

# Critical Care Strategy

## Improving Access, Quality and System Integration

Monthly Update – July 2006

### **Strategy Highlights:**

#### **Coaching Teams Begin Initial Hospital Site Visits**

Over July, Critical Care Performance Improvement Coaching Teams completed 6 initial site visits at Ontario hospitals. During these 2-day visits, Coaching Team members work closely with hospital staff to assess the local situation, identify key needs and develop an action plan to achieve specific improvement objectives over the remainder of the 2006/07 fiscal year. Feedback from participating hospitals confirms this peer to peer coaching model is tremendously valuable. The willingness of the hospital staff to provide candid and detailed information about their local challenges is a key success factor.

| Sites Visited in July               | Coaching Team                               |
|-------------------------------------|---------------------------------------------|
| Southlake Regional Health Centre    | End-of-Life Decision Making Team            |
| The Ottawa Hospital                 | End-of-Life Decision Making Team            |
| North Bay General Hospital          | Critical Care Service Appraisal Team        |
| Humber River Regional Hospital      | Critical Care Service Appraisal Team        |
| Joseph Brant Memorial Hospital      | Critical Care Service Appraisal Team        |
| Peterborough Regional Health Centre | Patient Flow & Inter-Unit Coordination Team |

Another 9 initial site visits are scheduled for August with the remainder booked for September and early October. By mid-October, all 40 hospitals involved will have completed their initial site visit and will be fully engaged in working towards their identified performance improvement objectives.

#### **Nursing E-Learning Program Call for Applications Gets Excellent Response**

The June 8 – July 21 call for applications, administered in partnership with MOHLTC's Nursing Secretariat, received an excellent response. Several Ontario educational organizations submitted well-developed proposals which are currently under review. Short-listed applicants will be invited to make presentations to the Selection Committee in September, with the final selection to take place in October. The e-learning program is being designed to complement existing critical care education programs and will provide another pathway for nurses to train in critical care. A key objective is to provide a training option that is accessible to nurses in remote and northern regions. The first modules of the Critical Care Nursing E-Learning Program will be available in the fall of 2007.

### **Other Progress:**

#### **Hospitals Completing Critical Care Service Inventory**

With the support of the Critical Care LHIN Leaders, Ontario hospitals are in the process of completing the Provincial Inventory of Adult Critical Care Services. This inventory will provide the Ministry, LHINs and other key stakeholders with an agreed upon baseline as to the critical care services offered in Ontario. Hospitals are required to submit final data, approved by the hospital CEO, to the Critical Care Secretariat by August 15. The data, along with an initial analysis from each Critical Care LHIN Leaders, will form the basis for a report on the status of Ontario's critical care services that will be distributed in October.

### **Critical Care Response Team (CCRT) Expansion Process Update**

Of the 22 hospitals sites that have received funding for adult CCRTs, 18 are working through the key tasks of Phase I which include confirming buy-in from key clinical and administrative leaders, securing approval from the Medical Advisory Committee, identifying staff to participate on the teams, sending the staff to the CCRT RN/RT Training Course, and beginning to educate ward staff on the calling criteria. Since May, 95 RN/RTs have completed the CCRT RN/RT Training Course. This high fidelity simulation course, organized by the Canadian Resuscitation Institute (CRI), continues to get a very positive response from participants. Bi-weekly teleconferences, hosted by the Secretariat and attended by the hospital CCRT physician site leads and RN co-leads, are facilitating the sharing of ideas and supporting momentum as the sites work to meet their Phase I deliverables. In the demonstration sites that are already providing 24/7 CCRT service, the focus is on trialing a new shared data collection form that will underpin efforts to establish benchmarks for CCRTs in Ontario. The four paediatric sites have submitted detailed implementation plans to the Secretariat and are working with CRI to develop a paediatric CCRT training course for their staff.

### **Ethical Issues of Access Update**

The Secretariat is making great progress toward assembling a “Green Paper” to explore the ethical issues of access to critical care. This paper will provide key background information that will be used by clinical stakeholders in preparing draft Admission/Discharge and Triage Guidelines for critical care in Ontario. Various research initiatives are underway including:

- a study of how conflicts over patient care decisions in ICU contexts are resolved
- a study of how critical care clinicians define appropriate resource utilization
- a review of alternate bioethical frameworks for priority setting in critical care
- a study of various cultural perspectives on key issues such as end-of-life care options, the use of life-sustaining technologies and approaches to palliative care
- a review of current legislation, regulatory structures and case law affecting decision-making in critical care (in partnership with MOHLTC Legal Services Branch)

These initiatives will be completed by end of October with the goal of having the Green Paper completed by January.

### **Provincial Lead Chairs Committee to Review CritiCall Governance**

Dr. Bernard Lawless, Provincial Lead, Critical Care and Trauma, has established a committee to review the governance structures supporting CritiCall. The group’s goal is to support CritiCall’s evolution as an organization as it prepares to assume operational responsibility for the Critical Care Information System in 2007.

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### **Key Targets for August 2006**

- August 2 – Presentation of Final Reports of the Critical Care Nurse Training Standards Task Group and the Chronic Ventilation Task Group to Ministry senior management
- August 15 – Ontario hospitals to provide CEO-approved inventory data to the Secretariat

### **Provincial Tables**

- ❖ September 8 – Meeting of the Trauma Expert Panel
- ❖ September 27 – Meeting of the Critical Care LHIN Leaders Table

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