Dictionary



www.BORNOntario.ca/data-dictionary

Dashboard Subcommittee

- Subcommittee pre-dated MNOC and was established by BORN Scientific Committee
- Dashboards are a performance measurement tool that incorporate the following functions:
 - Report on a selection of performance indicators (Feedback)
 - Compare performance to established ideal levels (Benchmarking)
 - Provide alerts when performance is sub-optimal to trigger action (Warning or Signal)

Dashboard Subcommittee

- Dashboards have been used for a variety of purposes within health care, but are primarily implemented to drive quality improvement
- *Every health care organization shall establish and maintain a quality committee for the health care organization. (Bill 46 – Excellent Care for All - 2010)*
 - *To monitor and report to the responsible body on quality issues and on the overall quality of services provided in the health care organization with reference to appropriate data*

Dashboard Subcommittee Progress Report

TASKS	PROGRESS
Choose maternal newborn indicators	Final list of 6 approved
Establish evidence-informed benchmarks	Benchmarks approved at Oct 2011 mtg
Develop report specifications for BORN system and 'look and feel' of dashboard screen in BORN	Dashboard standard reports and visual representation almost complete
Consider methodological issues about stability of estimates in low volume centres	Consultations undertaken
Pilot test the dashboard in Level 1, 2 and 3 hospitals in the province	Planning underway
Consider research project associated with implementation	Preliminary meetings underway and grant deadlines explored

Site Actions ▾



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Hospital: **Alexandra Hospital** ▾Reporting Period: **Previous quarter** ▾Trend Period: **Last 4 quarters** ▾

Maternal Newborn Dashboard

	Rate	Status	Same level of care hospitals	Similar birth volume hospitals	Ontario
Proportion of newborn screening samples that are unsatisfactory for testing	5.0%		5.0%	0.0%	5.0%
Rate of episiotomy in spontaneous vaginal births	29.0%		29.0%	0.0%	29.0%
Rate of formula supplementation in term infants whose mothers intended to breastfeed	15.0%		15.0%	0.0%	15.0%
Rate of repeat cesarean section in low risk women not in labour at term with no medical or obstetrical complications done prior	38.0%		38.0%	0.0%	38.0%
Proportion of labouring women delivering at term who had Group B Streptococcus (GBS) screening at 35-37 weeks gestation	97.0%		97.0%	0.0%	97.0%
Proportion of women induced with an indication of post-dates who are less than 41 weeks gestation at delivery	5.0%		8.0%	0.0%	8.0%

Key Performance Indicator (KPI) Details

KPI: Rate of repeat cesarean section in low risk women not in labour at term with no medical or obstetrical complications done prior**Status Bands:** Benchmark Status Indicator

Status Band	Value
On Target	< 10.00%
Warning	10.00% to <15.00%
Alert	15.00% or more

Neonatal Subcommittee

- 2 MNOC members (Prakesh Shah and JoAnn Harrold) leading this subcommittee
- First meeting on May 10, 2011
- Next meeting to be booked soon
- Primary tasks
 - To discuss strategies for collecting data from Level 3 nurseries
 - To develop NICU-specific indicators for a dashboard
 - To work with CNN and others regarding neonatal follow-up data
 - To develop a provincial newborn discharge sheet –built as a standard report from the BORN on-line system

Neonatal Subcommittee Progress Report

TASKS	PROGRESS
To discuss strategies for collecting data from Level 3 nurseries	As of Nov – BORN will have a dedicated person and resources in place to work with Level 2 and Level 3 hospitals to develop a solution
To develop NICU-specific indicators for a dashboard	Committee has been polled for potential KPIs – list established. Now needs Delphi process
To work with CNN and others regarding neonatal follow-up data	
To develop a provincial newborn discharge sheet –built as a standard report from the BORN on-line system	<p>Report specification for well-baby developed and reviewed</p> <p>Report specification for baby going home with parents (who has spent short time in NICU) developed - still needs review</p>



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Ontario Congenital Anomalies Committee (OCAC)

What are congenital anomalies?

Congenital anomalies include anatomic, metabolic or other abnormalities that are apparent in utero, at birth or detected during early childhood.

OCAC Scope

- To provide scientific and technical leadership advice on ***congenital anomalies surveillance and related activities*** to BORN Ontario including:
 - Developing, maintaining and enhancing congenital anomalies surveillance systems in Ontario;
 - Determining the quality and scope of congenital anomalies data collection across the province;
 - Determining the case definitions for congenital anomalies surveillance.

OCAC Members

Dr Greg Ryan(Chair)	MFM & Surgery	Toronto
Dr Aideen Moore (Vice-Chair)	Neonatology	Toronto
Dr David Chitayat	Medical Genetics	Toronto
Ms Susan Conacher	Nursing & Genetic Counseling	London
Mr Andrew Deonarine	Health Records	Cambridge, UK
Dr Katherine Fong	Radiology	Toronto
Dr Karen Harman	Pediatrics	Hamilton
Dr Julian Little	Epidemiology	Ottawa
Ms Jen Milburn	Newborn Screening	Ottawa
Dr Greg Moore	Neonatology	Ottawa
Dr Rory Windrim	MFM	Toronto
Ms Sherrie Kelly	BORN Resource/Epidemiology	Ottawa
Ms Heather Ramshaw	BORN Coordinator	Kingston

OCAC Meetings

- Dec 2/10 (inaugural - in person)
- Jan 25/11 (in person)
- April 5/11
- May 3/11
- June 21/11
- Oct 6/11

Future meetings:

- Late Oct/11 & Nov 15/11 (in person)

OCAC Subcommittees

- Discussions are currently underway to form subcommittees to address requirements for focus areas including:
 - Genetics
 - Pathology

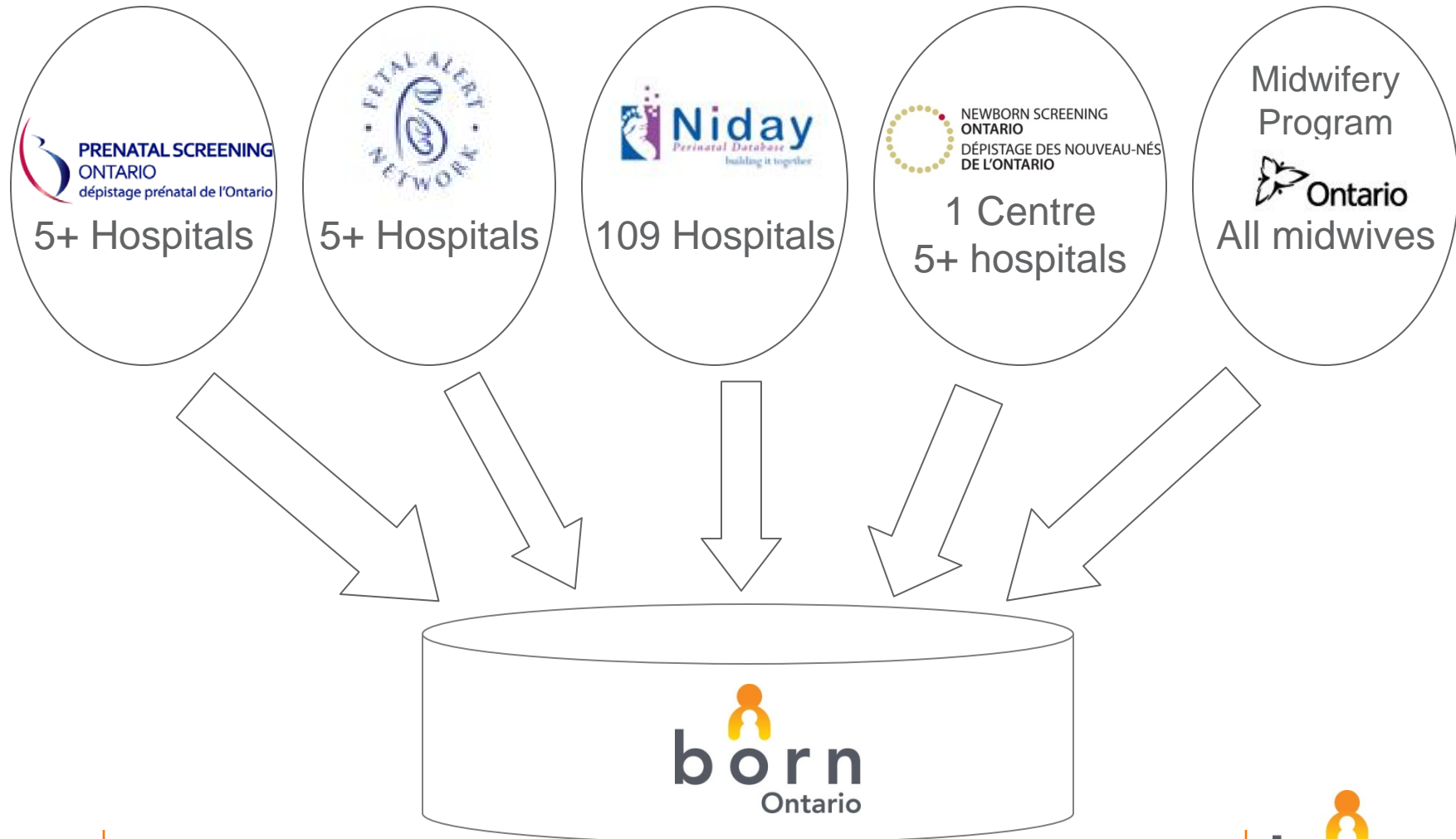
OCAC Progress Report

TASKS	PROGRESS
Advise on strategy for CA surveillance	Ongoing
Evaluate additional sources of CA data	Complete – hospital, non-hospital, environmental data sources
Make recommendations on addition of existing data sources for enhancing CA surveillance	Identified 2 additional sources (Year 2)
Assess completeness and quality of current CA	Evaluating FAN and Niday data
Advise on the allocation of resources related to CA	Ongoing
Work collaboratively with the Provincial Council for Maternal and Child Health (PCMCH) for policy analysis	To be addressed
Provide scientific guidance, advice and program evaluation for specific initiatives to the BORN Executive Team	Ongoing

CA surveillance at the National Level

- With support from the Canadian Congenital Anomalies Surveillance Network (CCASN) of the Public Health Agency of Canada (PHAC), the OCAC will develop the framework for **improved province-wide surveillance of congenital anomalies in Ontario.**
- Priority to obtain complete congenital anomaly data for Ontario, as well as contribute at the national level
 - CCASS variables
 - developed PIA

Evolution of CA Surveillance in Ontario



CA surveillance in Ontario

Current state

- Even after integration of data, there will still be gaps in ascertainment of congenital anomalies due to the scope and methodology of currently integrated systems.
- **Ascertainment of ~60% of congenital anomalies**

CA surveillance in Ontario

Targeting of 3 additional sources of CA data:

- Case ascertainment: Discharge Abstract Database (DAD)
- NICU data: Canadian Neonatal Network (CNN) data directly from hospitals (with identifiers)
- Cardiac anomalies data: Pediatric Cardiology

This will be a step-wise strategy

Future plans are to incorporate additional sources of CA data to continue enhancing congenital anomalies ascertainment and surveillance.

How to get involved with BORN committees?

