



# Background

- Ontario has approximately 100 hospitals and/or corporate sites providing maternal and newborn care and services with 50 special care nurseries
- Variations in available services offered within the level designations across the system present a challenge to regional service planning, transfer and retro-transfer

# Background cont'd.

- 2007 Provincial Review of Level III Neonatal Intensive Care capacity prompted by:
  - Increased out of region admissions for care
  - Increase in out of country billing for perinatal care
- Despite evidence that there are better outcomes for infants born in the appropriate centre, 25-30% of Ontario's infants who require specialized care related to prematurity are born in centres not designated or resourced to care for them.

# Towards a System of Maternal and Child Health Care

In 2008 the Provincial Council for Maternal and Child Health (PCMCH) was created by the MOHLTC as a pillar, along with BORN Ontario, to support the Ministry's Maternal, Child and Youth Strategy

- > PCMCH is focused on supporting system improvement and influencing how services are delivered across all levels of care
- > BORN, Ontario is focused on becoming the authoritative source for maternal/child health information

# PCMCH's Access Work Group

PCMCH struck an expert panel, the Access Work Group, to recommend strategies to achieve a coordinated system of maternal and newborn services that will provide equitable access to timely, high quality, evidence-based, family centred care at the appropriate level for all pregnant women and newborns in Ontario.

# Work Group Objectives

- To provide clear, measurable definitions for Level I, II, Advanced II, Modified Level III and Level III neonatal units and Level I, II and III OBS Units that will result in:
  - A standardized scope of service according to designation
  - Standardized admission criteria according to designation
  - Standardized resource requirements according to designation
- To evaluate current system capabilities by identifying any existing gaps between individual unit designations and the actual scope of service provided by the unit 24/7

# Work Group Objectives

- To recommend strategies for aligning obstetrical and neonatal levels of care within organizations
- To recommend strategies for designating mothers and newborns by level of care requirement and for capturing data about patient volumes by level of care requirement for planning purposes

# Work Group Objectives

- To describe, in detail, how/where the Level I, II, and III OB units, Level I, II, Advanced II, Modified III and III NICUs and NICU follow-up programs do and do not operate as a provincial system
- To provide recommendations to promote the Level I, II, and III OB units, Level I, II, Advanced II, Modified III and III NICUs and NICU follow-up programs operating as a provincial system



# Current Status

- The levels of care have been defined, endorsed by PCMCH, and are ready for implementation
- The standardized definitions of levels of care align closely to those of the Canadian Paediatric Society
- The standardized definitions of levels of maternal and newborn care are intended to improve and support patient flow across the system with clear, consistent and transparent understanding of services provided by any given site 24/7/365

# Key Messages

- LHINs and providers have been awaiting these definitions
- This is not about increasing or decreasing capacity but is about acknowledging formally what organizations are able to provide 24/7/365 with current resources
- There is no additional funding for sites attached to this process
- This work will lay the groundwork for future LHIN-based planning

# The Future of Maternal- Newborn Services in Ontario: Stable, Integrated, & Resilient

