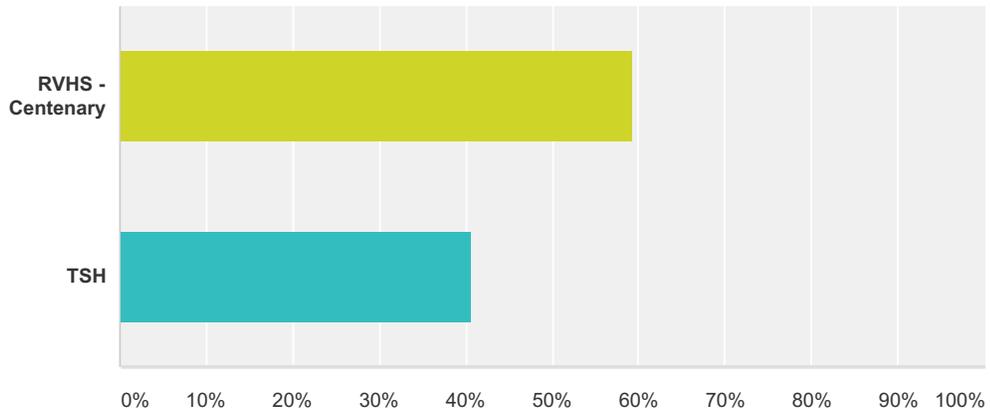


Q1 Please identify below your primary association or relationship

Answered: 32 Skipped: 1

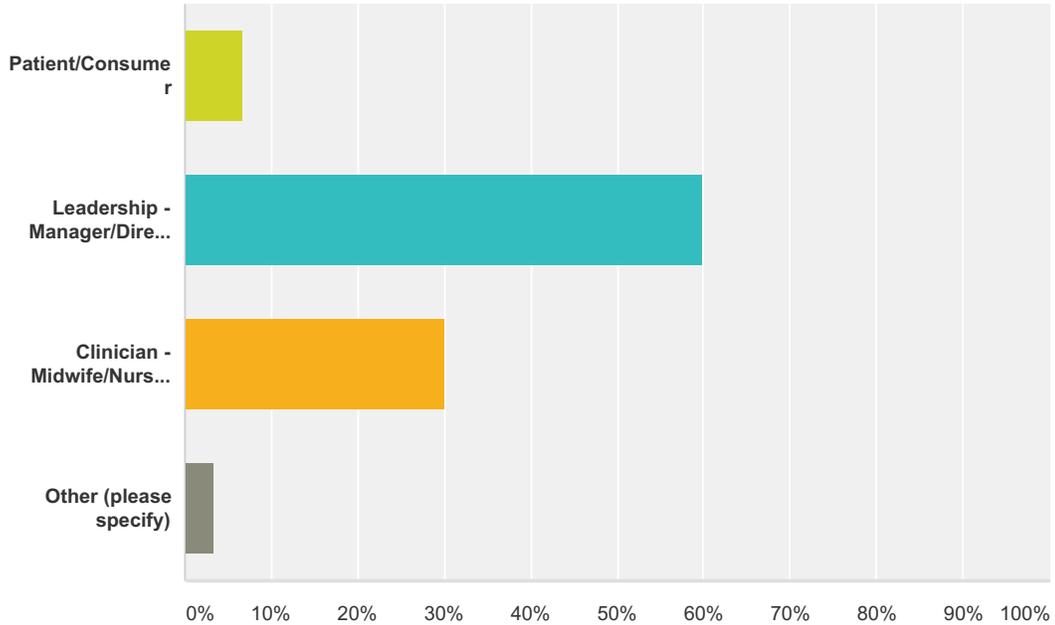


Answer Choices	Responses
RVHS - Centenary	59.38% 19
TSH	40.63% 13
Total	32

#	Other (please specify)	Date
	There are no responses.	

Q2 Please identify your role. If you have more than one role please choose the role that you believe is best suited to your responses.

Answered: 30 Skipped: 3



Answer Choices	Responses
Patient/Consumer	6.67% 2
Leadership - Manager/Director/VP etc.	60.00% 18
Clinician - Midwife/Nurse/Physician etc.	30.00% 9
Other (please specify)	3.33% 1
Total	30

#	Other (please specify)	Date
1	Educator	8/22/2014 12:36 PM

Motion 1b Collaborative Clinical Questionnaire

Q3 What new inpatient paediatric services could be introduced to the Scarborough cluster that would provide advanced regional care to Central East LHIN patients? Please focus on services not currently available in the Central East LHIN.

Answered: 18 Skipped: 15

#	Responses	Date
1	Adolescent medicine	8/31/2014 8:24 PM
2	Advanced mental health services and counseling Palliative and Respite care Enhanced Paed Emerg Derm Clinic	8/22/2014 12:46 PM
3	I am not fully aware of all of the inpatient paediatric services available in CE LHIN but my sense is that is already quite good. Perhaps inpatient paediatric palliative care as well as various paediatric surgeries not currently done in the LHIN.	8/22/2014 12:27 AM
4	Developmental services, cardiac, epilepsy, autism, GI, infectious disease, Adolescent gynecology services, Child and Adolescent Psychiatry	8/21/2014 9:58 PM
5	Inpatient services that are closer to home vs having to go out of the LHIN would be helpful. More options for provision of complex care (perhaps a step down from level 3 care). More general paediatric surgery could be offered along with urology and an expanded offering of plastics. With a more extensive surgical program increased skill and comfort will be developed for anesthesia and we can also attract paediatric specialists in this area to support an increased array of diagnostics that first require heavy sedation..	8/21/2014 9:12 PM
6	Ability to repatriate chronic paediatric clients from tertiary centers Please note that centenary already provides services to client with diabetes, sickle cell and oncology	8/21/2014 5:58 PM
7	Developmental pediatrics General Pediatric Surgery	8/21/2014 1:32 PM
8	Neonatal abstinence program Palliative care program Chronic ventilation program for respite care for ventilated pediatric patients	8/20/2014 9:42 PM
9	Increase in Paediatric Mental Health beds Paediatric Palliative Care Adolescent Pregnancy Complex Care Paediatric Eating disorder children Paediatric Surgery expanded Ambulatory Clinic for Autism Ambulatory Clinic for Obesity Expanded Developmental Assessment Clinic	8/20/2014 3:10 PM
10	Increase Mental Health Beds Paediatric Palliative Care Complex Care Adolescent pregnancy Eating disorders Autism Obesity	8/20/2014 2:26 PM
11	Enhanced surgical services ie pediatric general surgery, Pediatric urology, pediatric ophthalmology Pediatric anaesthesia Subspecialty services can be enhanced to include inpatient consultations and admissions ie neurology can do overnight video EEG monitoring, cardiology can cover patients with congestive heart failure and failure to thrive Diagnostic tools should include tests such as VCUG for all ages, bone scans, DMSA, renal scans, sedated MRI's, interventional radiology such as U/S guided PICC line insertion for all ages, U/S guided renal/ liver/ other biopsy Enhanced support services would include better PICC line care for nursing staff, enhanced dietician services for GI/ endocrine/ nephrology/ in patients, enhanced respiratory therapists who are pediatric specific for ventilation/ enhanced occupational therapy and physiotherapy/ in house teaching/ full time child life support/ full time all week breastfeeding support	8/20/2014 1:15 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not had to access paediatric services as of yet and so am unfamiliar with the inpatient paediatric services currently available. Therefore, I am unsuited to advise as to what inpatient paediatric services could be introduced that are currently not available.	8/19/2014 10:10 PM
13	Neonatal Abstinence Syndrome recognition and care Pediatric Complex Care Ambulatory Clinic for Autism	8/19/2014 3:31 PM
14	Respite care for chronic ventilated patients and their families Palliative care Specialty surgery such as cleft lip and pallet, urology and perhaps adolescent gyne surgery	8/19/2014 12:51 PM

Motion 1b Collaborative Clinical Questionnaire

15	Palliative Care Complex Care Autism Respite Care	8/19/2014 11:06 AM
16	paediatric palliative care respite care for complex children (c autism, developmental, obesity, mental health, addictions Paediatric urology and nephrology	8/19/2014 11:04 AM
17	complex care autism pallative care respite care	8/19/2014 11:04 AM
18	There are no dedicated pediatric Surgeons within TSH. There are surgeons who offer some pediatric surgeries. These include ENT, Urology, and some Plastic Surgery	8/19/2014 10:42 AM

Motion 1b Collaborative Clinical Questionnaire

Q4 What enhancements to existing inpatient paediatric services would improve clinical care within the Central East LHIN?

Answered: 17 Skipped: 16

#	Responses	Date
1	Neonatal MRI and infant MRI IV access program Updated infrastructure and equipment Ability to surge up when required	8/31/2014 8:24 PM
2	Provincial electronic health record for increased accessibility Paed friendly emerg clinic with priority access increased paed surgical ability Paed ICU Enhanced Cultural competency	8/22/2014 12:46 PM
3	Improved coordination among hospitals. Increased sharing of tools and best practices. Common intake system. Increased culturally responsive services	8/22/2014 12:27 AM
4	Develop a clearer understanding among providers, families and the general community of the services that are currently available and how to use them more effectively. Make access easier or referrals between services more straightforward. Create a system where sick children can access specialized Paediatric care in a timely manner.	8/21/2014 9:58 PM
5	eating disorders treatment would blend well with our existing mental health program. Expanded investigational radiology especially to support PICC line sedation vs having to wait for this service to be done at sick kids.	8/21/2014 9:12 PM
6	Continue to grow already existent services and staff expertise. Develop closer partnership with The Hospital for Sick Children	8/21/2014 5:58 PM
7	INcreased community level pediatric surgery in specialities of General Surgery, ENT, Ophthalmology, Plastics. Step-down level "critical care" . Unlikely to be able to staff and manage children requiring ICU care however. Volumes will be too low.	8/21/2014 1:32 PM
8	There is no definition of an enhanced pediatric unit in the literatue that can be applied to the situation that exist at our level. The need to enhance existing pediatric services when we have a level 4/5 pediatric centre 20 minutes away is a waste of money. The finances need to upgrade such a program would be too costly. To deliver a different type of service would be good. The unit does not have to be competing with other units to enhance services.... there are specific programs such as palliative care/ chronic ventilation for respite care etc which would be good to have. Pediatric surgery is always good, butit also would be an expensive program to maintain.	8/20/2014 9:42 PM
9	increase beds, increase staffing to allow for palliative, cnronic disease children Electronic documentation so that files can be shared between all Scarborough Hospitals.	8/20/2014 3:10 PM
10	increase inpatient beds for palliative patients/ chronic illness increase nursing Staffing and support services(i.e social workers) Electronic documentation inorder for patient files to be shared across the LHIN IS/ IT eCHN paediatric surgery	8/20/2014 2:26 PM
11	same as above	8/20/2014 1:15 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not had to access paediatric services as of yet and so am unfamiliar with the inpatient paediatric services currently available. Therefore, I am unsuited to advise as to what inpatient paediatric services could be enhanced that would improve clinical care.	8/19/2014 10:10 PM
13	As Above	8/19/2014 12:51 PM
14	development screening and clinics seamless care- access to medical records amongst all hospitals	8/19/2014 11:06 AM
15	navigation through the sysetm of ambulatory and inpatient services electronic records, sharing of records amongst care providers strong partnerships with community to ensure seamless transition back regular education sessions within CELHIN hosted by Scarborough Hospitals- reach out to rest of LHIN, promote consistent standards of practice.	8/19/2014 11:04 AM
16	developmental screening and clinics community paediatricians with hospital privilideges	8/19/2014 11:04 AM
17	Recruitment fo Pediatric Surgeons. Aggregation fo all peditaric services into one centre so that appropriate programs and supports can be in place to meet the needs of the peditarci patients.	8/19/2014 10:42 AM

Motion 1b Collaborative Clinical Questionnaire

Q5 What paediatric inpatients would be suitable for repatriation from other centers?

Answered: 13 Skipped: 20

#	Responses	Date
1	Stable, and complex care, central lines (PICC and Ports), oncology, some acute care	8/22/2014 12:46 PM
2	inpatients in tertiary centres whose needs have stabilized to the point where they can be safely managed in a 2C facility. (perhaps traumas, acute exacerbations of chronic illnesses)	8/22/2014 12:27 AM
3	Stable, non-critical patients	8/21/2014 9:58 PM
4	Some simple inpatient chemotherapy treatments, PICC line insertions, complex medicine requiring longer length of stay.	8/21/2014 9:12 PM
5	Patient who require complex care closer to home Palliative patients Please note that centenary already provide services to client with diabetes, sickle cell and oncology	8/21/2014 5:58 PM
6	Palliative care Chronic ventilation for respite care	8/20/2014 9:42 PM
7	If expanded - repatriate Oncology patients, Mental Health patients, chronic /complex care children. Any child that no longer requires a Level 3 care treatment	8/20/2014 3:10 PM
8	oncology patients/ chronic care patient who no longer require level 3 care Palliative beds	8/20/2014 2:26 PM
9	this question is too broad. we already repatriate a large group of patients that include premature infants and stable pediatric patients on treatment.	8/20/2014 1:15 PM
10	From what I gather in the discussions to date, if a regional centre were to be operational at the level desired (level 2b?), then those paediatric inpatients undergoing care and treatment that fall under that category would be suitable for repatriation.	8/19/2014 10:10 PM
11	Stable sickle cell Newly diagnosed diabetics Stable Diabetic ketoacidosis Asthmatics Severe dehydration	8/19/2014 3:31 PM
12	complex needs paliative complex surgical cases mental health	8/19/2014 11:04 AM
13	Aggregation of all Pediatric Care into one centre	8/19/2014 10:42 AM

Motion 1b Collaborative Clinical Questionnaire

Q6 What support services are required to sustain new and improved advanced regional inpatient paediatric care in the Central East LHIN?

Answered: 16 Skipped: 17

#	Responses	Date
1	electronic documentation commitment to ongoing education upgrade SIM lab for practice and scenarios enhanced child life specialist involvement, dietitian involvement incorporation of holistic and complementary therapies	8/22/2014 12:46 PM
2	- Access to as many in-house paediatric subspecialties as possible - Strong links to ambulatory care clinics for follow-up and monitoring, ideally in the same physical setting to support the one-stop shopping that patients/families value - Paediatric speech language pathology for inpatient assessment and consultation - Links to mental health supports - Child Life Specialist support	8/22/2014 12:27 AM
3	A multidisciplinary team of professionals including registered nurses, paediatricians and other specialists, social workers, respiratory therapists, physiotherapists, occupational therapists, child life specialists, other allied health professionals and dedicated volunteers, all providing a progressive treatment plan toward wellness.	8/21/2014 9:58 PM
4	more social work, RRT, RT, OT. Psychology would be helpful to support autism and developmental services.	8/21/2014 9:12 PM
5	Paediatric dedicated anaesthesia Paediatric dedicated Respiratory Therapist	8/21/2014 5:58 PM
6	Infrastructure investments- dedicated clinical spaces Additional monitoring equipment Additional specialty trained nurses Additional sub-speciality pediatricians	8/21/2014 1:32 PM
7	What do you mean by a "regional advanced inpatient pediatric care centre".....? Are you developing a new pediatric hospital? If so then look at HSc and get all the inpatient programs.... inpatient general, surgery, urology, cardiology, ICU, oncology, etc with all the staff being able to be contacted at all the times. If not, then what.... Why not wait the definition of the levels of care being developed by the PCMHC and go from there. Services for even an mild enhancement would be : 24/7 availability of surgery, pediatric medicine, anesthesia, Step up units, with adequate and appropriate staffing and services(RT/IV/Lab/echo/ CT, 24/7), What an advanced unit is NOT is the transfer of all inpatients to that unit local community hospitals need not transfer uncomplicated cases to this unit so as the boost numbers/ figures. This goes against the grain of patient oriented care. care	8/20/2014 9:42 PM
8	Lab DI Social Work Paediatric OT/physio Dietician support IS eg. eCHN	8/20/2014 3:10 PM
9	DI/Lab Social Work Paediatric OT/Physio Dietitian	8/20/2014 2:26 PM
10	As above. Enhanced support services would include better PICC line care for nursing staff, enhanced dietician services for GI/ endocrine/ nephrology/ in patients, enhanced respiratory therapists who are pediatric specific for ventilation/ enhanced occupational therapy and physiotherapy/ in house teaching/ full time child life support/ full time all week breastfeeding support	8/20/2014 1:15 PM
11	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not had to access paediatric services as of yet and so am unfamiliar with the inpatient paediatric services currently available. Therefore, I am unsuited to advise as to what support services are required to sustain new and improved advanced regional inpatient paediatric care.	8/19/2014 10:10 PM
12	Increased OT support Increased Physio therapist support Increased RRT coverage Dietician continued support Pharmacy support after hours Social Work support after hours	8/19/2014 3:31 PM
13	Strong RRT, SW, Mental Health support	8/19/2014 12:51 PM
14	24 hour in house paediatricians RTs with paediatric specialty's and training Diagnostic Imaging access to speciality consults nephrology, cardiology, medicine, ophthalmology	8/19/2014 11:06 AM
15	navigation through the system of ambulatory and inpatient services electronic records, sharing of records amongst care providers	8/19/2014 11:04 AM
16	in house paediatricians RT with paediatric training diagnostic imaging access to speciality consults including: nephrology, cardiology, medicine etc ICU- inhouse intensivist	8/19/2014 11:04 AM

Motion 1b Collaborative Clinical Questionnaire

Q7 What advanced regional inpatient paediatric services should be co-located in the same hospital as the advanced level 2C NICU?

Answered: 17 Skipped: 16

#	Responses	Date
1	PICC and central line insertion (imagery guided) enhanced newborn follow up, enhanced breastfeeding support	8/22/2014 12:46 PM
2	All of them - there are significant clinical, access, team and efficiency benefits to having the regional inpatient paediatric service co-located in the same hospital as the advanced level 2C NICU	8/22/2014 12:27 AM
3	Because of limited resources, a critical mass of multidisciplinary services at one regional centre is key to the provision of services closer to home for our Scarborough patients.	8/21/2014 9:58 PM
4	It is important to collocate the full range of paediatric specialty services. To ensure you have rapid access to the appropriate array of services available to support the NICU you need to have enough of a critical mass from a business sense to attract and retain the specialty. This is created through the ED patient flow and or clinic development.	8/21/2014 9:12 PM
5	Inpatient paediatrics, satellite clinics and outpatient services should be co-located with advanced level NICU	8/21/2014 5:58 PM
6	All subspecialty pediatric services. This is important to be able to recruit pediatricians to the area. They would not be willing to go to isolated units e.g. Advanced Neonatal Unit by itself	8/21/2014 1:32 PM
7	There is NO need to have to co locate the level 2c NICU with a regional pediatric unit..... Different hospitals can serve different purposes..... for example both Sunnybrook and Mt. Sinai hospital have high level NICUs but no pediatricics. Credit Valley has a level 2c, but no advanced peds program.... it chooses HSC as its advanced unit. So the services can be separated.... any NICU patient needing advanced care above the level of service of a level 2c unit will go to HSC for the advanced pediatric service..... that is.. if a pt in the NICU needs surgery...that type of surgery will not be available in the "regional pediatric unit".	8/20/2014 9:42 PM
8	Paediatric inpatient services does not need to be co-located with an advanced Level 2C NICU. Paediatrics can be diversified throughout the Scarborough Cluster.	8/20/2014 3:10 PM
9	Paediatrics inpatient services does not need to be co-located within an advanced level 2C NICU Pediatric services can be diversified throughout the Scarborough cluster to service the Central East LHIN.	8/20/2014 2:26 PM
10	All advanced inpatient pediatric services should be co located with the level 2C NICU. This is already the case and it includes enhanced surgical services and subspecialty service. The services that are not available are not available anywhere in the LHIN and it would create an additional barrier to care to not co locate advanced services in the same hospital.	8/20/2014 1:15 PM
11	This may require additional study to determine how much overlap/crossover in patient population exists, if any. Services that are delivered to both paediatric patients and advanced level 2C NICU probably should be co-located in the same hospital.	8/19/2014 10:10 PM
12	Cardiac monitoring ventilation Pediatric Orthopedics Pediatric Cardiologist	8/19/2014 3:31 PM
13	Co-location with neonatal care is not necessary	8/19/2014 12:51 PM
14	Diagnostic Imaging with paediatric trained staff RTs with speciality in paediatrics 24 hour In house Paediatrician	8/19/2014 11:06 AM
15	there is no clinical requirement or benefit of a clinical adjacency to co-locate any services there is sufficient activity to support paediatric coverage at any of the sites and this would certainly not require any additional funding to support paed callschedules	8/19/2014 11:04 AM
16	it is not nessesary in my opioion to co-locate advanced paediatrics and the NICU in the same hospital	8/19/2014 11:04 AM
17	Yes To really develop a centre of Excellence for Pediatric services, It is imprtant to have all levels of NICU in one location	8/19/2014 10:42 AM

Motion 1b Collaborative Clinical Questionnaire

Q8 What new neonatal clinical services should be introduced to the Scarborough cluster that would provide advanced regional care to Central East LHIN patients? Please focus on services not currently available in the Central East LHIN.

Answered: 18 Skipped: 15

#	Responses	Date
1	Central line access/ image guided insertions increased surgical capability	8/22/2014 12:51 PM
2	Dedicated paediatric respiratory therapists Dedicated paediatric speech language pathologists	8/22/2014 12:27 AM
3	developmental services,	8/21/2014 10:07 PM
4	All services are currently available however there is a need to market the service to others in the LHIN	8/21/2014 9:12 PM
5	Support for patients who have drug and alcohol problems, and whose babies may have neonatal withdrawal syndromes.	8/21/2014 6:25 PM
6	Developmental care Neurology	8/21/2014 6:04 PM
7	Interventional radiology	8/21/2014 1:35 PM
8	Abstinence programs Expansion of OT/PT/dietician services in the units Early fetal program/ early assessment programs genetics	8/20/2014 9:54 PM
9	We need to colocate , fine tune and make our current services easily accesible to the population of Scarborough and East Durham before we contemplate adding more services .	8/20/2014 3:57 PM
10	Neonatal Abstinence program	8/20/2014 3:10 PM
11	Neonatal Abstinence Syndrome recognition program Level 2 C at 2 sites in Scarborough .	8/20/2014 2:33 PM
12	PICC line insertion and care resuscitation and support for infants as young as 28 weeks ventilation beyond 5 days pediatric surgery for hernia's et et	8/20/2014 1:19 PM
13	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access much in the way of neonatal services as of yet and so am unfamiliar with the neonatal services currently available. Therefore, I am unsuited to advise as to what neonatal services should be introduced.	8/19/2014 10:15 PM
14	Complicated Patient Clinic-with multiple anomalies and needs Neonatal Abstinence Syndrome recognition and care	8/19/2014 3:43 PM
15	Some neonatal surgery such as hernia repairs Extended ventilator support for acute illness Ambulatory support for chronic conditions, developmental delay Genetics assessment	8/19/2014 12:55 PM
16	maternal fetal medicine Neonatal abstinence follow up clinics follow up accessibility for families who do not have primary health care providers	8/19/2014 11:27 AM
17	all 3 centers are capable of offereing leve 2C.	8/19/2014 11:19 AM
18	maternal fetal medicine high risk clinics postpartum depression clinics newborn follow up for patients without family physicians - this could be NP lead	8/19/2014 11:15 AM

Motion 1b Collaborative Clinical Questionnaire

Q9 What enhancements to existing neonatal services would improve clinical care within the Central East LHIN?

Answered: 17 Skipped: 16

#	Responses	Date
1	electronic health record, access provincially Paed friendly ED with priority access to Paed/meonatal patients	8/22/2014 12:51 PM
2	Increased anaesthesia support Increased culturally responsiveness services	8/22/2014 12:27 AM
3	enhanced supports for breast feeding, nutrition. expand overall neonatal program.	8/21/2014 10:07 PM
4	Other hospitals in the LHIN need to see the regional centre in Scarborough as an option for transfer vs referral to one of the downtown hospitals	8/21/2014 9:12 PM
5	Critical care transport team to provide services for Scarborough and Durham Dedicated Neonatal Respiratory Therapy service	8/21/2014 6:04 PM
6	INcreased retinal support and cardiology support	8/21/2014 1:35 PM
7	Nlcu being a closed unit Cohorting of neonatologists/ and developing a FFP for these doctors sothat they care provide good care. Developing standardised protocols realise that there are mitigating factors that influenced reverse transfers, and realise that close to home is always the ideal for pt care.	8/20/2014 9:54 PM
8	Have one stop shopping for the consumer s. Considering that RVC and TSH are 6 kms apart these services should all be in one site and that is RVC	8/20/2014 3:57 PM
9	Level 2C at 2 sites in Scarborough Cluster	8/20/2014 3:10 PM
10	IS /IT eCHN	8/20/2014 2:33 PM
11	dedicated pediatric focused respiratory therapists	8/20/2014 1:19 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access much in the way of neonatal services as of yet and so am unfamiliar with the neonatal services currently available. Therefore, I am unsuited to advise as to what enhancements to neonatal services would improve care.	8/19/2014 10:15 PM
13	Increased hours to RRT coverage, OT coverage and pharmacy in house coverage. More availability of pediatricians in the area that are accepting new patients.	8/19/2014 3:43 PM
14	Genetics Complex care coordination	8/19/2014 12:55 PM
15	access to developmental clinic to include diagnosis and treatment in timely manner - in scarborough cluster access to health records across all hospitals for seamless care	8/19/2014 11:27 AM
16	inprove nutritional support to NICU's recruit additional neonatologists to Scarborough system move towards breast feeding friendly status, role model for rest of LHIN	8/19/2014 11:19 AM
17	if a 2c NICU was co-located with a labour and delivery with volumes and expertise, less patients would be transfered to level 3 beds. This would allow Scarborough residents to receive the right care close to home	8/19/2014 11:15 AM

Motion 1b Collaborative Clinical Questionnaire

Q10 What neonatal patients would be suitable for retro-transfer or repatriation?

Answered: 14 Skipped: 19

#	Responses	Date
1	all neonatal patients,	8/22/2014 12:51 PM
2	Those whose needs stabilize so that tertiary care is no longer required and level 2C care or level 2B care is appropriate	8/22/2014 12:27 AM
3	potential patients are well described in the PCMCH levels of care document.	8/21/2014 9:12 PM
4	Stable neonates on mechanical ventilation or CPAP Neonate with PICC or Central Lines on TPN Neonates with complex needs Low birth weight or gestational age neonates 29 weeks corrected age +	8/21/2014 6:04 PM
5	The patient population being repatriated is appropriate at this time.... allowing for the level 2c unit to keep and accept the younger pt is important. At this time all the units manage PICC lines, trach, g-tubes etc..	8/20/2014 9:54 PM
6	The pediatricians can answer that but a Regional well serviced unit with colocated Peds and NICU should be able to take care of all the retrotransfers.	8/20/2014 3:57 PM
7	Any Neonate that does not require further Level 3 care from a tertiary Centre Acceptance from CELHIN hospitals that would allow the infant to be closer to home.	8/20/2014 3:10 PM
8	Any neonatal patient that no longer require level 3 care	8/20/2014 2:33 PM
9	we already receive infants as young as 30 weeks	8/20/2014 1:19 PM
10	Neonatal patients that fall under the level the potential regional centre is aiming to achieve.	8/19/2014 10:15 PM
11	Ventilated CPAP TPN PICC line in situ Continual feeds or slow bolus feeds Cardiac monitoring Require ROP examination even weekly Born less than 30 weeks and still less than 30 wks but now stable Weight criteria as determined case by case but approx. >800 gm on transfer	8/19/2014 3:43 PM
12	according to guidelines for Level 2c NICU as set by PCMCH	8/19/2014 11:27 AM
13	stable babies from tertiary centers all 30-32 week gestations	8/19/2014 11:19 AM
14	all patients that currently meet the guidelines for a level 2c unit	8/19/2014 11:15 AM

Motion 1b Collaborative Clinical Questionnaire

Q11 What support services are required to sustain new and improved advanced regional neonatal care within the Central East LHIN?

Answered: 17 Skipped: 16

#	Responses	Date
1	electronic documentation education programs and support, SIM Lab for practice upgrades to equipment, facilities	8/22/2014 12:51 PM
2	Dedicated emergency transportation service for CE LHIN for neonates and children	8/22/2014 12:27 AM
3	Multidisciplinary services including physio, RT, Aneasthetist, N.P.	8/21/2014 10:07 PM
4	SW, OT, PT, NP, neonatologist, RRT, child life specialist. interventional radiologist	8/21/2014 9:12 PM
5	Critical care transport team to provide services for Scarborough and Durham Dedicated Neonatal Respiratory Therapy service	8/21/2014 6:04 PM
6	As noted previously	8/21/2014 1:35 PM
7	cohorting neonatologists RT/ OT/ PT/ dieticians/ ECHO ophthalmology	8/20/2014 9:54 PM
8	We need to have whatever services are needed to make it a seamless service for the consumer.	8/20/2014 3:57 PM
9	DI Lab Paeds OT/physio Social Work IS Dietician	8/20/2014 3:10 PM
10	DI Lab SW IS/ IT OT/ PT Dietician	8/20/2014 2:33 PM
11	dedicated full time dietician, dedicated full time respiratory therapists, dedicated full time social worker	8/20/2014 1:19 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access much in the way of neonatal services as of yet and so am unfamiliar with the neonatal services currently available. Therefore, I am unsuited to advise as to what support services are required to sustain new and improved neonatal care.	8/19/2014 10:15 PM
13	RRT coverage around the clock for NICU Increased pharmacy hours Increased SW coverage Increased OT support and PT support hours Neonatal Nurse Practitioner	8/19/2014 3:43 PM
14	Enhanced RRTs, SW and SLP support	8/19/2014 12:55 PM
15	24hr In house Paediatrician Access to Neonatology DI RTs with NICU specialty Access to speciality consults (ie ophthamology) dieticians	8/19/2014 11:27 AM
16	with the small numbers of babies within the 2C criteria, and with each site in Scarborough able to care for these babies, why are we separating mothers and babies when the care could be provided in the delivering hosp. also if the care required is more than a 2C then tertiary centers are just 15 mins away. the majority of large community hospitals in Ontario are 2C and having any thing other than 2C within the GTA is really not acceptable. Need to consider the impact of separating mothers and babies, breastfeeding rates, post partum mood disorders and impact to family, bonding and separation issues, cost to health system and cost to families with travel, parking etc	8/19/2014 11:19 AM
17	obstetrical services including: - RT - DI - interventional radiology which is currently located at the TSH General Campus NICU - RT with skill level for 2c - DI - neonatal dieticians - neonatal pharmacy - neonatologist - NP	8/19/2014 11:15 AM

Motion 1b Collaborative Clinical Questionnaire

Q12 What other clinical services should be co-located in the same hospital as the advanced level 2C NICU?

Answered: 17 Skipped: 16

#	Responses	Date
1	advanced paed clinics follow up clinics	8/22/2014 12:51 PM
2	Advanced paediatric services Services outlined in the PCMCH guidelines for level 2C NICU	8/22/2014 12:27 AM
3	Advanced inpatient and out patient paediatrics and high risk level 2C Birthing centre.	8/21/2014 10:07 PM
4	a complete range of service including, anesthesiology, cardiology, ophthalmology, genetics, neurology, nephrology, neonatology, endocrinology, GI, OBS	8/21/2014 9:12 PM
5	Inpatient and outpatient Paediatrics, DI	8/21/2014 6:04 PM
6	as noted before	8/21/2014 1:35 PM
7	MRI/ CT scan/ Plastics/ ophthalmology/ Cardiology availability Hematology availability	8/20/2014 9:54 PM
8	All the other Peds Clinics should in the same location as the regional NICU	8/20/2014 3:57 PM
9	Level 2C Obstetrics	8/20/2014 3:10 PM
10	Level 2C OB	8/20/2014 2:33 PM
11	same as previous question	8/20/2014 1:19 PM
12	Isn't neonatal care and NICU the same thing? So whatever services are needed for the NICU would also likely be needed for neonatal care and therefore should be co-located in the same hospital.	8/19/2014 10:15 PM
13	Echo, MRI availability Neonatal Follow Up clinic RSV Clinic	8/19/2014 3:43 PM
14	Strong obstetric program potential to support some high risk obstetric patients	8/19/2014 12:55 PM
15	High Risk Obstetrics MFM DI- Intervential Radiology ICU RTs	8/19/2014 11:27 AM
16	definitely need to co-locate high risk OBS with 2C. Based on expert review of 2013, need to consider high risk OBS center with Interventional Radiology on site. TSH General campus is the only Scarborough center with IR on site and on call. As stated in previous Paeds questions, no need to co-locate advanced paed with 2C center, there is enough activity and clinical programs in all of the sites to support paed coverage of ED without additional cost and burden to the system	8/19/2014 11:19 AM
17	high risk obstetrics MFM DI - interventional radiology ICU Intensivists	8/19/2014 11:15 AM

Motion 1b Collaborative Clinical Questionnaire

Q13 What new ambulatory specialty paediatric clinics should be introduced to the Scarborough cluster that would provide enhanced regional clinical services to patients of the Central East LHIN?

Answered: 16 Skipped: 17

#	Responses	Date
1	new? not sure	8/22/2014 12:53 PM
2	Dermatology clinic Infectious diseases clinic Neurology clinic Adolescent medicine clinic Autism clinic	8/22/2014 12:27 AM
3	Developmental, Autism	8/21/2014 10:08 PM
4	Restarting infectious disease, and medical adolescent clinical would be helpful. Dermatology clinic is needed and would be supportive of the current allergy clinic. Neurology is a gap and an enhancement to developmental assessment and treatment (including autism) is essential.	8/21/2014 9:12 PM
5	More autism and developmental delay services. More general pediatrics clinics or walk-in clinics for pediatrics. Adolescent medicine. More mental health services.	8/21/2014 6:26 PM
6	Developmental Care, Dermatology, Neurology	8/21/2014 6:04 PM
7	Dermatology Juvenile diabetes Autism	8/21/2014 1:36 PM
8	Ambulatory : Developmental pediatric assessment and treatment program Obesity/ Wellness pediatric clinic Chronic ventilation program for respite care for ventilated pediatric patients Palliative program Complex care pediatric clinic.... with team approach A large pediatric after hours clinic, such as the one at Leslie/Sheppard	8/20/2014 10:00 PM
9	Basic Peds services should be at the other sites also covering emerge.	8/20/2014 4:00 PM
10	Autism Obesity Mental Health Adolescent Teen clinic/ sexual health care	8/20/2014 3:10 PM
11	Autism Obesity Mental Health Adolescent Teen Clinic Adolescent Sexual Health	8/20/2014 2:39 PM
12	infectious disease dermatology additional neurology additional development medicine adolescent/ teen medicine	8/20/2014 1:30 PM
13	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access ambulatory specialty paediatric services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be introduced.	8/19/2014 10:16 PM
14	Complex care Palliative care Developmental care Obesity Transition clinics to support movement from the pediatric hospitals to the adult hospitals After hours clinic to avert ED visits	8/19/2014 1:04 PM
15	autism diagnosis and treatment obesity/eating disorders paediatric mental health clinics enhanced developmental clinics	8/19/2014 11:33 AM
16	autism, expand developmental, mental health, addictions for youth and newborns, nutrition-obesity, complex care	8/19/2014 11:19 AM

Motion 1b Collaborative Clinical Questionnaire

Q14 What new ambulatory specialty paediatric clinics should be co-located with the advanced regional in-patient paediatric service?

Answered: 15 Skipped: 18

#	Responses	Date
1	all of them...access to clinics and follow up post admission is essential	8/22/2014 12:53 PM
2	As many as possible	8/22/2014 12:27 AM
3	Developmental, Autism	8/21/2014 10:08 PM
4	Medical adolescent blends well with the mental health services and would fit best being collocated. Dermatology would also be well supported by the allergy clinic as many of the same patients are seen in each service. Mental health can also support these patients re self image etc.	8/21/2014 9:12 PM
5	Developmental Care, Dermatology, Neurology	8/21/2014 6:04 PM
6	as above	8/21/2014 1:36 PM
7	The advanced regional inpatient program should not need to have ambulatory services to sustain it. However in a distributed care model, there are areas of excellence that would be best serviced.... diabetes etc All of the above new Ambulatory programs do not need to be co located with an inpatient unit.	8/20/2014 10:00 PM
8	That can be determined at a later date as the Advanced Regional centre grows.	8/20/2014 4:00 PM
9	Ambulatory Specialty Paediatric clinics do not need to be co-located with an advanced Inpatient paediatric service. These specialty can be diversified throughout the scarborough cluster for easy accessibility	8/20/2014 3:10 PM
10	Not all ambulatory specialty clinic need to be colocated with in the advanced regional in patient paediatric service Specialty clinics can be diversified across the Scarborough cluster, for easy accessibility.	8/20/2014 2:39 PM
11	all of the above	8/20/2014 1:30 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access ambulatory specialty paediatric services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be co-located.	8/19/2014 10:16 PM
13	Co-location with inpatient peds care not necessary, a distributed model could be implemented for both inpatient and outpatient advanced care.	8/19/2014 1:04 PM
14	specialty clinics to match/support inpatient activity	8/19/2014 11:33 AM
15	every center to house some specialty related to existing or new programs voice of customer clearly stated regardless of location, importance of seamless entry and access to information was most important and wait times	8/19/2014 11:19 AM

Motion 1b Collaborative Clinical Questionnaire

Q15 What new ambulatory specialty paediatric clinics should be co-located with the advanced regional level 2C NICU?

Answered: 17 Skipped: 16

#	Responses	Date
1	Best to have all clinics co located	8/22/2014 12:53 PM
2	As many as possible	8/22/2014 12:27 AM
3	Developmental, Autism	8/21/2014 10:08 PM
4	all clinics would support the NICU	8/21/2014 9:12 PM
5	Developmental Care, Dermatology, Neurology	8/21/2014 6:04 PM
6	as noted previously	8/21/2014 1:36 PM
7	Developmental clinic	8/20/2014 10:00 PM
8	Ambulatory services do not need to be colocated each hosp can provide that in conjunction withER coverage.	8/20/2014 4:00 PM
9	Ambulatory Specialty Paediatric clinics do not need to be co-located with an level 2C NICU.	8/20/2014 3:10 PM
10	None, Ambulatory specialty clinics should not be co located in the advanced regional level 2C NICU.	8/20/2014 2:39 PM
11	all of the above	8/20/2014 1:30 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access ambulatory specialty paediatric services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be co-located.	8/19/2014 10:16 PM
13	Complex Care Clinic	8/19/2014 3:44 PM
14	Co-location is not necessary	8/19/2014 1:04 PM
15	developmental neonatal abstinence neonatal follow up	8/19/2014 11:33 AM
16	none of hte clinics referenced to are specifically tied to a 2C. Paeds should be separated as stated within the various questions earlier in survey no need to co-locate advanced paeds with 2C center, there is enough activity and clinical programs in all of the sites to support paeds coverage of ED without additional cost and burden to the system	8/19/2014 11:19 AM
17	developmental neonatal abstinence optomology	8/19/2014 11:17 AM

Motion 1b Collaborative Clinical Questionnaire

Q16 What new paediatric surgery services should be introduced to the Scarborough cluster that would provide enhanced regional clinical services to patients of the Central East LHIN?

Answered: 17 Skipped: 16

#	Responses	Date
1	image guided therapy (PICC insertion, etc) port insertion	8/22/2014 12:55 PM
2	Expansion of existing paediatric surgery volumes through repatriation of market share Urology Paediatric general surgery	8/22/2014 12:28 AM
3	GI,	8/21/2014 10:08 PM
4	enhanced anesthesia can assist with expanded interventional radiology options. A general expansion of surgical procedures can be considered along with general surgery, orthopaedics, urology.	8/21/2014 9:12 PM
5	Urology Low risk general surgery Please note that ENT, Plastic, Gastroenterology scopes and Scoliosis surgeries are already conducted at RVHS	8/21/2014 6:06 PM
6	Orthopedics, General Surgery, ENT- already exist. Need to be expanded	8/21/2014 1:38 PM
7	General surgery Plastics expansion pediatric urology expansion Dentistry expansion Interventional radiology, for PICC lines , investigation etc	8/20/2014 10:03 PM
8	To be determined later pending the need and in consultation with HSC.	8/20/2014 4:02 PM
9	Enhanced Orthopedic General paediatric Surgeries Cleft Lip and Palate Surgeries Pyloric Stenosis surgeries Minor GI surgeries	8/20/2014 3:10 PM
10	enhanced orthopedic General paediatric surgery ie Pyloric stenosis / Cleft lip and palate Minor GI surgery	8/20/2014 2:45 PM
11	general surgery urology plastics ophthalmology	8/20/2014 1:31 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access paediatric surgery services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be introduced.	8/19/2014 10:17 PM
13	Cleft lip and palet hernia urology	8/19/2014 1:07 PM
14	urology cleft palate ophthomology	8/19/2014 11:36 AM
15	consider those surgical procedures that currently have wait times. no need to develop programs that are offered at other organizations with no wait times ie cleft lip and palate scoliosis, orthopedic	8/19/2014 11:22 AM
16	cleft palate urology	8/19/2014 11:19 AM
17	Please refer to page one of the Survey regarding Pediatric Surgery	8/19/2014 10:43 AM

Motion 1b Collaborative Clinical Questionnaire

Q17 What paediatric surgery services should be co-located with the advanced regional in-patient paediatric service?

Answered: 16 Skipped: 17

#	Responses	Date
1	some diagnostic procedures	8/22/2014 12:55 PM
2	All of them	8/22/2014 12:28 AM
3	GI	8/21/2014 10:08 PM
4	All surgery to encourage development of specialty in surgery, nursing and allied health as well as anaesthesia	8/21/2014 9:12 PM
5	Day surgery program: ENT, Plastics, Scoliosis, Gastroenterology General Surgery	8/21/2014 6:06 PM
6	Any that may require inpatient stay	8/21/2014 1:38 PM
7	Above	8/20/2014 10:03 PM
8	Again to be determined later.	8/20/2014 4:02 PM
9	Any surgery that would require extensive treatments following the surgeries such as one to one nursing	8/20/2014 3:10 PM
10	Any surgery that requires extensive nursing care post op 1:1	8/20/2014 2:45 PM
11	all of the above	8/20/2014 1:31 PM
12	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access paediatric surgery services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be co-located.	8/19/2014 10:17 PM
13	All advanced services should be distributed between TSH and RVHS depending on interest and medical manpower and capability.	8/19/2014 1:07 PM
14	In order to answer fully, a definition of what an advanced regional inpatient paediatric centre would look like would need to be included	8/19/2014 11:36 AM
15	only those have have a clinical fit with existing programs, ie ortho should be located in the site where adult specialty resides	8/19/2014 11:22 AM
16	this is challenging because there is no clear direction or definition on what an advanced regional paediatric center is	8/19/2014 11:19 AM

Motion 1b Collaborative Clinical Questionnaire

Q18 What paediatric surgery services should be co-located with the advanced regional level 2C NICU?

Answered: 17 Skipped: 16

#	Responses	Date
1	same as above line insertions	8/22/2014 12:55 PM
2	All of them	8/22/2014 12:28 AM
3	GI	8/21/2014 10:08 PM
4	as above because I feel it essential that advanced paededs be collated with the advanced level 2 NICU	8/21/2014 9:12 PM
5	PICC line insertion	8/21/2014 6:26 PM
6	Day surgery program: ENT, Plastics, Scoliosis, Gastroenterology General Surgery	8/21/2014 6:06 PM
7	No specific need to be except as noted above	8/21/2014 1:38 PM
8	Interventional radiology	8/20/2014 10:03 PM
9	Pediatric surgery should be part of the advanced NICU	8/20/2014 4:02 PM
10	None	8/20/2014 3:10 PM
11	no paediatric surgery should be co-located with the advanced regional level2C NICU	8/20/2014 2:45 PM
12	all of the above	8/20/2014 1:31 PM
13	My experience and input is more focused on maternal care and services. As a patient/consumer, I have not needed to access paediatric surgery services as of yet and so am unfamiliar with the services currently available. Therefore, I am unsuited to advise as to what services should be co-located.	8/19/2014 10:17 PM
14	This is not necessary	8/19/2014 1:07 PM
15	Co-location is not necessary	8/19/2014 11:36 AM
16	In my experience, paediatricians are not involved with surgical cases even though these patients reside in the inpatient paededs beds. therefore I do not believe there is a need to co-locate any surgical services with 2C	8/19/2014 11:22 AM
17	in my opinion this would not be necessary if there was a system for HR to be available at all sites	8/19/2014 11:19 AM

Motion 1b Collaborative Clinical Questionnaire

Q19 What clinical services should be consolidated together on the same campus?

Answered: 19 Skipped: 14

#	Responses	Date
1	all advanced care should be consolidated	8/22/2014 12:56 PM
2	Regional advanced neonatal program, Regional advanced paediatric program and high risk obstetrics	8/22/2014 12:28 AM
3	In patient and out patient clinics for Paeds, Level 2C NICU and high risk maternal.	8/21/2014 10:10 PM
4	OBS, neonatal and paediatrics. they all complement and support each other	8/21/2014 9:12 PM
5	NICU and advanced in patient care can support each other well. Critical care or high risk patients can allow one site to develop expertise and efficiencies.	8/21/2014 6:28 PM
6	Paediatrics inpatient and outpatient, NICU and Paediatric surgery	8/21/2014 6:07 PM
7	Advanced Pediatrics and Neonatal ICU Level IIC	8/21/2014 1:40 PM
8	Level 2c NICU on one campus Pediatric in patient on another campus I suggest that the two services can be separated	8/20/2014 10:06 PM
9	All the advanced Peds services should be colocated with the regional NICU	8/20/2014 4:04 PM
10	Level 2C NICU should to situated with the Level 2C Obstetrics (where volumes of deliveries exceed 2500 births per year)	8/20/2014 3:10 PM
11	level 2 C NICU with Level 2C OB where volume exceeds 2500 deliveries a year.	8/20/2014 2:49 PM
12	all of the advanced pediatric and neonatal services	8/20/2014 1:32 PM
13	Inpatient type clinics that require specialized equipment or personnel, such as dialysis.	8/19/2014 10:19 PM
14	Advanced Regional Pediatric and Neonatal Care 24 hour pharmacy full RRT coverage for Ped and NICU	8/19/2014 3:46 PM
15	TSH should be designated the advanced neonatal centre. The organization currently does 2/3 of the volumes and would quickly become designated as a level 2C at the general site. The general site has the advantage of being co-located with interventional radiology. The Birchmount will enhance its services related to midwifery care. Advanced pediatric care both inpatient and ambulatory should be distributed with a coordinated management team determining where the largest gaps are and where to ideally situate a particular service to ensure access for our community as well as prevent duplication of services between organizations. a solid navigation structure should be put in place to assist our community in finding and accessing the required resource quickly.	8/19/2014 1:14 PM
16	High Risk Obstetrics MFM DI-Interventional radiology Level 2c NICU	8/19/2014 11:38 AM
17	2C, high risk OBS and Diagnostic services/Interventional radiology 2C should be available at all Scarborough centers	8/19/2014 11:24 AM
18	high risk ob with high ob volumes and level 2c NICU	8/19/2014 11:20 AM
19	All Peditric Services in one hospital campus	8/19/2014 10:43 AM

Motion 1b Collaborative Clinical Questionnaire

Q20 What clinical services should be distributed throughout the Scarborough hospitals?

Answered: 17 Skipped: 16

#	Responses	Date
1	standard care at some facilities with a specific advanced Paed/Neonatal care location at one site	8/22/2014 12:56 PM
2	Level 2B neonatal care Level 2B maternal care General inpatient and outpatient paediatrics (not advanced)	8/22/2014 12:28 AM
3	New programs can be added as the regional program grows.	8/21/2014 10:10 PM
4	basic level 2 service needs to be at each hospital to ensure gyne and aped. coverage to the ED.	8/21/2014 9:12 PM
5	General pediatric and obstetric care, not high risk patients. More developmental and mental health support.	8/21/2014 6:28 PM
6	Level 2 B NICU, Emergency department support	8/21/2014 6:07 PM
7	Ambulatory Pediatric surgery Ambulatory clinics Short stay inpatient care (up to 48-72 hours) Basic diagnostics Neonatal care >34 weeks	8/21/2014 1:40 PM
8	TSH-g Level 2C/ inpatient peds TSH-B Level 2b/ inpatient peds/ large ambulatory clinic/ miwifery program RVHS level 2b/ advanced peds	8/20/2014 10:06 PM
9	Basic Peds services that can cover emerge patients	8/20/2014 4:04 PM
10	Paediatric Ambulatory clinics should be diversified throughout the Scarborough hospitals. They do not need to be all in one hospital.	8/20/2014 3:10 PM
11	Paediatric specialty clinics should diversified throughout the Scarborough cluster. Potential to have a have expert physicians travel to different areas within Scarborough and the LHIN	8/20/2014 2:49 PM
12	general pediatrics, level 2 neonatology, breast feeding support	8/20/2014 1:32 PM
13	Outpatient type clinics that do not require specialized equipment or personnel, such as breastfeeding clinics.	8/19/2014 10:19 PM
14	As above	8/19/2014 1:14 PM
15	High Risk Obstetrics Advanced Level 2c NICU Advanced Inpatient paediatrics and advanced paediatric ambulatory clinics	8/19/2014 11:38 AM
16	Paediatric inpatient and ambulatory programs should be distributed	8/19/2014 11:24 AM
17	Paediatric ambulatory clinics	8/19/2014 11:20 AM

Motion 1b Collaborative Clinical Questionnaire

Q21 Which hospital should provide advanced regional neonatal services?

Answered: 18 Skipped: 15

#	Responses	Date
1	Rouge Valley Centenary	8/22/2014 12:57 PM
2	Rouge Valley Health System - Centenary Site	8/22/2014 12:28 AM
3	Rouge Valley Health System	8/21/2014 10:10 PM
4	RVHS has many of the advanced services already in place and is the designated level IIc site. Critical transfers patients as needed to our NICU and RVHS currently takes 90% of level 3 retro transfers. RVHS has listed the women's and children's program in their strategic plan as one of their priority programs every year. It consistently demonstrates its commitment and ability in maternal, neonatal and paediatric care.	8/21/2014 9:30 PM
5	Scarborough Centenary has the physical infrastructure (newest and most up to date birthing and NICU unit, Obtracevue) and caregiver experience (has been providing care for OB patients who have been transferred in and outside of LHIN to Centenary due to perceived need for level IIC) nursery. Centenary has these because the hospital also has the longstanding commitment of the hospital to funding the programs and renewing the facility as needed to keep the program up to date. Our latest commitment is starting a University of Toronto associated Maternal Fetal Medicine program, and though we hope to service the LHIN's high risk pregnancies, we would be open to servicing patients from outside the LHIN. We have purchased the special ultrasound, and ultrasound program after consultation with maternal fetal medicine specialists at the University of Toronto. Our chief of obstetrics has been asked to be on a steering committee for improving data collection and research to represent the East Toronto and Durham LHIN. The University recognizes the problems with the BORNE data but also feels improving the collection of BORNE data could present an awesome research opportunity. We have made arrangements for a University of Toronto perineonatologist to start our program in the near future (this year), and have relocated offices to make room for this program.	8/21/2014 6:52 PM
6	Rouge valley Centenary	8/21/2014 6:08 PM
7	The one which already has the infrastructure and the established Level IIC unit- RVHS Centenary site	8/21/2014 1:43 PM
8	TSH -General	8/20/2014 10:07 PM
9	Rouge Valley Centenaryit has the infrastructure brand new LDRPs ,brand new NICU , has the human resources and the neonatologists .has the Clinics . has Board and financial support and has all the needed linkages with Sick Kids . As well there is a level 2c Obstetrical unit with well surgically trained Obstetricians providing high risk Obstetrical services to the region for pregnancies 30 weeks and up .RVC has also been part of the Critical infrastructure for the last 3 years .	8/20/2014 4:10 PM
10	The Scarborough Hospital- General Campus	8/20/2014 3:10 PM
11	The Scarborough Hospital General Campus	8/20/2014 2:53 PM
12	rouge valley centenary already provides advanced neonatal services and this should continue	8/20/2014 1:33 PM
13	This depends on the types of services that are defined as neonatal and looking at which hospital currently delivers the majority of the services. Also, it would be useful to look at use patterns by patients/consumers as the hospital that houses the majority of the services may not necessarily be the one accessed the most for these services.	8/19/2014 10:21 PM
14	Rouge Valley-Scarborough Centenary	8/19/2014 3:48 PM
15	TSH	8/19/2014 1:14 PM
16	TSH- General Campus as they have the infrastructure, the volumes and the health Human Resources	8/19/2014 11:39 AM
17	TSH supported by advance ICU and IR program for high risk OBS	8/19/2014 11:28 AM
18	TSH - general campus because they have the infrastructure, volumes and human health resources	8/19/2014 11:22 AM

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Q22 Which hospital should provide advanced regional inpatient paediatric services?

Answered: 18 Skipped: 15

#	Responses	Date
1	Rouge Valley Centenary	8/22/2014 12:57 PM
2	Rouge Valley Health System - Centenary Site	8/22/2014 12:28 AM
3	Rouge Valley Health System	8/21/2014 10:10 PM
4	RVHS has a significant breadth and depth of subspecialty paediatric services already in place. The physical plant can provide for close monitoring of more acutely ill patients, they have the support of sick kids with satellite clinics like sickle cell and oncology along with the inpatient programs to support that population. The paed unit also supports the NICU and when overflowing can absorb NICU patients who are stable to create space for more acute patents. Current paed and NICU staffing has developed an enhanced skill set already and they would not require additional education or development. RVHS has been seen as a leader in this area by SickKids, the LHIN and the CHN.	8/21/2014 9:30 PM
5	The NICU and advanced pediatrics work best by co-locating the services. Most of the inpatient services are being done, and most efficiently and cost-effectively at Centenary. The varying volumes of pediatrics make it difficult to have a small volume critical care service at a medium sized community hospital. The Rouge Valley board has a very long standing commitment to pediatrics being a core program, and has developed this over many, many years, different boards, different CEOs. To change this now, particularly in light of the financial ability of the Scarborough Hospital to match what is existing at Scarborough Centenary, and in that the Scarborough hospital has never had pediatrics be a core program. To move the advanced services now, would be a huge waste of money, and since the Scarborough hospital cannot match the care, would result in poorer service. It is really time for the Scarborough hospital as an institution to stop obstructing the delivery of advanced women's and children. The Scarborough Hospital has many strong programs which the Rouge Valley does not try to compete with (i.e. nephrology and dialysis) and the Rouge Hospital does not try to obstruct.	8/21/2014 6:52 PM
6	Rouge valley Centenary	8/21/2014 6:08 PM
7	The hospital that is housing the advanced NICU primarily because it will not be an east task to attract pediatric subspecialist, particularly neonatologists to a unit that cannot provide on-site support by other sub-specialities. This is a practical reality of recruitment	8/21/2014 1:43 PM
8	TSH-G or RVHS	8/20/2014 10:07 PM
9	Rouge Valley Centenary for the reasons discussed above.	8/20/2014 4:10 PM
10	We need to continue to support the enhanced care for Paediatrics at RVHS but diversify the ambulatory clinics throughout the 3 Scarborough Hospitals.	8/20/2014 3:10 PM
11	Continue to support the excellent work done at RVHC (centenary), with specialty clinics diversified throughout the 3 hospitals.	8/20/2014 2:53 PM
12	rouge valley centenary already provides advanced regional inpatient services and this should continue	8/20/2014 1:33 PM
13	This depends on the types of services that are defined as inpatient paediatric and looking at which hospital currently delivers the majority of the services. Also, it would be useful to look at use patterns by patients/consumers as the hospital that houses the majority of the services may not necessarily be the one accessed the most for these services.	8/19/2014 10:21 PM
14	Rouge Valley-Centenary	8/19/2014 3:48 PM
15	Distributed between RVHS and TSH	8/19/2014 1:14 PM
16	Rouge Valley Centenary	8/19/2014 11:39 AM
17	distributive model where specialty program align with existing resources- meeting the needs of the special population within the CELHIN	8/19/2014 11:28 AM

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18	Rough Valley as they have a robust program that they could grow.	8/19/2014 11:22 AM
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Q23 RVHS – Centenary

Answered: 18 Skipped: 15

#	Responses	Date
1	Advanced paed/neonatal care... in one location, specialty clinics and follow up care available Also, a special segment of the ED for Paed pts, child friendly with access to specialty clinics and care	8/22/2014 12:59 PM
2	Designate RVHS-Centenary as the regional advanced centre for neonatal and paediatric care. Leverage the advanced level of care designations and broad spectrum of paediatric services that currently exist at RVHS - Centenary. Centenary is the only level 2C centre in Scarborough. (TSH chose to maintain their level 2B status rather than upgrade to level 2C.) There are well-documented strong clinical, access, patient experience, recruitment and fiscal benefits to co-location of advanced neonatal care, advanced paediatric care and high risk obstetrics. In a 2005 report, the Child Health Network for the GTA formed an expert task group that recommended to the Ministry that RVC be designated as the regional centre for the East GTA with co-location of advanced neonatal, paediatric and obstetric services. The Galaxy Clinics at RVC offer a very wide range of paediatric clinics which would form a key component of the ideal future state model. They contribute greatly to RVHS' ability to attract more subspecialty paediatricians than any other hospital outside of SickKids and CHEO and to its strong partnership with SickKids. Leverage existing skills in providing care to children with specialized needs - e.g. RVC provides the vast majority of care in Scarborough to children with cancer, diabetes and sickle cell disease. We are Ontario's only provider of pulse dye laser surgery for children. We have an extensive child and adolescent mental health program, including classrooms for maintenance of formal education while in hospital, co-located at the Centenary site. The existing configuration of advanced neonatal and paediatric services would be enhanced to meet regional needs bringing advanced services closer to home for patients/families throughout Central East LHIN. Quality and access would be improved through increased collaboration with TSH and other hospitals in CE LHIN by creating mechanisms for coordination, timely and appropriate transfer of patients with advanced needs, repatriation protocols, clear intake processes, shared best practices, shared education, joint planning forums, joint marketing efforts, etc Our community wants and deserves, fiscally responsible growth and service enhancement. They also want to see timely progress. Leveraging existing advanced services is cheaper than creating, renovating, tearing down and relocating. Leveraging also allows for a shorter implementation curve and realizing benefits sooner. This is better for patients, families, taxpayers and cash-strapped hospitals. This model supports sustainment of current obstetrics, nurseries and paediatric services at all 3 Scarborough sites.	8/22/2014 12:34 AM
3	Regional Paeds and neonatal services high risk obstetrics.	8/21/2014 10:13 PM
4	advanced neonatal and paediatric services	8/21/2014 9:32 PM
5	NICU and Advanced pediatrics and to continue doing what we are doing.	8/21/2014 7:00 PM
6	Rouge Valley Centenary already provides advanced neonatal and paediatric services. The center would benefit from closer relationship with Sick Kids and potential development of program that will allow repatriation of chronic paediatric clients from tertiary center. Advanced centre should provide developmental care services and in partnership with Sick Kids expand provision of satellite based care to bring costumers back to the region. Inpatient paediatrics, satellite clinics and outpatient services should be co-located with advanced level NICU (the system already exists at RVHS). The program will benefit from dedicated Critical Care Transport team for Scarborough and Durham regions. Surgical program would benefit from specialised paediatric surgeons to perform low risk Urology and General surgeries. Dedicated paediatric anesthesia and respiratory therapy program will be also an asset.	8/21/2014 6:22 PM
7	Low risk deliveries High risk deliveries High risk perinatal clinic Level IIC neonatal care Subspecialty pediatric clinics to support pediatric subspecialty recruitment Community level pediatric surgery Advanced pediatric orthopedics	8/21/2014 1:47 PM
8	Level 2b NICU Continued ambulatory program Consideration of advanced peds program	8/20/2014 10:10 PM
9	Nicu and Pediatrics should be at RVC for the reasons discussed previously	8/20/2014 4:13 PM
10	Maintain level 2B OB and Level 2B NICU Maintain existing clinics and inpatient beds Enhance Paediatric menatal health beds Plastics clinic Cleft lip and palate Autism Clinic	8/20/2014 3:11 PM
11	Maintain Level 2B OBS Maintain Level 2C Neonatal Maintain Paediatric existing clinics and inpatient beds Enhance designated Paediatric Mental Healthh beds Develop new paediatric Ambulatory care clinics eg. Paediatric Plastics clinic (Cleft Lip)	8/20/2014 3:11 PM

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12	Advanced neonatal/ child and adolescent medicine center providing all of the services they are currently offering and more	8/20/2014 1:35 PM
13	This is difficult to answer by hospital without understanding what services are currently provided by each site and the use patterns of each site. As well, as a consumer of mainly maternal care services, I am unfamiliar with the range of neonatal and paediatric services available.	8/19/2014 10:23 PM
14	Full Level 2C NICU with a transitional care Nursery available for more stable infants. Improved hours for pharmacy and RRT coverage. Increased OT, and PT support hours Increased Lactation Consultant coverage Require a Nurse practitioner	8/19/2014 3:51 PM
15	Enhanced inpatient pediatric services Continued development of sub-specialty ambulatory clinics.	8/19/2014 1:19 PM
16	Advanced Paediatric Inpatient and distributed ambulatory clinics	8/19/2014 11:41 AM
17	level 2C, OBS program- no change distributed paed ambulatory inpatient and ambulatory program no duplication programs are in alignment with resources at each site all Programs/sites to recapture market share and repatriate the approx 40% of Scarborough patients who leave Scarborough and CELHIN for services	8/19/2014 11:37 AM
18	Advanced Regional Paediatrics with shared (distributive) outpatient clinics	8/19/2014 11:24 AM

Motion 1b Collaborative Clinical Questionnaire

Q24 TSH – General Campus

Answered: 17 Skipped: 16

#	Responses	Date
1	Standard health care	8/22/2014 12:59 PM
2	Maintain level 2B obstetrics Maintain level 2B neonatal care Maintain existing paediatric clinics Create mechanisms for coordination, timely and appropriate transfer of patients with advanced needs, repatriation protocols, clear intake processes, shared best practices, shared education, joint planning forums, joint marketing efforts, etc	8/22/2014 12:34 AM
3	Level 2b	8/21/2014 10:13 PM
4	continue with level 2b care and basic paediatric services	8/21/2014 9:32 PM
5	Level II B services and general pediatric care. Continue what services they are providing.	8/21/2014 7:00 PM
6	Will continue to maintain their current neonatal and paediatric service and will work in partnership with advanced regional neonatal and paediatric centre to develop best practice guidelines and protocols.	8/21/2014 6:22 PM
7	Pediatric Surgery Ambulatory Pediatric clinics Existing Obstetric and Neonatal services within accepted guidelines	8/21/2014 1:47 PM
8	Level 2c NICU/ Obstetric unit to match Inpatient peds Developmental Clinic	8/20/2014 10:10 PM
9	Does not have the infrastructure ,dated NICU or the cohesivennes to act as the advanced centr	8/20/2014 4:13 PM
10	Level 2C OB high risk OB and Level 2C NICU Maiantain existing clinics Developmental clinic	8/20/2014 3:11 PM
11	Level 2C Neonatal Level 2C OBS/high risk Advanced Neonatal Centre Maintain 8 Inpatient Paediatric beds Maintain Existing clinics- eg. Paediatric Developmental Screening Develop MFM program Develop new Paediatric ambulatory care clinics eg Autism	8/20/2014 3:11 PM
12	Pediatrics at this hospital should be moved to the Grace site	8/20/2014 1:35 PM
13	This is difficult to answer by hospital without understanding what services are currently provided by each site and the use patterns of each site. As well, as a consumer of mainly maternal care services, I am unfamiliar with the range of neonatal and paediatric services available.	8/19/2014 10:23 PM
14	Regional Advanced L2C Neonatal Centre (TSH would quickly apply and receive designation) Enhanced pediatric inpatient service Enhanced pediatric ambulatory service. Pediatric service development between the hospitals would benefit from a coordinating oversight committee.	8/19/2014 1:19 PM
15	High Risk Obstetrics MFM Advanced Regional Level 2 C NICU distributed paediatric ambulatory clinics	8/19/2014 11:41 AM
16	Advanced 2C center, high risk OBS program- Partner with and develop MFM program for Scarborough distributed paed ambulatory inpatient and ambulatory program no duplication programs are in alignment with resources at each site all Programs/sites to recapture market share and repatriate the approx 40% of Scarborough patients who leave Scarborough and CELHIN for services	8/19/2014 11:37 AM
17	Advanced Regional Level 2C NICU and high risk obs	8/19/2014 11:24 AM

Motion 1b Collaborative Clinical Questionnaire

Q25 TSH – Birchmount Campus

Answered: 17 Skipped: 16

#	Responses	Date
1	Standard health care	8/22/2014 12:59 PM
2	Maintain level 2B obstetrics Maintain level 2B neonatal care Maintain existing paediatric clinics Promote excellence in midwifery Continue to develop expertise in culturally responsive services Create mechanisms for coordination, timely and appropriate transfer of patients with advanced needs, repatriation protocols, clear intake processes, shared best practices, shared education, joint planning forums, joint marketing efforts, etc	8/22/2014 12:34 AM
3	Level 2b	8/21/2014 10:13 PM
4	continue with level 2b care and basic paediatric services	8/21/2014 9:32 PM
5	Level II B services and general pediatric care. Continue what services they are providing.	8/21/2014 7:00 PM
6	Will continue to maintain their current neonatal and paediatric service and will work in partnership with advanced regional neonatal and paediatric centre to develop best practice guidelines and protocols.	8/21/2014 6:22 PM
7	Pediatric Surgery Ambulatory Pediatric clinics Existing Obstetric and Neonatal services within accepted guidelines	8/21/2014 1:47 PM
8	Level 2 b Inpatient peds Midwifery program, regional Ambulatory clinic development	8/20/2014 10:10 PM
9	Same as above ...it will require a lot of money to get that unit up to par.	8/20/2014 4:13 PM
10	Maintain level 2B OB and and 2B NICU Enhance Midwifery program for Scarborough with OB support maintain and expand Early Pregnancy Clinic for the Scarborough region MFM clinic Maintain and enhance paediatric clinic Teen Clinic and Adolescent Sexual health clinic develop a PP depression clinic in conjunction with the adult mental health program	8/20/2014 3:11 PM
11	Maintain Level 2B OBS Maintain Level 2B Neonatal Maintain 8 Inpatient Paediatric Beds Maintain existing clinics Enhance Midwifery program for all of Scarborough at the Birchmount Campus Develop new ambulatory paediatric care clinics such as Obesity, adolescent clinic Develop a post partum depression clinic in conjunction with the Adult Mental health program	8/20/2014 3:11 PM
12	Larger pediatric and neonatal site providing general care to the surrounding area	8/20/2014 1:35 PM
13	This is difficult to answer by hospital without understanding what services are currently provided by each site and the use patterns of each site. As well, as a consumer of mainly maternal care services, I am unfamiliar with the range of neonatal and paediatric services available.	8/19/2014 10:23 PM
14	Enhanced midwifery care All current services in obstetrics neonatal and pediatric care.	8/19/2014 1:19 PM
15	Level 2 B NICU distributed paediatric ambulatory clinics	8/19/2014 11:41 AM
16	2C- with hybrid Midwifery OBS model distributed paediatric ambulatory inpatient and ambulatory program no duplication programs are in alignment with resources at each site all Programs/sites to recapture market share and repatriate the approx 40% of Scarborough patients who leave Scarborough and CELHIN for services	8/19/2014 11:37 AM
17	level 2b	8/19/2014 11:24 AM