



The Canadian Neonatal Network™

NEWSLETTER

VOLUME 2 ISSUE 1

JANUARY 2007

SPECIAL EPIC/PHSI
EDITION

SPECIAL
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CNN Steering Committee Election Results

Nominations and elections were held in Fall 2006 to fill two vacant CNN Steering Committee positions. Congratulations to Drs. Prakesh Shah and Anne Synnes who were elected to serve on the CNN Steering Committee. Thank you to all who stood for elections. We would also like to thank Dr. Arne Ohlsson and Dr. Michael Dunn who have now completed their terms on the CNN Steering Committee – thank you for all your contributions.

Anne Synnes, MDCM, FRCPC, MHSc

Dr. Anne Synnes is a staff Neonatologist at the Children's & Women's Health Centre of BC in Vancouver. She is also a Clinical Associate Professor in the Department of Pediatrics at the University of British Columbia. She has been a site investigator for the Montreal Children's Hospital and the BC Children's Hospital since the inception of CNN and has served as one of the original CNN Steering Committee members. Dr. Synnes' additional contributions to CNN include 3 manuscripts as first author, 3 manuscripts as co-author, 11 abstracts as first author and 15 abstracts as co-author. She is the Director of the Canadian Neonatal Follow-Up Network and can represent both neonatology and the follow-up interests. Dr. Synnes is multilingual in English, French and Norwegian. Her main areas of interest and accomplishments are health outcomes and health services research, neonatal follow-up, sepsis, childhood development, quality improvement and knowledge translation.

Prakeshkumar Shah, MBBS, MD, DCH (London), MRCP (UK), MRCPCH (UK), FRCPC, MSc

Dr. Prakesh Shah is a staff Neonatologist and Epidemiologist at Mount Sinai Hospital in To-

ronto. He is an Assistant Professor in the Departments of Paediatrics and Health Policy, Management and Evaluation at the University of Toronto. He completed his medical training in India, postgraduate training in India and UK, followed by a fellowship in Neonatal Perinatal Medicine at the University of Toronto hospitals. During the fellowship he also completed a MSc in Clinical Epidemiology at the University of Toronto and currently teaches in the Clinical Epidemiology Program at the University of Toronto. He is a co-representative for University of Toronto Network site of the Cochrane Collaboration. His research interests are HIE, systematic reviews and review of changes in practice and their impact on outcomes in neonatology. He believes that the CNN has been successful in achieving goals of establishing a neonatal perinatal network and creating a true national database. Now CNN needs to concentrate on studying outcomes and variation in practices longitudinally to identify effectiveness of various changes and to develop innovative research methods to improve health and quality of care. He is willing to contribute his epidemiological expertise to explore nationwide trends in the practices, outcomes and resource utilization over the last 10 years and in forthcoming years. Using CNN as a medium he is also interested in encouraging active participation, particularly from younger faculties and trainees, and working with them to build the health services research expertise in Canada. His ultimate goal is to identify avenues to continually improve outcomes for our fragile neonates.

Voting was held electronically from September 14-28, 2006. Thank you to everyone who took the time to vote – your efforts are much appreciated!



Spotlight on EPIC Sites: Winnipeg (St. Boniface General Hospital & Health Sciences Centre)

This article originally appeared in the Child Health Quality Team, Quality for Kids Newsletter. The Quality for Kids Newsletter is a production of the Child Health Quality team, led by Dr. Gerarda Cronin, covering the entire Child Health Program at Winnipeg Regional Health Authority.

Quality Improvement (QI) methods are sometimes criticized because they are subjective and not based on research. The goal of the EPIC project (Evidence-based Practice Identification and Change), which has just finished, was to develop a new scientific method for Quality Improvement. This project was led by Dr. Shoo Lee, leader of the Canadian Neonatal Network (the *other* CNN). We tested whether EPIC reduces the incidence of BPD (bronchopulmonary dysplasia) and NI (nosocomial infection) in premature babies, in a cluster randomized controlled trial of Canadian NICUs. We used evidence from the published literature, identified hospital specific practices for targeted intervention, and used our national network to share expertise and experience. The Canadian Institutes of Health Research funded the study and ethics approval was obtained from all participating hospitals. NICUs in 6 cities were randomized to reduce NI and in 6 (including both NICUs in Winnipeg) to reduce BPD. Each group acted as a control for the other. An additional control was provided by 5 other NICUs from the Canadian Neonatal Network that were not participating in the EPIC

Trial. The study was conducted in two phases, a baseline period of 1 year, and an intervention period of 2 years. During the baseline period, we collected data on NICU outcomes and practices, trained multi-disciplinary teams at participating hospitals, reviewed the published literature, conducted meetings to share findings, identified critical care pathways, conducted qualitative research to identify barriers to change, and conducted data analysis to identify hospital specific practice differences associated with outcomes variation for targeted intervention. We analyzed data from individual hospitals, to calculate hospital specific incidence rates, identify hospital specific risk factors for targeted intervention, and conduct trend analysis using control charts. During the intervention period, we developed practice change strategies, prepared supporting materials, trained NICU staff, implemented practice change strategies using quarterly change cycles, and used Control Charts to provide feedback, revise strategies, and reinforce change.

What happened across Canada?

In Group A, which was assigned to reduce nosocomial infection, the incidence of NI decreased from 24.1% during the baseline period to 12.5% within 9 months after interventions started, (*cont'd on page 6*)



Madelyn Law (University of Toronto) presents qualitative findings from EPIC-I during EPIC/PHSI Training

“The EPIC method proved effective in reducing the incidence of two major complications of prematurity”

The CNN Coordinating Centre is now located in beautiful Edmonton, AB



New CNN Coordinating Centre

The CNN Coordinating Centre and database are now located in Edmonton, Alberta at the Integrated Centre for Care Advancement through Research. The Integrated Centre for Care Advancement through Research (iCARE) is a joint venture between Capital Health and the University

of Alberta. iCARE is a bold new concept that is designed to transform the way health research is conducted and knowledge translation is achieved. The goal of iCARE is to successfully translate research gains into clinical practice and health delivery.

Dr. Shoo Lee was appointed as the centre's inaugural **Scientific Director**. CNN support is now based out of this new location.

More information on iCARE can be found at:
www.iCAREabouthealth.ca



EPIC/PHSI 2006 Training Workshop

The Evidence-Based Practice Identification and Change (EPIC)/ Partnership for Health Services Improvement (PHS) training workshop took place on November 9 and 10, 2006, in Toronto, Ontario. Despite receiving significantly less funding and time than the Vancouver 2003 EPIC training workshop, approximately 55 participants attended the 2-day EPIC/PHSI workshop including registered nurses, neonatologists, administrators, respiratory therapists, and educators. The workshop was generously supported by EPIC/PHSI funding provided by the Canadian Institute of Health Research and The Michael Smith Foundation for Health Research. The Canadian Neonatal Network™ and the Integrated Center for Care Advancement through Research (a joint partnership

between the University of Alberta and Capital Health) provided logistical support.

Presenters included Dr. Khalid Aziz (Janeway Children's Health and Rehabilitation Centre), Dr. Michael Murray (University of Toronto), Dr. Nalini Singhal (Foothills Medical Center), Dr. Shoo Lee (Integrated Centre for Care Advancement through Research), Dr. Batia Wiesenfeld (Leonard N. Stern School of Business, New York University), Dr. Gerarda Cronin (St. Boniface General Hospital), and Madelyn Law and Janet Yamada (University of Toronto). In addition, members of EPIC-I sites shared their insights into the EPIC experience during panel discussions and group work activities. Topics included Quality Improvement (model, aim, process mapping, plan-do-

study-act, change, measurement, and analysis), EPIC Process, Qualitative Findings from EPIC-I, Quantitative Findings from EPIC-I, Chronic Lung Disease Interventions, Nosocomial Infection Interventions, and EPIC Timeline and Flow.

We have posted the power-point slides and group-work handouts of each presentation on the CNN website (www.canadianneonatalnetwork.org/epicphsi.shtml) and will be posting videos of the presentations by mid-January. We encourage all sites involved with EPIC/PHSI to regularly check the website for updates and additional information. Thank you to everyone who participated in the EPIC/PHSI Workshop.



Dr. Shoo Lee (CNN) speaks to EPIC/PHSI participants in Toronto.



Dr. Michael Murray (University of Toronto) and Dr. Khalid Aziz (CNN) lead an interactive session on quality improvement at the EPIC/PHSI Training Workshop.

EPIC PHSI Workshop Evaluation

		N	Min.	Max.	Mean
Workshop Overall	Workshop will assist me with EPIC	8	2	5	3.88
	Sufficient opportunities for discussion	8	2	5	4.00
	Content appropriate to learning needs	8	2	5	3.88
	Facilities were appropriate	8	4	5	4.38
	Sufficient information prior to workshop	8	2	5	3.50
Quality Improvement	Sufficient information post workshop	8	3	4	3.75
	Workshop well organized and logical	8	3	5	3.88
	Content will assist me with EPIC	7	2	5	4.00
	Our site will use the content	7	3	5	4.00
	Sufficient opportunities for discussion	7	3	5	3.71
EPIC to Date	Handouts were appropriate	7	3	5	4.00
	Content is important for future workshops	7	3	5	4.29
	Content will assist me with EPIC	7	3	4	3.86
	Our site will use the content	7	3	5	4.00
	Sufficient opportunities for discussion	7	3	4	3.86
Outcomes	Content is important for future workshops	7	2	4	3.57
	Content will assist me with EPIC	7	3	5	4.00
	Our site will use the content	7	4	4	4.00
	Sufficient opportunities for discussion	7	4	4	4.14
	Content is important for future workshops	7	4	5	4.14
Present and Interactions	Content will assist me with EPIC	8	3	5	4.00
	Our site will use the content	8	3	5	4.00
	Sufficient opportunities for discussion	8	2	4	3.75
	Handouts were appropriate	8	3	5	3.88
	Content is important for future workshops	8	4	5	4.38
Wings Story	Content will assist me with EPIC	8	4	5	4.13
	Our site will use the content	8	4	4	4.00
	Sufficient opportunities for discussion	8	3	4	3.88
	Handouts were appropriate	8	3	4	3.88
	Content is important for future workshops	8	4	4	4.00
Tandberg EPIC Theme	Content will assist me with EPIC	8	2	5	3.71
	Our site will use the content	7	3	5	3.86
	Sufficient opportunities for discussion	7	4	4	4.00
	Handouts were appropriate	7	3	4	3.86
	Content is important for future workshops	7	2	4	3.50
Tandberg EPIC Theme	Content will assist me with EPIC	8	2	5	3.63
	Our site will use the content	8	3	4	3.25
	Sufficient opportunities for discussion	8	2	4	3.13
	Handouts were appropriate	8	3	5	3.75
	Content is important for future workshops	8	3	5	4.00
Tandberg EPIC Theme	Content will assist me with EPIC	7	3	5	3.57
	Our site will use the content	7	3	5	3.57
	Sufficient opportunities for discussion	7	2	5	3.57
	Handouts were appropriate	7	3	5	3.86
Tandberg EPIC Theme	Content is important for future workshops	7	2	5	3.86

Likert Scale: 1-5
 1 = Strongly Disagree
 5 = Strongly Agree

EPIC/PHSI Timelines

EPIC/PHSI Timeline

January 2006-December 2006	Baseline Data Collected by Canadian Neonatal Network™
November 2006	EPIC/PHSI Training Workshop, Toronto, ON
November/December 2006	Sites form EPIC Teams
January/February 2007	Sites prepare for and initiate first intervention
January 2007	“One Button Reports” functioning at sites
February 2007	Regional EPIC sites and Coordinating Centre participate in first teleconference to share progress and barriers
March/April 2007	EPIC Sites review feedback from first 3 months of interventions
April 2007	Regional EPIC sites and Coordinating Centre participate in second teleconference to share progress and barriers
July 2007	Regional EPIC sites and Coordinating Centre participate in third teleconference to share progress and barriers
October 2007	Regional EPIC sites and Coordinating Centre participate in fourth teleconference to share progress and barriers
December 2007	Coordinating centre evaluates EPIC/PHSI

EPIC/PHSI Timelines were sent to all site leads by email and post in mid-December

EPIC/PHSI Interventions

As you may be aware, we have posted a list of EPIC/PHSI interventions on the EPIC/PHSI portion of the CNN website. These interventions were developed through literature reviews conducted during EPIC-I and most were implemented in EPIC-I. In addition, we have emailed these lists to all EPIC/PHSI Site Leads. We have attempted to include sufficient information about each intervention. However, if you require further information to im-

plement the interventions, you can contact Dr. Khalid Aziz (kaziz@mun.ca) for infection interventions or Dr. Nalini Singhal (Nalini.Singhal@CalgaryHealthRegion.ca) for lung disease interventions.

In addition, sites may choose to update the existing literature reviews or conduct new literature reviews on additional topics of interest. If you do update or undertake a literature review,

we have provided resources to assist you on the CNN website and we ask that you please follow the format outlined by IL-COR (available on CNN Website). Due to the fact that we will be sharing literature reviews with all EPIC/PHSI sites, it is necessary to follow a structured format. Any additional literature reviews should be reported to the EPIC/PHSI Coordinator.

Sites may choose to update existing literature reviews or conduct new literature reviews.

Future editions of the CNN Newsletter will include EPIC/PHSI updates. If you would like to share your site's experience with EPIC/PHSI in a future edition of the CNN Newsletter, please contact the EPIC/PHSI Coordinator



EPIC/PHSI Communication

How will the Coordinating Centre ensure effective and efficient communication with EPIC/PHSI Sites?

The success of EPIC/PHSI is dependent upon optimal communication, both between individual sites, and between the sites and the Coordinating Centre. To ensure communication is effective and efficient, the Coordinating Centre will use the following strategies:

EPIC/PHSI Section of CNN Website

There is an EPIC/PHSI section on the CNN website (www.canadianneonatalnetwork.org/epicphsi.shtml). This is an important communication channel between the Coordinating Centre and EPIC/PHSI sites. We hope to enable RSS feeds in the New Year.

Automatic Mailing List Server

(commonly referred to as Listserv). EPIC/PHSI site team members can subscribe to the mailing list. When e-mail is addressed to the mailing list, it automatically broadcasts to the subscribers on the list. The result is similar to a newsgroup or forum, except that the messages are transmitted as email and are available only to subscribers. It will be moderated by the EPIC/PHSI Coordinator and will create an online community of practice where EPIC/PHSI team members can share successes, troubleshoot barriers, ask questions, and learn from one another. An email informing EPIC/PHSI Site Leaders of the mailing list was sent in early December. **To subscribe to the list, please visit www.mailman.srv.ualberta.ca/mailman/listinfo/epic-phsi**

Regional teleconferences

The Coordinating Centre will divide EPIC/PHSI sites into four groups and coordinate teleconferences between each of the groups. The teleconferences will occur in February, April, July, and October. The schedule and details of the teleconferences is on the CNN website and was sent to EPIC/PHSI Site Leaders in mid-December.

Online registration for site teams

EPIC/PHSI sites can register their site and team members' contact information using an online form on the CNN website (under EPIC/PHSI). This form will enable site members to enter their names and emails to ensure that they are included in pertinent EPIC/PHSI correspondence. With some sites changing team members frequently, this feature will ensure all site members are included in emails from the coordinating centre. Each site can logon using a username and password (sent to Site Leads by post and email). The username and password is required to enable members to update (i.e., add and remove) contact details.

CNN newsletter

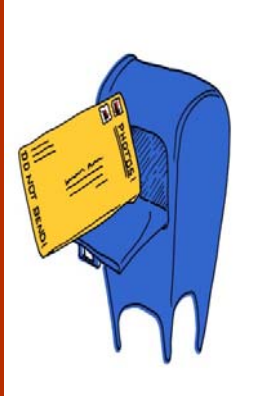
The Coordinating Centre will include EPIC/PHSI information in upcoming CNN newsletters. If you would like to share your EPIC/PHSI experience in an upcoming newsletter, please contact the EPIC/PHSI Coordinator.

Site visits

Sites visits are possible. Visits between sites should be reported to the Coordinating Centre. Visits from the Coordinating Centre (i.e., Dr. Shoo Lee) can be requested through the EPIC/PHSI Coordinator. The purpose of such visits could be to troubleshoot barriers/challenges, demonstrate successes, etc.

Email with EPIC/PHSI Site Leads

EPIC/PHSI Sites Leaders are the primary contacts for all sites. We ask that Site Leaders please forward pertinent information to EPIC/PHSI team members as appropriate. In some cases, the Coordinating Centre will also include additional people in correspondence (i.e., NICU Directors, EPIC/PHSI Training Workshop Participants, Data Abstractors, other EPIC/PHSI Team Members, etc). However, it is the Site Leaders' responsibility to ensure his/her EPIC/PHSI team receives current EPIC/PHSI information.



“The success of EPIC/PHSI is dependent upon optimal communication, both between individual sites, and between the sites and the Coordinating Centre



Spotlight on EPIC Sites (con't from page 2)

and the effect was sustained to 2 years. This represented a decrease of 48% in the incidence of NI, and the result was statistically significant at the 95% confidence level. In Group A, there was no change in the incidence of BPD. In Group B, which worked on BPD, the incidence of BPD decreased from 31.5% during the Baseline Period to 21.7% at the end of the study. This represented a decrease of 30% in the incidence of BPD, and the result was statistically significant at the 95% confidence level.

We were pleasantly surprised to find that in Group B, the incidence of nosocomial infection also decreased from 17.8% during the Baseline Period to 7.1% at the end of the study. This represented a decrease of 60% in the incidence of nosocomial infection, and the result was statistically significant at the 95% confidence level. This happened without any specific efforts on our part to reduce infection. Group C comprised hospitals not participating in the EPIC Trial. In this group there was no change in the incidence of BPD or in the incidence of NI during the duration of the study. This means that the changes we observed in Groups A and B were due to participation in the study, and not to chance. The EPIC method proved effective in reducing the incidence of two major complications of prematurity. Interestingly, improvements in respiratory care paid dividends by reducing the

chances of nosocomial infection. Confounding effects like this are not unexpected in a complex adaptive system. We can use this finding to leverage future QI efforts.

How did Winnipeg Do?

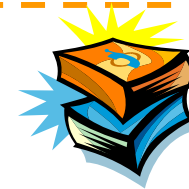
Our Winnipeg centres were part of Group B, the BPD group. From the beginning, we had fewer babies with BPD in these centres than many other centres did. Our goal was to reduce the burden of lung disease even further. We made many changes in practice, including the earlier use of surfactant. While we did not see any decrease in the number of babies who develop BPD, they did spend less time on the ventilator. This, of course, reduces the cost of their care. We are now using what was learnt to work on further reducing the incidence

of nosocomial infections. The tiniest babies are most at risk. At St. Boniface General Hospital, the incidence of NI is very low. At Health Sciences Centre, the incidence is going down, thanks to valiant efforts by all the staff to reduce the risk. We will continue to work together to improve care in the NICU.

If you have an EPIC experience you would like to share please contact the EPIC/PHSI Coordinator.

“At Health Sciences Centre, the incidence is going down, thanks to valiant efforts by all the staff to reduce the risk”

Edmonton Contact Information



CNN Coordinator

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aireenwingert@capitalhealth.ca

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Jack Yeung

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EPIC/PHSI Coordinator

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The address for the Integrated Centre for Care Advancement is:

Integrated Centre for Care Advancement

3rd Floor Environmental Engineering Building

112th Street & 87th Avenue

University of Alberta

Edmonton Alberta

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Edmonton is the most northerly major city in North America with a metro population of over 1 million.



EPIC/PHSI Question Corner**Where can I find web-based resources for use with EPIC/PHSI?**Quality Improvement

- Institute for Innovation and Improvement, NHS
 - www.institute.nhs.uk/
 - see materials under *Products*
 - *ImprovementLeadersGuidesGeneralImprovementSkills.htm*
 - *ImprovementLeadersGuidesPersonalandOrganisationalDevelopment.htm*
 - *ImprovementLeadersGuidesProcessandSystemsThinking.htm*
- Medicare Quality Improvement
 - www.medqic.org/dcs/ContentServer?pagename=Medqic/MQPage/Homepage
- Quality Assurance Project, United States Agency for International Development
 - www.qaproject.org/

Evidence-Based Practice

- Centre for Evidence Based Medicine (University of Toronto)
 - www.cebm.utoronto.ca/
- Oxford Centre for Evidence Based Medicine
 - www.cebm.net/index.asp
 - especially under *Toolbox*
- Canadian Cochrane Network and Centre
 - www.cochrane.uottawa.ca/

Knowledge Translation

- Knowledge Translation Program (University of Toronto)
 - www.ktp.utoronto.ca/
 - see *Tools*
- Program in Policy Decision Making
 - www.researchtopolicy.ca/whoweare/john_lavis.asp
- Knowledge Utilization Studies Program (University of Alberta)
 - www.nursing.ualberta.ca/kusp/About_Home.htm
 - see *Resources*

EPIC/PHSI

- Canadian Neonatal Network Website
 - www.canadianneonatalnetwork.org
 - Click on 'EPIC/PHSI'

We would like to make EPIC/PHSI Question Corner a regular feature. Please send your questions to the EPIC/PHSI Coordinator.



**SEND YOUR EPIC/PHSI QUESTIONS TO
THE EPIC/PHSI COORDINATOR
KYMSCHREINER@CAPITALHEALTH.CA**





NICE Workshop 2007

For more
information on the
NICE workshop and
registration, please
contact
Aireen Wingert@
capitalhealth.ca

The Neonatal-Perinatal Interdisciplinary Capacity Enhancement (NICE) Team will be holding its annual Workshop for members on February 18 & 19, 2007 in Banff, Alberta. In addition to NICE Team members, we will be welcoming new and returning International members and guests, as well as CPN and CNN members. There will be opportunities to attend sessions held by the Western Perinatal Research Group, the Programme for Global Pediatric Research, and ICONN. Discussions will focus on database network collaborations, neonatal-perinatal research needs, and global health outcomes research and collaborative initiatives. The NICE Trainees will also be providing updates on their progress to date.

The goal of the NICE Team is to build capacity for quality of care research by establishing a common infrastructure to support interdisciplinary work of researchers, clinicians and decision-makers in quality improvement. The NICE Team is committed to researching innovative methods of improving the effectiveness and efficiency of neonatal-perinatal care and working with stakeholders to ensure research findings are used for clinical and policy decisions in a timely manner.

Following the model of CNN, the Canadian Perinatal Network (CPN) and the Canadian Pediatric Surgery Network (CAPSNet) was established. These networks encompass all hospitals which provide tertiary perinatal and perinatal surgery care across Canada. Both have established national perinatal and perinatal surgery databases to conduct research for improving perinatal and surgical care. These 3 networks (CNN, CPN, and CAPSNet) utilize the same database structure and architecture which facilitates collaborative research. With the aim to establish a national Canadian Neonatal Follow-Up Network (CNFUN), a team grant proposal has been submitted to CIHR this Fall to form the world's first population-based database of high-risk pregnancies and infants spanning the entire period from pregnancy to childbirth, infancy and developmental follow-up.

If you would like additional information about the NICE Team Workshop, please contact Aireen Wingert at aireenwingert@capitalhealth.ca. For additional information about CAPSNet, please contact Jennifer Claydon at jclaydon@cw.bc.ca. For additional information about CPN, please contact Tara Morris at CPN@cw.bc.ca.



CNN Annual Report Update

The CNN 2005 Annual Report is finally completed! Data for the participating sites were submitted between April and May, followed by data cleaning and error-checking. Analyses were underway in the Summer and took approximately four weeks. The Primary Review Committee reviewed the first draft in August. This was followed by individual review by the Secondary Review Committee in late September. It was suggested that the definitions and analyses need to be re-visited to reflect current practices and standards. The CNN Database & Annual Report

Committee will be meeting at the NICE meeting in February to systematically address these issues.

An electronic copy of the CNN 2005 Annual Report has been sent to all CNN members. We are working on getting the reports printed and copies will be mailed to each site in the new year.

Thanks to all the Site Investigators and Abstractors for their hard work, and to the Review Committee members for contributing their valuable time and input!

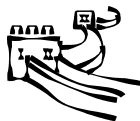


International Neonatal Training Program

We are pleased to announce that the National Training Program in Neonatal-Perinatal Medicine in Shanghai, People's Republic of China, has been extended for another three years. The program was launched in April 2004 and is a partnership between the Canadian Neonatal Network™ and the Children's Hospital of Fudan University in Shanghai. It is endorsed by the Canadian Pediatric Society. The success of the program to date can be attributed to all the volunteers who have contributed their time and efforts. In addition, we would like to recognize the Chinese faculty and staff for all their hard work!

Canadian Faculty & Staff

Ms. Seely Alder, Halifax, NS, RRT	Mr. Jason Macartney, Toronto, ON, RRT
Ms. Tracey Antoft, Halifax, NS, RN	Mr. Bruce MacRae, Halifax, NS, RRT
Dr. Khalid Aziz, St. John's, NL	Ms. Rosanna Manarin, Toronto, ON, RN
Ms. Lynn Beaton, Vancouver, BC, RRT	Ms. Linda Manning, St. John's, NL, Dietician
Ms. Jenny Belanger, Windsor, ON, RN	Mr. Rob Martel, Halifax, NS, RRT
Ms. Marianne Bracht, Toronto, ON, RN	Mr. Les Matthews, Kamloops, BC, RRT
Ms. Catherine Burke-Tremblay, London, ON, RRT	Dr. Douglas McMillan, Halifax, NS
Ms. Vicki Cattell, Saskatoon, SK, Asst Professor	Ms. Wendy Mouldsdale, Toronto, ON, RN
Dr. Chor-Kei Chan, Victoria, BC	Dr. Michael Narvey, Edmonton, AB
Dr. Philippe Chessex, Vancouver, BC	Ms. Andrea Nash, Toronto, ON, Dietician
Ms. Val Marie Coutts, Vancouver, BC, RRT	Ms. Valarie Netterfield, Winnipeg, MB, Dietician
Dr. Orlando da Silva, London, ON	Dr. Chuks Nwaesei, Windsor, ON
Ms. Marion Deland, Toronto, ON, RN	Dr. Karel O'Brien, Toronto, ON
Ms. Sue Doucette, Calgary, AB, RRT	Dr. Boriana Parvez, Valhalla, NY
Ms. Kelly Erbach, Winnipeg, MB, OT	Ms. Renee Paul, Calgary, AB, RN
Mr. Christopher Grant, Saskatoon, SK, RRT	Dr. Abraham Peliowski, Edmonton, AB
Ms. Constance Harris, Victoria, BC, Pharmacist	Dr. Saroj Saigal, Hamilton, ON
Ms. Marilyn Hyndman, Toronto, ON, RRT	Dr. Koravangattu Sankaran, Saskatoon, SK
Dr. Ann Jefferies, Toronto, ON	Dr. Molly Seshia, Winnipeg, MB
Ms. Alison Kendall, Toronto, ON, NNP	Dr. Vibhuti Shah, Toronto, ON
Dr. Haresh Kirpalani, Hamilton, ON	Dr. Brian Simmons, Toronto, ON
Mr. David Knoppert, London, ON, Pharmacist	Dr. Nalini Singhal, Calgary, AB
Ms. Tami Kolb, Vancouver, BC, Social Worker	Ms. Kim Spracklin, St. John's, NL, RN
Dr. Manoj Kumar, Edmonton, AB	Dr. Dora Stinson, Halifax, NS
Ms. Vikki Lalari, Vancouver, BC, Dietician	Dr. John Smyth, Vancouver, BC
Dr. David Lee, London, ON	Dr. Richard Taylor, Calgary, AB
Dr. Shoo Lee, Edmonton, AB	Ms. Darlene Toope, St. John's, NL, RN
Dr. Francine Lefebvre, Montreal, QC	Mr. Steve Wiens, Vancouver, BC, RRT
Dr. Shiliang Liu, Ottawa, ON	Dr. Robin Whyte, Halifax, NS
Ms. Maureen Luther, Toronto, ON, Physiotherapist	Mr. Duane Wong, Vancouver, BC, RRT



Applications are being accepted for teaching in April 2007-January 2008. If you would like to apply for a vacant position or have questions regarding the program, please contact Aireen Wingert at aireenwingert@capitalhealth.ca

The Medical Post featured an article on the Training Program
August 2006 edition
www.medicalpost.com





Abstractor's Corner

Welcome to the Abstractor's Corner! This is devoted to questions, answers and comments from abstractors in recent months. Our goal is to build a unified abstractors team across Canada by maintaining open lines of communication and support.

Several teleconferences were held in Oct/Nov to review database issues and concerns. The minutes of those teleconferences have been circulated and a final draft will be compiled in the new year. The issues brought forth will be placed on the agenda at the NICE 2007 Workshop.



Questions/Comments?
Send to
aireenwingert@capitalhealth.ca

Questions:

- A mom received multiple tocolytics 8 days prior to delivery for maternal transport. Her labor was stopped. When again had onset of labor on day of delivery no tocolytics were used—labor was allowed to progress. Would this be scored 'yes' for tocolytics?

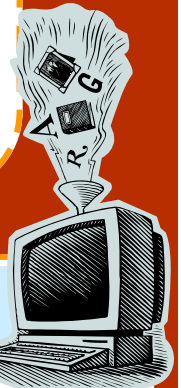
Yes

- If a baby has "PV echos" seen on scans after 21 days of life, how should I score? The manual refers to parenchymal echodensities/lucencies, periventricular cysts, cystic encephalomalacia, etc but does not really say what to do with echos, which may or may not go on to become cysts.

It would be reasonable to score Yes for PV echodensities.

- I have a patient with infected VP shunt and was taken to the OR for removal. Would that be scored as Minor operation? It wasn't a revision, just removal at this point (later on in the admission, a new VP shunt was inserted).

Yes



CNN Database Update

The current CNN database was designed to streamline data abstraction process, as well as to enable easier management tasks at remote sites such as data submission and software update. Since its release in mid-2004, the database has been continuously improved based on comments and suggestions. New functionalities and enhancements have been introduced. They include: new abstraction controls (for readmissions and multiple-birth admissions), dynamic date calculations (used in different data screens), ListEdit (which allows abstractors to customize combo-box options), ReportAgent (for generating pre-defined summary of local data on-the-fly), and a new entry screen (to streamline the startup of the database). In 2006, the Coordinating

Centre has been moved to the Integrated Centre for Care Advancement through Research (iCARE) in Edmonton, Alberta. The centralized CNN database and technical support are now both located and supported at iCARE. In 2007, from the new location of the Coordinating Centre, the CNN database will continue to improve in the areas of supporting abstraction, data checking, as well as analyses refinement.

Database Questions?
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