

## **Evolution of the Community Pediatrics Task Force**

It has become evident over the last two years that the Montreal Children's Hospital while delivering excellent tertiary care will always be and must always be linked to its community for many reasons: patient-centered continuity of care, financial support from parents, ability to teach pediatrics at all levels, capacity for community research. All these points were made repeatedly by members of the Cyclical review of McGill University, by members of the Building a Future of Excellence in Academic Child Care, and by Dr. Shevell's leadership in the Department itself. Many of these points also linked to activities in Complex Care where the need to collaborate with community physicians has become more and more important as our patients move from community to outpatient to intensive care and back again due to the New Complexity.

A Task Force was created to explore next steps with representatives from Community Pediatricians, Pediatric residents, Pediatric Staff from the TCC, and McGill Family Medicine and the CIUSS Ouest de l'isle. The domains we chose as significant were the same as those chosen by the Departmental Strategic Planning Initiative: the spheres of clinical, research, and education, along with the infrastructure needs of communication and community relations. In our first meeting we convened 5 technical members of the MUHC information services to explain the community needs in terms of knowing what is happening with our patients in the Hospital. This has led to MUHC-wide awareness of the needs of community clinics, with a meeting on June 22 to begin the process of bringing the technical communication ideas to fruition.

We then drafted a document with the above domains and listed our priorities:

1. We have partnered with the Complex Care Working Group to support the pilot project of Dr. Long-Gagné to establish an Intermediate Complexity Shared Care clinic.
2. We have suggested that the advantages of Target Kids and PROS as research networks be further explored in community clinics
3. We have advocated for revamping of the curriculum in undergraduate and postgraduate Pediatrics with appropriate planning for site preparation for the teaching of General Pediatrics.
4. The development of informatics solutions is already under way
5. The priority of a Pediatric Network at the MUHC and McGill level with the cultivation of a sense of belonging among community physicians was paramount.

When we discussed the operationalization of the above priorities, we realized the most practical way to maintain constant feedback between Hospital Pediatrics and the community, i.e. a truly integrated Department of Pediatrics, would be to have representation at all levels of administration and clinical planning. We thus came back to that proposal that was first made 30 years ago. A Division of Community Pediatrics would and could be responsible for all these priorities, and this proposal was brought to the Strategic Planning Initiative of the Department.

Respectfully submitted,

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Chair, Community Pediatrics Task Force