

**Levels of Care - Impact Assessment**

**Supportive Phase of Care**

**District Health Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assessed Level of Care for Supportive**

**Phase of Care**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed by:**

**DHA designate:**

**Date:**

**Contact Information:**

|  | Required | Recommended | Action / Comments |
| --- | --- | --- | --- |
|  | **Full** | Partial | No congruence | **Full** | Partial | No congruence |  |
| **BASIC CENTER REQUIREMENTS** | **F** | **P** | **N** | **F**  | **P** | **N** |  |
| Safe, child friendly area to isolate child from nosocomial infections. [ED/ambulatory Care] |  |  |  |  |  |  |  |
| A family physician or pediatrician in the home community willing to manage the care of a child/adolescent with cancer or a serious hematological disorder which includes: Managing the side-effects or complications of oral chemotherapy. Able to recognize or have access to information to anticipate common chemotherapy-related toxicities (e.g. bleeds and febrile neutropenia). |  |  |  |  |  |  |  |
| RNs able to provide pediatric care and monitoring such as immunizations, subcutaneous injections, insertion of nasogastric tube, GCSF administration and vital signs monitoring. |  |  |  |  |  |  |  |
| Physician and nurse with 24/7 coverage in emergency department to initiate treatment or stabilize patient and arrange for transfer as necessary. |  |  |  |  |  |  |  |
| Health and/or psychosocial professionals able to provide family support and assist with arrangements for transfer as required |  |  |  |  |  |  |  |
| If pediatric palliative care is to be provided, a physician willing to provide care in consultation with local or sub-specialty experts as needed. |  |  |  |  |  |  |  |
| Aware of Community Resources for Palliative Care |  |  |  |  |  |  |  |
| Ready access to pharmacy with appropriate antibiotics, anti-emetics, pain medications and other drugs required for provision of supportive care and symptom management. |  |  |  |  |  |  |  |
| 24/7 Emergency Department services with basic resuscitation equipment  |  |  |  |  |  |  |  |
| Able to obtain appropriate blood samples, including ability to collect micro-samples and peripheral venous blood from children and transport blood samples as appropriate; urine dipstick. |  |  |  |  |  |  |  |
| Basic investigations to ensure child can be transferred safely. |  |  |  |  |  |  |  |
| Commitment to ongoing education related to pediatric hematology/oncology. |  |  |  |  |  |  |  |
| Primary contact able to forward necessary documentation to the tertiary centre Ready access to pediatrician referral and access to contact numbers at Sub Specialty centre for; ED, Clinic, Inpatient unit and Pediatric hematologist/oncologist |  |  |  |  |  |  |  |

|  | Required | Recommended | Action / Comments |
| --- | --- | --- | --- |
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| **INTERMEDIATE CENTER REQUIREMENTS** **\*Must also meet all basic center requirements** | **F** | **P** | **N** | **F**  | **P** | **N** |  |
| Pediatric inpatient unit [may be shared] with isolation rooms. |  |  |  |  |  |  |  |
| Physicians [preferably a pediatrician if available in the district] able to manage the supportive care of a child with cancer or a serious hematologic disorder in liaison with a pediatric hematologist/ oncologist. |  |  |  |  |  |  |  |
| Nurses with competencies to access and care for CVADs [available 24/7] |  |  |  |  |  |  |  |
| Nurses with APPHON/RROHPA established competencies to care for this patient population at the Intermediate level.\* Must have APHON Chemotherapy and Biotherapy Provider available as a resource. |  |  |  |  |  |  |  |
| Access to social worker and/or psychologist |  |  |  |  |  |  |  |
| Dietician on site with applicable expertise to provide nutritional assessment, monitoring, support, and enteral feeds, in liaison with tertiary dietician. |  |  |  |  |  |  |  |
| Pharmacists with knowledge of APPHON supportive care guidelines |  |  |  |  |  |  |  |
| Access to physiotherapy, occupational therapist and respiratory therapist able to collaborate with tertiary colleagues to deliver pediatric care as required. |  |  |  |  |  |  |  |
| Hospital pharmacy available on site with access to pediatric specific resuscitation drugs, level appropriate antineoplastic and supportive agents [and IV Phosphate and Magnesium] |  |  |  |  |  |  |  |
| 24/7 onsite ED with pediatric resuscitation equipment, drugs and dosing, and an onsite physician |  |  |  |  |  |  |  |
| Lab: CBC/diff, BUN, Na, K, Creatinine, glucose stat [within 1 hour]; PT PTT, access to FG test results within two days; Ca, Phos, Mg, AST, ALT, bili T/D, amylase within 24 hours; creatinine clearance. |  |  |  |  |  |  |  |
| Microbiology: aerobic and anaerobic bacterial cultures. |  |  |  |  |  |  |  |
| Blood bank: FFP, CMV negative, irradiated PRBC onsite; access to cryo on site if caring for at risk patient; able to obtain CMV irradiated platelets within 24 hrs; factor concentrates, IVIG, VZIG |  |  |  |  |  |  |  |
| Diagnostic Imaging: equipment and personnel able to obtain and interpret pediatric ECGs, chest x-rays, abdominal films, and ultra-sound |  |  |  |  |  |  |  |
| Able to transmit ECG images to Sub-Specialty centre. |  |  |  |  |  |  |  |

|  | Required | Recommended | Action / Comments |
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| **ADVANCED CENTER REQUIREMENTS** **\*Must also meet all intermediate center requirements** | **F** | **P** | **N** | **F**  | **P** | **N** |  |
| Pediatric inpatient unit with isolation rooms [dedicated pediatric unit preferred]; Intensive Care Unit able to stabilize critically ill child for transportation to Sub-Specialty Centre |  |  |  |  |  |  |  |
| Pediatricians prepared to manage the supportive care of a child with cancer or a serious hematologic disorder in liaison with a pediatric hematologist/ oncologist; |  |  |  |  |  |  |  |
| 1.) treating low risk patients with febrile neutropenia in consultation with an infectious disease specialist and/or pediatric hematologist/ oncologist. |  |  |  |  |  |  |  |
| 2.) treating varicella zoster in consultation with an infectious disease specialist and a pediatric hematologist/oncologist. |  |  |  |  |  |  |  |
| 3.) preventing common complications and treating oncologic emergencies such as metabolic disturbances and hemorrhagic complications, etc. |  |  |  |  |  |  |  |
| Pediatrician on call 24/7. |  |  |  |  |  |  |  |
| Pediatric nurses with APPHON/RROHPA established competencies to care for this patient population at the advanced level. |  |  |  |  |  |  |  |
| Social worker and/or psychologist on site available to support pediatric hematology and oncology population |  |  |  |  |  |  |  |
| Dietician on site with applicable expertise able to provide nutritional assessment, monitoring and support, including parenteral feeds, in collaboration with Sub- Specialty Centre. |  |  |  |  |  |  |  |
| Access to physiotherapy, occupational therapy and respiratory therapist with pediatric experience. |  |  |  |  |  |  |  |
| Access to Child Life Specialist. |  |  |  |  |  |  |  |
| Able to provide pediatric total parenteral nutrition. |  |  |  |  |  |  |  |
| 24/7 onsite ED with advanced pediatric resuscitation equipment, an onsite physician, and access to an on call pediatrician 24/7; |  |  |  |  |  |  |  |
| Diagnostic Imaging: nuclear medicine facilities for GFR [or creatinine clearance], WMEF [or echocardiogram]. |  |  |  |  |  |  |  |
| Experienced in pediatric CT scanning - able to adjust dosage for pediatric patients |  |  |  |  |  |  |  |
| Lab: access to bacterial culture on site and fungal culture results in a timely manner. |  |  |  |  |  |  |  |
| Blood Bank: access to CMV irradiated platelets for transfusion with 12 hours. |  |  |  |  |  |  |  |
| Designated contact persons for dietician, child life specialist, social work and/or psychology**.** |  |  |  |  |  |  |  |

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| **SUB-SPECIALTY CENTER REQUIREMENTS** **\*Must also meet all advanced center requirements** | **F** | **P** | **N** | **F**  | **P** | **N** |  |
| In-patient and ambulatory care areas with appropriate isolation and reverse isolation capabilities |  |  |  |  |  |  |  |
| Pediatric Emergency Department services with 24/7 pediatric resuscitation equipment |  |  |  |  |  |  |  |
| Pediatric Intensive Care Unit; pediatric operating rooms. |  |  |  |  |  |  |  |
| Pediatric hematologist/oncologists**\*\*** available 24/7 |  |  |  |  |  |  |  |
| Pediatric sub-specialists in, anesthesiology, endocrinology, gastroenterology, genetics, immunology, infectious diseases, nephrology, neurology, rheumatology, rehabilitation, psychiatry, surgery, pain management. |  |  |  |  |  |  |  |
| Radiation oncologists with pediatric expertise. |  |  |  |  |  |  |  |
| Pediatric nurses with APPHON/ROHPPA established competencies to care for this patient population at the subspecialty level.\* |  |  |  |  |  |  |  |
| Pediatric psychologists\*\* |  |  |  |  |  |  |  |
| Social workers\*\* who have membership in the Association of Pediatric Oncology Social Workers (APOSW) |  |  |  |  |  |  |  |
| Pediatric neuropsychologists |  |  |  |  |  |  |  |
| School intervention/education support personnel |  |  |  |  |  |  |  |
| Clinical pharmacists\*\* with expertise in anti-neoplastic agents and therapies for serious hematologic disorders |  |  |  |  |  |  |  |
| Dieticians\*\* with expertise in the nutritional requirements of children and adolescents with cancer or serious hematologic disorder |  |  |  |  |  |  |  |
| Physical therapists\*\*, occupational therapists\*\* and respiratory therapists\*\* with expertise in pediatric oncology and hematologic disorders |  |  |  |  |  |  |  |
| Home health care liason |  |  |  |  |  |  |  |
| Child life specialists with pediatric hem/onc expertise.**\*** |  |  |  |  |  |  |  |
| Medications for a broad range supportive care treatment. |  |  |  |  |  |  |  |
| Services for dialysis for children and adolescents |  |  |  |  |  |  |  |
| Access to services for cytopheresis and plasmapheresis |  |  |  |  |  |  |  |
| Pain management program and guidelines |  |  |  |  |  |  |  |
| Rehabilitative services |  |  |  |  |  |  |  |
| Palliative care/ bereavement follow-up services |  |  |  |  |  |  |  |
| Long-term follow-up and transition services |  |  |  |  |  |  |  |
| Pediatric dental services |  |  |  |  |  |  |  |
| Procedural deep and conscious sedation services provided by an anesthetist  |  |  |  |  |  |  |  |
| Diagnostic Imaging with pediatric expertise for US, CT scanning, nuclear medicine\*, MRI\*, angiography\* and interventional radiology |  |  |  |  |  |  |  |
| Pediatric expertise in audiology, EEG, and ECG testing and interpretation. |  |  |  |  |  |  |  |
| Clinical laboratories with expertise in the assessment and diagnosis of pediatric hematology/oncology disorders including cell flow cytometry, bone marrow aspirate and biopsy histological analysis, immunohistochemistry, cytogenetic analysis, hemoglobinopathy diagnosis by protein and molecular methods, specialized coagulation testing, specialized analysis of immune function, microbiology/virology services and clinical chemistry expertise in monitoring antibiotic, antineoplastic and immunosuppressant drug levels, blood gas, routine chemistry, hematology and coagulation assays on small samples, immediate interpretation of infectious organisms stains, histopathology. |  |  |  |  |  |  |  |
| Tertiary education qualifications and maintenance of ongoing education; support of educational endeavors for other health professionals as needed |  |  |  |  |  |  |  |
| Established community links. Designated contact persons for all involved disciplines; able to forward necessary communication to appropriate health professional in the community in timely manner |  |  |  |  |  |  |  |