

Critical Care Strategy

Improving Access, Quality and System Integration

Monthly Update – August 2006

Strategy Highlights:

Hospital Staff and Critical Care LHIN Leaders Complete Critical Care Service Inventory

The Critical Care LHIN Leaders and staff from Ontario hospitals did a great job in completing the Critical Care Services Inventory over the summer months. The hospital-by-hospital data and the many system-level insights gathered through this process are currently being compiled into a detailed report. Following a review by MOHLTC and LHIN senior management, the report will be available on the Critical Care Strategy website in October. The inventory provides data required for the creation of the Critical Care Information System and will support ministry, LHIN and hospital decision-makers in managing Ontario's critical care resources in the face of significant access pressures anticipated over the next decade.

Hospital Funding Opportunity – \$4.5M Annually to Train More Critical Care Nurses

Beginning in 2006/07, \$4.5M will be available to Ontario hospitals annually to help cover the costs of training more critical care nurses. This fund is being administered through the partnership of the ministry's Nursing Secretariat and Critical Care Secretariat. Toward the end of September, Ontario hospitals will be invited to apply to this fund through an application process to be hosted on the Critical Care Strategy website. At the same time, new Standards for Critical Care Nurse Education will be released along with the Final Report of the Critical Care Nursing Standards Task Group. Over the next few years, the funding criteria associated with this \$4.5M will be progressively revised to incent hospitals to use these funds to educate nurses according to the new standards. This gradual refinement of the funding criteria will provide hospitals and educational institutions with adequate time to move into compliance with the new standards.

Hospital Funding Opportunity – CCRTs in More Community Hospitals

In early October, Ontario hospitals will be invited to apply for funding to participate in a demonstration project to examine the effectiveness of Critical Care Response Teams (CCRTs) in smaller community hospitals. The purpose of this multi-site demonstration project is to explore a range of alternate CCRT models that meet the needs and capabilities of hospitals that care for critically ill patients but do not have large 'Level 3' ICUs. It is expected that this demonstration project will fund teams that vary in terms of staff complement, range of services provided, educational needs, funding requirements and performance measures. In addition to the current 22 intensivist-led CCRTs that have already received funding, MOHLTC is continuing to look for opportunities to fund more intensivist-led CCRTs in larger community hospitals. A four-site paediatric CCRT demonstration project, funded in 2005/06, is also underway.

Other Progress:

MOHLTC Accepts the Final Report of the Chronic Ventilation Task Group

Following a presentation by Dr. Greg Downey, Chair of the Chronic Ventilation Task Group to the Deputy Minister, the Critical Care Secretariat has been directed to develop an implementation plan and specific funding recommendations based on the Task Group's Report. The Secretariat will be consulting with other branches of the ministry, the LHINs and healthcare providers in this process.

The Task Group's Report will be available on the Critical Care Strategy website in September.

Call for Applications for the Development of a Critical Care Nursing OSCE

In September, MOHLTC's Nursing Secretariat and Critical Care Secretariat, will proceed with a Call for Applications to identify a developer for Ontario's Critical Care Nursing Objective Structured Clinical Examination (OSCE). A recent Request for Information (RFI) process garnered valuable information as to the options and costs associated with OSCE's. The goal of the Call for Applications is to select a vendor(s) with expertise to oversee the entire process of developing, validating and administering this OSCE. The OSCE will be designed in accordance with the soon to be released Critical Care Nursing Standards. This OSCE will facilitate recognition of prior learning, assist employers in identifying qualified staff, and improve the standardization and portability of nursing expertise across the system.

Performance Improvement Coaching Teams now engaged in 16 Ontario Hospital Sites

The number of Ontario hospitals engaged with critical care performance improvement initiatives grew from 6 to 16 this month, as Coaching Teams conducted initial visits with 10 new hospital sites. The 2-day visits bring Coaching Team members and hospital staff together to discuss their present situation, to identify specific areas for focused improvement, and develop the action plan for achieving their desired improvement objectives over the remainder of the 2006/07 fiscal. During September and October, Coaching Teams will continue their momentum, with initial visits at an additional 24 hospital sites.

Sites Visited in August	Coaching Team
Hamilton Health Sciences Centre	Patient Flow & Inter-Unit Coordination
Chatham Health Alliance	Patient Flow & Inter-Unit Coordination
Brant Community Health Care System	Patient Flow & Inter-Unit Coordination
Lakeridge Health Corporation	Patient Flow & Inter-Unit Coordination
William Osler Health Centre	Critical Care Service Appraisal
Norfolk General Hospital	Critical Care Service Appraisal
Lake of the Woods	Critical Care Service Appraisal
Orillia Soldiers Memorial Hospital	End-of-Life Decision Making
London Health Sciences Centre – Victoria	End-of-Life Decision Making
London Health Sciences Centre – University	End-of-Life Decision Making

Key Targets for September 2006

- Applicants short-listed for the development of the Ontario's Critical Care Nursing E-learning Program will make their presentations to the Selection Committee in September.

Provincial Tables

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

For more information, please contact:

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