



# Maternal Child and Youth Services

**TSH Proposed Model For  
Regional Advanced Neonatal and Pediatric Service**

**October 1, 2014**



## **Vision Statement June 2014**

We will create a regional program of excellence including advanced neonatal and paediatric care, renowned for delivering an integrated continuum of community and hospital services that exceeds expectations and delivers an outstanding patient and family experience. The system will continue to evolve to use resources efficiently and effectively and instill confidence in our commitment to ensure that services are sustainable into the future.



## **Obstetrical Volumes and Capacity**

TSH is the largest single provider of obstetrical service in Scarborough and the CELHIN delivering up to **70% of Scarborough births** over the last 5 years:

- 6400 obstetrical patients triaged (2013-2014)
- 4441 patients delivered (2013/2014)
- largest number of Obstetricians, Midwives and Family Physicians in Scarborough

Obstetrical program can access support for high risk situations from ICU including in-house intensivists and anaesthesiologists, 24 hour rapid response team, interventional radiologists, vascular surgeons and access to maternal fetal medicine. Inter-professional team includes in-house paediatricians 24x7. **TSH has the only interventional radiology program in Scarborough.**



## **Obstetrical Volumes and Capacity**

TSH has 2 sites for obstetric care creating additional capacity by seamlessly moving staff and resources within one organization, in the case of excessive volumes, or closure due to outbreak or unforeseen situations.

TSH has expertise and capacity to assume care of moms 30+ weeks gestation.

TSH General Campus has been designated as level IIC OBS and NICU.

Expert panel 2012 recommends high volume/acuity obstetrical program be supported by interventional radiology program.

***VOC: “We want excellent care close to home.”***



## Obstetrical Volumes and Quality

Indicator	TSH (2013-14)	Ontario (2013-14)
C-Section Rate	25%	28%
VBAC Rate	25%	15%
BORN (Key Performance Indicators)		
• Repeat C-Section (37-39 weeks, low risk)	6.6%	41.6%
• Group B Streptococcus screening (at 35-37 weeks)	96.1%	88.6%
• Induction post-dates (<41 weeks)	4.5%	21.0%

***VOC: “We expect evidence based, high quality care.  
We want our preferences valued.”***

***“Patients/families expect a high level of clinical quality of care.”***



## Obstetrical Outpatient Service

- **Antenatal fetal assessment/high-risk clinic** – 2013/14 assessed 2486 women, using SOGC best practice guidelines (NST, MFM, Rhogam, BPP and Venofer infusions)
- **Early pregnancy assessment clinic** – 2013/14 saw 630 patients diverting them from an ED visit into an environment with perinatal specialists including bereavement support (Leading Practice award 2012 Accreditation Canada).
- **Gestational diabetes clinic** with academic links. In 2013/14 there were 2414 visits.
- **Mental health supports** – inpatient peri-partum mood disorder program. Collaborative inter-professional teen pregnancy and community outreach program.

**TSH has expertise and capacity to assume care of moms 30+ weeks gestation.**

***VOC: “Great to have everything organized through the clinic including blood work and Chaplaincy support.”***

**LEADING  
FOR PATIENTS**



## **Neonatal Level 2B Volumes and Capacity**

In 2013/14 TSH was the **largest provider of neonatal intensive care in Scarborough**

- 596 discharges
- 133.4 ventilator days (BORN database)

Access to staff neonatologist (largest number of paediatricians providing on-call hospital coverage in Scarborough).

**Paediatricians do not require financial support from the global budget.**

Access to support services such as RRT, UA/UV insertions, PICC line insertion and maintenance, TPN, paediatric trained diagnostic imaging including MRI , non-invasive/invasive ventilation.

**TSH has the capability and capacity to assume and enhance the regional role in neonatal care.**

***VOC: “Care close to home, means I am not separated from my baby.”***



## **NICU Outpatient Programs**

- **Neonatal Follow-up clinic** (General Campus) – 2013/14 203 newborns assessed and followed at 3, 6, 12, 18 and 24 months. Patients seen by an inter-professional team and referred to community support as required.
- **Newborn Assessment/Postpartum clinic** – 2013/14 saw 4029 patients. Operates 365 days a year, all patients receive a post discharge phone call 2 days post clinic visit.
- **Breastfeeding support clinic** – 2013/14 saw 680 patients. Lactation consultant supports NICU, Paediatrics and FMC
- **RSV Prophylaxis** clinic – 2013/14 saw 630 visits and operated October–May to support vulnerable children.

**TSH has the capability and capacity to assume and enhance the regional role in neonatal care.**

***VOC: “Integration of services across providers to the community is important to patients.”***





## Comparison of Actual and Expected Admissions Admissions from ED – Paediatrics (HayGroup 2012-2013)

### Inpatient Paediatric Care

TSH is the largest provider of care for paediatric Emergency department visits in Scarborough with more than **19000** paediatric ED visits in 2013/14.

Establishment of best practice “**paedlink program**” that is available 365 days of the year to pull paediatric patients out of the Emergency department and on to a paediatric floor for treatment. (Leading practice 2012 – Accreditation Canada)

Best practices implemented to reduce the number of paediatric admissions from the ED, in 2013/14, 2.6% of the 19000 paediatric ED visits resulted in admissions. **Lower than expected admission rates of paediatric ED patients.**

Strategic development of paediatric outpatient clinics to support model of admission diversion. **TSH has the capability and capacity to provide higher acuity care for paediatric inpatients.**

***VOC: “I was so relieved when my child didn’t have to stay overnight and we could come back the next day for follow-up.”***

Comparison of Actual and Expected Admissions to Inpatient Acute Care from ED for (All) Diagnosis Group, CTAS (All), and Age Group 00-17							
Hospital	Visits*	Admissions		Admission Rate		Ratio of Actual to	Rank of Act. To
		Actual	Expected	Actual	Expect.		
Grand River Hospital	12,900	1,349	1,149	10.5%	8.9%	117%	2
Halton Healthcare	28,820	1,261	1,513	4.4%	5.3%	83%	12
Health Science North	8,377	619	693	7.4%	8.3%	89%	9
Hotel-Dieu Grace, Windsor	4,368	176	295	4.0%	6.8%	60%	18
Humber River Regional	16,301	687	1,033	4.2%	6.3%	66%	17
Lakeridge Health	27,420	1,340	1,448	4.9%	5.3%	93%	6
North York General	21,329	1,084	1,479	5.1%	6.9%	73%	14
Peterborough Regional HC	12,639	639	653	5.1%	5.2%	98%	5
Rouge Valley HS	26,305	1,222	1,326	4.6%	5.0%	92%	7
Royal Victoria Hospital Barrie	13,610	737	875	5.4%	6.4%	84%	10
Southlake Regional HC	18,906	1,268	1,035	6.7%	5.5%	122%	1
St. Joseph's HC, Toronto	18,249	776	1,072	4.3%	5.9%	72%	16
Thunder Bay Regional	21,126	1,084	1,189	5.1%	5.6%	91%	8
Toronto East General	11,991	568	681	4.7%	5.7%	83%	11
Trillium Health Partners	47,119	2,796	2,778	5.9%	5.9%	101%	4
William Osler HC	39,183	3,039	2,709	7.8%	6.9%	112%	3
Windsor Regional	13,963	726	1,000	5.2%	7.2%	73%	15
York Central Hospital	17,932	760	1,279	4.2%	7.1%	59%	19
Scarb. Hosp. - General	10,833	277	677	2.6%	6.2%	41%	20
Scarb. Hosp. - Birchmount	8,033	306	410	3.8%	5.1%	75%	13
Grand Total	379,404	20,714	23,295	5.5%	6.1%	89%	



## **Paediatric Outpatient Service**

**Paedlink** – 13/14 there were **1253** patients pulled from ED to the child friendly environment. Paedlink significantly reduces paediatric admission rates.

**Paediatric Day Surgery** – 8 beds with capacity to 16. “Til I sleep” program (recognized by Accreditation Canada 2012, as a good work practice that will be used as an example in education tool development for other organizations).

**Paediatric Consult/Day Clinic** – 2013/14 there were **6877** visits. Referral base from inpatient paediatrics, ED, family physicians and other paediatricians. Access to paediatric MRI with sedation.

**Paediatric Orthopaedic Clinic**- 2013/14 there were **2580** visits.

**Paediatric Plastics Clinic** – 2013/14 there were **1093** visits.

***VOC: “We were moved very quickly from the ED up to the Paediatric unit where we received phenomenal care from the physicians and the nurses.”***



## **Paediatric Outpatient Service**

**Pre-Admission Clinic** – 13/14 prepared **324** children for surgery. Partnerships with child life, surgery and anaesthesia to deliver this service.

**Paediatric Speech Language Program** – 13/14 there were **1197** children and families serviced in partnership with community agencies.

**Paediatric Developmental Screening Clinic** – 13/14 there were **101** children assessed and routed to the most appropriate care. Targeted funding from CE LHIN provided for this service to address significant wait times for our Scarborough patients.

**TSH has the expertise and capacity to create a distributive outpatient service with robust sub-specialty clinics.**

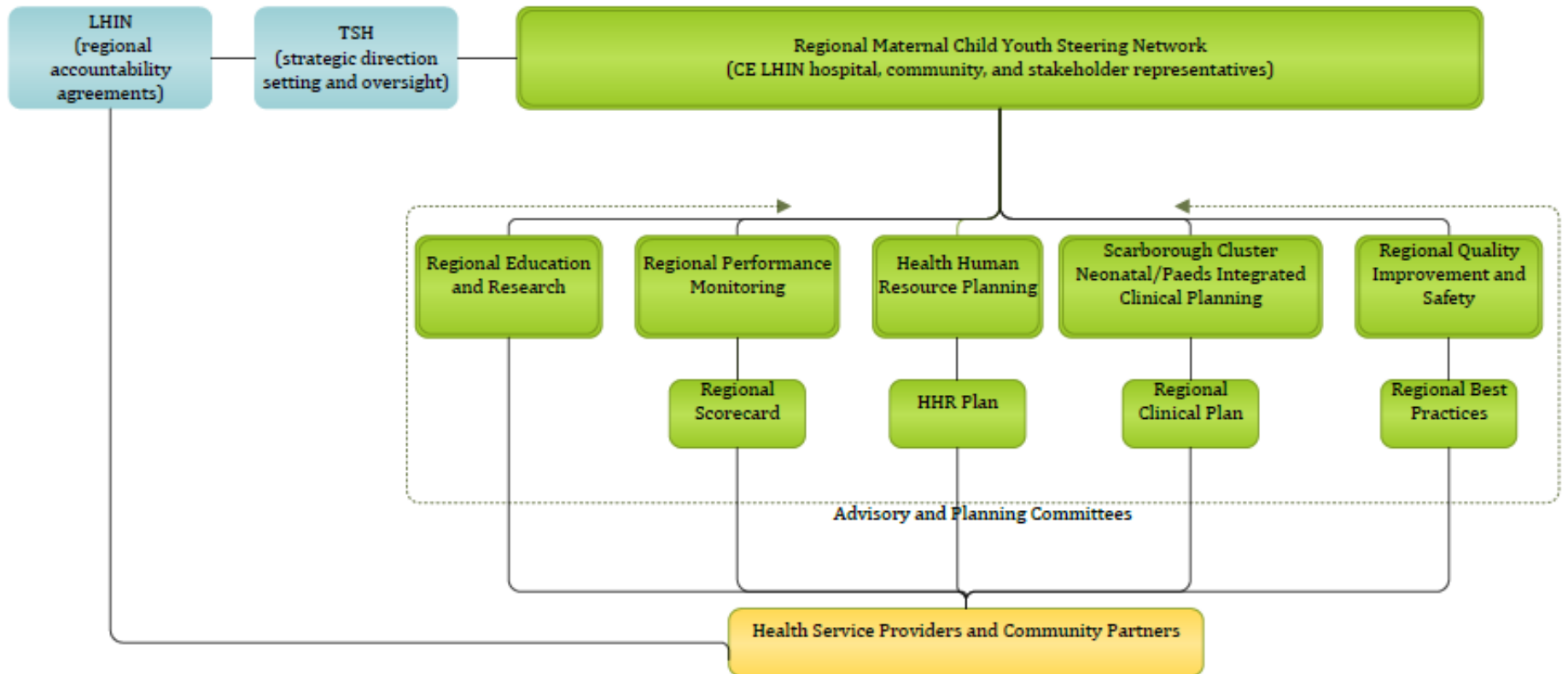
***VOC: “I was able to see all the different care providers who would be providing treatment to my child all in one clinic.”***



## **OPTION 1: The Scarborough Hospital Center for Regional Advanced Neonatal and Paediatric Care**

- **TSH assumes role of the Regional Advanced Neonatal Program (General Site) and Paediatric Program with the mandate to integrate care in Scarborough and address service gaps in the CE LHIN.**
- **Establish a cooperative Regional Advanced Paediatric Program with a focus on the ongoing development of sub-specialty paediatric care delivery.**
- **An integrated governance structure will establish a 3 year strategic plan and monitor achievement of the regional vision.**

# Motion 1B: TSH's Option 1

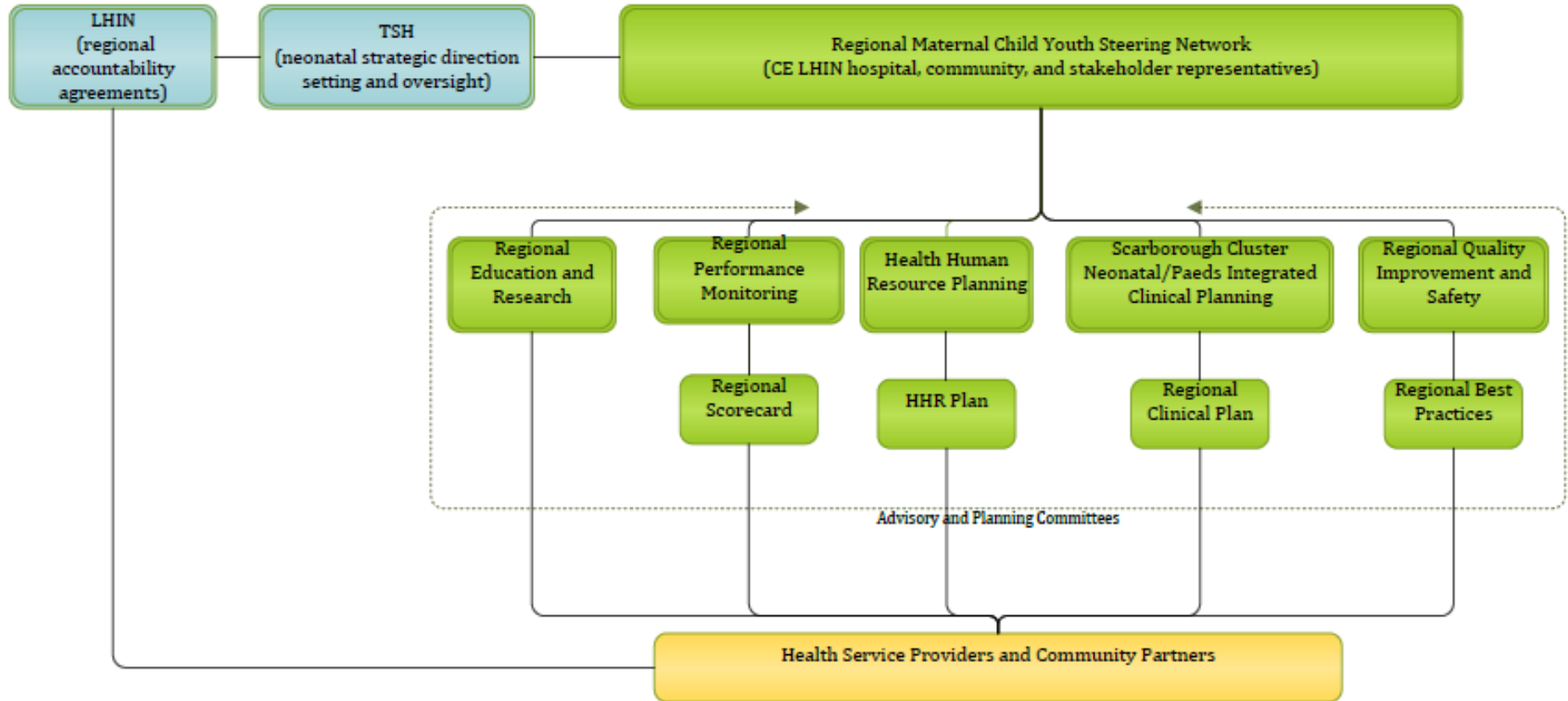




## **OPTION 2: The Scarborough Hospital Advanced Neonatal Program (Defer decision for Regional Paediatric Inpatient Designation)**

- TSH assumes role of Regional Advanced Neonatal Program residing at the General site to integrate care in Scarborough and address service gaps in the CE LHIN.
- The decision related to the designation of a Regional Advanced Level Inpatient Paediatric Program should be deferred until the PCMCH defines the level of care included in this designation.
- A collaborative approach should be taken to the development of sub-specialty out patient paediatric care delivery within the 3 Scarborough hospitals.

# Motion 1B: TSH's Option 2



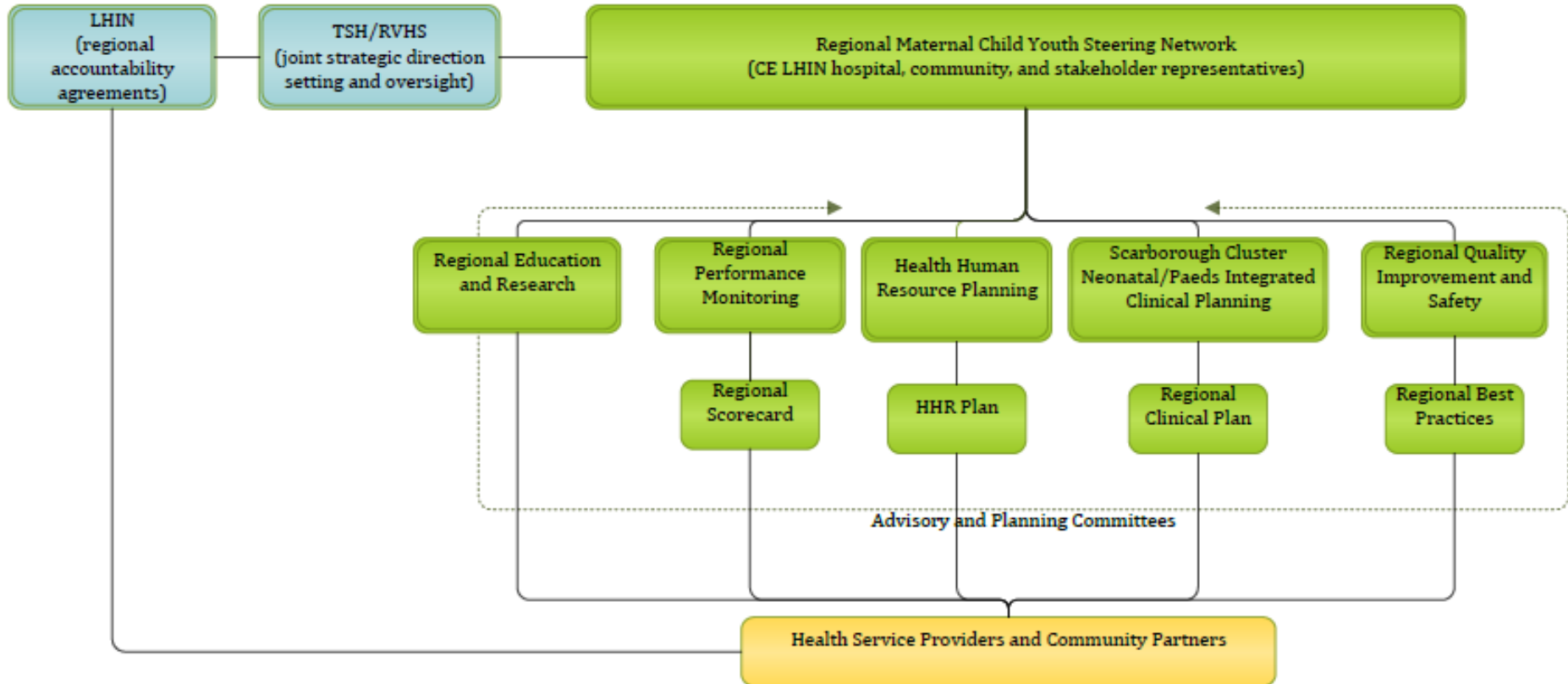


### **OPTION 3: CE LHIN Integrated Regional Advanced Neonatal and Paediatric Program for Scarborough Cluster**

- **Develop the Scarborough Maternal Newborn and Paediatric Regional Program to integrate care in Scarborough and address gaps in service within the CE LHIN.**
- **An MOU is structured and passed by both Boards which clearly defines accountability of the joint program.**
- **An integrated governance structure will establish a 3 year strategic plan and monitor achievement of the regional vision.**
- **A Steering Committee will oversee the implementation of the strategic plan.**



# Motion 1B: TSH's Option 3



# Regional Model for Maternal Child Youth Services Advanced NICU/Paediatrics

## Referrals:

- Inpatient Source (ED/NICU/Paeds)
- Community-based Paediatricians
- Tertiary Centre for repatriation or for care close to home
- Primary Care Providers
- Community Agencies
- Community Agencies
- CCACs

