

Paediatric Levels of Care: Frequently Asked Questions (FAQs)

What are Paediatric Levels of Care and why were these levels developed?

In 2011, the Provincial Council for Maternal and Child Health (PCMCH) partnered with Local Health Integration Networks (LHINs) to implement standardized definitions of *maternal and newborn* levels of care across hospitals in Ontario. Recognizing that these levels aim to provide equitable access to care at the appropriate level for all pregnant women and newborns in Ontario, there was acknowledgement that implementing standardized definitions for the paediatric inpatient population would do the same. Criteria within the levels consist of three distinct, yet inter-related components:

1. The levels of inpatient care, of which there are three (Level I, Level II, and Level III);
2. The classification of paediatric medical and surgical patients by acuity/complexity and procedural complexity;
3. Paediatric requirements related to physician/nursing skills and education needs; organizational/continuous quality improvement requirements; allied health human resource requirements; and diagnostic imaging, procedures, treatments, and equipment.

The standardized definitions of Paediatric Levels of Care are intended to:

- Provide a clear, consistent, and transparent understanding of services provided by any given site;
- Achieve a coordinated system of care with equitable access to timely, high quality, evidence-based, family-centred care at the appropriate level for all children and youth in Ontario; and
- Enable a seamless system of care across the maternal-newborn-paediatric continuum.

How were criteria for the levels of care, acuity, medical complexity, and procedural complexity, developed?

A Paediatric Levels of Care Work Group (PLC-WG) was convened by PCMCH in October 2014 to develop a framework for inpatient paediatric levels of care that would work to ensure quality, safe and accessible care for paediatric patients. Several steps were undertaken by the PLC-WG in an effort to develop a comprehensive understanding of the system and develop recommendations that accurately reflected the challenges and opportunities of the paediatric healthcare system. Throughout the process, dialogue occurred amongst PLC-WG members and with various groups including BC Child Health, General Practitioner Anaesthetists (regarding current standards for community hospitals), Critical Care Services of Ontario's Paediatric Advisory Committee (regarding age cut-offs for paediatric patients in adult CCUs, Radiology/Diagnostic Imaging and Family Medicine), for their input and feedback regarding the various iterations of the framework. Dialogue also occurred with members of the previously convened PCMCH Maternal-Newborn Access Group to hear about their process and any lessons learned that would be useful to this work.

The PLC-WG consisted of senior clinical and administrative leaders from community and tertiary hospital settings across all LHINs, along with representatives from a LHIN and CritiCall Ontario. Deliberations focused on issues impacting the provision of paediatric care, and opportunities to address the challenges.

Where can I find more information and/or documents related to Paediatric Levels of Care?

A Paediatric Levels of Care information package was emailed to all Ontario hospitals and related stakeholders in October 2018. These documents can also be found on the Provincial Council for Maternal and Child Health website at: [PCMCH Paediatric Levels of Care](#)

Informational webinars will also be held in November 2018 on the following dates and times:

- November 13: 3:00pm – 4:00pm
- November 28: 12:00pm – 1:00pm
- November 29: 11:30am – 12:30pm

How are Paediatric Levels of Care different from the Levels of Maternal-Newborn Care?

Levels of Maternal-Newborn Care are defined specifically with regard to the provision of care for these populations. Further, levels of newborn care are defined by gestational age and weight. In Ontario, the paediatric population is often defined by those patients less than 18 years of age. Different from the Levels of Newborn Care, Paediatric Levels of Care are not defined by age or weight, but are defined by the acuity (presenting complaint), medical complexity (underlying condition), and/or procedural complexity of paediatric inpatients. Maternal, neonatal, and paediatric levels of care are similar in that criteria within levels represent the minimum expectations (health human resources, treatments, diagnostics, etc.) for each level. For more information about definitions related to Levels of Maternal-Newborn Care, please visit:

[PCMCH Levels of Maternal-Newborn Care](#)

Our hospital received a request to complete an organizational self-assessment survey. What is the purpose of this survey, and what will survey results be used for?

In October 2018, PCMCH, in partnership with the LHINs, emailed a letter and information package to all hospitals in Ontario. The information package contained details about Paediatric Levels of Care, and included a link to the organizational self-assessment survey. The purpose of the survey is to understand formally what organizations are able to provide with current resources. The data collected from this survey will be shared with PCMCH, LHINs, and the Ministry of Health and Long-Term Care (MOHLTC) to inform whether gaps exist within regions related to the provision of paediatric inpatient care. The data will be used to make recommendations to LHINs and the MOHLTC so that needs can be addressed from a capacity planning perspective at local and regional levels.

Our hospital received a request to complete an organizational self-assessment survey. Who should complete this survey?

Although one representative will be responsible for populating and submitting the survey on behalf of your hospital site, the organizational self-assessment survey should be completed **with input from all appropriate clinical and administrative stakeholders**. Only one survey **per hospital site** can be submitted.

My hospital is part of a corporation that includes multiple hospitals. Will we be required to complete one survey for the corporation, or one survey per hospital site?

Each hospital site in Ontario must complete the organizational self-assessment survey in order for PCMCH, the LHINs, and the MOHLTC to understand the care *each site* is able to provide with current resources to paediatric inpatients.

My hospital site does not provide inpatient care to paediatric patients. Are we still required to complete this survey?

Yes. Even if your hospital site does not provide care to paediatric inpatients, it will be important for PCMCH and the LHINs to receive formal acknowledgement that care for paediatric inpatients is not available at your hospital via the organizational self-assessment survey.

What do the levels of care mean for my hospital?

By completing the organizational self-assessment survey, a determination of your hospital's Paediatric Level of Care will be made based on where your hospital has self-assessed, specifically as it relates to the services your site can provide to paediatric inpatients with current resources. Ultimately, with input and analysis by

stakeholders, recommendations will be made to LHINs with regards to how the paediatric inpatient population will best be served by the province, and whether additional resources will be required to meet this objective.

How will Paediatric Levels of Care work to create a regionalized model of care for paediatric inpatients?

Inherent to this framework is that organizations will operate within a regional system of care, where collaboration relating to both clinical and system issues is essential. Organizations will have different roles, responsibilities and relationships including capacity building, outreach education, clinical support, and dissemination of best- practices. These regional systems of care will support the flow of patients to both higher and lower levels of care and will also enable healthcare professionals to know where to call for advice/consultation and transfer, if needed.

Will my hospital receive more or less funding based on how our hospital has self-assessed?

At this time, the organizational self-assessment survey will serve as an exercise to assess the care and services hospitals are able to provide to paediatric inpatients with current resources. The results will inform future planning by LHINs and the MOHLTC.

Once our hospital is assigned a level and we wish to provide a different level of care for paediatric inpatients, what is the process for changing this level?

If you would like to change the level of care your hospital provides to paediatric inpatients, your hospital would be required to liaise with your LHIN. Your LHIN will then be able to provide you with information and next steps as it pertains to your intention. If any changes are made to your hospital's level, your LHIN should notify all pertinent stakeholders, including the MOHLTC, PCMCH, CritiCall Ontario, etc.

When is the organizational self-assessment survey due?

Survey responses are required no later than ***Tuesday, December 4th, 2018.***

Does criteria within the Paediatric Levels of Care include criteria for paediatric inpatient mental health?

No. Although equally important, the Paediatric Levels of Care framework does not apply to inpatient mental health services at this time. In order to establish levels of care for inpatient mental health services, a separate work group would need to be convened.

What if hospitals don't provide care for paediatric inpatients, but see them in their emergency departments? Is there a level 0 or a non-paediatric designation?

These hospitals would be designated as a non-provider of paediatric inpatient services.

Who can I contact if I have more questions?

If you have any questions regarding Paediatric Levels of Care or the organizational self-assessment survey, please email ploc@pcmch.on.ca.