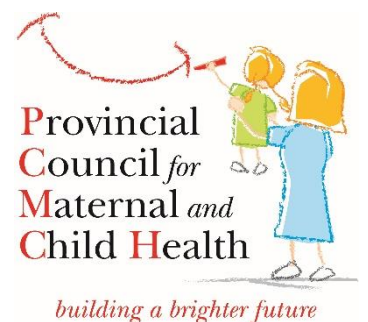




Summary
Report

Paediatric Levels of Care

June 2021



Contents

Background 2

Method for Categorizing Hospitals by Level 4

Results 5

Next Steps 7

Appendix A – Paediatric Levels of Care Definitions 8

Appendix B – Acuity, Medical Complexity, and Procedural Complexity 18

Appendix C – Hospitals’ Paediatric Levels of Care Designations by
Paediatric Levels of Care Region 20

Appendix D – Mandatory and Highly Recommended Criteria Met, by
Paediatric Level of Care Level 28

Acknowledgements 29

© 2021 Provincial Council for Maternal and Child Health
Materials contained within this publication are copyrighted by the Provincial Council for Maternal and Child Health (PCMCH). Consent to reproduce materials in whole or in part must be obtained from PCMCH by contacting info@pcmch.on.ca

Background

In 2011, the Provincial Council for Maternal and Child Health (PCMCH) partnered with Local Health Integration Networks (LHINs), now known as Ontario Health Interim and Transitional Regions, 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. Together, the levels aim to enable a seamless system of care across the maternal-newborn-paediatric continuum.

In 2015, a work group was assembled and recommended standardized level-of-care definitions for *paediatric inpatients*, which was further refined by Paediatric Levels of Care (PLC) Implementation Group in 2018 (see Appendix A). These definitions have been endorsed by PCMCH, and throughout their development, have also been vetted by external stakeholders such as clinical and administrative representatives from hospitals – including Paediatric Academic Health Sciences Centres (PAHSCs) – and other stakeholders from across Ontario that have direct impact on the paediatric inpatient population.

In October 2018, all 149 hospitals¹ in Ontario were asked to complete the PLC Organizational Self-Assessment Survey to understand the paediatric inpatient services hospitals can provide with current resources. This process was not about increasing or decreasing capacity; instead, it was about standardization and formally acknowledging services hospitals are able to provide with current resources. There is no additional funding for sites attached to this process.

The survey response rate was 93 per cent and, of the 139 hospitals that completed the assessment, 96 indicated paediatric patients are admitted to their hospital; these are the hospitals that received a paediatric level of care designation. Table 1 shows the number of hospitals in each PLC region, the response rate per the region, along with the number of hospital respondents in each region that did not get a paediatric level of care designation because paediatric patients are not admitted to their hospital.

¹ Surveys were sent to hospitals who admit patients from their emergency departments and excluded specialized hospitals that focus on mental health and/or rehabilitation only.

Table 1: Response Rate per Paediatric Level of Care Region

PLC Region	# of Hospitals	# of Respondents	# of Hospital Respondents that Do Not Admit Paediatric Patients
Hamilton	19	19	9
Kingston	12	7	2
London	48	46	15
Ottawa	27	25	12
Toronto	43	42	5
Ontario	149	139	43

In October 2020, hospitals received site-specific reports with their designated level of care, which was determined by assessing hospitals' self-reported resources against associated mandatory and highly recommended criteria. It is recognized that PLC is a new initiative, and some hospitals may not have met all mandatory criteria. As such, all hospitals are encouraged to meet the mandatory criteria for their associated level of care. Hospitals will be reassessed every four-to-five years, with the next assessment planned for 2022.

Method for Categorizing Hospitals by Level

Three distinct levels of paediatric inpatient care were defined by the PLC Working Group, each outlining the degree to which hospitals would be prepared to care for paediatric inpatients safely. In part, the levels are defined by the acuity of the presenting complaint, the medical complexity of the patient's underlying condition, and/or the complexity of the surgery or procedure required. A complete description of the definitions related to acuity, medical complexity and procedural complexity can be found in Appendix B.

Level 1 Definition

Ontario hospitals that fall into the Level 1 category have an emergency department or an urgent care department where paediatric patients can be assessed, or stabilized, before being transferred to a higher level of care hospital, if necessary. Paediatric patients that are admitted to Level 1 hospitals are typically admitted for a short-term admission to a combined adult/paediatric bed where nurses care for both adult and paediatric patients. Level 1 hospitals can safely care for paediatric patients that have low acuity, low medical complexity or low procedural complexity.

Level 2 Definition

Similar to Level 1, Ontario hospitals that fall into the Level 2 category have an emergency department or an urgent care department where paediatric patients can be assessed. The difference between these two levels is that Level 2 hospitals admit paediatric patients to a **dedicated** paediatric unit with a paediatrician as their Most Responsible Provider (MRP). Level 2 hospitals can safely care for paediatric patients that have, at maximum, moderate acuity, moderate medical complexity or low procedural complexity.

Level 3 Definition

Ontario hospitals that fall into the Level 3 category can safely care for patients that have high acuity, high medical complexity and high procedural complexity. Level 3 hospitals will typically have emergency departments dedicated to paediatric patients, and will have units, including intensive care units, dedicated to this population.

Hospitals that do not admit paediatric patients to their inpatient units for medical or surgical purposes and instead refer them to a hospital that does provide care to paediatric inpatients have not been designated with a Paediatric Level of Care. The full list of Ontario hospitals by level and corresponding PLC Region can be found in Appendix C.

Results

In order to standardize referral relationships between PAHSCs and community hospitals, data from the Organizational Self-Assessment Survey was analyzed using a systems approach, and therefore analyzed by region. The regions were aligned using Referral Destinations that were previously developed by PCMCH and subsequently issued by Critical Care Services Ontario (CCSO), and which are recognized by hospitals within the province. For the purposes of this initiative, these regions are called Paediatric Levels of Care (PLC) Regions. The mandatory and highly recommended criteria met by PLC level can be found in Appendix D.

Table 2 provides an overview of the number of hospitals in Ontario within each of the PLC regions, and the average percentage of mandatory criteria and highly recommended criteria met.

Table 2: Number of Hospitals Assigned a Paediatric Level of Care, and the Percentage (Average) that Meet Mandatory and Highly Recommended Criteria

PLC Region	# of Hospitals with a PLC Level of Care	% of Mandatory Criteria Met (Average)	% of Highly Recommended Criteria Met (Average)
Hamilton	10	93%	62%
Kingston	5	93%	76%
London	31	89%	59%
Ottawa	13	92%	63%
Toronto	37	95%	70%
Ontario	96	93%	67%

Overall, hospitals in Ontario are doing excellent work, with some opportunities identified for improvement in meeting their mandatory criteria (e.g. health human resourcing, continuous quality improvement, equipment). The largest opportunities identified for improvement at each level are noted in the table below.

Table 3: Opportunities for Improvement

PLC Level	Opportunities for Improvement
Level 1	<ul style="list-style-type: none"> • Standardized protocols for paediatric pain assessment and management • Standardized concentrations for infusions • Spiritual support services
Level 2	<ul style="list-style-type: none"> • Paediatric procedural sedation program • Standardized protocols for paediatric pain assessment and management • Standardized concentrations for infusions
Level 3	<ul style="list-style-type: none"> • Standardized concentrations for infusions

Additionally, low volume hospitals also noted there are challenges in maintaining skills, and hospitals in rural and remote areas noted that accessing education can be costly due to the travel expenses required to access the training located in urban areas.

Next Steps

In order to optimize access and expert care in geographically vast areas with limited available expertise and resources, PCMCH recommends a regional model approach where Paediatric Academic Health Sciences Centres and Community Hospitals work together to build effective and collaborative partnerships for each region. More communications about the regional model approach will be provided in the near future.

Appendix A – Paediatric Levels of Care Definitions

NOTE: The peer groups within the hospital level report previously distributed to hospitals were defined by number of inpatient admissions annually², and compared with Academic Health Sciences Centre³ (AHSC), by level, as per below:

- Level 1 – AHSC **OR** Increments of ≤99: 0-99 (small), 100-399 (medium), above 400 (large)
- Level 2 – AHSC **OR** Increments of 2000s: 0-1999 (small), 2000-3999 (medium), above 4000 (large)
- Level 3 – Paediatric AHSCs/AHSCs

Each level is comprised of both “Mandatory” and “Highly Recommended Criteria”. The levels were defined as per the criteria outlined below:

Level 1

- ED or Urgent Care assessing paediatric patients. Typically short-term paediatric admissions to combined adult/paediatric beds where nurses care for adult and paediatric patients, or stabilization and transfer.
- Low acuity
- Low medical complexity patients
- Low complexity procedures

Level 2

- ED or Urgent Care assessing paediatric patients. Ability to admit paediatric patients with Paediatrician as MRP to a dedicated paediatric unit.
- Moderate acuity
- Moderate medical complexity patients
- Low complexity procedures

² As reported by the Canadian Institute for Health Information (CIHI)

³ As listed on Council of Academic Hospitals of Ontario

Level 3

- Dedicated paediatric ED, paediatric wards/intensive care unit
- High acuity
- High medical complexity patients
- High complexity procedures

Level 1: Mandatory Criteria

Educational Requirements
Physicians: Basic Life Support
Nurses: Basic Life Support
Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for: Family-centred care/parental involvement
Knowledge, skills, processes, and/or protocols are present for: Knowledge re: normal vital signs
Knowledge, skills, processes, and/or protocols are present for: Standard medication dosing by weight
Knowledge, skills, processes, and/or protocols are present for: Standard concentrations for infusions
Knowledge, skills, processes, and/or protocols are present for: Standardized protocols in place for paediatric pain assessment/ management
Health Human Resources – Interprofessional
Chaplain
General Laboratory
Routine blood work (CBC, blood gas, general chemistry)
Blood type
Crossmatch
Urinalysis
Treatment/Procedures
Monitoring (Cardiac Resp Monitoring, O2 sat, etc.)
IV access
IV maintenance
Fluid management - variety of solutions, bolus, maintenance and ongoing
Short term O2 stabilization (< 90 minutes)
Intraosseous vascular access

Level 1: Mandatory Criteria

Other Diagnostics
X-ray (basic)
Cardiac Diagnostic
Basic ECG
Specialized Equipment
Paediatric crash cart (Broselow)
Paediatric resuscitation equipment
Age specific, age appropriate sized equipment (e.g., blood pressure cuffs, endotracheal tubes, cannulas, masks etc.)

Level 2: Mandatory Criteria

Educational Requirements
Physicians: Basic Life Support
Nurses: Basic Life Support
Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for: Family-centred care/parental involvement
Knowledge, skills, processes, and/or protocols are present for: Awareness of developmental milestones
Knowledge, skills, processes, and/or protocols are present for: Knowledge re: normal vital signs
Knowledge, skills, processes, and/or protocols are present for: Standard medication dosing by weight
Knowledge, skills, processes, and/or protocols are present for: Standard concentrations for infusions
Knowledge, skills, processes, and/or protocols are present for: Standardized protocols in place for paediatric pain assessment/ management
Knowledge, skills, processes, and/or protocols are present for: Paediatric procedural sedation program
Health Human Resources - Inter-professional
Chaplain
Respiratory Therapist with paediatric expertise
Social Worker with paediatric expertise

Level 2: Mandatory Criteria

General Laboratory
Routine blood work (CBC, blood gas, general chemistry)
Blood type
Crossmatch
Urinalysis
Micro technique - for all routine blood work
Gram stain
Body fluid testing
CSF
Drug screen (collection of samples)
Treatment/Procedures
Urine catheterization
Arterial puncture
Lumbar puncture
Uncomplicated N/G tube feeding
Phototherapy
Ongoing O2 sat monitoring/therapy
Low flow O2 therapy
Administration of blood products/blood transfusion
Monitoring (Cardiac Resp Monitoring, O2 sat, etc.)
IV access
IV maintenance
Fluid management - variety of solutions, bolus, maintenance and ongoing
Short term O2 stabilization (< 90 minutes)
Intraosseous vascular access
Other Diagnostics
Spirometry
X-ray (basic)
Ultrasound (basic)
CT
MRI

Level 2: Mandatory Criteria

Cardiac Diagnostic
Basic ECG
Specialized Equipment
Paediatric ventilation equipment
Smart pump technology
Paediatric crash cart (Broselow)
Paediatric resuscitation equipment
Age specific, age appropriate sized equipment (e.g., blood pressure cuffs, endotracheal tubes, cannulas, masks etc.)

Level 3: Mandatory Criteria

Educational Requirements
Physicians: Basic Life Support
Nurses: Basic Life Support
Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for: Family-centred care/parental involvement
Knowledge, skills, processes, and/or protocols are present for: Awareness of developmental milestones
Knowledge, skills, processes, and/or protocols are present for: Knowledge re: normal vital signs
Knowledge, skills, processes, and/or protocols are present for: Standard medication dosing by weight
Knowledge, skills, processes, and/or protocols are present for: Standard concentrations for infusions
Knowledge, skills, processes, and/or protocols are present for: Standardized protocols in place for paediatric pain assessment/ management
Knowledge, skills, processes, and/or protocols are present for: Paediatric procedural sedation program
Health Human Resources – Interprofessional
Chaplain
Child Life Specialist
Dietitian with paediatric expertise
Occupational Therapist with paediatric expertise
Physiotherapist with paediatric expertise
Respiratory Therapist with paediatric expertise
Social Worker with paediatric expertise

Level 3: Mandatory Criteria

General Laboratory
Micro technique - for all routine blood work
Routine blood work (CBC, blood gas, general chemistry)
Blood type
Crossmatch
Gram stain
Body fluid testing
Multiplex PCR
Urinalysis
CSF
Drug screen (collection of samples)
Treatment/Procedures
Monitoring (Cardiac Resp Monitoring, O2 sat, etc.)
V access
IV maintenance
Fluid management - variety of solutions, bolus, maintenance and ongoing
Urine catheterization
Arterial puncture
Lumbar puncture
Uncomplicated N/G tube feeding
Phototherapy
Short term O2 stabilization (< 90 minutes)
Ongoing O2 sat monitoring/therapy
Low flow O2 therapy
High flow O2 therapy
Continuous positive airway pressure management (for acute respiratory distress)
Non-ventilated tracheotomy care
Chest tube initiation/maintenance
Intraosseous vascular access
IVIg
Total parenteral nutrition
Administration of blood products/blood transfusion
PICC - use and ongoing care
PICC – insertion

Level 3: Mandatory Criteria

G and G-J tube - access and ongoing care
G tube replacement - mic key
Uncomplicated G and G-J tube insertion/replacement
Port-a-Cath - access and ongoing care
Port-a-Cath – insertion
Endoscopy
Colonoscopy
Home-ventilated patients
IV cancer chemotherapy
Exchange transfusion
Other Diagnostics
Pulmonary function test
Spirometry
X-ray (basic)
Ultrasound (basic)
CT
MRI
MRI with sedation
Nuclear medicine
Upper GI
Small bowel follow through
GU (VCUG)
Interventional radiology
Basic EEG
Specialized EEG
Cardiac Diagnostic
Basic ECG
Echocardiography
Specialized Equipment
Paediatric crash cart (Broselow)
Paediatric resuscitation equipment
Paediatric ventilation equipment
Safe paediatric cribs and beds

Level 3: Mandatory Criteria

Age specific, age appropriate sized equipment (e.g., blood pressure cuffs, endotracheal tubes, cannulas, masks etc.)
Smart pump technology
Isolation Capacity
Negative pressure isolation rooms

Level 1: Highly Recommended Criteria

Educational Requirements
Physicians: Paediatric Advanced Life Support (or approved equivalent)
Nurses: Paediatric Advanced Life Support (or approved equivalent)
Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for access to, and use of: Standardized paediatric algorithms, and/or standardized paediatric best practices, and/or standardized paediatric care pathways
Knowledge, skills, processes, and/or protocols are present for: Awareness of developmental milestones
Knowledge, skills, processes, and/or protocols are present for: Paediatric procedural sedation program
General Laboratory
Micro technique - for all routine blood work
Gram stain
Body fluid testing
Drug screen (collection of samples)
Treatment/Procedures
Phototherapy
Administration of blood products/blood transfusion
Other Diagnostics
Ultrasound (basic)
Specialized Equipment
Safe paediatric cribs and beds
Smart pump technology

Level 2: Highly Recommended Criteria

Educational Requirements
Physicians: Paediatric Advanced Life Support (or approved equivalent)
Nurses: Paediatric Advanced Life Support (or approved equivalent)

Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for access to, and use of: Standardized paediatric algorithms, and/or standardized paediatric best practices, and/or standardized paediatric care pathways
Health Human Resources - Inter-professional
Child Life Specialist
Dietitian with paediatric expertise
Occupational Therapist with paediatric expertise
Physiotherapist with paediatric expertise
Treatment/Procedures
G tube replacement - mic key
Other Diagnostics
Pulmonary function test
MRI with sedation
Upper GI
Small bowel follow through
GU (VCUG)
Specialized EEG
Specialized Equipment
Safe paediatric cribs and beds

Level 3: Highly Recommended Criteria

Educational Requirements
Physicians: Paediatric Advanced Life Support (or approved equivalent)
Nurses: Paediatric Advanced Life Support (or approved equivalent)
Organizational/Continuous Quality Improvement Requirements
Knowledge, skills, processes, and/or protocols are present for access to, and use of: Standardized paediatric algorithms, and/or standardized paediatric best practices, and/or standardized paediatric care pathways

Appendix B – Acuity, Medical Complexity and Procedural Complexity

The tables below define low, medium, and high acuity, medical complexity and procedural complexity that need to be taken into consideration when determining whether quality paediatric care can be safely provided.

Acuity and Medical Complexity

	ACUITY (Presenting Complaint)	MEDICAL COMPLEXITY (Underlying Condition)
LOW	<ul style="list-style-type: none"> Presenting problem(s) is non-urgent. May be part of a chronic problem. No history suggestive of potential for immediate deterioration. Investigations and interventions could be delayed or referred to other Health Care Providers. Typically managed in a non-inpatient setting. 	<ul style="list-style-type: none"> If chronic condition present, condition is stable. Systemic impact of disease is mild to minimal or no functional limitations. Condition can be managed using standard lab and diagnostic investigations and treatment protocols. Condition is relatively common or, if less common, a diagnosis and treatment plan has been previously established. Typically managed in non-inpatient settings.
MEDIUM	<ul style="list-style-type: none"> Presenting problem(s) could potentially progress to a serious problem requiring extensive intervention. May be associated with significant discomfort or inability to function. Some will require inpatient stays. The need for intensive care would be an unexpected event. 	<ul style="list-style-type: none"> Chronic condition present (diagnosed or suspected). Often with signs of mild exacerbation, progression or side effects from treatment. Systematic impact of disease is severe - definite functional limitations. Condition can be managed using standard lab and diagnostic investigations and treatment protocols. Condition is relatively common or, if less common, a diagnosis and treatment plan has been previously established. Typically managed in non-inpatient settings with periodic inpatient stays.
HIGH	<ul style="list-style-type: none"> Presenting problem(s) is a potential or real threat to life, limb or function and requires immediate and potentially aggressive intervention(s). Typically requires an inpatient stay up to, and including, intensive care. 	<ul style="list-style-type: none"> Chronic condition(s) present (diagnosed or suspected) often with signs of significant exacerbation, progression or side effects from treatment. Systematic impact of condition(s) is severe (multiple organs affected) - a constant threat to life. Significant functional limitations present, often requiring dependence on technology. Condition(s) requires an extended and innovative range of interventions. Conditions may be rarely seen in children and while not necessarily complex, would benefit from access to and consultation with other specialists/ subspecialists to establish a diagnosis and treatment plan for ongoing management. Typically managed in non-inpatient settings with frequent inpatient stays.

Procedural Complexity

LOW	<ul style="list-style-type: none"> • Procedure is commonly performed on children (most low complexity procedures are also commonly performed on adults); AND • Typical time in the operating room is less than 2 hours; AND • Routine OR equipment requirements; AND • Post-operative care requires RNs with general paediatric knowledge and skills, with access to an interdisciplinary team on a case-by-case basis; AND • Post-operative admission to an NICU, PICU or high acuity/close observation bed is not expected; AND • Transfusion of blood products intra-operatively is unlikely; AND • Risk of a significant intra- or post-operative complication is low.
MEDIUM	<ul style="list-style-type: none"> • Procedure or technique is unique to children but is performed relatively frequently; OR • Requires equipment or devices not routinely stocked by operating rooms; OR • Risk of intraoperative blood product transfusion(s) is <u>not</u> negligible; OR • Risk of intra- or post-operative complication(s) is <u>not</u> negligible; OR • Post-operative care requires RNs and an interdisciplinary team with medical/surgical knowledge and skills that works exclusively or primarily with children; AND • Post-operative admission to PICU is not expected (post-operative admission to NICU may be expected); AND • Involves a single perioperative surgical specialty; AND • Does not require pre- and post-operative multi-specialty coordination (e.g., oncology, GI medicine and interventional radiology).
HIGH	<ul style="list-style-type: none"> • Procedure or technique is unique to children and is performed infrequently; OR • Post-operative care requires RNs and an interdisciplinary team with subspecialty surgical knowledge and skills that works exclusively or primarily with children; OR • Post-operative admission to a PICU is expected; OR • Involves multi-specialty perioperative participation (e.g., general and ENT surgeon); OR • Requires pre- and post-operative multi-specialty coordination (e.g., oncology, GI medicine and interventional radiology).
CRITICAL EMERGENT	<ul style="list-style-type: none"> • Procedure performed on an unplanned/emergency basis that would not normally be within the capacity of a given site but which, if resources are available (trained personnel, equipment, etc.), is performed because the risk of transport is greater than the risk of performing the procedure locally. • Most likely to occur in rural and remote settings.

Appendix C – Paediatric Levels of Care Designation by Hospital

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
Brant Community Healthcare System—Brantford General Hospital	Hamilton	Level 2 - Small	West	4 - Hamilton Niagara Haldimand Brant LHIN
Cambridge Memorial Hospital	Hamilton	Level 2 - Medium	West	3 - Waterloo Wellington LHIN
Grand River Hosp—K-W Health Centre	Hamilton	Level 2 - Large	West	3 - Waterloo Wellington LHIN
Groves Memorial Community Hospital	Hamilton	Level 1 - Large	West	3 - Waterloo Wellington LHIN
Guelph General Hospital	Hamilton	Level 2 - Medium	West	3 - Waterloo Wellington LHIN
Haldimand War Memorial Hospital	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN
Halton Healthcare Services—Georgetown Hospital	Hamilton	No paediatric inpatient care available	Central	6 - Mississauga Halton LHIN
Halton Healthcare Services—Milton District Hospital	Hamilton	No paediatric inpatient care available	Central	6 - Mississauga Halton LHIN
Halton Healthcare Services—Oakville-Trafalgar Memorial Hospital	Hamilton	Level 2 - Medium	Central	6 - Mississauga Halton LHIN
Hamilton Health Sciences—Hamilton General Hospital	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN
Hamilton Health Sciences—McMaster University Medical Centre	Hamilton	Level 3 - AHSC	West	4 - Hamilton Niagara Haldimand Brant LHIN
Hamilton Health Sciences—West Lincoln Memorial Hospital	Hamilton	Level 1 - AHSC	West	4 - Hamilton Niagara Haldimand Brant LHIN
Joseph Brant Hospital	Hamilton	Level 2 - Small	West	4 - Hamilton Niagara Haldimand Brant LHIN
Niagara Health System—Niagara Health System Greater Niagara General Site	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN
Niagara Health System—Niagara Health System St. Catharines Site	Hamilton	Level 2 - Large	West	4 - Hamilton Niagara Haldimand Brant LHIN
Niagara Health System—Niagara Health System Welland Hospital Site	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN
Norfolk General Hospital	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
St. Joseph's Healthcare Hamilton	Hamilton	No paediatric inpatient care available	West	4 - Hamilton Niagara Haldimand Brant LHIN
St. Mary's General Hospital	Hamilton	No paediatric inpatient care available	West	3 - Waterloo Wellington LHIN
Brockville Gen Hosp—Brockville General Hospital Charles Street Site	Kingston	Level 1 - Large	East	10 - South East LHIN
Kingston Health Sciences Centre—Kingston General Hospital	Kingston	Level 3 - AHSC	East	10 - South East LHIN
Perth Smiths Falls District Hospital—Perth and Smiths Falls District Hospital Great War Memorial Site	Kingston	Level 1 - Small	East	10 - South East LHIN
Perth Smiths Falls District Hospital—Perth and Smiths Falls District Hospital Smiths Falls Site	Kingston	No paediatric inpatient care available	East	10 - South East LHIN
Quinte Healthcare—Prince Edward County Memorial	Kingston	No paediatric inpatient care available	East	10 - South East LHIN
Quinte Healthcare—Quinte Health Care Belleville General Hospital	Kingston	Level 2 - Small	East	10 - South East LHIN
Weeneebayko Area Health Authority - Weeneebayko General Hospital	Kingston	Level 1 - Small	North	13 - North East LHIN
Alexandra Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Alexandra Marine and General Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Atikokan General Hospital	London	Level 1 - Small	North	14 - North West LHIN
Bluewater Health—Bluewater Health Sarnia General Hospital Site	London	Level 2 - Small	West	1 - Erie St. Clair LHIN
Chatham-Kent Health Alliance—Chatham Campus	London	Level 2 - Small	West	1 - Erie St. Clair LHIN
Dryden Regional Health Centre	London	Level 1 - Medium	North	14 - North West LHIN
Erie Shores Healthcare	London	Level 1 - Medium	West	1 - Erie St. Clair LHIN
Geraldton District Hospital	London	Level 1 - Small	North	14 - North West LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
Grey Bruce Health Services—Lion's Head Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Grey Bruce Health Services—Markdale Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Grey Bruce Health Services—Meaford Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Grey Bruce Health Services—Owen Sound Hospital	London	Level 2 - Small	West	2 - South West LHIN
Grey Bruce Health Services—Southampton Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Hanover and District Hospital	London	Level 1 - Medium	West	2 - South West LHIN
Huron Perth Healthcare Alliance—Clinton Public Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Huron Perth Healthcare Alliance—Seaforth Community Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Huron Perth Healthcare Alliance—St. Mary's Memorial Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
Huron Perth Healthcare Alliance—Stratford General Hospital	London	Level 2 - Small	West	2 - South West LHIN
Lake of the Woods District Hospital	London	Level 1 - Medium	North	14 - North West LHIN
Listowel Memorial Hospital	London	Level 1 - Medium	West	2 - South West LHIN
London Health Sciences Centre (University Site)	London	Level 1 - AHSC	West	2 - South West LHIN
London Health Sciences Centre (Victoria Site - Children's Hospital)	London	Level 3 - AHSC	West	2 - South West LHIN
Middlesex Hospital Alliance—Strathroy Middlesex General Hospital	London	Level 1 - Medium	West	2 - South West LHIN
Nipigon District Memorial Hospital	London	Level 1 - Small	North	14 - North West LHIN
North of Superior Healthcare Group—The McCausland Hospital	London	Level 1 - Small	North	14 - North West LHIN
North of Superior Healthcare Group—Wilson Memorial General Hospital	London	Level 1 - Small	North	14 - North West LHIN
North Shore Health Network—Thessalon Hospital	London	Level 1 - Small	North	13 - North East LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
North Wellington Healthcare Corporation—Louise Marshall Hospital	London	Level 1 - Small	West	3 - Waterloo Wellington LHIN
North Wellington Healthcare Corporation—Palmerston and District Hospital	London	Level 1 - Small	West	3 - Waterloo Wellington LHIN
Red Lake Margaret Cochenour Memorial Hospital	London	Level 1 - Small	North	14 - North West LHIN
Riverside Healthcare Facilities Inc—La Verendrye Hospital	London	Level 1 - Medium	North	14 - North West LHIN
Riverside Healthcare Facilities Inc—Rainy River Health Centre	London	Level 1 - Small	North	14 - North West LHIN
Santé Manitouwadge Health	London	Level 1 - Small	North	14 - North West LHIN
Sault Area Hospital—Sault Area Hospital	London	Level 2 - Small	North	13 - North East LHIN
Sioux Lookout Meno Ya Win Health Centre—Sioux Lookout Meno Ya Win Health Centre	London	Level 1 - Large	North	14 - North West LHIN
South Bruce Grey Health Centre—Chesley Site	London	No paediatric inpatient care available	West	2 - South West LHIN
South Bruce Grey Health Centre—Kincardine Site	London	No paediatric inpatient care available	West	2 - South West LHIN
South Bruce Grey Health Centre—Walkerton Site	London	No paediatric inpatient care available	West	2 - South West LHIN
South Huron Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
St Joseph's Healthcare London—St. Joseph's Hospital	London	No paediatric inpatient care available	West	2 - South West LHIN
St. Thomas Elgin General Hospital	London	Level 2 - Small	West	2 - South West LHIN
Thunder Bay Regional Health Sciences Centre	London	Level 2 - AHSC	North	14 - North West LHIN
Windsor Reg Hospital—Windsor Regional Hospital Metropolitan Campus	London	Level 2 - Large	West	1 - Erie St. Clair LHIN
Windsor Reg Hosp—Windsor Regional Hospital Ouellette Campus	London	No paediatric inpatient care available	West	1 - Erie St. Clair LHIN
Wingham and District Hospital	London	Level 1 - Small	West	2 - South West LHIN
Woodstock General Hospital	London	Level 1 - Large	West	2 - South West LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
Almonte General Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Arnprior Regional Health—Arnprior & District Memorial Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Children's Hospital of Eastern Ontario	Ottawa	Level 3 - AHSC	East	11 - Champlain LHIN
Cornwall Com. Hospital—Cornwall Community Hospital McConnell Avenue Site	Ottawa	Level 2 - Small	East	11 - Champlain LHIN
Englehart and District Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Hôpital de Mattawa Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Hôpital de Smooth Rock Falls Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Hôpital général de Hawkesbury & District General Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Hôpital Montfort	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Hôpital Notre-Dame Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Kirkland and District Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
MICs Group of Health Services—Anson General Hospital	Ottawa	No paediatric inpatient care available	North	13 - North East LHIN
MICs Group of Health Services—Bingham Memorial Hospital	Ottawa	No paediatric inpatient care available	North	13 - North East LHIN
MICs Group of Health Services—Lady Minto Hospital	Ottawa	No paediatric inpatient care available	North	13 - North East LHIN
North Bay Reg Health Centre—North Bay Regional Health Centre	Ottawa	Level 2 - Small	North	13 - North East LHIN
Pembroke Regional Hospital Inc.	Ottawa	Level 1 - Large	East	11 - Champlain LHIN
Queensway Carleton Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Renfrew Victoria Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Sensenbrenner Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Temiskaming Hospital	Ottawa	Level 1 - Medium	North	13 - North East LHIN
The Ottawa Hospital—Civic Campus	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
The Ottawa Hospital—General Campus	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Timmins and District Hospital	Ottawa	Level 2 - Small	North	13 - North East LHIN
West Nipissing General Hospital	Ottawa	Level 1 - Small	North	13 - North East LHIN
Winchester District Memorial Hospital	Ottawa	No paediatric inpatient care available	East	11 - Champlain LHIN
Campbellford Memorial Hospital	Toronto	Level 1 - Small	East	9 - Central East LHIN
Collingwood General and Marine Hospital	Toronto	Level 1 - Large	Central	12 - North Simcoe Muskoka LHIN
Espanola General Hospital	Toronto	No paediatric inpatient care available	North	13 - North East LHIN
Georgian Bay Gen Hospital—Georgian Bay General Hospital Midland Site	Toronto	Level 1 - Medium	Central	12 - North Simcoe Muskoka LHIN
Headwaters Health Care Centre	Toronto	Level 2 – Small ⁴	Central	5 - Central West LHIN
Health Sciences North / Horizon Santé-Nord	Toronto	Level 2 - AHSC	North	13 - North East LHIN
Hospital for Sick Children	Toronto	Level 3 - AHSC	Toronto	7 - Toronto Central LHIN
Humber River Hospital—Wilson Site	Toronto	Level 2 - Large	Toronto	7 - Toronto Central LHIN
Lakeridge Health—Ajax and Pickering Site	Toronto	Level 2 - Small	East	9 - Central East LHIN
Lakeridge Health—Bowmanville Site	Toronto	No paediatric inpatient care available	East	9 - Central East LHIN
Lakeridge Health—Oshawa Site	Toronto	Level 2 - Large	East	9 - Central East LHIN
Lakeridge Health—Port Perry Site	Toronto	No paediatric inpatient care available	East	9 - Central East LHIN
Mackenzie Health— Cortellucci Vaughan Hospital	Toronto	Level 2 - Medium	Central	8 - Central LHIN
Manitoulin Health Centre—Little Current Site	Toronto	Level 1 - Small	North	13 - North East LHIN
Manitoulin Health Centre—Mindemoya Hospital Site	Toronto	Level 1 - Small	North	13 - North East LHIN
Markham Stouffville Hospital—Markham Site	Toronto	Level 2 - Medium	Central	8 - Central LHIN

⁴ Headwaters Health Care Centre's designation was changed from Level 1 – Large to Level 2 – Small in 2024.

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
Michael Garron Hospital	Toronto	Level 2 - Medium	Toronto	7 - Toronto Central LHIN
Muskoka Algonquin Healthcare—Huntsville District Memorial Hospital	Toronto	Level 1 - Medium	Central	12 - North Simcoe Muskoka LHIN
Muskoka Algonquin Healthcare—South Muskoka Memorial Hospital	Toronto	Level 1 - Medium	Central	12 - North Simcoe Muskoka LHIN
North Shore Health Network—Blind River District Health Centre	Toronto	Level 1 - Small	North	13 - North East LHIN
North York Gen Hospital—North York General Hospital General Site	Toronto	Level 2 - AHSC	Central	8 - Central LHIN
Northumberland Hills Hospital	Toronto	Level 1 - Large	East	9 - Central East LHIN
Orillia Soldiers' Memorial Hospital	Toronto	Level 2 - Small	Central	12 - North Simcoe Muskoka LHIN
Peterborough Regional Health Centre	Toronto	Level 2 - Medium	East	9 - Central East LHIN
Ross Memorial Hospital	Toronto	Level 1 - Medium	East	9 - Central East LHIN
Royal Victoria Regional Health Centre	Toronto	Level 2 - Medium	Central	12 - North Simcoe Muskoka LHIN
Scarborough Health Network—Birchmount	Toronto	Level 2 - Small	East	9 - Central East LHIN
Scarborough Health Network—Centenary	Toronto	Level 2 - Medium	East	9 - Central East LHIN
Scarborough Health Network—General	Toronto	Level 2 - Medium	East	9 - Central East LHIN
Sinai Health System—Mount Sinai Hospital	Toronto	Level 1 - AHSC	Toronto	7 - Toronto Central LHIN
Southlake Regional Health Centre—Southlake Regional Health Centre	Toronto	Level 2 - Medium	Central	8 - Central LHIN
St. Joseph's General Hospital [Elliot Lake]	Toronto	Level 2 - Small	North	13 - North East LHIN
Stevenson Memorial Hospital	Toronto	Level 1 - Large	Central	8 - Central LHIN
Sunnybrook Health Sciences Centre—Sunnybrook Health Sciences Centre Sunnybrook Campus	Toronto	No paediatric inpatient care available	Toronto	7 - Toronto Central LHIN
Trillium Health Partners—Credit Valley Hospital	Toronto	Level 2 - Large	Central	6 - Mississauga Halton LHIN
Trillium Health Partners—Mississauga Hospital	Toronto	Level 2 - Large	Central	6 - Mississauga Halton LHIN
Unity Health Toronto—St. Joseph's Health Centre Toronto	Toronto	Level 2 - Large	Toronto	7 - Toronto Central LHIN
Unity Health Toronto—St. Michael's Hospital	Toronto	Level 1 - AHSC	Toronto	7 - Toronto Central LHIN

Hospital	PLC Region	PLC Level & Peer Group	Ontario Health Region	Former LHIN
University Health Network	Toronto	No paediatric inpatient care available	Toronto	7 - Toronto Central LHIN
West Parry Sound Health Centre	Toronto	Level 1 - Medium	North	13 - North East LHIN
William Osler Health System—Brampton Civic Hospital	Toronto	Level 2 - Large	Central	5 - Central West LHIN
William Osler Health System—Etobicoke General Hospital	Toronto	Level 2 - Medium	Central	5 - Central West LHIN

Appendix D – Mandatory and Highly Recommended Criteria Met, by Paediatric Level of Care Level

PLC Level & Peer Group	Number of Hospitals	% of Mandatory Criteria Met	% of Highly Recommended Criteria Met
Level 1 – AHSC	4	76%	53%
Level 1 – Large	9	92%	62%
Level 1 – Medium	13	91%	61%
Level 1 – Small	25	89%	58%
Level 2 – AHSC	3	96%	73%
Level 2 – Large	9	98%	75%
Level 2 – Medium	12	98%	77%
Level 2 – Small	16	94%	61%
Level 3 – PAHSC/AHSC	5	100%	88%

Note: For peer group definitions, please refer to Appendix A

Acknowledgements

Paediatric Levels of Care Implementation Group

Dr. Teresa Bruni (Co-Chair)

Thunder Bay Regional
Health Sciences Centre

Dr. Peter Fitzgerald (Co-Chair)

McMaster Children's Hospital

Dr. Peter Azzopardi

Scarborough Health Network

Mr. Mark Brintnell

South West Local Health Integration
Network

Ms. Debra Carson

Trillium Health Partners

Dr. Jonathan DellaVedova

Sault Area Hospital

Ms. Isabel Hayward

CritiCall Ontario

Dr. Mona Jabbour

Children's Hospital of Eastern Ontario

Ms. Leanne McArthur

Maternal, Newborn, Child and Youth
Network

Ms. Cheryl Osborne

Markham Stouffville Hospital

Ms. Judy Van Cleef

The Hospital for Sick Children

Ms. Cori Watson

North West Local Health Integration
Network

Ms. Alexandra Thorp

Provincial Council for Maternal and Child
Health

Ms. Jennifer Tin

Provincial Council for Maternal and Child
Health