# CHILDREN & CRITICAL CARE SERVICES







# **Children & Critical Care Services: Setting the Stage for Tiers Development**

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#### HOW TO CITE CHILDREN & CRITICAL CARE SERVICES MODULE:

We encourage you to share these documents with others and we welcome their use as a reference. Please cite each document in the module in keeping with the citation on the table of contents of both of the documents. If referencing the full module, please cite as:

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# **Critical Care Services for Children: Setting the Stage for Tiers Development**

The Children & Critical Care (CC) Tiers module is made up of two components:

- 1. Setting the Stage for Tiers Development (provides the context this document)
- 2. Tiers to Support System and Operational Planning (provides a description of the tiers and the corresponding responsibilities and requirements)

The Children & Critical Care Tiers module focuses on services provided by *specialist* and *subspecialist* health care providers to children up to 17 years old (16.9 years) who have *highly acute* and often *highly complex* illnesses, injuries and complications. It builds on and is intended to be used in conjunction with the *Children's Emergency Department, General Medicine* and *Surgery Tiers* modules.

All facilities providing pediatric services (T1-T6) should have capacity to provide resuscitation and initial stabilization of critically ill children while awaiting transport to a higher tier (in ED, on an inpatient unit &/or in ICU). This module focuses on critical care services which are provided **beyond** the resuscitation and initial stabilization period.

"Critical care services" refer to services which are **above and beyond those usually available on a pediatric inpatient unit** (refer to children's medical and surgical modules for details of what is usually provided on a pediatric inpatient unit). Provision of these services requires **specialized skills** and **enhanced staffing levels**. In BC, such services are usually provided in a pediatric-specific or a general intensive care unit.

#### 1.0 Providers of Critical Care Services for Children

Critical care services for children are provided by a range of physician specialists and subspecialists, in partnership with nurses, allied health and other members of the health care team. In many cases, the physicians have specific training in critical care medicine (CCM).

CCM is a relatively new Royal College of Physicians and Surgeons-recognized subspecialty. CCM has multiple different base specialties that serve as a route for entry including pediatrics, anesthesiology, cardiac surgery, emergency medicine and general surgery. Within CCM, there is an adult and a pediatric stream. In Canada, there are 21 Royal College accredited CCM training programs - 13 adult and 8 pediatric (source: Canadian Critical Care Society website). There are 12 pediatric CCM physicians in BC, 8 at BCCH and 4 in Victoria.

# 2.0 Utilization of Intensive Care Units by Children

Highlights of the data used to inform the development of this module are provided in this section. Data is for 2019/20 and children ages 0 - 16.9 years unless otherwise stated.





Refer to Appendices 1 - 3 for detailed tables. Appendix 4 provides a summary of designated pediatric beds in BC, including pediatric ICU (PICU) beds. BCCH has 22 PICU beds and Victoria General has 5 beds. Additionally, the University Hospital of Northern BC (UHNBC) has 4 beds with the capacity for more intensive monitoring, up to and including continuous cardiorespiratory monitoring.

#### 2.1 ICU Visits & Days

#### 2.1.1 Visits and Days, 4-Year Trend

In 2019/20, 1,590 children were discharged from an ICU in BC (4.4 admissions per day). These children occupied 5,722 ICU bed days (16 beds per day) and had an average length of stay (ALOS) of 3.6 days. See Table 1 (Appendix 1 for details).

Table 1: ICU Visits & Days, Children 0 - 16.9 Yrs, 2019/20, 2018/19, 2017/18, and 2016/17 (CIHI)

Activity	2019/20	2018/19	2017/18	2016/17	Difference, 2019/20 - 2016/17
ICU Visits	1,590	1,643	1,630	1,851	-261
ICU Days	5,722	5,474	5,715	6,742	-1,020
ALOS	3.6	3.3	3.5	3.6	+0.0

#### 2.1.2 Ages of Children Treated in ICU

The highest proportion of ICU visits for children were between 2 and 13.9 years of age: 45% of total visits, while the highest proportion of ICU days for children were less than 2 years of age: 46% of total days. 11% of BC's children were in the less than 2 years age group, while 71% were in the 2 - 13.9 years age group. See Table 2 (Appendix 1 for details).

Table 2: ICU Visits & Days by Facility & Age of Child, Children 0 - 16.9 Yrs (CIHI, 2019/20)

			ICU Visits					ICU Days		
Treating Hospital	< 6 mos	< 2 yrs	2 - 13.9 Yrs	14 - 16.9 Yrs	Total	< 6 mos	< 2 yrs	2 - 13.9 Yrs	14 - 16.9 Yrs	Total
ВССН	213	162	402	111	888	1,260	644	1,270	463	3,637
Victoria General	73	45	144	39	301	544	143	343	127	1157
UHNBC (Prince George)	49	44	75	14	182	137	99	199	35	470
Other BC Hospitals	34	52	94	39	219	79	107	156	116	458
Total	369	303	715	203	1,590	2,020	993	1,968	741	5,722
% Visits/Days	23%	19%	45%	13%	100%	35%	17%	34%	13%	100%
% BC's Child Population	11	<b>L%</b>	71%	18%	100%	11	%	71%	18%	100%





#### 2.1.3 Visits and Days by Treating Hospital

The highest number of ICU visits and days for children were at BC Children's Hospital (BCCH), Victoria General Hospital (Vic Gen) and University Hospital of Northern BC (UHNBC). Combined, these represented 86% of total ICU visits and 92% of total ICU days. See Table 3 (Appendix 1 for details).

Table 3: ICU Visits & Days by Facility, Children 0 - 16.9 Yrs, (CIHI, 2019/20)

	ICU	Visits	ICL	J Days
Treating Hospital	#	% Prov Total	#	% Prov Total
BCCH	888	56%	3,637	64%
Victoria General	301	19%	1157	20%
UHNBC (Prince George)	182	11%	470	8%
Other BC Hospitals	219	14%	458	8%
Total	1,590	100%	5,722	100%

#### 2.1.4 Visits and Days by Location of Child's Home Residence

The highest proportion of visits and days were by children living in the Fraser Health Authority (FHA): 26% of total visits and 33% of total days. FHA has more children than any other HA.

On a per capita basis, children living in Northern Health utilized an ICU more often than children living in the other health authorities.

See Table 4 (Appendix 2 for details).

Table 4: ICU Visits & Days by HA of Child's Home Residence, Children 0 - 16.9 Yrs (CIHI, 2019/20)

HA of Child's Home Residence	ICU	Visits	ICU	% BC Child	
HA Of Cliffa's Hoffle Residence	#	% Prov Visits	#	% Prov Days	Pop'n
IHA	224	15%	717	13%	15%
FHA	404	26%	1,831	33%	42%
VCH	314	20%	812	15%	20%
VIHA	233	15%	888	16%	15%
NHA	363	24%	1,344	24%	7%
Total, BC as Home Residence	1,538	100%	5,592	100%	100%
Out of Prov/Unknown	52		130		
Total, All	1,590		5,722		





#### 2.2 Reasons for ICU Visits

#### 2.2.1 Mode of Entry

The most common routes of entry to ICU by children were direct entry or via emergency. A smaller number were admitted via a clinic or day care surgery from within the same hospital.

Table 5: Mode of Entry of ICU Visits, Children 0 - 16.9 Yrs (CIHI, 2019/20)

			IC	U Visits		
Treating Hospital	Direct <sup>(1)</sup>	ED	Clinic	Day Surgery	Other	Total
ВССН	534	342	12	0	0	888
Victoria General	142	150	2	7	0	301
UHNBC (Prince George)	89	38	55	0	0	182
Other BC Hospitals	23	191	2	3	0	219
Total	788	721	71	10	0	1,590
% Prov Visits	50%	45%	4%	1%	0%	100%

<sup>(1)</sup> Direct entry includes:

- Children admitted to ICU from another area within the same hospital (e.g., medical unit, OR, etc), excluding the Emergency Department or a clinic; and
- Children admitted to ICU from another hospital.

#### 2.2.2 Major Clinical Categories/Case Mix Groups

The most common clinical categories for admission to ICU were: respiratory (23%), circulatory (13%) and nervous system (12%). See Table 6. The most common case mix groups were upper/lower respiratory infection (8%), major cardiothoracic intervention with pump (7%), asthma (5%), viral/unspecified pneumonia (4%) and seizure disorder, except status epilepticus (4%). See Appendix 3 for details.

Table 6: Visits by Major Clinical Category, Children 0 - 16.9 Yrs (CIHI, 2019/20)

	IC	CU Visits	ICU	Days
Major Clinical Category (MCC)	#	% Total ICU D/C'es	#	% Total ICU Days
Diseases & Disorders of the Respiratory System	373	23%	1,638	29%
Diseases & Disorders of the Circulatory System	199	13%	819	14%
Diseases & Disorders of the Nervous System	191	12%	487	9%
Diseases & Disorders of Ear, Nose, Mouth & Throat	162	10%	770	13%
Newborns & Neonates with Conditions Orig in Perin Period	155	10%	646	11%
Significant Trauma, Injury, Poisoning & Toxic Effects of Drugs	151	9%	458	8%
Diseases & Disorders of the Endocrine System, Nut'n & Metabolism	78	5%	122	2%
Diseases & Disorders of the Digestive System	71	4%	132	2%
Diseases & Disorders of the Musculosk System & Connective Tissue	46	3%	181	3%
Diseases & Disorders of the Blood & Lymphatic System	45	3%	183	3%
Multisystemic or Unspecified Site Infections	37	2%	123	2%
Diseases & Disorders of the Kidney, Urinary Tract & Male Reproductive System	34	2%	68	1%





	10	CU Visits	ICU	Days
Major Clinical Category (MCC)  Other Reasons for Hospitalization  Diseases & Disorders of the Hepatobiliary System & Pancreas  Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast  Diseases & Disorders of the Eye  Burns  Diseases & Disorders of the Female Reproductive System	#	% Total ICU D/C'es	#	% Total ICU Days
Other Reasons for Hospitalization	28	2%	55	1%
Diseases & Disorders of the Hepatobiliary System & Pancreas	7	0%	11	0%
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	5	0%	10	0%
Diseases & Disorders of the Eye	3	0%	8	0%
Burns	3	0%	8	0%
Diseases & Disorders of the Female Reproductive System	2	0%	3	0%
Total, All MCCs	1,590	100%	5,722	100%

## 2.3 HA of Treating Hospital versus Location of Child's Home Residence

57% of children accessed ICU services in a hospital in their home HA. This ranged from 0.5% of children living in Fraser to 96% living in Vancouver Coastal. See Table 7.

Table 7: HA of Treating Hospital versus Location of Child's Home Residence (CIHI, 2019/20)

		Child's	Home Res	idence		Total		Total	
HA of Treating Hospital	Interior	Fraser	Van Coastal	Van Island	Northern	Visits, excl Other	Other	Visits, incl Other	% Prov Visits
Interior	115	1	3	0	3	122	6	128	8%
Cariboo Memorial Hospital	41		2		2	45	1	46	3%
East Kootenay Regional Hospital	12					12	3	15	1%
Kelowna General Hospital	28					28	2	30	2%
Kootenay Boundary Regional Hospital	9					9		9	1%
Penticton Regional Hospital	10		1			11		11	1%
Royal Inland Hospital	8	1			1	10		10	1%
Vernon Jubilee Hospital	7					7		7	0%
Fraser		2				2		2	0%
Abbotsford Reg Hosp & Cancer Centre		1				1		1	0%
Royal Columbian Hospital		1				1		1	0%
Vancouver Coastal	0	2	7	0	0	9	0	9	1%
Powell River General Hospital			4			4		4	0%
Vancouver General Hospital		2	3			5		5	0%
Vancouver Island	1	2	5	296	2	306	3	309	19%
Victoria General Hospital	1	2	3	290	2	298	3	301	19%
West Coast General Hospital			2	6		8		8	1%
Northern	2	1	1	0	245	249	5	254	16%
Dawson Creek and District Hospital					5	5		5	0%
Fort St. John General Hospital					28	28	1	29	2%
G.R. Baker Memorial Hospital					1	1		1	0%
Mills Memorial Hospital					31	31		31	2%
UHNBC (Prince George)	2	1	1		174	178	4	182	11%
Prince Rupert Regional Hospital					6	6		6	0%
Provincial Health Services Authority	106	396	217	67	64	850	38	888	56%
B.C. Children's Hospital	106	396	217	67	64	850	38	888	
Total ICU Visits, BC	224	404	233	363	314	1,538	52	1,590	100%
% Treated in Home HA	51%	0%	96%	82%	78%	57%			
% BC ICU Child Visits	15%	26%	15%	24%	20%	100%			
% BC Population	16%	38%	24%	17%	6%	100%			

*Note:* For the purposes of this table, children from VCH that were admitted to either a VCH hospital or BCCH were assumed to have received the service in their home HA.





#### 3.0 Literature on Volumes & Outcomes

This literature review was conducted in preparation for development of the Jan 2019 Critical Care module.

In preparation for development of the Children & Critical Care Tiers module, a literature search was undertaken on the relationship between volumes and outcomes in adult, pediatric and neonatal ICUs. Most of the literature focused on adult and not pediatric or neonatal ICUs.

Although the literature is conflicting, most studies suggest there is a positive relationship between volumes and outcomes (higher volumes, better outcomes). Some noted the relationship existed only for high risk/complexity patients.

#### Adult ICUs:

- Most studies/literature reviews suggest there is a relationship between volumes and outcomes (higher volumes, better outcomes), 1-5 although some report no relationship. 6-8
- One literature review (n=20 studies) suggested there was a high volume threshold at which
  point the risk benefit is lost (more than 450 cases per year per diagnostic category and more
  than 711 cases not specific to a diagnostic category). Optimal ICU performance was noted to be
  between low and high volumes.<sup>1</sup>
- One systematic review and meta-analysis (n=29 studies) found that 63% of the studies reported
  a statistically significant association between higher admission volumes and improved
  outcomes. The magnitude of the benefits was greatest in selected high risk conditions
  (cardiovascular, respiratory, severe sepsis, hepato– G.I., neurologic and postoperative
  admission diagnoses).9
- Two individual studies that focused on specific patient groups only (e.g., renal, subarachnoid hemorrhage) concluded a positive volume/outcome relationship. 10,11
- One study of 29 ICUs in Spain reported no relationship between volumes and outcomes.<sup>12</sup>
   Another concluded the benefit was seen only in high-risk patients<sup>13</sup> and another only with certain diagnoses.<sup>14</sup>
- One study concluded the number of pressure ulcer prevalence and catheter-related bloodstream infection rates were higher in larger hospitals.<sup>15</sup>
- One study showed that reduced ICU bed availability was associated with increased rates of ICU readmission and ward cardiac arrest.<sup>16</sup> One literature review identified 70 75% to be the optimal ICU occupancy rate.<sup>17</sup> Another study did not show a relationship between ICU bed availability and occupancy.<sup>18</sup>

#### Pediatric ICUs:

- There are less studies/literature reviews published on volume and outcomes in pediatric ICUs.
- 3 articles show a relationship between PICU volume and morbidity/mortality (higher volumes, better outcomes):
  - Tilford's study<sup>19</sup> examined the volumes & outcomes in 16 PICUs that ranged from 4 20 beds (147 1,246 admissions/yr, with an average of 863/yr). The study reported significant effects of patient volume on both risk-adjusted mortality and patient length of stay. A 100% increase in PICU volume decreased both risk-adjusted mortality (adjusted odds ratio: .95)





- and reduced length of stay (incident rat ratio: .98). Factors such as fellowship training programs, university hospital affiliation, number of PICU beds and children's hospital affiliation had no effect on risk-adjusted mortality or patient length of stay.
- Marcin's study<sup>20</sup> examined the volumes & outcomes in 15 PICUs (152 2,156 admissions/yr). On average, admission to higher-volume PICUs was associated with lower severity-adjusted mortality (odds ratio = 0.68 per 100 patient increase in volume). However, although severity-adjusted mortality rates decreased as annual PICU admission volumes increased, there was a slight increase in mortality rates among PICUs with very high annual admission volumes. This suggests that, although increasing PICU volumes are on average associated with lower mortality rates, there may be a point at which increasing volume not only does not result in further reductions in severity-adjusted mortality rates, but may be associated with some increase in mortality rates. The lowest severity-adjusted mortality rates were among PICUs with annual admission volumes between 992 and 1,491.
- Ruttman's<sup>21</sup> study examined the relationship between diagnostic diversity within a PICU and mortality risk. The study concluded no relationship although did note a small but significant volume effect present. A volume increase of 10 patients/month was associated with a 4% decrease of the adjusted mortality odds ratio.
- One PICU article showed a relationship between ICU volume and LOS (higher volume, shorter LOS) for critically ill children with acute asthma.<sup>24</sup>
- One PICU study (Markovitz<sup>22</sup>) examined the volumes & outcomes in 92 PICUs (186,643 patients). For patients with low severity of illness, PICU volume was not a related to mortality. For patients with high severity of illness, PICU volume is inversely related to mortality (i.e., higher PICU volumes were associated with <a href="https://district.org/higher-pick-adjusted-mortality">higher pick-adjusted mortality</a>). Potential explanations included differences in quality of care, issues with unmeasured con founding or calibration of existing severity of illness scores. Kahn<sup>23</sup> in a later article noted the relationship was conditional on severity of illness and that the association between higher volume and higher risk of death was largely confined to more acutely ill patients. He proposed that the study results could be attributable to limitations in the study design, including differing case-mixes between high volume and low volume PICU's.

#### Neonatal ICUs:

• 3 articles in the NICU literature showed a relationship between higher volumes and better outcomes. 25,26

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## Appendix 1: ICU Visits & Days, All BC Hospitals, 2019/20 & 2018/19 (Children Ages 16.9 & Under)

	Appoinant III					019/20					·			2018/19		<u>-</u>		
				Vi	isits				Days				Visits				Days	
HA of									Duys						l			
Treating	Treating Hospital	< 6 mos	6 mos - 1.9 Yrs	2 - 13.9 Yrs	14 - 16.9 Yrs	Total	% Total	Pt Days	% Tot	Avg LOS	< 2 Yrs	2 - 13.9 Yrs	14 - 16.9 Yrs	Total	% Total	Pt Days	% Tot	Avg LOS
Hosp								Days		103						•		
IHA	Cariboo Memorial Hospital	9	19	15	3	46	3%				18	16	7	41	2%	96	2%	2.3
	East Kootenay Regional Hospital		3	7	5	15	1%				3	8	9	20	1%	33	1%	1.7
	Kelowna General Hospital	1	4	16	9	30	2%				7	14	7	28	2%	39	1%	1.4
	Kootenay Boundary Reg Hospital		1	4	4	9	1%					5	2	7	0%	14	0%	2.0
	Penticton Regional Hospital	2		8	1	11	1%				3	8	1	12	1%	26	0%	2.2
	Royal Inland Hospital	1	4	3	2	10	1%				1	1		2	0%	2	0%	1.0
	Shuswap Lake General Hospital						0%								0%		0%	-
	Vernon Jubilee Hospital		1	6		7	0%				2	5	2	9	1%	14	0%	1.6
FHA	Abbotsford Regional Hosp				1	1	0%								0%		0%	-
	Burnaby Hosp						0%								0%		0%	-
	Chilliwack Gen Hosp						0%						1	1	0%	2	0%	2.0
	Langley Memorial Hospital						0%								0%		0%	-
	Ridge Meadows						0%								0%		0%	-
	Royal Columbian Hosp				1	1	0%						4	4	0%	30	1%	7.5
	Surrey Memorial						0%								0%		0%	-
VCH	Lion's Gate Hosp						0%				2		2	4	0%	36	1%	9.0
	Mt St Joseph Hosp						0%								0%		0%	-
	Powell River Gen Hosp			2	2	4	0%					3		3	0%	6	0%	2.0
	Richmond Hosp						0%						1	1	0%	10	0%	10.0
	Sechelt Hosp						0%					1		1	0%	2	0%	2.0
	St Paul's Hosp						0%				1		1	2	0%	6	0%	3.0
	Vancouver Gen Hosp				5	5	0%						4	4	0%	38	1%	9.5
VIHA	Cowichan District Hosp						0%								0%		0%	-
	Nanaimo Reg Gen Hosp						0%								0%		0%	-
	North Island Hosp - Comox Valley						0%						2	2	0%	2	0%	1.0
	Royal Jubilee Hosp						0%						1	1	0%	5	0%	5.0
	St Joseph's Hosp						0%								0%		0%	-
	Victoria General Hosp	73	45	144	39	301	19%				162	153	28	343	21%	1197	22%	3.5
	West Coast Gen Hosp		4	3	1	8	1%				4	5		9	1%	12	0%	1.3
NHA	Dawson Creek Hosp		3	1	1	5	0%				1			1	0%	1	0%	1.0
	Ft St John Hosp	10	5	12	2	29	2%				27	18	4	49	3%	107	2%	2.2
	GR Baker Hosp			1		1	0%					2		2	0%	2	0%	1.0
	Mills Memorial	9	8	13	1	31	2%				11	2	1	14	1%	49	1%	3.5
	Prince Rupert Hosp	2		3	1	6	0%				1	5		6	0%	7	0%	1.2
	Univ Hosp of N BC	49	44	75	14	182	11%				119	97	13	229	14%	527	10%	2.3
PHSA	BC Children's Hosp	213	162	402	111	888	56%				329	414	105	848	52%	3211	59%	3.8
Total		369	303	715	203	1,590	100%	5,474	100%	3.4	691	757	195	1,643	100%	5,474	100%	3.3
% Total		23%	19%	45%	13%	100%					42%	46%	12%	100%				
% BC's Chi	ld Population	1	11%	71%	18%	100%					12%	70%	18%	100%		Orange	= PICU ava	ilable





# Appendix 2: ICU Visits & Days by Location of Child's Home Residence, 2019/20

(Children Ages 16.9 & Under)

Pt HA	Treating Hosp	Visits	Days	% Visits	% Days	% Prov Child Pop'n
IHA	B.C. Children's Hospital	106	507			
	Cariboo Memorial Hospital	41	83			
	Kelowna General Hospital	28	38			
	East Kootenay Regional Hospital	12	23			
	Penticton Regional Hospital	10	23			
	Kootenay Boundary Reg Hospital	9	10			
	Royal Inland Hospital	8	21			
	Vernon Jubilee Hospital	7	7			
	Prince George Regional Hospital	2	3			
	Victoria General Hospital	1	2			
	IHA Total	224	717	14%	13%	15%
FHA	B.C. Children's Hospital	396	1,796			
	Vancouver General Hospital	2	16			
	Victoria General Hospital	2	2			
	Royal Inland Hospital	1	2			
	Abbotsford Reg Hosp and Cancer Ctr	1	2			
	Prince George Regional Hospital	1	7			
	Royal Columbian Hospital	1	6			
	FHA Total	404	1,831	25%	32%	42%
VCH	B.C. Children's Hospital	217	829			
	Powell River General Hospital	4	12			
	Vancouver General Hospital	3	32			
	Victoria General Hospital	3	3			
	West Coast General Hospital	2	2			
	Cariboo Memorial Hospital	2	6			
	Penticton Regional Hospital	1	1			
	Prince George Regional Hospital	1	3			
	Van Coastal Total	233	888	15%	16%	20%

Pt HA	Treating Hosp	Visits	Days	% Visits	% Days	% Prov Child Pop'n
Island H	Victoria General Hospital	290	1,142			
	B.C. Children's Hospital	67	193			
	West Coast General Hospital	6	9			
	Island H Total	363	1,344	23%	23%	15%
NHA	Prince George Regional Hospital	174	447			
	B.C. Children's Hospital	64	211			
	Mills Memorial Hospital	31	60			
	Fort St. John General Hospital	28	72			
	Prince Rupert Regional Hospital	6	8			
	Dawson Creek and Dist Hospital	5	5			
	Cariboo Memorial Hospital	2	5			
	Victoria General Hospital	2	2			
	Royal Inland Hospital	1	1			
	G.R. Baker Memorial Hospital	1	1			
	NHA Total	314	812	20%	14%	7%
OOP/	B.C. Children's Hospital	38	101			
Unspec	Prince George Regional Hospital	4	10			
	East Kootenay Regional Hospital	3	4			
	Victoria General Hospital	3	6			
	Cariboo Memorial Hospital	1	1			
	Kelowna General Hospital	2	2			
	Fort St. John General Hospital	1	6			
	OOP/Unknown Total	52	130	3%	2%	
		1,590	5,722	100%	100%	l





# **Appendix 3: ICU Visits by Major Clinical Category & Case Mix, 2019/20**

(Children Ages 16.9 & Under)

	ICU Visits ICU		Days	
Major Clinical Category/Case Mix Group	#	% Total	#	% Tota
Diseases & Disorders of the Respiratory System	373	23%	1,638	29%
Upper/Lower Respiratory Infection	134		591	
Asthma	79		173	
Viral/Unspecified Pneumonia	62		246	
Other Respiratory Diagnosis	21		62	
Symptom/Sign of Respiratory System	16		111	
Bacterial Pneumonia	15		66	
Other Respiratory Intervention	8		14	
Respiratory Failure	6		51	
Disease of Pleura	6		40	
MCC 04 Unrelated Intervention	6		140	
Aspiration Pneumonia	6		61	
Other Lung Disease	3		45	
Pleurectomy	2		16	
Postprocedural Respiratory Disorder	2		5	
Chronic Obstructive Pulmonary Disease	1		3	
Bronchiectasis	1		1	
Other Intervention with Respiratory Diagnosis	1		1	
Endoscopic Lung Resection	1		1	
Pneumothorax	1		1	
Failure/Rejection Lung Transplant	1		3	
Respiratory Biopsy/Inspection	1		7	
Diseases & Disorders of the Circulatory System		13%	819	14%
Major Cardiothoracic Intervention with Pump	<b>199</b> 106	2075	172	
Arrhythmia without Coronary Angiogram	18		50	
Major Cardiothoracic Intervention without Pump	14		16	
Other/Miscellaneous Cardiac Disorder	12		36	
Other/Miscellaneous Vascular Intervention	8		26	
Myocardial Infarction/Shock/Arrest without Coronary Angiogram	8		16	
Cardiac Valve Repair except Percutaneous Transluminal Approach	5		5	
Syncope	4		4	
Heart or Lung Transplant	4		386	
Congenital Cardiac Disorder	3		29	
Cardiac Valve Replacement	3		9	
Percut Transluminal Cardiothoracic I/V except Percut Coronary I/V	2		16	
Cardiac Conduction System Intervention	2		2	
Minor Cardiothoracic Intervention	2		2	
Willion Caratothoracie intervention			2	
Endocarditis				
Endocarditis  Angina (except Unstable)/Chest Pain without Coronary Angiogram	1		1	
Angina (except Unstable)/Chest Pain without Coronary Angiogram	1 1		1	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease	1 1 1		1	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram	1 1 1 1		1 1	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis	1 1 1 1 1		1 1 1	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension	1 1 1 1 1 1		1 1 1 2	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension Management/Removal of Pacemaker/Defibrillator/Leads	1 1 1 1 1 1 1		1 1 1 2 41	
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension Management/Removal of Pacemaker/Defibrillator/Leads Implantation of Cardioverter/Defibrillator	1 1 1 1 1 1 1 1	12%	1 1 1 2 41 1	9%
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension Management/Removal of Pacemaker/Defibrillator/Leads Implantation of Cardioverter/Defibrillator Diseases & Disorders of the Nervous System	1 1 1 1 1 1 1	12%	1 1 1 2 41	9%
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension Management/Removal of Pacemaker/Defibrillator/Leads Implantation of Cardioverter/Defibrillator Diseases & Disorders of the Nervous System Seizure Disorder, except Status Epilepticus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 64	12%	1 1 2 41 1 487 94	9%
Angina (except Unstable)/Chest Pain without Coronary Angiogram Other/Miscellaneous Vascular Disease Heart Failure without Coronary Angiogram Cardiac Valve Disease, except Endocarditis Benign Hypertension Management/Removal of Pacemaker/Defibrillator/Leads Implantation of Cardioverter/Defibrillator Diseases & Disorders of the Nervous System	1 1 1 1 1 1 1 1 1 1 1 1	12%	1 1 2 41 1 487	9%





	ICU Visits		ICU Days	
Major Clinical Category/Case Mix Group	#	% Total	#	% Tota
Insertion of Shunt/Brain Monitor	9		20	
Other Degenerative Disease of Nervous System	6		48	
Cranium Intervention	5		5	
MCC 01 Unrelated Intervention	4		52	
Meningitis except Viral	3		4	
Hemorrhagic Event of Central Nervous System	3		7	
Neuropathy/Polyneuropathy	3		6	
Infection/Inflammation of Central Nervous System except Meningitis	2		2	
Other Dysfunction of Central Nervous System	2		3	
Viral Meningitis	2		5	
Management of Nervous System Device/Other Minor Intervention	2		9	
Other Vascular Intervention with Nervous System Diagnosis	2		5	
Neuromuscular Disorder	2		3	
Thoracic/Major Intervention on Spine/Spinal Canal/Vertebra	2		2	
Malignant Neoplasm of Central Nervous System	2		4	
Major Nerve Intervention or Intervention on other Site	2		3	
Craniotomy for Drainage	2		2	
Drainage/Release of Brain	1		25	
Other Disorder of Nerve	1		1	
Multiple Sclerosis/Demyelinating Disorder	1		30	
Intracranial Vessel Intervention except Extraction	1		11	
Benign & Uncertain/Unknown Behaviour Neoplasms, CNS	1		1	
Ischemic Event of Central Nervous System	1		3	
Diseases & Disorders of Ear, Nose, Mouth & Throat	162	10%	770	13%
Oral Cavity/Pharynx Intervention	38		51	
Influenza/Acute Upper Respiratory Infection	34		141	1
Croup	28		69	†
Hard/Soft Palate/Gingiva Intervention	14		17	1
Miscellaneous Ear/Nose/Throat Disorder	12		332	†
Glottis Intervention	8		94	1
Sleep Apnea	5		8	
Otitis Media with/without Ventilation Tube	5		9	†
Skin Intervention with Ear/Nose/Throat Diagnosis	4		4	1
Disease of Oral Cavity/Salivary Gland/Jaw	4		4	
Larynx/Trachea Intervention with Ear/Nose/Throat Diagnosis	3		33	†
Cochlear Implant	1		1	1
Tonsillitis/Pharyngitis	1		2	
Epiglottitis	1		1	†
Nose/Nasal Cartilage Intervention	1		1	
Other Ear Intervention	1		1	
Other Musculoskeletal Intervention on Head	1		1	†
Oropharynx Excision	1		1	†
Newborns & Neonates with Conditions Originating in Perinatal Period	155	10%	646	11%
Newborn/Neonate 1500+ gm with Major Cardiovascular Intervention	49		326	
Newborn/Neonate 2500+ grams, Other Minor Problem	22		49	†
Newborn/Neonate 2500+ grams, Major Respiratory Complication	16		67	
Newborn/Neonate 2500+ grams, Cardiovascular Anomaly	16		39	
Newborn/Neonate 2500+ grams, Septicemia/Other Neonatal Infection	14	1	47	†
Newborn/Neonate 2500+ grams, Septicerna/Other Neonata Infection  Newborn/Neonate 2500+ grams, Other Moderate Problem	9		29	†
Newborn/Neonate 2500+ grams, Other Respiratory Problem	7	+	12	+
Newborn/Neonate 2500+ grams, Other Respiratory Problem  Newborn/Neonate 2500+ grams, Anomaly of Nervous/Resp/Diges System	5	+	14	+
Newborn/Neonate 1500+ grams with Major Gastro/Respiratory Intervention	4	+	9	+
	. 4			Ĭ.
Newborn/Neonate 2500+ grams, Other Major Problem	4		24	





	ICU Visits		ICU Days	
Major Clinical Category/Case Mix Group	#	% Total	#	% Tota
Newborn/Neonate 2500+ grams, Other Congenital Anomaly	2		3	
Newborn/Neonate 2000-2499 grams, Gestational Age 35-36 Weeks	2		9	
Newborn/Neonate 2500+ grams, Jaundice	1		2	
Newborn/Neonate 1500-1999 grams, Gestational Age 35+ Weeks	1		6	
Newborn/Neonate 2500+ grams, Chromosomal/Multiple Anomaly	1		1	
gnificant Trauma, Injury, Poisoning & Toxic Effects of Drugs	151	9%	458	8%
Poisoning/Toxic Effect of Drug	54		86	
Single Intracranial Injury	13		31	
Skull/Intracranial Intervention with Trauma/Complication of Treatment	10		50	
Single Injury to Internal Organ	7		7	
Major Thoraco-abdominal/Vascular IV with Trauma/Complic'n of Treatment	7		36	
Other Thoraco-abdominal Intervention with Trauma/Complic'n of Treatment	7		64	
Multiple Intracranial Injury	6		32	
Concussion	5		5	
Open Wound/Other/Unspecified Minor Injury	5		7	
Complication of Transplanted Organ	5		11	
Significant Injury/Exposure to Element	4		12	
Multiple Injuries to Internal Organ	4		18	
Spinal Injury	3		9	
Intracranial Injury with Injury to Other Organ	3		17	
Rib Fracture/Flail Chest	2		2	
Post-Operative Hemorrhage	2		2	
Post-Operative Complication except Hemorrhage	2		4	
Other/Unspecified Complication of Treatment	2		2	
Ear/Nose/Throat Intervention with Trauma/Complication of Treatment	1		1	
Internal Fixation of Facial Bone	1		6	
Fracture of Skull/Facial Bone	1		4	
Spinal Intervention with Trauma/Complication of Treatment	1		25	
Fixation/Repair Hip/Femur	1		6	
Other Fracture Dislocation of Leg	1		13	
Fracture of Femur	1		2	
Other Major Bone Intervention with Trauma/Complication of Treatment	1		4	
Fracture/Dislocation/Rupture of Pelvis/Sacrum/Coccyx	1		1	
Organ Transplant with Trauma/Complication of Treatment	1		1	
Diseases & Disorders of the Endocrine System, Nutrition & Metabolism	78	5%	122	2%
Diabetes	62		95	
Disorder related to Nutrition	7		8	
Disorder of Metabolism	4		4	
Dehydration	1		1	
MCC 10 Unrelated Intervention	1		1	
Pituitary/Pineal Gland Intervention	1		3	
Cystic Fibrosis	1		2	
Disease/Disorder of Adrenal/Pituitary Gland	1		8	
Diseases & Disorders of the Digestive System	71	4%	132	2%
Non-Complex Hernia Repair	12		15	
Non-severe Enteritis	9		13	
Other Gastrointestinal Disorder	7		8	
Symptom/Sign of Digestive System	6		9	
Minor Upper Gastrointestinal Intervention	4		8	
Other Intervention with Gastrointestinal Diagnosis	4		19	
Non-Major Excision/Repair of Upper Gastrointestinal Tract, Unplanned	4		11	
Gastrointestinal Hemorrhage	3		4	
Endoscopic Large Intestine/Rectum Resection without Colostomy	3		8	1
Esophagitis/Gastritis/Miscellaneous Digestive Disease	2		2	





	ICU Visits IC		ICU	CU Days	
Major Clinical Category/Case Mix Group	#	% Total	#	% Total	
Open Large Intestine/Rectum Resection without Colostomy, Unplanned	2		2		
Intervention on Anus Excluding Reconstruction	2		3		
Simple Appendectomy	2		2		
Open Large Intestine/Rectum Resection without Colostomy, Planned	2		4		
Colostomy/Enterostomy	2		6		
Repair/Fixation & Other Moderate Intervention on Lower GI Tract	1		3		
Inflammatory Bowel Disease	1		1		
Severe Enteritis	1		4		
Complicated Appendectomy	1		4		
Complex Hernia Repair	1		2		
Gastrointestinal Obstruction	1		1		
Non-Major Excision/Repair of Upper Gastrointestinal Tract, Planned	1		3		
Diseases & Disorders of the Musculoskeletal System & Connective Tissue	46	3%	181	3%	
C1/C2/Thoracic Spine Intervention	19	3,0	62	370	
Spinal Vertebrae Intervention	7		19		
Craniofacial Bone Intervention with Musculoskeletal Diagnosis	3		7		
Fixation of Lower Limb except Ankle/Foot	2		7		
Soft Tissue Intervention of Lower Limb	2		29		
Osteotomy of Lower Limb except Foot	2		4		
Systemic Connective Tissue Disorder	2		4		
·			4		
Skin Intervention with Musculoskeletal Diagnosis Other Musculoskeletal Soft Tissue Intervention	1				
	1		22		
Joint Replacement with Malignant Neoplasm	1		5		
Inflammatory and Reactive Arthropathy	1		1		
Strain/Sprain/Joint/Tendon Disorder	1		2		
Resection/Amputation of Pelvis/Leg without Infection	1		2		
Other Soft Tissue Disorder	1		11		
Vertebral/Disc Disease	1		1		
Other Repair Bone of Leg except Ankle/Foot	1	201	1		
Diseases & Disorders of the Blood & Lymphatic System	45	3%	183	3%	
Acute Leukemia except Myeloid	11		33		
Intervention with Other Blood Malignant Neoplasm	6		12		
Non-Malignant Neoplasm of Other Site	4		5		
Other Chemotherapy	4		5		
Other Anemia	3		6		
Bone Marrow/Stem Cell Transplant	3		57		
Intervention with Blood/Lymphatic System Diagnosis except Neoplasm	3		40		
Lymphoma	3		6		
Intervention with Lymphoma	2		4		
Acute Lymphadenitis	1		1		
Purpura/Other Hemorrhagic Disorder	1		6		
Other Disease/Disorder of Blood/Lymphatic System	1		2		
Hemoglobinopathy	1		3		
Malignant Neoplasm of Other Site	1		2		
Agranulocytosis	1		1		
Multisystemic or Unspecified Site Infections	37	2%	123	2%	
Other/Unspecified Sepsis/Shock	17		49		
Other/Unspecified Viral Illness	6		15		
Other Infectious/Parasitic Disease	6		21		
Multisystemic/Unspecified Site Infection with Intervention	4		27		
Sepsis due to Staphylococcus Aureus/Pseudomonas/Enterococcus	2		6		
Chickenpox/Herpes Zoster/Cytomegaloviral Disease	1		4		
Fever	1		1		





	ICU	ICU Visits		ICU Days	
Major Clinical Category/Case Mix Group	#	% Total	#	% Total	
Kidney Transplant	10		26		
Lower Urinary Tract Infection	8		19		
Renal Failure	4		6		
Major Intervention on Upper Urinary Tract	3		4		
Radical Excision/Reconstruction of Bladder	2		6		
Non-Major Intervention on Lower Urinary Tract, Planned	2		2		
Upper Urinary Tract Infection	1		1		
Non-Major Intervention on Male Reproductive System	1		1		
Urinary Obstruction with Percutaneous Drainage	1		1		
Major Intervention on Male Reproductive System	1		1		
Disease/Disorder of Male Reproductive System	1		1		
Other Reasons for Hospitalization	28	2%	55	1%	
Other Factor Causing Hospitalization	7		18		
General Symptom/Sign	6		9		
Follow-Up Treatment/Examination	5		8		
Palliative Care	3		9		
Observation/Evaluation	2		2		
Convalescence	2		2		
Multiple/Unspecified Congenital Anomaly	2		6		
Other Admission with Non-Major Intervention	1		1		
Diseases & Disorders of the Hepatobiliary System & Pancreas	7	0%	11	0%	
Cirrhosis/Alcoholic Hepatitis	1		1		
Major Hepatobiliary Intervention	1		3		
Laparoscopic Cholecystectomy with/without Common Bile Duct Exploration	1		1		
Dilation/Drainage of Common Bile Duct	1		2		
Non-Major Hepatobiliary Intervention	1		2		
Excision Pancreas with Duodenum	1		1		
Extraction/Destruction of Calculus Common Bile Duct	1		1		
Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast	5	0%	10	0%	
Other Disease/Disorder of Skin/Subcutaneous Tissue	3		8		
Other Skin/Subcutaneous Tissue Intervention	1		1		
Abscess	1		1		
Diseases & Disorders of the Eye	3	0%	8	0%	
Lens Extraction/Insertion	1		2		
Other Ophthalmology Disorder	1		5		
Major Ophthalmology Disorder	1		1		
Burns	3	0%	8	0%	
Non-Extensive Burn	2		3		
Extensive Burn	1		5		
Diseases & Disorders of the Female Reproductive System	2	0%	3	0%	
Malignant Neoplasm of Female Reproductive System, except Ovary	1	0,0	1	- 0,3	
Disorder of Menstruation/Endometriosis/Non-inflam Disorder of Female	<del>-</del>		†		
Repro System	1		2		
• •	1,590	100%	5,722	100%	





## **Appendix 4: HA Operated Pediatric Inpatient Beds in BC**

НА	Hospital	General Pediatric Beds	Pediatric Observation Beds	Ped ICU Beds <sup>1</sup>	Child & Youth MH Beds	Youth SU Beds <sup>2</sup>	Total Ped Beds
IHA	Kelowna General	10			8		18
	Kootenay Boundary (Trail)	4					4
	East Kootenay (Cranbrook)	2					2
	Vernon	5					5
	Royal Inland (Kamloops)	9			2		11
FHA	Abbotsford Regional	12					12
	Langley Memorial	9					9
	Chilliwack General		4				4
	Royal Columbian	12					12
	Ridge Meadows		4				4
	Surrey Memorial	16			20		36
	Burnaby						
	Creekside Withdrawal					6	6
	Management Centre						
	Last Door Recovery Centre					104	10
VCHA	Lions Gate & Carlile Centre	10			10		20
	Richmond		4				4
	St Paul's						
	Peak House					8	8
	Young Bears Lodge					5	5
Island HA	Nanaimo Regional	8					8
	St Joseph's General	4					4
	Victoria General/Ledger House	16		5	14 <sup>5</sup>		35
	Cowichan District (Duncan)	4					4
	Campbell River	1					1
NHA	University Hospital of	12 <sup>6</sup>			6 <sup>7</sup>		18
	Northern B.C.						
	Nechako Centre		_			88	8
PHSA	B.C. Children's Hospital	97		22	54 <sup>9</sup>		173
	BC Women's						
	Ashnola (Keremeos)					22 <sup>10</sup>	22
TOTAL		231	12	27	114	59	443

NICU Beds
12
8
10
10
24
۷4
28 <sup>3</sup>
8
0
9
6
9
9
22
9
60
214

Source: Survey of health planners & ED working group in each HA and internet.

Note: Several hospitals in BC do not have dedicated pediatric beds but admit children to beds on adult inpatient units. These hospitals are not included on the list above.

 $<sup>^{\</sup>rm 1}$  Beds have the capacity for invasive monitoring, inotropic drugs and mechanical ventilation.

<sup>&</sup>lt;sup>2</sup> Excludes beds in home-based settings.

<sup>&</sup>lt;sup>3</sup> Plan to increase to 48 beds in the future.

<sup>&</sup>lt;sup>4</sup> Contracted beds and number of beds fluctuates.

 $<sup>^{\</sup>rm 5}$  14 beds: 5 child, 6 youth & 3 special care (assessment/stabilization) beds.

<sup>&</sup>lt;sup>6</sup> 4 beds have the capacity for more intensive monitoring, up to and including continuous cardiorespiratory monitoring.

 $<sup>^{\</sup>rm 7}$  2 beds for planned admissions and 4 for crisis stabilization.

<sup>&</sup>lt;sup>8</sup> Includes 1 detox bed.

<sup>&</sup>lt;sup>9</sup> Includes 14 beds at Looking Glass (up to age 24), a residential eating disorders program operated by PHSA (BC Mental Health & Substance Use Services and BCCH) in collaboration with the Looking Glass Foundation.

<sup>&</sup>lt;sup>10</sup> Includes beds for ages 17 - 24.