

MICYRN Network News

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maternal infant
child & youth
research network



réseau de recherche
en santé des
enfants et des mères

MICYRN Clinical Research Networks & Groups Survey

The MICYRN Research Partnerships Core is currently in the process of conducting a survey to gather information about the existing multi-centre clinical research networks and groups across Canada working in maternal and child health. The ultimate goal is to develop a web-accessible clinical research inventory that would be available to all researchers.

We are asking all relevant parties to please complete this survey by **March 20, 2008**. For the purpose of this survey, clinical research network is defined in the broadest terms to include both well-established and newly emerging groups of clinical researchers who have conducted two or more multi-centred research projects related to aspects of pediatric or perinatal care. The condensed version of the survey consists of 15 questions and takes approximately 10-15 minutes to complete. If you are interested in taking part in this survey, please click on the link below or copy and paste it into your web browser:

<http://www.micyrn.ca/cores/research-partnership-core.html>

For further information on this survey, please contact:

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Canadian Pediatric Bariatric Surgery Registry

There is an epidemic of obesity among youth in Canada and the complications of severe obesity have life long detrimental effects. The role of bariatric surgery for a selected subset of morbidly obese youth needs careful study. The initial development of the **Canadian Pediatric Bariatric Surgery Registry** has been a collaborative effort of the Division of Pediatric Surgery, McMaster Children's Hospital (MCH), the Children's Exercise and Nutrition Centre and the Overweight at Risk Clinic, MCH, and the McMaster Child Health Research Institute. The aim of the Registry is to capture data prospectively on a national scale to help inform the development of best practices within Canada and internationally. The Registry will provide an opportunity for all interested surgeons to include patients who are either assessed and/or surgically treated for morbid obesity. The Registry will be an online database hosted on a secure server with stringent monitoring for confidentiality and security. Similar to the "CAPSNet" initiative, the data will be available to all participants for research studies to enrich the understanding of obesity management in youth.

For more information, please contact:

Dr. Khalid Al-Harbi
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The MICYRN website has "gone live" so check it out at www.micyrn.ca

Pediatric Emergency Research Canada (PERC)

Formed in 1995, Pediatric Emergency Research Canada (PERC) is a network of health care professionals devoted to creating new knowledge through multi-center research involving clinical and epidemiological studies in pediatric emergency medicine. PERC is comprised of physicians, pediatric emergency medicine fellows, nurses, respiratory therapists, epidemiologists, knowledge translation specialists, and graduate trainees. Mentorship of new investigators is a key goal of PERC. Currently thirteen Canadian children's emergency departments are actively involved in PERC studies. In 2006 several members of PERC were awarded CIHR Team Grant funding which has allowed the network to take on new multi-centre research initiatives in areas such as safety surveillance, diagnosis of childhood bacterial pneumonia, and using stories as a communication tool.

Earlier this year PERC held its 5th annual scientific meeting in Mont-Tremblant, Quebec. There were a record number of members in attendance for this year's meeting with over 90 registrants. A variety of protocols and completed studies were presented by pediatric emergency medicine fellows, graduate trainees, and staff physicians. The annual meeting also marked the end of the term for the first Chair and outstanding leader of the PERC network, Dr. David Johnson. The responsibilities of Chair have been handed over to Dr. Martin Osmond for a two-year term.

For more information please visit the PERC website at:

<http://www.perc-canada.ca>

or contact: Liza Bialy, PERC Coordinator

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Canadian Pediatric Surgery Network (CAPSNet)

The **C**ANADIAN **P**EDIATRIC **S**URGERY **N**ETWORK (CAPSNet) is a multi-disciplinary group of Canadian health researchers working together on research issues concerning pediatric surgical care. To date there are 26 network members of which the majority are surgeons working in the 16 perinatal centres that provide tertiary and quaternary perinatal care across Canada. Network membership spans the perinatal disciplines including: neonatology, perinatology, and medical genetics. Financial support for CAPSNet's initial project: "Establishing best perinatal practices for Gastroschisis and Congenital Diaphragmatic Hernia" has been provided by an operating grant from the Canadian Institutes of Health Research (CIHR).

The main objectives of the network are to:

- Maintain a national pediatric surgical database, providing an infrastructure to facilitate and encourage collaborative national research

- Identify variations in clinical practices across Canadian centres and identify those practices which are associated with favourable and unfavourable outcomes
- Disseminate new knowledge through effective knowledge translation, and study the impact of practice change
- Study the economic impact of clinical practice decisions to enable identification of treatment strategies that are efficacious and cost-effective

CAPSNet maintains a comprehensive pre and postnatal dataset that since May, 2005 has accrued 125 cases of CDH and over 220 cases of gastroschisis. Focused areas of investigation have included maternal risk predictors of gastroschisis, prenatal predictors of postnatal outcome, variations in perinatal (obstetrical, surgical, neonatal) treatment and outcome, and effect of birth time on treatment and outcome for

CDH/gastroschisis. Thus far, CAPSNet investigators have produced 14 peer-reviewed projects which have either been published, presented or accepted for presentation/publication.

For more information about CAPSNet, please contact:

Jennifer Claydon
CAPSNet Co-ordinator
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or visit the website at
www.capsnetwork.org

*MICYRN's Vision:
Healthy mothers, infants,
children & youth—
through high quality,
collaborative clinical
research*

Canadian Perinatal Network (CPN)

The Canadian Perinatal Network (CPN) is made up of researchers from approximately 20 Canadian tertiary perinatal centres, with the central co-ordinating site at B.C. Women's Hospital in Vancouver. The Network, which commenced in September 2005, enables health care professionals, researchers, and administrators to participate actively in clinical, epidemiologic, health services, health policy, and informatics research aimed at improving the effectiveness and efficiency of perinatal care. CPN links with the well-established national Canadian Neonatal Network (CNN), which allows for the joint examination and longitudinal monitoring of the whole spectrum of risks and their interactions on maternal and perinatal outcomes, from the antenatal and obstetric to the neonatal periods.

The inaugural project of CPN, Birth Before 29 Weeks, seeks to identify best practice in the care of women with the most common causes of preterm birth at 22⁰ to 28⁶ weeks gestation: spontaneous preterm labour, PPRM (preterm prelabour rupture of membranes), gestational hypertension, IUGR (intrauterine fetal growth restriction) and APH (antepartum haemorrhage). Data abstractors from approximately 20 sites across Canada met in Vancouver in April 2006 to review the database, and data collection began at the central site in August 2006. Since that time, the database has been rolled out to other sites across the country in a staggered fashion, and today there are a total of ten centres collecting data, with several others slated to begin in the coming months. For further information about CPN, please contact:

Tara Morris, CPN Co-ordinator - cpn@cw.bc.ca
or visit the website at www.cpn-rpc.org

*If you would like your organization or initiative to be
featured in our newsletter, please contact:
jennifer.beck@ualberta.ca*

Emergency Mental Health Research

Capacity in pediatric emergency mental health research is growing. This June 5-6, 2008, researchers, clinicians, decision-makers and policy-makers from IWK Health Centre (Halifax, NS), Children's Hospital of Eastern Ontario (Ottawa, ON), the Stollery Children's Hospital and Royal Alexandra Hospital (Edmonton, AB) will meet in Edmonton to discuss how to best mobilize multi-disciplinary, multi-centre research projects focused on the care of children and youth in need of emergency mental health care. The group will partner with provincial and national efforts such as MICYRN, Pediatric Emergency Research Canada (PERC), the Provincial Centre of Excellence in Child and Youth Mental Health at CHEO (CofE), the Women and Children's Health Research Institute (WCHRI) to provide a foundation for sustainable national endeavours.

For more information prior to the meeting, or to become involved in this initiative, please contact the group's principal leads:

Dr. Amanda Newton, Department of Pediatrics, University of Alberta

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Dr. Mario Cappelli, CHEO and CHEO Research Institute

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Continuity and Coordination of Care National Working Group

"The Search is on..."

Why?

Building on the achievements of the initial phase of "Bridging the Gap between Health Centres and the Community", a pivotal initiative for the Canadian Association of Paediatric Health Centres' (CAPHC) Continuity & Coordination of Care Working Group, the next phase of our work will focus on systematically identifying practices on a national level to address processes and point of care transitions between sites, sectors and community health agencies.

While a web-based portal, the "Knowledge Exchange Network" ("KEN"), will be instrumental in the showcasing of these practices and in the evolution of this initiative, our work will be grounded in the regional linkages we develop. "Regional Development Champions" (RDCs), as representatives of health service provider and consumer stakeholder groups within their respective regional networks, will be pivotal in supporting the on-going development and promotion of the "KEN".

What would I have to do as a Regional Development Champion?

As a RDC you could be involved in some or all of the activities listed below, in addition to others you can think of!

- Identifying regional stakeholders
- Liaising between the Continuity & Coordination of Care Working Group and regional stakeholders

- Ensuring the dissemination and promotion of the "KEN" initiatives through your various networks and linkages
- Supporting participation in the "KEN"
- Working with CAPHC in the planning of regional events
- Identifying promising and leading transition practices within your region

What kind of commitment would be expected of me?

In order to ensure some continuity and leadership for this phase of the initiative, we hope that Regional Development Champions would:

- Commit to being actively involved for a period of 18 months
- Participate in regional teleconferences, a few of which will be scheduled throughout the year
- Perform the liaison functions described above throughout their tenure

Count me in! How do I sign up?

For more information or to sign-up as a Regional Development Champion please contact:

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