



**Child Health Network for the
Greater Toronto Area**

Guidelines for the Clinical Scope of Children's Services

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Guidelines for the Clinical Scope of Children's Services

Child Health Network for the Greater Toronto Area

Background

This document describes a regionalized system of children's hospital services in the Greater Toronto Area (GTA). It outlines the complexity of care to be provided at each site, detailing the scope of practice by which each level of care is defined.

Work on this project began in 1997 in response to a directive from the Health Services Restructuring Commission for an integrated, accessible, high quality system of care for children and families across the GTA through the establishment of a Child Health Network (CHN). One of the aims of this undertaking was to create a regional system of children's hospital services, organized into levels of care according to complexity of patient need. The current membership of the CHN includes twenty hospitals that provide maternal/newborn, paediatric acute and rehabilitative services, as well as the ten Community Care Access Centres in the GTA.

Under the leadership of the CHN, two documents have been completed: *Guidelines for the Clinical Scope of Children's Services*, and *Guidelines for the Clinical Scope of Maternal and Newborn Services*.¹ Content for both sets of guidelines reflects the efforts of CHN membership, input from provincial and national professional organizations and an Expert Panel appointed by the Ministry of Health and Long Term Care (MOHLTC). The *Guidelines* reflect the MOHLTC's Policy regarding maternal/newborn and children's services that was presented to the CHN in February, 2000.

The fundamental purpose of the *Guidelines* is to design a system of health care delivery that will best meet the needs of the region's children, youth and their families. An opportunity to review the *Guidelines* will soon emerge as the CHN undertakes a performance evaluation of the CHN. It will examine issues of quality, access, integration and co-ordination. From what is learned in this evaluation, the CHN will review and modify the *Guidelines* as appropriate.

The CHN warmly acknowledges the dedication, commitment and effort of the people who helped to bring these *Guidelines* into existence.

¹ Maternal and newborn services are addressed in a separate document.

Guiding Principles

Throughout the proceedings of the Paediatric Services Task Force, a number of overarching principles emerged that are fundamental to a regionalized system of care for children. The following guiding principles provide the basis for organizing services for the care of children and youth within the GTA.

1. Hospitals within the GTA have been designated according to the following levels related to the provision of services:
 - Acute Care Community Hospital (ACCH)
 - Regional Children's Health Centre (RCHC)
 - Tertiary Care Centre
2. In addition to its role within the regional system of care, each hospital is responsible for providing services to its local patient population. Therefore, it is recognized that care in Regional Children's Health Centres includes primary care, and Tertiary Centres will provide primary and secondary care for their own catchment areas.
3. Children and their families should be able to receive services as close to their home as possible. Accordingly, all hospitals must be able to accept the timely transfer of children whose needs for care are consistent their scope of practice and resources.
4. Consultation about the transfer and referral of children whose needs for care are beyond the scope of practice, resources and/or expertise of the referring hospital personnel is fundamental to a regionalized system of care.
5. The provision of clinical services, as well as education and research will involve coordination and collaboration among all providers of children's care.
6. Counseling services (e.g., palliative care, bereavement) should be available and coordinated within each regional cluster.
7. Hospitals providing children's services will ensure that the minimum scope of care is delivered and that the maximum scope of care is not exceeded. It is also expected that hospitals will share best practices, resources and expertise.
8. A framework for evaluation of the system, based on Continuous Quality Improvement principles, is fundamental to ensuring the efficiency and effectiveness of service delivery. Data, including qualitative evidence, will need to be collected in order to monitor and respond to issues of quality, access, integration and coordination of children's services in the GTA.

A Regional Model for Children's Services

Consistent with the CHN goal to achieve a regionalized model for care for hospital-based children's services in the GTA, the Ministry of Health and Long Term Care (MOHLTC) Policy Position (February 2000) outlined that:

- Nine Regional Children's Health Centres (RCHCs) will provide inpatient and specialized ambulatory care for children;
- Acute Care Community Hospitals (ACCHs) currently providing children's care will become Short Stay Units (SSUs); and
- The Hospital for Sick Children will provide tertiary acute care services, and Bloorview MacMillan Centre will provide tertiary rehabilitation, developmental and long-term care services.

To facilitate an effective regionalized system of care, members work in regional clusters to coordinate care. A regional cluster will include CCAC(s), acute care community hospital(s) and one or more regional children's health centres serving a particular geographic area. The members of the regional clusters are expected to work with families, community health service providers and Tertiary Centres to ensure that children's services meet the unique needs of their region.

The following table provides an overview of the MOHLTC designations of level of children's care for GTA hospitals.

Acute Care Community Hospitals/Short Stay Units	Regional Children's Health Centres	Tertiary Care Centres
The Scarborough Hospital (General and Grace sites) Rouge Valley Health System (Ajax-Pickering site) York Central Hospital Markham-Stouffville Hospital William Osler Health Centre (Etobicoke sites) Trillium Health Centre Halton Healthcare	North York General Hospital Rouge Valley Health System (Centenary site) Toronto East General Hospital St. Joseph's Health Centre Humber River Regional Hospital (Finch Site) Lakeridge Health Corporation (Oshawa site) Southlake Regional Health Centre William Osler Health Centre (Brampton site) The Credit Valley Hospital	Bloorview-MacMillan Centre The Hospital for Sick Children

Age Range for Children's Services

The age range for children's services is defined as 29 days (corrected age) to the end of the 18th year.

It is, however, recognized that exceptions will occur. The nature of the diagnosis or planned procedure, maturity level of the patient and the wishes of the patient and family should guide decisions about exceptions to the age range.

Infants \leq 28 days may require care in a children's unit and/or paediatric clinics. Infants aged \leq 28 days may themselves require admission or may require accommodation if their mother is admitted. In either case, organizations providing service to these infants must be equipped to provide:

- access to breastfeeding support;
- measures to prevent nosocomial infections;
- I.V. therapy for infants; and
- family-centered care.

Acute Care Community Hospitals

Acute Care Community Hospitals are to provide primary and ambulatory care in short stay units (SSU) to children with a limited acuity of illness and a high probability of discharge within 48 hours.

Profile

Services to be provided by ACCHs include:

- Day surgery;
- Emergency services including care for minor trauma, e.g., sutures;
- Observation unit (optional based on children's ER volumes);
- Short Stay Unit;
- Ambulatory clinics;
- After Hours Clinic (does not have to be exclusively children's in focus. It may be staffed by family physicians with paediatric consultation available);
- Linkage to regional and tertiary facilities and community supports;
- Coordination of services which may be delivered in the home.

Minimum Scope of Services

- Anticipatory guidance/prevention.
- Capacity to stabilize emergencies in the child prior to transfer to a regional or tertiary centre.

Maximum Scope of Services

- Ambulatory clinics.
- After Hours Clinic. (does not have to be exclusively children's in focus. It may be staffed by family physicians with children's consultation available).
- Ambulatory surgery for routine minor procedures in healthy children aged 1-18 years at low risk for complications.
- Surgery for routine minor procedures in healthy children aged 1-18 years at low risk for complications and requiring inpatient stays of less than 48 hours.
- Capacity to provide acute care in a short stay unit (SSU) up to a 48-hour maximum.

Short Stay Units

Short Stay Units (SSUs) provide an environment that promotes family-centred and child-friendly care for patients with a limited severity of illness and a high probability of discharge within 48 hours. This care is provided as close to the patient's home as possible.

General Principles

- Children admitted to SSUs remain under the care of their referring physician and require a paediatric consult.
- SSUs may accommodate surgical patients who require an unanticipated overnight stay following day surgery.
- Length of stay data will be tracked over time and the SSU inclusion and exclusion criteria will be adjusted as necessary.
- Assuming a goal of minimizing transfers mid-treatment, every effort should be made to predict the length of stay prior to admission and to admit the child to the most appropriate setting.
- Excellent communication mechanisms are important whenever a transfer must be made between centres.

Admission criteria for Short Stay Units include diagnoses such as:

- Gastroenteritis
- Croup
- Asthma
- Benign febrile seizures
- First non-febrile seizure with no neurological impairment postictally
- Migraine
- Jaundice (neonatal)
- Minor head injury
- Allergic reaction
- Bronchiolitis
- Social crisis
- Emergency procedure e.g., appendectomy²

² Surgical Services Human Resources Planning Task Force, Child Health Network for the Greater Toronto Area, October 1998

- Cellulitis when home IV service is not available or appropriate for the patient
- Urinary tract infection
- Septic work-up
- Surgery for routine minor procedures in healthy children from 1-18 years at low risk for complications and requiring inpatient stays of less than 48 hours.

Exclusion criteria for Short Stay Units include:

- Children known, by history or severity of presentation, to require hospitalization exceeding 48 hours.
- Children with eating disorders.
- Children requiring admission for mental health problems.
- Children at risk of requiring intubation and/or patients who fail to wean to an inspired oxygen concentration of <40% after initial emergency treatment.
- Minor surgical procedures for inpatients <1 year of age.

Transfer of Care

- If the care needed by a child is outside the scope of care for the ACCH, the ACCH will stabilize the child and arrange for transport to a RCHC or tertiary centre, as appropriate.
- Children admitted to SSUs should be transferred to RCHCs or a tertiary centre when their condition fails to improve or deteriorates, or if they require specialized services provided at the RCHC or tertiary centre.
- The ACCH and RCHC/Tertiary Centre will collaborate on determining follow-up for a child who has been transferred to a RCHC/Tertiary Centre. In general, patients will be sent back to their referring physician.

Regional Children's Health Centres

The Regional Children's Health Centres provide the maximum scope of services of an ACCH for their own local geographic community. In addition, they provide care for children who have more complex health problems. In order for caregivers to maintain competence, exposure to a critical volume is required. By virtue of infrequency of occurrence, severity, the likelihood of complications or the need for a multidisciplinary approach, children and youth with particular diagnoses should be cared for at a RCHC.

Profile

Services to be provided by RCHCs include:

- Day surgery;
- Emergency services, including moderate trauma;
- Observation Unit (optional based on Children's ER volumes);
- In-patient medical-surgical unit;
- In-patient mental health facilities;
- Ambulatory clinics;
- After Hours Clinic (does not have to be exclusively children's in focus. It may be staffed by family physicians with paediatric consultation available);
- Linked to local/community and tertiary facilities and community supports including Children's Treatment Centres;
- Coordination of services which may be delivered in the home.

Minimum Scope of Services

- Medical/surgical care for children aged 29 days to 18 years at moderate risk for complications and within the scope of the medical/surgical support staff.
- Child and adolescent mental health services (Note: the exception is The Credit Valley Hospital; the South Peel/Halton beds are located at the Oakville site of Halton Healthcare Services).
- Provision of services to support the care of medical/surgical patients e.g., specialized pain management (such as conscious sedation or PCA pumps) and TPN.
- OR available 24 hours per day.

Maximum Scope of Services

- Provision of care to children with complex conditions requiring the expertise of a multidisciplinary team and within the scope of the clinical staff.
- Centres may provide non-tertiary provincial services e.g., pulse dye laser surgery.

Transfer of Care

- For transport from an ACCH to a RCHC, the RCHC will coordinate transportation of patients from ACCHs to the regional centre.
- For transport from an RCHC to a tertiary centre, the RCHC will stabilize the child and arrange for transportation to tertiary centre, as appropriate.

Tertiary Centres

Acute Paediatric Services

The tertiary acute centre provides in-patient tertiary level medical and/ surgical services throughout the GTA and primary/secondary services to the local community.

Profile

Services to be provided by the Tertiary Centre includes:

- Day surgery;
- Emergency services, major trauma management (Note: tertiary emergency services, including critical care transport, must be available at all times to the CHN);
- Observation unit;
- In-patient medical and surgical units;
- Tertiary mental health inpatient and ambulatory services;
- Ambulatory clinics;
- After Hours Clinic. (does not have to be exclusively focussed on children. It may be staffed by family physicians with paediatric consultation available);
- Linked to local/community acute and regional hospitals as well as community supports including Children's Treatment Centres;
- Coordination of services which may be delivered in the home.

Scope of Services

- All levels of medical/surgical care for children aged 0-18 years (inclusive) with primary and secondary care provided only to children of the local community.
- Continuing medical/surgical care for children with serious illnesses and the sequelae of extreme prematurity.
- Tertiary mental health services.
- Provision of care to children with complex conditions requiring the expertise of a multidisciplinary team.
- Provision of services to support the care of medical/surgical patients such as a Paediatric Critical Care Unit
- Complex investigations.

- Provision of care to a broad range of referred clients as well as to the local community.
- Provision of quaternary provincial services such as bone marrow transplantation, complex cardiac surgery, solid organ transplantation and the management of rare solid tumors.
- Program development, research, education, quality monitoring and care coordination.

Transfer of Care

Tertiary centres are to coordinate the transportation of children from ACCHs or RCHCs to the tertiary centre, and coordinate retrotransfers.

Children's Rehabilitation Services

The tertiary provincial complex continuing care and rehabilitation Centre provides in-patient, day patient and outreach services throughout the GTA and primary/secondary rehabilitation services to the local community.

Profile

- In-patient and out-patient rehabilitation including neurorehabilitation, neurodevelopment, and musculoskeletal programs;
- In-patient complex continuing care including palliative care, respiratory care and ventilation;
- Provincial priority programs:
 - Acquired brain injury
 - Cleft lip and palate
- Clinical technology including orthotics, prosthetics, myoelectrics, adapted wheelchair seating, interfacing controls for wheelchairs and environmental controls;
- Augmentative communication and writing aids;
- Ambulatory clinics including Dentistry;
- Outreach services including life skills and transition to adulthood services;
- School;
- Linked to:
 - tertiary, regional and community acute care facilities,
 - Children's Treatment Centres across the province,
 - Community Care Access Centres.

Scope of Services

- Specialized rehabilitation and complex continuing care to children and youth 0 to 18 years;
- Primary/secondary rehabilitation to the local community;
- Provision of care to children and youth with complex conditions requiring the expertise of a multi-disciplinary team;
- Specialized care to all children and youth who are medically stable.

Transfer of Care

All medically unstable patients are transferred urgently to acute care facilities-tertiary or regional (North York General Hospital) as appropriate through physician referral.

Observation Units and After Hours Clinics

Early work of the CHN focussed on recommendations regarding the establishment of Observation Units and After Hours Clinic affiliations. These are the first of several initiatives targeted to improve both the quality and coordination of care across the CHN.

Observation Units

Children's Observation Units are a way of supporting the treatment of children on an ambulatory basis, promoting appropriate use of inpatient facilities and reducing overcrowding and wait times in emergency departments. The Observation Units as proposed represent a significant practice change as children will be assessed, managed and discharged throughout any 24-hour period, using evidence-based protocols/guidelines. Recommendations regarding target population, admission and exclusion criteria, patient flow and management, administrative structure, human resource requirements, documentation, location, facilities and quality management indicators have been developed.³ Observation Units are to be perceived as a complementary service which will enable a more effective and efficient use of resources currently allocated to children's inpatient services.

After Hours Clinics

The CHN report of the After Hours Clinic Task Force⁴ outlines that establishment of affiliations between After Hours Clinics and CHN hospitals will:

- ensure consistency in the services and quality of care provided by these clinics;
- facilitate the appropriate and effective use of the hospital emergency departments; and,
- enhance communication with the child's primary care provider. The task force recommended that all RCHCs and ACCHs establish affiliations with a clinic located either on-site or adjacent to the hospital and have a shared triage with the hospital's emergency department. In addition, hospitals may choose to affiliate with clinics located off-site. Components of an affiliation agreement should include expectations regarding location, hours of service, range of services, (including required access to diagnostic and children's services), human resource requirements, documentation, communications, education, research and evaluation.

³ Report of the Observation Unit Task Force, Child Health Network for the Greater Toronto Area, October 1998

⁴ After Hours Clinic Task Force, Child Health Network for the Greater Toronto Area, January 27, 1999