

IMPROVING CARE FOR ONTARIO'S YOUNGEST PATIENTS*McGuinty Government Improving Access To Care And Reducing Wait Times For Kids***NEWS**September 19, 2008
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Ontario is continuing to improve health care for children and babies with more intensive care unit beds, increased funding for paediatric surgeries and greater support for expectant mothers.

The government is investing \$14.2 million this year to help children across Ontario get the care they need:

- \$7 million for a new Maternal Newborn Access to Care Strategy that includes:
 - Six new neonatal intensive care beds that will provide life-saving care for approximately 129 infants per year.
 - An estimated 22 more intensive care beds over the next two years.
 - Two important screening programs aimed at ensuring the best care for cases of pre-term labour and premature eye disease.
- \$7.2 million to lower wait times for infants and children by funding an additional 4,242 paediatric surgeries at 29 hospitals. This builds on last year's \$5.5 million investment.
- Improving infection control practices in newborn intensive care units and investing in information technology to improve the overall management of the newborn care system over the next two years.

Since April/May 2006 paediatric wait times for all paediatric surgical services have decreased approximately 17 per cent from 273 days to 226 days.

These initiatives are being boosted by the successful recruitment of Dr. Shoo Lee, a world renowned neonatologist who is relocating from Alberta to Toronto. Dr. Shoo Lee becomes Paediatrician-in-Chief at Mount Sinai Hospital and Head, Division of Neonatology at the University of Toronto. He is the founder of the Canadian Neonatal Network, a group of Canadian researchers who collaborate on research issues relating to neonatal care.

QUOTES

"This is all about making sure that parents can rest assured that their kids will get the health care they need more quickly," said David Caplan, Minister of Health and Long-Term Care. "Today's investment builds on our commitment to strengthen our health care system by improving access to care and reducing wait times."

"In the 21st century, when talent and innovation are keys to a strong health care system and economy, Ontario is a leader," said John Wilkinson, Minister of Research and Innovation. "Today represents another win for our province. I'm thrilled to welcome one of the world's top neonatal researchers to Ontario, Dr. Shoo Lee. Ontario families will benefit from our province becoming the new home to Dr. Lee's worldwide neonatal research network, in addition to the patient care he will provide at Mount Sinai and Sick kids."

“Ontario is providing tremendous vision and leadership in recognizing the importance of maternal and child health to our society,” said Dr. Shoo Lee, newly-appointed Paediatrician-in-Chief at Mount Sinai Hospital. “I am honoured to participate in this important endeavour and I look forward to helping improve access and quality of care in the province and to establishing Ontario as an international leader in health care, research and training, for the benefit of our future generations.”

“We are excited and exceptionally proud of our innovative strategy to expand high quality care for critically ill newborns,” said Dr. Charlotte Moore, Provincial Lead, Maternal, Child and Youth Health Strategy. “With the tremendous successes we have had with last year’s Paediatric Wait Time Strategy, we are ever the more confident that this new investment in Ontario’s youngest citizen’s will secure future generations with the best possible health outcomes.”

“The dedication and specialized care my two children received in the neonatal unit essentially gave me a thriving family and all of the joy that comes with it,” said Kristen Christie, mother of two former Mount Sinai NICU patients. “Moms and babies sometimes need some extra special help and I feel fortunate to live in a place where the government sees the need for this type of care and invests in our little ones.”

QUICK FACTS

- Ontario has 784 neonatal intensive care beds operating in 45 hospitals: 254 level three and 60 modified level three beds; 401 level two and 69 level two advanced beds.
- Approximately 19 per cent of all women giving birth in Ontario are "high-risk pregnancies", which equals approximately 24,000 women per year.
- Approximately 12 per cent of all babies require an advanced level of care (or are considered "high-risk babies"), which equals approximately 16,200 babies per year.
- The Ontario Newborn Screening Program (ONSP) is Canada’s most comprehensive, with screening for 28 targeted diseases.

LEARN MORE

Find out more about the [Valentine Neonatal Intensive Care Unit](#) at Mount Sinai Hospital

Find out more about [premature babies](#) from Toronto’s Hospital for Sick Children

Find out more about reductions in [paediatric wait times](#) in Ontario

Visit the [Children's Info](#) Web portal for all the children and youth programs and services provided by the Government of Ontario

For public inquires call ServiceOntario, INFOLine at 1-866-532-3161 (Toll-free in Ontario only)

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MATERNAL NEWBORN ACCESS TO CARE STRATEGY

September 19, 2008

The Ministry of Health and Long-Term Care is investing \$7 million in 2008/2009 to increase capacity in Ontario's Neonatal Intensive Care Units (NICUs). This year's funding will:

- Add six additional Level III NICU beds in hospitals with high occupancy rates. These beds will help the most severely ill babies in the province who require complex care.
- Fund premature labour testing, known as fetal fibronectin testing, in all Ontario delivery hospitals in order to decrease unnecessary high risk transfers to maternal transfers;
- Fund an innovative pilot program to support remote screening of a critical premature eye disease, known as Retinopathy of Prematurity.

It is expected the six additional Level III beds will be operational this Fall.

2008/2009 FUNDING ALLOCATIONS	NUMBER OF NEW LEVEL III BEDS	FUNDING
Mount Sinai Hospital	3	\$2,279,200
Hospital for Sick Children	3	\$1,845,000
TOTAL	6	\$4,124,200

This is part of a new Maternal Newborn Access to Care Strategy designed to:

- Significantly increase access to high-risk maternal and neonatal services across Ontario
- Provide high-quality maternal and newborn care as close to home as possible
- Ensure that Ontario's youngest citizens enjoy the safest health care in the world
- Develop better IT systems for efficient management, appropriate surveillance and accountability.

The ministry has also established Ontario's first Maternal Newborn Advisory Committee, under the [Provincial Council for Children's Health](#). This group has been charged with a number of pieces of important work, including a full and formal review of all maternal and newborn units in Ontario as well as convening working groups on issues such as infection control, transportation, breastfeeding, and other issues associated with high-risk pregnancy and child birth.

NEONATAL INTENSIVE CARE BEDS

Level III NICUs provide care for the most complex and severely ill babies. Most level III NICUs in Ontario are operating at occupancy levels that don't allow for sudden increases in the number of babies in need of intensive care. Adding Level III NICU beds is necessary to address these capacity issues as well as to prevent women and newborns from being transferred to other hospitals outside of the province or the country. Out-of-Country transfers increase risk to the mother and baby, inconvenience the family and are expensive to the system.

Level II NICUs are needed to provide care for babies who don't need or no longer need more specialized or intensive Level III care. Level I beds are for healthy newborns who are able to stay with their mothers.

FETAL FIBRONECTIN TESTING

Fetal Fibronectin Testing (fFT) is a screening test (performed using a cervical swab) for women with symptoms of pre-term labour. The screening test forecasts the risk of delivery / premature birth in the 7 days following the test / onset of symptoms. For example, if a woman who is 28 weeks pregnant (approx 7 months) presents to an emergency room with abdominal pain, she may or may not be in early labour / threatening to deliver a premature infant. If the test is positive, she is at high risk of progressing in her labour to delivery, and therefore requires transfer to a level III facility. If the test is negative, she is unlikely to proceed to delivery, and can safely be observed in a lower acuity facility closer to home.

When the test is positive, it helps direct a timely transfer, ensuring that preterm births happen in the setting best able to address the needs of the infants. When the test is negative, it helps avoid unnecessary, inconvenient and expensive transfers to tertiary centers for women whose pregnancies are likely to continue.

RETINOPATHY OF PREMATURITY

Retinopathy of prematurity (ROP) is a disorder that can cause blindness in premature infants. Early detection, appropriate monitoring and, if necessary timely treatment, can lead to better outcomes and potentially prevent blindness for affected children. Remote screening for ROP uses technology that allows doctors to see diagnostic images of newborn patients without the patients having to travel to a children's hospital. In other words, there is access to expert paediatric care closer to home.

INFECTION CONTROL

Sharply reducing or eliminating infection-related closures in Level II and III NICUs will dramatically increase neonatal capacity. Building on infection prevention and control practices already in place at Ontario hospitals, the Maternal-Newborn Advisory Committee will refine those best practices for highest effect in NICUs. With appropriate support, Ontario is positioned to become a world leader on infection control practices in newborn intensive care units.

OTHER INITIATIVES HELPING CARE FOR MOTHERS AND NEWBORNS

[Ontario Midwifery Program](#)

[Ontario Newborn Screening Program](#)

[Baby Vaccines](#)

Other [children's health](#) programs.

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IMPROVING ACCESS TO PAEDIATRIC SURGERIES

September 19, 2008

Through the Local Health Integration Networks the government will invest \$7.2 million under the Ontario Paediatric Wait Time Strategy to further help improve access to care for children by providing 4,242 additional paediatric surgeries at 29 hospitals in Ontario in 2008/09. These surgical procedures were identified by the Paediatric Action Committee as provincial priorities as a result of the significant wait times associated with them and include:

- 2,512 additional Dental/Oral surgeries
- 626 additional Ophthalmology surgeries (eyes)
- 112 additional Plastic surgeries
- 256 additional Urology surgeries (kidneys and urinary tract)
- 65 additional Orthopaedic surgeries (bone and joint)
- 671 additional Otolaryngology surgeries (ear, nose and throat)

Ontario is the first province to publicly report paediatric wait times for all 10 surgical subspecialties. This reporting process is an important step toward measuring wait times and identifying opportunities for improving access to health services across the province. Ontario's five Paediatric Academic Health Science Centres voluntarily submit data on paediatric surgical wait times and are available online at <http://www.ontariowaittimes.com>.

PROVINCIAL PAEDIATRIC WAIT TIMES ANALYSIS BY SUBSPECIALTY

July 2008	9 out of 10 Patients Treated Within (Days)
Cardiovascular Surgery	85
General Surgery	126
Gynecology	76
Neurosurgery	93
Ophthalmology	274
Dental/Oral Surgery	318
Orthopedic Surgery	240
Otolaryngology	178
Plastic Surgery	311
Urology	238
ALL SERVICES	223

UNDERSTANDING THE DATA**9 out of 10 Patients Treated Within (Days)**

This is the point at which 90% of the patients received their treatment.

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DR. SHOO K. LEE'S BIOGRAPHY

September 19, 2008

Dr. Shoo Lee is a world-renowned neonatologist and health economist. He is the Scientific Director of the Integrated Centre for Care Advancement through Research (iCARE), and is currently Professor of Pediatrics and Professor of Public Health at the University of Alberta, and Visiting Professor of Pediatrics at Fudan University in Shanghai. He holds the Canada Research Chair in Knowledge Translation and Healthcare Improvement and the Alberta Heritage Foundation for Medical Research Health Senior Scholar Award.

Dr. Lee has spearheaded ground-breaking work in his field. As the Founding Director of the Canadian Neonatal Network, he established a national database to study outcomes and practice variations in the neonatal intensive care unit (NICU), develop models for knowledge translation and healthcare improvement, and guide health policy. Dr. Lee patented risk prediction and health informatics systems for neonatal care and pioneered the Evidence-based Practice for Improving Quality (EPIQ) system for improving quality of health care. He is also the Director of the Canadian Institutes of Health Research Team in Maternal and Infant Care (MICare).



Dr. Lee has worked actively on health care issues and health training around the world. He established the International Training Programs in Neonatal-Perinatal Medicine and in Neonatal Nursing in the People's Republic of China. He also founded the International Neonatal Collaboration, where more than 200 hospitals from across Canada, the United States, Latin America, Europe and Asia contribute data and collaborate on research.

His many awards include the Knowledge Translation Award from the Canadian Institutes of Health Research, the Aventis Pasteur Research Award and the Distinguished Neonatologist Award from the Canadian Pediatric Society, and the Premier Member of Honour Award from the Sociedad Iberoamericana de Neonatologia.

Dr. Lee is a Steering Committee member of the Canadian Perinatal Surveillance System at the Public Health Agency of Canada; a Council member of the American Academy of Pediatrics District VIII Perinatal Section; and an Advisory Board member of the Institute for Human Development, Child and Youth Health at the Canadian Institutes of Health Research.

He received his medical degree from the University of Singapore, completed paediatric training at the Janeway Children's Health and Rehabilitation Centre in Newfoundland and neonatal fellowship training at Children's Hospital Boston. He received his PhD in Health Policy (Economics) from Harvard University.

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