SPARK: Conversations | Season 5, Episode 11

Children's Healthcare Canada

The Role of Community Hospitals in Right-Sizing Children's Healthcare

With Special Guest:

'Remi Ejiwunmi

Transcript:

Connected by purpose. Driven by passion. This is Children's Healthcare Canada's SPARK: Conversations podcast series.

Dr. Katharine Smart: Welcome to SPARK Conversations, Children's Healthcare Canada's monthly podcast series. SPARK Conversations is one component of Children's Healthcare Canada's SPARK Knowledge Mobilization program. During the 2024-2025 fiscal year, SPARK Conversations will be dedicated to right sizing children's healthcare systems.

Thanks to our SPARK Conversations podcast right sizing series sponsors, the IWK Health Center for their ongoing support. I'm Dr Katharine Smart, and I'm your host, and today I'm delighted to be to be speaking with 'Remi Ejiwunmi.

'Remi Ejiwunmi is the Vice President of the Shah Family Hospital for Women and Children at Trillium Health Partners, THP. 'Remi's leadership and expertise will help shape the development of the future Shah Family Hospital, a first of its kind facility designed to transform care for women, children and families. 'Remi has been a visionary leader in the field of midwifery through her three decades of service. She joined THP in 1996 becoming Head Midwife in 2001 and the Inaugural Division Head of Midwifery in 2013. She has also played an instrumental role in advancing quality at THP through the development of the Perinatal Quality Safety and Risk Council. Her influence extends beyond THP, as she's held leadership roles at

the Association of Ontario Midwives, the Health Insurance Reciprocal of Canada (HIROC), the Provincial Council for Maternal Child Health and the Better Outcomes Registry and Network Board. She has a deep commitment to equity, inclusion and anti-racism through training and work within the health system to help shape policies to improve reproductive health and reduce healthcare inequities, including within the black community. 'Remi holds a Masters of Science in Quality Improvement in Patient Safety from the University of Toronto, an appointment as an investigator at the Institute for Better Health, is an adjunct professor at Toronto Metropolitan University and an adjunct scientist at McMaster University Midwifery Research Center.

Thank you, 'Remi, for joining us today. It's really wonderful to have you on the podcast.

'Remi Ejiwunmi: It's my pleasure to be here.

Dr. Katharine Smart: As you know, Children's Healthcare Canada is on a mission to right size children's healthcare systems. Right sized healthcare systems for children are accessible, equitable, connected healthcare systems designed for the needs of children, youth and their families. From coast to coast to coast and across the continuum of care, children, youth and their families are experiencing long and costly delays for essential and time sensitive healthcare services. We'll explore what this means in the real-world context, along with the collective action that is required to change the way systems work, interact and intersect. And I'm delighted to have 'Remi on the program with me today to discuss the critical role of community health partners and right sizing healthcare for children.

So, 'Remi, to begin with, we've talked about the fact you work at Trillium Health Partners, which is a very large community health system. Can you tell us a bit about THP, what goes on there, and what? Who are the children, youth and families that you serve?

'Remi Ejiwunmi: Sure. So, Trillium Health Partners is a large, community based, multi-centered acute care hospital in Mississauga, which is about 30 minutes to the west of Toronto. We have currently, although we will soon be consolidating into a single site, a two-site birthing suite, so we deliver about 8400 patients a year here. So that's 8400 plus newborns because we also have multiples. We have 48 bed combined, level 2c and ICU, and 31 bed inpatient pediatric unit. And really what we do is provide care close to home for the patients who live in our community. We're in a uniquely diverse community to the west of Toronto. We have a lot of new Canadians in our community. We have a lot of equity deserving patient populations. We don't have tertiary care services. So for kids who have complex chronic conditions, their diagnosis often happens either downtown at the Hospital for Sick Kids or to the west of us at McMaster University, but then their ongoing care, what we're really working to do is build capacity in the system to allow those kids, to receive their ongoing care closer to home, and to

really allow our tertiary care partners to provide the higher level, more acute care that they need to provide for the patients who need their expertise and skill.

Dr. Katharine Smart: Wow. The scale of your hospital is really impressive. Just the number of births alone is really incredible. And I think it really hopefully, at least our listeners realize just the volume of care that happens for newborns and children and youth outside of children's hospitals. I think people often, you know, the children's hospitals are very visible and, as you said, critical partners in care, but I think often people don't necessarily realize the volume of care that happens for babies and children and youth outside of there. So, you obviously have a really unique role in this idea of right sizing children's healthcare system. So maybe tell us a little bit about how you see your work fitting into that goal.

'Remi Ejiwunmi: Sure, I think that you know, we're currently in the process at Trillium Health Partners of doing a strategic refresh, and a big part of what we've been thinking about is how we as a healthcare system help to support not just what happens within the walls of the community, but also work in partnership with agencies that are outside of the walls of the community, with our other health system partners, how we think about not just inpatient care, but also ambulatory care, really leveraging everybody within our organization, working to the fullest limit of their scope, so that we maximize the ability to provide services, and then to identify those places where we can either take pressure off the system by, you know, allowing patients who live closer to us to be retro-transferred back from tertiary care sites, or to have patients come to us from, you know, primary care sites where they may not have the capacity to provide that level of service and care. And so really, it's about seeing the system as a whole, and not just, you know, we're an acute care, community-based hospital that provides the care that happens within our hospitals, but what needs to happen inside of the walls of our hospitals? What doesn't need to happen inside the walls of our hospitals? One of the things that we're doing, for example, is partnering with our OHT, so the Mississauga OHT has received some funding from Ontario Health to create a pediatric emergency diversion, and so they have stood up in one of our family health teams, a children's cold, cough and flu clinic, so that people don't actually have to come into the walls of the hospital for care that they might otherwise need to seek after hours but don't know where else to go. And so, it's really about making sure that we're creating a system that's integrated as a whole, so that care is seamless and that patients don't really have to struggle to figure out where they need to go.

Dr. Katharine Smart: Yeah, that’s such an important point, isn't it is just that patient journey and how confusing it can be for families to know right like, where is the right place to show up and I think you know you've talked so much about integration and how important that is, that flow of patients right back and forth to the tertiary hospitals, back to you, from the smaller community hospitals to your hospital back in all of this obviously, really centers on the need for good communication. So maybe let us know a bit like, how does that work for you guys? How

do you optimize communication? What are some of the barriers there? What does that data flow look like to make that patient journey as seamless as possible?

'Remi Ejiwunmi: Yeah. So, I mean, I think the first thing, and this is probably not unique to Trillium Health Partners, but is that we've we are we function on a program basis. So, we have a Women's and Children's Program. We don't have our independent disciplines working in silos. Our Women's and Children's Program leadership includes obstetrician gynecologists, family physicians, midwives, pediatricians, nurses, managers and so, you know, the respiratory therapists and so everybody is at the table together, already talking to each other about, you know, what's happening in one part of the program and how that's going to influence other parts of the program. When you then spread that out from what happens within the walls of our community, it's about engaging with our community partners. So, for example, the OHT that really works as that integrator across the system and has those relationships with community partners and agencies and services, and then we look to our neighboring hospitals. So, you know, to the west of us, Halton Health Services, to the north of us, William Osler Hospital, to the east of us, Unity Health. And it's also about maintaining those connections, so that we're all aware of what's happening in each other's spaces, and we can think about that as we plan and we integrate and strategize for the future in terms of what services each of us holds that allows patients to receive the care that they need to have.

Dr. Katharine Smart: Yeah, that's amazing. It sounds like an incredible feat just to get that many people at the table, but also so important when you're trying to do this type of work, you know, you obviously have an incredible clinical background yourself as a midwife providing care to pregnant moms and their newborns. How has that clinical experience as a midwife informed your leadership style and what you're bringing to your work right now at THP and right sizing Children's Healthcare?

'Remi Ejiwunmi: Sure. Thanks for asking. I think you know, while the scope of my care ended at six weeks, so I had a very small slice of the pediatric journey, I think what was unique about my clinical experience is that I provided care to people across the spectrum. So, I went into people's homes, I provided care in, you know, community based settings in our clinic. I provided care within the hospital when my patients were admitted. And so, I think I have a broader view of the system that allows me to really see opportunities, to follow the patient journey, where it goes, and center the patient, rather than sort of thinking about things from a really provider centric perspective. And I think the ability to identify opportunities where you can also leverage people's skill sets that it might not be a thing that somebody does, but you know the difference between, you know, providing Vitamin K injections for a newborn immediately after birth, which is something that's within the skill set of a midwife, and providing another type of immunization, if we have a shortage of staff and we need somebody to do it, you know, a different sort of immunization program you can, you can leverage those skills

across. You certainly have to sort of think about process issues like, you know, is it within scope? And do you have to have a Medical Directive, or what, what other kinds of liability issues do you have to manage? But really just, I think the art of the possible is something that, because of the work that I've done, I have a line of sight into and I can really think about, how do you let everybody work to the limits of their skills, even when those skill sets overlap, so that you can really leverage the capacity that exists in the system, and you're not serving fewer patients and providing less positive experiences, because you're sort of capping the scope of work that somebody can do in your organization, not necessarily as capable of doing.

Dr. Katharine Smart: Yeah, I love so much what you said. I think so often, you know, we get sort of bogged down around scope and people sometimes being threatened by other providers and their scope of practice, and what that means, that can be a challenge, or just sometimes not knowing right, which is also I love about how your table includes so many different health professionals. So, you build those relationships, you learn those skills, because I think you're absolutely right. You know, given where we are right now, we need every single person showing up with their full capacity to meet the needs of our patients. And when you have that lens of what's possible. And you're leaning into that idea of, okay, let's really enable people to do the most in their best. It's a very different frame than sort of coming at it from the other perspective, right? Of, well, how do we limit how do we get really rulesy about this, which often doesn't really allow people to do their best? So, I love that frame that you're bringing, and I think we need more of that in healthcare.

So, I'm curious, you know, if you could share with us, from your perspective, using this leadership approach that you've had, what are some of the successes you've had in your program that you're most proud of?

'Remi Ejiwunmi: Sure. So there are a couple of examples that I can think of. The Ministry of Health, probably about seven or eight years ago, created a category of midwifery funding called Extended Midwifery Care Models, and those are for midwives who work as employees or as not as independent contractors with their own midwifery unique midwifery practices we identified in our community that for the postpartum population and for newborns that were unattached, often when they left the hospital after somebody had a baby, they were sort of left to their own devices, and it was often folks who were really vulnerable, either because of social factors or because of clinical factors, who were most challenged to then find resources in the community. So, we successfully applied for and got funding to create something called the Perinatal Community Care Program, and these are now midwives who work as part of the hospital, not with their own caseload, but to be attached to patients who don't have primary care providers, to allow them to be discharged earlier than they might have to otherwise stay in hospital to receive ongoing care. We'll follow those patients into the community, see them in community clinics or in their own homes, provide postpartum care for the birthing parent, but

more importantly, provide primary care to the newborn, support feeding and then act as that system navigator to connect them to ongoing primary care.

Similarly, in partnership with the Hospital for Sick Kids, we're in the process of standing up in the same sort of fashion as there are POGO clinics that are sort of hub and spoke to tertiary care centers, we're going to be doing a similar clinic for Sickle Cell. We know that we have a high population of folks who live in our community with Sickle Cell that are currently having to travel downtown to Toronto, which, while it doesn't sound like it's far away, traveling 30 minutes with a young child to receive Sickle Cell Treatment is a huge burden to families, and so we're in the process of doing that, and we're doing it in a very community engaged way. So, we have SCAHO involved in terms of advocacy around Sickle Cell care, we have patients with lived experience and parents with lived experience sitting in part of the planning committee to build out what that clinic will look like. We're embedding it in our research institute with a learning health systems approach to care so that we can learn who we're currently not serving, identify how we can give them better access, and then really constantly be iterating on improving the quality of care to that population.

And so that will allow patients to continue to be, you know, receiving their diagnosis and their initial care plan at the tertiary care center, but then come out to the community and actually be close to home for their ongoing care. And so those are sort of two examples of ways in which we've leveraged an existing skill set to let somebody sort of maximize their scope and provide care to a population they might not otherwise provide care to, and then also building partnerships and capacity in the system and really providing not just better outcomes for those patients, but care that is a better experience because it's closer to home.

Dr. Katharine Smart: Yeah, I love that. And I also love how you talked about how it's iterative, right? You're not just designing the program and it's a one and done. It's like, you want to be learning as you go. How do we change? How do we make things better? Which is a very different frame of mind than we often come at hospital programs from right? Like, often we design something that's how it is. This perspective of, hey, like, we can figure it out as we go. We can be learning, we can be improving. I think is amazing. And I also love that you're involving the families in the CO design, right, yeah.

So I'd love to hear from you. So far. What are you hearing from families? Are there themes that are emerging or things that are particularly important from that family-centered care perspective that you think are important for our listeners to think about? Yeah,

'Remi Ejiwunmi: I think, I mean, it's really about, and it's often what comes to us from families when they provide us with feedback, aren't the things that we would think are priorities. You know, they often are more about the experience of the journey. So, it's, it can be really simple,

things like way finding, right? I've come into the building, how do I get to where I need to go, you know, ease of access, in terms of parking, understanding what the plan is. I think sometimes, particularly when people are dealing with a new diagnosis, we talk at them, and we think we've provided them with a really comprehensive explanation of what the particular, you know, disease is, what the progress of that will be, what the treatment plan will be, and they're nodding their heads along, and they're, you know, we think they're listening. And then they leave, and they've gone completely blank, because there's so much emotion invested in this new diagnosis that they don't actually process the information. And so having a really good after visit summary that actually maps out, okay, here are the next steps, so that when they leave and they have an opportunity to reflect, they can look at that and say, oh, okay, right. This is when my next appointment is. And so, it's, it's those, they're fine tuning the elements of clinical care that we provide that are already really high quality and excellent, but making them such that they're actually feel good and right, and that the patient understands what's happening and gives them the opportunity to interact with their provider the way that they want to.

Dr. Katharine Smart: Totally. I love that you've highlighted that idea of the experience people have. Because, you know, I often think about the fact, in my view, I think patients expect competence from us, right? They expect they're going to show up and receive competent, high-quality care, like, that's like a baseline. Often, that's what we're worried about as the healthcare professionals, right? But, you know, I think patients just have the assumption, as they should, that that's what they're going to get. And because we're often over there, we're not always, I think thinking enough about people's experience and how important that is, right for whether they come back their ability to follow through on our recommendations, you know, what you touched on. Do people actually understand us? And I've had that experience so many times when I was practicing peds emerge, you know, I'd be in the room, I think I'd done a great job. I'd be standing outside, the nurse comes into discharge, and I hear the family asking the nurse all these questions, although I just, I just told you all that, and then you realize, okay, you know, communication is two ways, right? Like, sure, I thought I said it, but you didn't really understand me, or much information. So, I think these are all, like, really such important points about how people have the experience, but also how the quality of the care they ultimately receive is impacted by that experience, right? Because the two things go together, obviously you guys have figured that out, and I think it's really interesting again, like just some of the things you're hearing or maybe not things that you would have thought about had you not involved, family, co-design, right? So again, us to have that opportunity to learn, like we have to listen to the people who are on the receiving end of our care if we want to be doing the right things.

'Remi Ejiwunmi: Yeah, so I think not only doing the right thing, but I think, you know, we often think in the quintuple lane provider experience is equally sort of, you know, sort of a goal that

we strive for. And I think that, you know, it's really useful to remember that when the patient has a positive experience, it actually improves our experience as a provider as well, because we don't have to go back and repeat things multiple times. We don't have to do extra visits and follow up. And so, the two actually work really in synergy, that if the patient has had a good experience and outcome, the provider also is probably also having a more positive experience as a care provider.

Dr. Katharine Smart: I couldn't agree with you more. I think about that all the time. Things to me that things are designed well, when they work for both groups and it's and it builds on itself, right? But just what you said, when the patient's experience is seamless, the way finding is easy, the things are in place to make it easy for them to do what they need to do, and those same things are in place for you as the provider to make it easy for you to do what you need to do. That's the beautiful point where things come together and you get that synergy right? And I think often we don't think about that enough.

So, I love that you pointed that out, because I think that is so important and you're right. Like, as providers, you know, we want to feel like we're doing a good job. We want our patients to have a good experience, and we want them to be able to implement the things we're recommending so their health can be optimized. You know, that's obviously what I care about. But it's more than just having the right information that we think we're providing right so I think that's really important.

So, you know, I myself work in a community hospital now, and I have a huge respect for people that do that work. I think it's really important. And often you I think community hospitals are sort of the unsung heroes in children's healthcare delivery. So, I'm curious, you know, from your perspective, what do you think organizations like Children's Healthcare Canada can do to support community hospitals as these really key critical players and partners in right sizing healthcare systems for children and youth?

'Remi Ejiwunmi: Sure. I mean, I think everything starts with relationship. So, you know, I think the first thing is to invite community hospitals into relationship with Children's Healthcare Canada. I think for those of us who are community hospitals that have a real focus on children's healthcare, we have chosen to become members and to support the work of Children's Healthcare Canada, which is so important to raising the profile of right-sizing healthcare for our pediatric populations. But I don't myself have a good sense of whether or not lots of smaller community hospitals have that same relationship with Children's Healthcare Canada. I think that if they don't, I would encourage them to explore it and to really think about building that relationship. And I think that as we grow, we're a system, right? We're not unique. So it's really valuable to have the strong voices of our tertiary care pediatric hospitals at the table, speaking to government and advocating for, you know, appropriate resources. But at the

end of the day, most of the children in the system are not receiving care in those places. They're receiving care through primary care. They're receiving care through community hospitals. And so, the volume of patients that are impacted outside of those children's hospitals is much larger than the volume of patients who are impacted within them. And so, I think really acknowledging and sort of thinking about how to build support and resource and tools and advocacy for those patients as well is a really important part of the work that Children's Healthcare Canada can do.

Dr. Katharine Smart: Yeah, absolutely. I couldn't agree with you more, and I think it's a really important reflection, and that's one of the things I love about CHC is, is that willingness to like much like your work, engage all the partners at the table and that recognition, right? That this mission of right sizing children's healthcare requires everyone to be at the table, and all of us playing our role absolutely synergy with each other, right? Which is what we're trying to do so

‘Remi thank you. I really appreciate your perspective and all the wisdom you shared with us today and the incredible work you're doing at THP. But before I let you go, I'd love to hear from you, what is your 30 second elevator pitch for why right sizing Children's Healthcare Canada should be a priority right now?

'Remi Ejiwunmi: I think that when I think about the journey that any person goes through over the course of their life, how we start them out, really to a huge part, determines what the rest of their journey will look like. And so, investing in children's healthcare at the beginning of their lives and setting them up for success is going to have huge returns on investment, because we know that. You know, a lot of the resources that we're spending in our healthcare system right now are for our seniors and our more frail populations, but I think that if we can right size healthcare at the beginning of life, the return on investments are going to be invaluable.

Dr. Katharine Smart: You are a woman after my own heart, I couldn't agree with you more. Thank you for sharing that wisdom, and thank you again for your time and sharing your experience with us today.

'Remi Ejiwunmi: Thank you. It's been such a pleasure to spend this time with you today.

Dr. Katharine Smart: Thanks again to our SPARK Conversations podcast sponsor, the IWK Health Centre, for their ongoing support. That's it for today. Thanks for listening to spark conversations. To stay up to date on all our SPSRK offerings, including upcoming podcast episodes, please visit our website at www.childrenshealthcarecanada.ca and subscribe to our SPARK News eekly e bulletin if you haven't already. If you like this podcast, show us some love by leaving us a review and telling your colleagues about us. We'll see you again next month.