Quarterly Report – July 2006

Critical Care Strategy

Improving Access, Quality and System Integration

This issue:

Ontario

Notes from the Critical Care Secretariat

Mission and Mandate (MOHLTC and the Critical Care Secretariat)

The Critical Care Secretariat, established June 2004, is the managing body responsible for the overall implementation and evolution of the Critical Care Strategy. It reports to Hugh MacLeod, Assistant Deputy Minister Health System Accountability and Performance Division, and Dr. Bernard Lawless, Provincial Lead Critical Care and Trauma.

As a provincial strategy that enables and encourages all Ontario hospitals providing critical care services to be involved, the Critical Care Strategy continues to be thoroughly informed by clinical and administrative leaders from across Ontario. The Secretariat's key mandate is to continue to engage the field in ongoing consultation, collaboration and refinement in the implementation of programs that improve access, quality and integration of critical care services to meet the needs of critically ill patients. The Secretariat consults regularly with three provincial tables in the delivery of its mandate:

- Critical Care Expert Advisory Panel
- Critical Care LHIN Leaders Table
- Trauma Expert Advisory Panel

Strategy Implementation and Provincial Leadership – Key Activities

Critical Care Expert Advisory Panel to be re-established in September 2006

The original Expert Advisory Panel member group, established May 2005 and tasked with providing expert medical advice toward the development and launch of the Critical Care Strategy, was officially sunset in May 2006. It will be refreshed in the fall of 2006 with a broad geographical and multi-disciplinary membership, and will continue to provide MOHLTC with input to medical and policy issues supporting the Strategy's current implementation aims.

Critical Care LHIN Leaders Established: Linking Support with Accountability in the Field

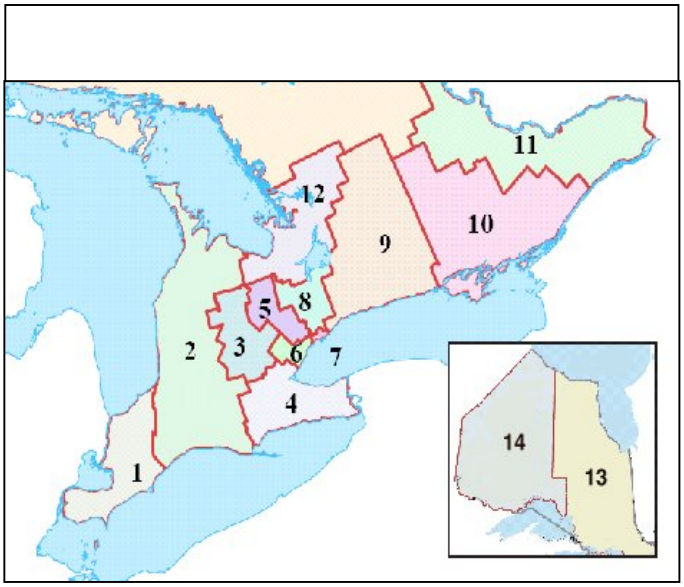
In May 2006, 13 Critical Care LHIN Leaders were formally established to support Strategy implementation initiatives. Reporting to Hugh MacLeod and their respective LHIN CEO's, Critical Care LHIN Leaders play an essential role linking stewardship and support with the achievement of Strategy aims. CC LHIN Leaders will provide field-level leadership and direction to spearhead improvements in critical care service delivery including:

- Critical care service delivery planning and coordination
- Critical care performance measurement and improvement
- Critical care surge capacity planning, rehearsal and event management
- Demand forecasting, resource allocation and priority setting, and
- Representing the LHIN at a new provincial table to address operational issues in critical care

Over the next 12 months, Critical Care LHIN Leaders will be engaged with conducting a province-wide inventory of its critical care services, and developing surge capacity response plans in hospitals across the LHIN.

Ontario's Critical Care LHIN Leaders are:

LHIN		Critical Care LHIN Leader
1	Erie St. Clair	Dr. Michael Sharpe
2	South West	
3	Waterloo Wellington	Dr. William Plaxton
4	Hamilton Niagara Haldimand Brant	Dr. Peter Kraus
5	Central West	Dr. Michael Miletin
6	Mississauga Halton	Dr. Laurence Chau
7	Toronto	Dr. Tom Stewart (Chair, LHIN Leader provincial table)
8	Central	Dr. Donna McRitchie
9	Central East	Dr. Howard Clasky
10	South East	Dr. John Muscedere
11	Champlain	Dr. Redouane Bouali
12	North Simcoe Muskoka	Dr. Giulio DiDiodato
13	North East	Dr. David Boyle
14	North West	Dr. Michael Scott



#1: LHIN Critical Care Service Inventory

Commencing July 2006, Critical Care LHIN Leaders will work to compile an inventory of Ontario's critical care services. Establishing a baseline of services will provide an essential point of reference from which to evaluate service delivery plans, and to determine where change and investment in service expansion are required to meet future demand. Draft inventory data is due from hospitals to the appropriate Critical Care LHIN Leader July 31, with final data, approved by the hospital CEO, due to the Critical Care Secretariat August 15. The data and analysis provided by the Critical Care LHIN Leaders will form the basis for a formal status report of Ontario's critical care services. This formal report is to be delivered to the ministry in October.

#2: Critical Care Surge Capacity Planning

During the 2006/07 fiscal, Critical Care LHIN Leaders will begin work with Dr. Chris Mazza, Lead, Critical Care Surge Capacity, to enhance the critical care dimension of hospital emergency planning procedures. This work will be guided by the recommendations on critical care surge planning set out in the Ontario Critical Care Steering Committee Final Report defining minor, moderate and major surge conditions, and providing direction regarding accountability, human resources, equipment and technology, physical plant and standard operating procedures.

Secretariat establishes interim Committee for Governance of CritiCall supporting CCIS development

The development of the Strategy's Critical Care Information System (CCIS) will leverage, and be closely aligned with CritiCall, a 24/7 emergency referral service for physicians across Ontario based out of the Hamilton Health Sciences Centre (HHSC). The Committee for Governance of CritiCall will support its evolution as this organization prepares to assume operational responsibility for the CCIS in 2007.

Secretariat establishes interim Trauma Expert Advisory Panel

The first meeting of the Trauma Expert Advisory Panel was held in June 2006. Their final report to the ministry is due September 2006.

Critical Care Strategy at a Glance

The Critical Care Strategy is the effective prioritization of the recommendations outlined in the OCCSC Final Report into a highly integrated and innovative 7-part program. It will establish an evidence-based culture of accountability, empowerment and coordination at the hospital, LHIN and Provincial levels to target improvements to critical care Access, Quality and System Integration. This 4-year initiative will:

- Flatten the demand curve, mitigating, as far as possible, the need for increased capacity investments
- Establish a province-wide system for critical care performance measurement and quality improvement
- Improve on the degree of standardization of best practices and critical care training across Ontario
- Increase efficient and effective delivery critical care service delivery via operational management processes, and surge capacity response planning developed and coordinated at the LHIN level

1. Critical Care Information System	**Mandate:** Enable evidence-based decision-making to support system-wide capacity planning and targeted performance improvement initiatives through data collection, analysis & reporting. **Key Deliverables:** - Design and build the provincial Critical Care Information System (CCIS) - Pilot CCIS in 7 hospitals (January 2007) - Rollout CCIS to additional hospitals over 2007/08
2. Critical Care Response Teams	**Mandate:** Bring critical care expertise out of the ICU to patients throughout the hospital 24/7 to improve patient outcomes and efficiency of resource utilization**.** **Key Deliverables:** - Launch Intensivist-led CCRTs in larger hospitals that meet criteria - Demonstration Project to test the CCRT model in 4 paediatric sites - Demonstration Project to test alternate CCRT models in smaller hospitals
3. System-Level Training Initiatives	**Mandate:** Expand the skill and capacity of existing Critical Care Health Human Resources, enhancing pre-and post-ICU care, and supporting surge capacity response plans. **Key Deliverables:** - Provide training to over 350 RNs and RTs in support of CCRT Expansion - Provide ACES training to over 100 physicians in community hospitals - Conduct provincial training needs assessment with CC LHIN leaders
4. Performance Improvement Collaborative	**Mandate:** Employ innovative approaches to achieve quality benchmarks defined at the hospital, LHIN and provincial level, and cultivate a culture of ongoing accountability and performance improvement in critical care services delivery. **Key Deliverables:** - Establish Performance Improvement Coaching Teams to address priority areas - Conduct an annual online hospital application process for Coaching Teams - Deploy performance improvement coaching teams into 40+ hospital sites
5. Ethical Issues of Access	**Mandate:** Establish specific/actionable and medically relevant admission, discharge and triage (ADT) policies supporting Ontario's critical care healthcare providers and patients. **Key Deliverables:** - Research initiatives to contribute towards the development of a Green Paper - Establish committee of clinician advisors to review and finalize Green Paper - Implement ADT Policy and education programs for the medical, legal and public communities and measure its impact on access, quality and system integration

6. Health Human Resource Investments	**Mandate:** Address shortages in key health human resources. Establish, and support the achievement of provincially recognized standards in critical care nurse training and education programs. **Major Initiatives:** - Funding support to raise the number of intensivists trained from 8 to 18 annually - Establish provincial standards in critical care nurse training and core competencies - Develop college and hospital incentives to upgrade programs to meet standards - Promote achievement of Standards by nurses through flexible, accessible programs
7. Critical Care Capacity Investments	**Mandate:** Increase the number of critical care and chronic ventilated beds to address key pressure points, and develop alternatives for medically stable, chronically ventilated patients. **Major Initiatives:** - $10.25M to fund 14 ICU beds and 4 step-down beds in 8 hospitals in 2005/06 - Chronic Ventilation Task Group established to develop options for chronic care patients

Strategy Initiatives – Project Details and Progress Highlights

Critical Care Information System (CCIS)

A provincial Critical Care Information System (CCIS) is integral to support the aims of the Critical Care Strategy, and to ensure efficient and effective use of critical care resources. Under the direction of Matt Anderson, IM Lead, the CCIS is being developed to facilitate essential clinical, administrative and evidence-based decision-making at the hospital, LHIN and provincial levels. The CCIS will:

- Identify the full complement of Ontario's critical care services, tracking real-time trends in utilization and triggering investigation into trends and outliers
- Provide hospitals, LHINs and the province with access to critical care services dashboards, standard and ad hoc reports tracking real-time and trended critical care services data
- Assist Critical Care LHIN Leaders with change, resource allocation and setting performance and quality improvement priorities
- Contribute to measuring the effectiveness of the various Strategy components

Data collection and reporting capabilities of the CCIS will expand as the strategy evolves. In its initial implementation, it will support and manage two priority data sets:

- A provincial core data set, including bed availability, unique patient identifiers and demographics, patient admission and discharge information and life support interventions, and
- Critical Care Response Team data

The CCIS will be accessed via the CritiCall website. It will be integrated with the CritiCall Bed Registry System, and with other hospital information systems (i.e. Meditech or McKesson), easing data collection, and end-user access to critical care bed availability, hospital admission and discharge information, and clinical information and documentation. CritiCall will assume operational responsibility for the CCIS in 2007. In January 2007, the CCIS will be piloted across 7 Medical-Surgical ICUs (MS-ICU), with subsequent implementation across all MS-ICUs in the province in June 2007. Future implementation plans include all other Ontario ICUs.

The following are examples of how CCIS reports may facilitate decision-making requirements:

Administrative Beneficiary	Example of Decision-Making Capabilities
MOHLTC	• Provincial funding and allocation decisions • Surge capacity planning – provincial level
LHIN CEOs and Critical Care Leaders	• Funding and resource allocation decisions within LHIN • Surge capacity planning – LHIN level
Hospital Executives	• Budgeting to obtain funding for necessary resources • Surge capacity planning – hospital level
ICU Managers	• Determine staffing levels, nurse to patient ratios, appropriate skill mix, bed utilization (close/open beds based on census)

Progress Highlights:

- The initial phase of system design and other key pre-implementation activity began in May 2006
- Following a Request for Proposals (RFP) process, formal development of the CCIS commenced with the selected vendor; a Term Sheet was signed in June, with final agreement expected to complete in July
- Consultation sessions were conducted by the CCIS team with representatives from MOHLTC and LHIN senior management, hospital administrators, critical care physicians, unit managers and other clinicians to gather input regarding overall system design and reporting requirements to ensure the system meets stakeholder needs. Mock reports have been completed and a validation process by all stakeholder groups will complete by the end of July
- CritiCall has increased its project resources to address the analytical needs for these reports in the interim
- Site assessments were commenced to identify 7 potential MSICU lead sites for CCIS pilot January 2007. Lead sites will be comprised of community and academic hospitals from across the Province; with some sites having Critical Care Response Teams (collecting CCRT data), and some collecting data for the Critical Care Research Network (CCR Net). Sites will be selected by the end of July so preparation activities can begin, and are to be integrated with the Provincial EMPI prior to January 2007

Critical Care Response Team (CCRT) Expansion

Under the direction of Dr. Stuart Reynolds, Physician Advisor, CCRT Expansion, the program will provide broad and significant provincial gain to critical care access, resource utilization and patient safety.

- CCRTs support the Wait Time Strategy promoting access wins that alleviate the bottleneck to critical care
- Lessons form the CCRT demonstration project will be leveraged to broaden provincial uptake and benefit
- CCRTs promote the movement toward Intensivist-managed ICUs, a management model well recognized for its impacts to resource utilization and patient care

The CCRT concept: Educate and empower ward staff to respond to indications of serious or immanent deterioration, and provide them with a direct channel to a mobile team of critical care specialists who deliver timely intervention, resuscitation, patient triage, monitoring and follow-up throughout the hospital on a 24/7 basis. **CCRT outcomes**: Early intervention or resuscitation on the ward saves lives; it enables more timely ICU admissions that result in a shorter length of stay and increased access to ICU beds, it reduces or mitigates avoidable, or inappropriate ICU re/admissions, and provides an opportunity for mutual collaboration and knowledge transfer among staff.

The initial rollout of CCRTs in 2006/07 is focused on establishing intensivist-led CCRTs in larger hospitals that manage the bulk of Ontario's critical care resources. Under an initial criterion and selection survey, -22 hospitals (including the 3 pilot sites and 19 new sites) were identified for intensivist-led CCRTs. These hospitals include:

The Credit Valley Hospital	The Ottawa Hospital - Civic Site
Grand River Hospital	St. Joseph's Health Centre Toronto
Halton Healthcare Services Corporation	St. Joseph's Healthcare Hamilton
Hamilton Health Sciences Corporation	St. Michael's Hospital
Hôpital régional de Sudbury Regional Hospital	The Scarborough Hospital (General Site)
Kingston General Hospital	Sunnybrook Health Sciences Centre
London Health Sciences Centre - Victoria Site	Thunder Bay Regional Health Sciences Centre
London Health Sciences Centre - University Site	Toronto East General Hospital
Mount Sinai Hospital	Trillium Health Centre (Mississauga Site)
North York General Hospital	University Health Network - Toronto General Site
The Ottawa Hospital - General Site	University Health Network - Toronto Western Site

Future expansion plans include a demonstration of Alternative CCRT models in hospitals not operating an ICU under an Intensivist-Led management model. These hospitals will be identified following a web-based application process in November.

Progress Highlights:

- Established initial rollout of 22 intensivist-led CCRTs. Sites include the 3 CCRT demonstration hospitals, and 19 additional adult critical care facilities. All 19 expansion sites are fully engaged in Phase One activities (May 1-Oct 31)
- CCRT retreat held in June engaged Physician site leads and Registered Nurse / Respiratory Therapist co-leads in a communications workshop and discussions regarding benchmarks, reporting, and evaluation data
- Commenced CCRT RN training in June (5 courses reaching 92 RNs) Training of over 300 nurses to be completed by October
- 4 sites identified for the Paediatric Hospital CCRT demonstration initiative including; The Hospital for Sick Children, The Children's Hospital of Eastern Ontario, Hamilton Health Sciences Centre - McMaster Children's Hospital site, London Health Sciences Centre - Children's Hospital of Western Ontario

System-Level Training Initiatives

This initiative will add new functionality and capacity to existing Health Human Resources (HHR) across the system. Synergies between this program and those of the Strategy's HHR initiatives will address the quality and consistency of critical care delivery across the province. This initiative will also identify *specific* clinical training needed to support targeted improvement areas (i.e. CCRT expansion, surge response capacity) through needs assessment surveys conducted in collaboration with the LHINs. The Secretariat has formed a partnership with the Canadian Resuscitation Institute (CRI) to identify, develop and deliver these programs. In all cases, critical care training will include those who are part of the pre and post-ICU care system including critical care nurses, allied health professionals, non-intensivist physicians, nurses and/or paramedics. Present provincial system-level priorities include:

- Training 300+ CCRT nurses by October 2006 to support the CCRT Expansion program
- Developing and delivering an advanced ACES training course for community hospital physicians to improve skills required to care for critically ill patients

- Conducting LHIN level training needs assessment in collaboration with the Critical Care LHIN Leaders to identify the particular training requirement needed to meet the future needs of their specific patient base

Progress Highlights:

- Contract negotiations between the MOHLTC and the CRI completed in June 2006
- CRI commenced training June 2006 reaching 92 CCRT RNs. Twenty-four nurses are trained each session, at an average rate of three courses per month

Performance Improvement Collaborative (PIC)

This collaborative promotes the adoption of a culture of accountability that continuously evaluates and improves how critical care services are provided in Ontario. Two key initiatives are currently underway:

The ICU Clinical Best Practices Demonstration Project: an interactive network of 16 geographically dispersed intensive care units promoting education and uptake of best practices in the ICU. The program utilizes daily data collection and evaluation, and knowledge transfer practices and resources to promote the uptake of six well-evidenced best practices specific to critical care; prevention of deep vein thrombosis (DVT), prevention of ventilator acquired pneumonia (VAP), prevention of catheter-related blood stream infections (CRBSI), increasing the use of daily spontaneous breathing trials, early enteral nutrition strategies and prevention of decubitus pressure ulcers. The network meets regularly for group discussions and educational sessions with the help of Ontario's unique videoconferencing system.

The Performance Improvement Coaching Teams: Building on lessons learned through the best practices demonstration project and the Peri-Operative coaching teams employed through the Wait Times strategy, six task-specific "coaching teams" have been established to leverages the skills and expertise from within Ontario's very own critical care community and address key issues impacting critical care.

Together, the Critical Care and Peri-operative coaching teams will be offered to hospitals as part of a suite of tools for improving wait time performance, coordinate LHIN-level surge capacity plans and achieve performance improvement objectives at the hospital and LHIN levels. In the future, the PIC will work to provide a selection of resources including a literature library, evaluation tools and various educational materials related to performance improvement and measurement

Progress Highlights:

- The 16 hospitals involved in the Clinical Best Practice Demonstration Project are focused on their second set of clinical best practices. This includes process of care changes, educational sessions and ongoing process of care indicator evaluation. The 2nd annual meeting was held in Toronto in June.
- In March 2006, the PIC received over 100 applications from critical care health care professionals and others interested in becoming a Performance Improvement Coaching Team Lead or Team Member. An external stakeholder committee made final selections. All Team Members attended a professional coaching training session in May. The PI Coaching Teams are:

Coaching Team	Team Lead
Improving End-of-Life Decision-Making	Laura Hawryluck, MD
Establishing an Intensivist-Led ICU Management Model	Michael Scott, MD
Critical Care Surge Capacity Planning	Chris Mazza, MD, MBA
Inter-unit Coordination / Improving Patient Flow	Redouane Bouali, MD & Judy Kojlak, RN
Leadership and Team-Building	William Sibbald, MD, MPH
Critical Care Service Appraisal	Claudio Martin, MD, MSc & Jocelyn Bennett, RN, MScN

- The first Annual On-line hospital applications process was conducted from May 1 to 19, resulting in over 40 applications for PI Coaching Teams. Applications were received from academic and community hospitals across all LHINs, and were relatively even across team types. Notification confirming PI Coaching Teams to each requesting hospital was delivered June 9th. Initial site visits will begin in July.

PI Coaching Teams	Number of Applications	Percent of total
Critical Care Services Appraisal	**10**	**26 %**
Leadership and Teambuilding	**4**	**10 %**
Patient Flow and Inter-Unit Coordination	**9**	**23 %**
Surge Capacity Planning	**3**	**8 %**
Intensivist-Led Management	**7**	**18 %**
End of Life Decision Making	**6**	**15 %**

Breakdown – Number of Hospitals Applying for PI Coaching Teams (per LHIN):

LHIN	Central	Central East	Central West	Champlain	Erie St. Clair	HNHB	Miss Halton	North East	North Simcoe Muskoka	North West	South East	South West	Toronto Central
#	5	8	2	1	3	5	1	4	2	2	1	3	2

Hospitals Receiving a Performance Improvement Coaching Team (2006/07):

Markham Stouffville Hospital	William Osler Health Centre - Etobicoke General	Weeneebayko General Hospital
York Central Hospital	William Osler Health Centre - Peel Memorial	Sault Area Hospital
Humber River Regional Hospital - Finch Site	The Ottawa Hospital	Sudbury Regional Hospital
Humber River Regional Hospital - Church Site	Bluewater Health - Mitton St. Site	The Royal Victoria Hospital of Barrie
Southlake Regional Health Center	Chatham Kent Health Alliance	Orillia Soldiers Memorial Hospital
Peterborough Regional Health Centre	Hotel Dieu Grace Hospital	Thunder Bay Regional Health Sciences
The Scarborough Hospital - General Campus	Joseph Brant Memorial Hospital	Kingston General Hospital
The Scarborough Hospital - Grace Campus	Brant Community Health Care System	Grey Bruce Health Services
Lakeridge Health Centre	Hamilton Health Sciences	London HSC - University Hospital
Ross Memorial Hospital	Norfolk General Hospital	London HSC - Victoria Hospital
Rouge Valley Health System - Centenary	Niagara Health System - St. Catharine's General	Toronto East General
Rouge Valley Health System - Ajax Pickering	Trillium Health Centre	West Park Healthcare Centre
Northumberland Hills Hospital	Sudbury Regional Hospital - Memorial Site	
Headwaters Health Care Centre	North Bay General Hospital	

Ethical Issues of Access

Access pressures resulting from our growing and aging population, and increasing complexity of presenting illness, focus attention not only on the logistical matters of critical care, but also raise the profile on defining appropriate utilization. This component will conduct an extensive review of the full range of legal, institutional and healthcare policy options facing Ontario. The outcome will be the development of specific/actionable, and medically relevant admission, discharge and triage policies supporting Ontario's critical care healthcare providers and their patients. In addition, it will identify the professional and public engagement/education opportunities required to facilitate understanding as to the management of ethical issues relating to access to critical care. The process will work through issues including:

- Determining what constitutes appropriate care
- Acknowledgement and reconciliation of conflicting societal values
- Disposition of medically stable but persistently vegetative patients
- Determining how to address variability in admission and discharge practices across Ontario hospitals
- Assessing the impact of legal rulings that defer to patient / family wishes over hospital policies

Progress Highlights:

- Research in Critical Care Medicine, Bioethics and Law, which began in May 2006 will help inform the development of a "Green Paper". This paper will provide recommendations for standards of best practice and changes in policy based on current practices regarding ICU admission and discharge models. In addition, it will highlight appropriate and reasonable access and current conflict resolution processes among health care workers, administrators and/or patients/families
- A Reference Group of Senior Ministry and Critical Care stakeholders has been established to review the preliminary report due September 2006

Ethical Issues of Access Reference Group Members	
Dr. Bernard Lawless	Co-Chair, Provincial Lead, Critical Care and Trauma
Dr. Laura Hawryluck	Co-Chair, Physician Lead, Ethical Issues of Access
Barry Monaghan	CEO, Toronto LHIN
Dale Roth	Legal Counsel, MOHLTC, Legal Services Branch
Deepa Jacob	Legal Counsel, MOHLTC, Legal Services Branch
Frank Markel	President and CEO, Trillium Gift of Life
Jennifer Gibson	Leader, Clinical and Organizational Ethics, Joint Centre for Bioethics
Kyle Johansen	Manager, Hospitals Branch, Acute Services Division
Dr. Ted Rogovein	Professor of Medicine, St. Joseph's Health Centre, Toronto
Wendy Fortier	Clinical Director, Critical Care Emergency and Trauma, The Ottawa Hospital

Heath Human Resources Initiatives (HHR)

Working in partnership with the MOHLTC Nursing Secretariat, this initiative will address frontline shortages in critical care staff, and develop and implement provincial standards in critical care nurse training to enable Ontario hospitals to deliver improved patient safety, and a consistent quality of care across all critical care settings. Three committees derived from critical care nurses and physicians from across the province support the Critical Care Secretariat in addressing these issues. They are: the Critical Care Nurse Training Standards Task Group, the

Critical Care On-Line Nursing Education Advisory Committee, and the Critical Care Objective Structured Clinical Evaluation (OSCE) Advisory Committee. With expert input from these groups, the MOHLTC will proceed with a series of investments:

- Increasing the number of Adult Critical Care postgraduate training opportunities from 8 to 18 per year
- Developing critical care Nurse Training Standards. Engaging stakeholders in a process to define adult critical care nurse core competencies and training standards for Ontario
- Conducting a collaborative evaluation of existing college and hospital critical care nurse training programs to assist these institutions in delivering programs that meet the new provincial standards
- Providing nurses with new training options. Funding two initiatives to provide nurses with access to critical care training options; a Critical Care Nurse Training E-Learning Program, and an Objective Structured Clinical Exam (OSCE) for Critical Care Nursing
- Critical Care Nurse Training Fund – A $4.5 million fund to train more critical care nurses. Funds will flow to Ontario hospitals based on an annual application process that reflects the new training standards

Progress Highlights:

- Funding was provided to increase the capacity of adult Critical Care Postgraduate Training Programs to raise the number of intensivists trained yearly in Ontario from 8 to 18
- The final report of the Critical Care Nurse Training Standards Task Group was completed and distributed at the Ontario Critical Care Expert Panel's June 6th meeting. It will be presented to the Ministry senior management in August
- The Critical Care On-Line Nursing Education Advisory Committee issued its call for applications early June to identify appropriate partners to develop and implement the On Line program
- The Critical Care Nursing OSCE Advisory Committee issued its Request for Information (RFI) mid June to gather information to support the development and validation of an OSCE for critical care nursing

Critical Care Capacity Investments

Strategic investments in critical care capacity are required to address key pressure points within the system. To determine local critical care pressures and demands, the MOHLTC undertook an internal consultation process in with the Regional Offices in 2004/05 and 2005/06. Applications solicited from hospitals were scored to determine the relative degree of ICU pressures, relevance to the Wait Times volumes, and fairness of regional distribution of new resources. Capacity investments were made across nine hospitals in 2004/05, and eight hospitals in 2005/06.

Beginning in August 2005, the Secretariat commenced work with the Chronic Ventilation Task Group (Dr. Greg Downey, Chair) to determine how to meet the needs of this patient population while improving access to existing ICU resources. The final report of the Chronic Ventilation Task Group is now complete and was presented on June 6th at the Ontario Critical Care Expert Panel meeting. This report provides comprehensive recommendations regarding how Ontario can meet the needs of medically stable, chronically ventilated patients while improving access for critically ill patients. Following a review of this report by MOHLTC senior management, work will begin to design an implementation strategy.

Copies of this report can be obtained from:
www.health.gov.on.ca/criticalcare

or by contacting:

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