The pediatric health system is complex. Children, youth and their families have told us how complicated it can be to navigate fragmented, poorly coordinated pediatric services delivered by multiple organizations, across multiple sectors. This results in wide variation in access and outcomes.

Children are not little adults. Disorders that are routine for adults are more complex for kids and require customized approaches to care.

The unique needs of children and youth are currently met through many different services, institutions, agencies and referral networks.

That’s why Kids Health Alliance (KHA) was established in 2017 by the three freestanding children’s hospitals in Ontario – to partner with providers to advance excellence and expertise in pediatric care.

Kids Health Alliance is a not-for-profit network of organizations that collaborate to make tangible improvements in care for children and youth. With our partners, we will achieve a better child, youth and family experience, improve health outcomes and generate greater value.

KHA COMMUNITY HOSPITAL PARTNERS

KHA began building the Network by partnering with Community Hospitals since that is where the majority of acute care is delivered.

Our work is currently focused in the Emergency Department and Neonatal Intensive Care Units with a focus on improving the delivery of high-quality care close to home.

Community Hospital Partners represent a diversity of hospital organizations (urban, rural, regional hub) and geographies.
Underpinning the Network are a number of key guiding principles, including a commitment to patient-centred care.

KHA provides coaching/guidance, serves as a vehicle for sharing expertise and evidence, is a catalyst of forums for collaboration, and a facilitator for co-design to achieve standardization and efficiency.

Through KHA, partners embrace an All Teach, All Learn model to implement, monitor and sustain shared goals.

They share data, resources and lessons learned across the Network through various KHA forums (e.g., Communities of Practice, Working Groups) to accelerate collective success, and have already expressed that they are observing improvements in care and a renewed focus on pediatrics.

In fall 2018, KHA partners began implementing an evidence-based, standardized way to deliver pediatric asthma care in the ED to improve health outcomes

**Common Asthma Clinical Practice Guideline Implementation**

**Interprofessional team members (e.g., Physicians, Nurses, Respiratory Therapists) in the ED and NICU have participated in KHA Programs since March 2018**

**Launching a virtual care project to connect Neonatal Intensive Care Units at different sites to support advice, consult and transport**

**Evidence based practices/policies/procedures shared with community hospital partners to support local tailoring and refinement**

**Advancing Child, Youth and Family Centred Care**

**Childhood asthma is the most common serious chronic disease in infants and children. Asthma care isn’t standardized within or between hospitals - families may have added stress or confusion about the care their child needs, and children are more likely to need follow-up care**

**For example:**
- ED comment cards include a question specifically focused on pediatrics, using non-pharmacological pain methods

**For example:**
- Local ED and NICU Education Days, Procedural Sedation Education, Advanced Pediatric Life Support, Asthma Simulation and Education, Shadowing @ CHEO and SickKids

**For example:**
- Implementing a sepsis practice change of using the most accurate method of taking a temperature, which is based on age