

Proposal by the Children's Health Coalition



MAKE KIDS COUNT

A children's health action plan to ensure hospital capacity and provide timely access to care both in the immediate pandemic response and through recovery

September 2021

Before the pandemic children already waited too long for health care. Now the situation has deteriorated further and a generation of children are at risk of significant long-term health problems because critical early intervention windows are being missed.

Health system capacity for children is at risk. Investments are urgently needed to ensure the system is equipped to manage historical pressures, the current and projected increases in demand for hospital care arising from wave 4 and the upcoming viral season, the backlog of surgeries and procedures, and increasing hospitalizations and emergency department visits for mental health issues. The increased pressure is adding to a children's health care system where long wait times were already a significant challenge pre-pandemic in hospitals, community mental health, and children's rehabilitation.

EXECUTIVE SUMMARY

Every day matters in the life of a child.

Delayed care for critical children's health care services puts children at risk over the long term and has life-long consequences and costs to the health care system. An integrated approach across service settings and across physical, developmental and mental health is required to address both new and long-standing barriers to timely access to care. For example, the onset of the pandemic has exacerbated long standing capacity gaps, wait lists and delays in timely access to surgery, ambulatory care, inpatient rehabilitation, and diagnostic imaging. These delays can lead to ongoing health problems in adulthood. For the best possible outcomes, surgery in children very often needs to be timed to coordinate with developmental milestones or at least occur early enough in the child's life that it optimizes their future potential physical, psychological, and social development.

Furthermore, developmental and rehabilitation services provided in communities and schools are expected to face a surge of need from children after surgery and procedures due to backlogs. At the same time, they must ensure children who are already on growing wait lists for community-based rehabilitation services are not left behind. Investments are needed to address long wait times for community child and youth mental health treatment for those with more serious mental health issues to help prevent them from going to the hospital in crisis and to help preserve capacity in hospitals during wave 4 and beyond. Hospitals are critical for short-term stabilization of acute mental health issues, but treatment occurs over the long-term in community-based settings. As well, community-based treatment can prevent acute mental health issues and hospitalization.

As the province enters wave 4 of the pandemic and through recovery planning, the urgency of improving access to children's health care and addressing the historical pressures must be a top priority of the government.

¹ Children refers to infants, children and youth ages 0 to 18. The report also uses "kids" and "children and youth" to refer to the same population.

The Make Kids Count Action Plan from the Children’s Health Coalition represents an unprecedented coming together of Ontario’s leading children’s health care providers. This proposal represents a detailed analysis from the 115 cross-sectoral organizations that are represented within the Coalition. Other service providers also play a critical role in children’s health care including primary care (e.g., family physicians and community pediatricians) and community and psychiatric hospitals. Each region has a unique configuration of service providers providing care to children. Working with Ontario Health Regional Leadership and community hospitals, members of the Children’s Health Coalition will assess needs in Phase II of this work, with completion estimated by November 30, 2021.

The Children’s Health Coalition’s Make Kids Count Action Plan has identified a need for an investment of \$83 million in 2021/2022, \$234 million in 2022/2023 and \$224 million in 2023/2024 to ensure timely access to health care as part of system recovery and to ensure hospital capacity through wave 4.

SOLUTION	2021/2022 <small>Jan 1 – March 31</small>	2022/2023	2023/2024	TOTAL
1. Provide timely access to care so children receive surgeries, diagnostic imaging, ambulatory services, diagnostic imaging and procedures, and post-operative rehabilitation supports within clinically appropriate times by addressing long wait times and backlogs and reducing wait lists.				
a. Address long wait times and the backlog in surgeries, post-surgical inpatient rehabilitation, ambulatory services and procedures, and diagnostic imaging , ensuring children receive care within target wait times	\$37 M	\$100 M	\$91 M	\$228 M
b. Reduce long-standing wait lists and expand hospital and community-based rehabilitation and development resources to ensure children have timely access to services within a window of opportunity to maximize each child’s potential and recovery	\$9 M	\$35 M	\$35 M	\$79 M
2. Ensure hospital capacity in children’s hospitals by right-sizing pediatric ICU capacity to meet current demands and address surges, and alleviate key hospital pressures from mental illness and eating disorders.				
a. Augment capacity for pediatric intensive care to right-size the system and manage upcoming pressures (Level 3 PICU, Level 2 PICU and critical care extender beds)	\$6 M	\$19 M	\$19 M	\$44 M
b. Add acute mental health surge capacity in hospitals and through hospital community partnerships for children and youth in crisis	\$7 M	\$15 M	\$13 M	\$35 M
c. Provide immediate support for specialized tertiary child and youth eating disorders programs*	\$8 M*	\$8 M	\$8 M	\$24 M
d. Prevent children and youth with mental health issues from requiring hospital care and ensure step down care is promptly available by investing in community-based child and youth mental health treatment and innovative partnership models	\$16 M	\$57 M	\$58 M	\$131 M
TOTAL INVESTMENTS	\$83 M	\$234 M	\$224 M	\$541 M

* Proposal submitted July 2021, emergency in year funding ask is for 2021/22

A provincial, system wide action plan is necessary given that children's health care is delivered locally, regionally and provincially, as well as across multiple settings (e.g., hospital, community, home, school) and requires specialized health human resources. Changes and pressures in one part of the system have profound impacts throughout the system. Pressures on hospitals are a symptom of long-term under resourcing in all aspects of children's health care including timely access to community-based care that can both prevent children from needing to go to the hospital as well as provide necessary treatment and services after hospital care. For example, a lack of timely access to community child and youth mental health care for a child with mental illness leads to increased pressures on hospitals as families in crisis turn to emergency departments. Long wait times for rehabilitation and development services mean that children who need high priority post-operative rehabilitation and clinical services are prioritized, and those who were considered priority on wait lists continue to wait. In some cases, children who were waiting for community-based rehabilitation care now instead require surgery because of delays in care.

As a result of the inter-connected nature of children's health care, the Children's Health Coalition is working closely with Ontario Health through the Children's COVID-19 Response and Recovery Table (under development) to ensure a **provincial, system-wide view on solutions, investments and planning**. In an environment with constrained health human resources, system wide planning is essential as investments in one part of the children's system may have consequences in another part of the system and further exacerbate wait times, service provision and availability of health human resources. This collaborative work with Ontario Health will help support implementation and accountability on outcomes and metrics, as well as an integrated and enhanced response with the existing regional and provincial structures.

IMPACT OF THE PANDEMIC ON CHILDREN'S HEALTH AND ACCESS TO CARE

The pandemic has had a profound impact on the health and well-being of Ontario's 2.3 million children and youth. Closures of schools and other in-person supports, services and activities for children and youth have impacted the development, well-being and mental health of an entire generation. Moreover, we know that the impacts have been inequitable – those children with disabilities or mental health issues, and those from low-income families, Black, Indigenous and racialized communities have been disproportionately negatively impacted.

The cumulative impact of historical capacity challenges in children's health care, combined with the impact of the pandemic on children and families directly and on the health human resource workforce (which is very specialized in the delivery of pediatric care), have led to greater pressures on our children's health care system and increased barriers to accessing care. Some examples of the increased pressures in children's health care through the pandemic include:

- **Over 4,200 surgeries at children's hospitals were cancelled between March 1, 2020 and May 31, 2021**
- **Over 209,000 non-surgical appointments/procedures at children's hospitals were cancelled** between March 1, 2020 and May 31, 2021. While many appointments (>100,000 from March 1, 2020 to May 31, 2021) have been successfully conducted virtually, pediatric virtual care has unique challenges not faced by adult care and a much larger proportion of patients require in-person visits.
- **More than 5,000 children and youth missed the opportunity for school-based rehabilitation services** because of the pandemic – a reduction of seven per cent in less than one school year.

- **Eating disorder emergency department visits at children's hospitals increased by 1.5 to 2.6 times** with hospitalizations increasing 1.5 to 1.9 times. Eating disorders account for a large proportion of the increase in mental health hospitalization visits and have the longest length of stay of any mental illness (Sick Kids, 2021; ICES, 2021)
- **Wait lists and demand continue to rise for specialized community-based mental health treatment** for children and youth with serious mental illness.
 - Kinark Child and Family Services, the largest community-based provider in Ontario, has reported a 15 per cent increase in wait lists. In some areas of the province, some children are waiting more than three years.
 - In the Parry Sound area, there was a 184 per cent increase in requests for service.
 - In Ottawa, there has been a 30 per cent increase in demand for counselling and therapy.

As a result of these pressures in children's health care, wait lists and wait times have grown:

- **Over 28,000 children/youth are waiting for diagnostic imaging across the province's children's hospitals.**
- **Over 31,000 children/youth are on wait lists for ambulatory services across the children's hospitals.**
- **Over 8,300 children and youth are waiting for surgery at children's hospitals** in Ontario. Over 50 per cent of these patients have already been waiting for longer than the recommended clinical wait times.
- **9,500 children are waiting for ambulatory clinic visits** in their communities, e.g., consultations with developmental pediatricians, seating, orthotics, feeding, cleft palate and other ambulatory services.
- **More than 28,000 children are waiting for mental health treatment** across the province. Average wait times for community-based mental health treatment are at least 3 times recommended clinical wait times.

PRE-PANDEMIC BARRIERS TO CARE FOR CHILDREN, YOUTH AND FAMILIES

These added pressures from the pandemic come on top of a system that was already under resourced. Before COVID-19, Ontario families faced long wait times and barriers to accessing children's health care. Before the pandemic:

- **30,000 children and youth were waiting for community-based rehabilitation services before the pandemic.** That number is growing and those already on the wait list will wait longer. Many will require acute care followed by longer community-based rehabilitation as a result. This is a trend that will only continue upward if not addressed.
- Over a 10-year period, **there has been a 71 per cent increase in the rate of children and youth hospitalized for mental disorders in Ontario** (CIHI, 2019), while hospitalizations for other childhood conditions have fallen by 26 per cent. This is an indication that children and youth are not getting adequate care in the community so they end up in crisis in the hospital.
- **Over 28,000 children and youth were waiting for community mental health care**, with some waiting as long as 2.5 years for specialized services. The average for intensive treatment services was 92 days and 67 days for counselling and therapy; well beyond the clinically appropriate wait times (CMHO, 2020).

MAKE KIDS COUNT: AN INTEGRATED CHILDREN'S HEALTH ACTION PLAN

As the province moves through wave 4 of the pandemic and simultaneously lays the foundation for health system recovery, timely access to care for children must be a top priority. The enclosed action plan from the Children's Health Coalition is focused on the following objectives:

1. Provide timely access to care so children receive surgeries, ambulatory services and procedures, diagnostic imaging, and post-operative rehabilitation supports within clinically appropriate times by addressing backlogs and reducing long-standing wait lists.

- a. Address long wait times and the backlog in **surgeries, post-surgical inpatient rehabilitation, ambulatory services and procedures, and diagnostic imaging**, ensuring children receive care within target wait times
- b. Reduce long-standing wait lists and expand **hospital and community-based rehabilitation and development** resources to ensure children have access to services within a window of opportunity to maximize each child's potential and recovery

2. Ensure hospital capacity in children's hospitals by right-sizing pediatric ICU capacity to meet current demands and surges, and by alleviating key hospital pressures from mental illness and eating disorders:

- a. Augment capacity for **pediatric intensive care** to right-size the system and manage upcoming pressures (Level 3 PICU, Level 2 PICU and critical care extender beds)
- b. Add **acute mental health surge capacity** in hospitals and through hospital community partnerships for children and youth in crisis
- c. Provide immediate support for specialized tertiary **child and youth eating disorders programs**
- d. Prevent children and youth with mental health issues from requiring hospital care and ensuring step down care is promptly available by investing in **community-based child and youth mental health** treatment and innovative partnership models

Improving timely access to care and preserving hospital capacity through wave 4 and the pandemic recovery is critical and is the focus of this proposal. While not covered in this proposal, prevention and health promotion, school safety and keeping schools open for in-person learning for the entire school year, "catch-up" immunizations, vaccination for everyone who works with children, and investments in the social determinants of health and regular primary care visits are also needed now and throughout the recovery period.

OPPORTUNITY FOR A PROVINCIAL, SYSTEM WIDE APPROACH TO IMPROVING ACCESS TO CARE FOR CHILDREN AND YOUTH

Given the interconnected nature of children's health and health care services, a provincial, system wide approach is needed. Children's health care operates locally, regionally and spans the province. Pressures in one part of the children's system have ripple effects across the system. For example, long wait times for community-based mental health and development and rehabilitation services lead to added pressures on the acute care system. And without additional community-based capacity, children's hospitals face challenges with stepping patients down from inpatient services. Moreover, constrained health human resources, amplified in pediatric care where the skills are highly specialized, mean that without a system wide view on planning, investments in one part of the system may inadvertently pull away health human resources from another.

The interconnected nature of children's health care also creates opportunities for collaborative models of care and innovative partnerships that not only are a better use of resources, but also provide more accessible care for families. Managing a capacity challenge and planning for recovery entails optimizing the use of the entire system's assets and strategically expanding capacity where possible to take pressures off of hospitals. Some leading examples of collaboration that can be leveraged include:

- Holland Bloorview Kids Rehabilitation Hospital's (HBKR) provincial intensive rehabilitative, post-surgical and post-trauma care takes referrals from the entire province.
- Children from across the province return to their communities after surgery and medical procedures at Ontario's specialty children's hospitals; many require community-based rehabilitation services from Children's Treatment Centres when they return home as part of their post-procedure care.
- Cardiac surgery is performed at SickKids and CHEO, with further cardiac care available at four sites in Ontario.
- Pediatric cancer care is coordinated provincially through the Pediatric Oncology Group of Ontario (outside of the Cancer Care Ontario arm of Ontario Health).
- Community-based mental health secure treatment beds operate at three sites provincially, in Ottawa and Toronto, and are a crucial resource for acute care inpatient units and community-based providers, serving youth with the most serious and high-risk psychiatric illnesses.
- Live-in treatment community-based mental health beds and other intensive treatment services can span multiple Ontario Health regions and serve in partnership with pediatric and community hospitals to serve children and youth with serious mental health issues.
- Children's Treatment Centre services for medically-fragile and medically-complex children can span multiple Ontario Health regions and serve as a resource to Ontario's specialty children's hospitals.

In this stage of the pandemic, the situation has intensified. Children's hospitals are at capacity and modelling predicts they may be over-capacity in the fall. This is in stark contrast to previous stages of the pandemic when children's hospitals cared for adult COVID patients when other hospitals were over-capacity. In addition, while adult patients could be and were moved across the province to manage capacity challenges, it will be important to ensure that children are kept as close to home as possible.

Ensuring timely access to care and a system-wide approach on children's health care capacity is essential to the province's success in wave 4 and in pandemic recovery.

IMPLEMENTATION DETAILS AND TRACKING OUR PROGRESS

The Children's Health Coalition has prepared detailed implementation reports for our recommendations. Enclosed are reports that include implementation details and costing. The detailed implementation reports also include draft metrics to track progress; these metrics are intended to be a starting point for discussion with Ontario Health and the Children's COVID-19 Response and Recovery Table.

1. Provide timely access to care so children receive surgeries, ambulatory services and procedures, diagnostic imaging and post-operative rehabilitation supports within clinically appropriate times by addressing backlog and reducing long-standing wait lists.

a. Address long wait times and the backlog in **surgeries, post-surgical inpatient rehabilitation, ambulatory services and procedures, and diagnostic imaging**, ensuring children receive care within target wait times

Draft metrics:

- Number of patients on wait lists
- Average wait times
- Average volumes

b. Expand **hospital and community-based rehabilitation and development** resources to ensure children have access to services within a window of opportunity to maximize each child's potential and post-surgery recovery

Draft metrics:

- Number of kids on wait lists
- Total number of days waiting

2. Ensure hospital capacity in children's hospitals by right-sizing pediatric ICU capacity to meet current demands and address surges, and alleviate key hospital pressures from mental illness and eating disorders:

a. Augment capacity for **pediatric intensive care** to right-size the system and manage upcoming pressures (Level 3 PICU, Level 2 PICU and critical care extender beds)

Draft metrics:

- Occupancy rate
- Average length of stay

b. Add **acute mental health surge capacity** in hospital and through hospital-community partnerships for children and youth in crisis

Draft metrics:

- Number of emergency department visits
- Length of stay mental health beds
- Readmissions within 30 days
- One year rate of repeat hospitalizations
- Patients hospitalized for more than 30 days in a year

c. Provide immediate support for specialized tertiary **child and youth eating disorders** programs

Draft metrics:

- Occupancy rate
- Average wait times
- Average length of stay

d. Prevent children and youth with mental health issues from requiring hospital care and ensuring step down care is promptly available by investing in **community-based child and youth mental health** treatment and innovative partnership models

Draft metrics:

- Average wait time by core service
- Number of kids waiting by core service

ABOUT THE CHILDREN'S HEALTH COALITION

The Children's Health Coalition represents an unprecedented collaboration of Ontario's leading children's health care providers and representative associations, including:

- **CHEO**
- **Children's Mental Health Ontario**
- **Empowered Kids Ontario-Enfants Avenir Ontario**
- **Holland Bloorview Kids Rehabilitation Hospital**
- **Kids Health Alliance**
- **Children's Hospital, London Health Sciences Centre**
- **McMaster Children's Hospital**
- **SickKids**

Proposal prepared by: CHEO, Children's Mental Health Ontario, Empowered Kids Ontario, Holland Bloorview Kids Rehabilitation Hospital, Kids Health Alliance, Children's Hospital – London Health Sciences Centre, McMaster Children's Hospital and SickKids.