

Strategy Highlights:

OHA/Critical Care Strategy Conference A Resounding Success

On April 25 over 250 frontline critical care providers, planners and administrators gathered in Toronto at the Hotel Intercontinental to attend the joint OHA/Critical Care Strategy conference and hear about the progress of Strategy.

The conference, co-chaired by **Dr. Bob Bell**, President and CEO, UHN and **Jocelyn Bennett**, Senior Director, Acute and Chronic Medicine and Nursing, Mount Sinai Hospital opened with a presentation by **Dr. Bernard Lawless**, Provincial Lead, Critical Care and Trauma, who spoke about the overarching objectives of the Strategy, how each of the Strategy elements are inter-related and the remarkable progress that has been made in the areas of capacity management, training and development, performance improvement and patient safety, the expansion of Critical Care Response Teams (CCRT) and the implementation of the Critical Care Information System. **Hugh MacLeod**, Assistant Deputy Minister, Health System Accountability and Performance Division described how the Strategy fits within the province's overall plans for improving patients' access to, and the quality of health care. He remarked that, at the end of the day, the success of the Strategy is reliant upon establishing positive, collaborative relationships between providers and working to ensure that there is a shift to viewing critical care from a systems perspective. Both presentations referenced the impact that the LHINs and the LHIN Critical Care Leaders are having, and will continue to have, on moving the Critical Care Strategy forward with a "systems" focus.

The Strategy's impact on the frontlines was shared in presentations by **Sue Stabb**, RN, Royal Victoria Hospital; **Sue Jones**, RRT, Royal Victoria Hospital; and **Judy King**, RD, Southlake Regional Health

Centre. LHIN perspectives were provided by **Dr. Michael Scott**, Critical Care LHIN Leader, North West LHIN and **Tony Woolgar**, CEO, South West LHIN. **Dr. Carmine Simone**, Medical Director, ICU at Toronto East General Hospital addressed issues related to physician and ICU engagement and **Dr. Damon Scales**, Clinical Associate, Sunnybrook Health Sciences Centre and Physician Lead, MOHLTC's ICU Best Practices Demonstration Project, provided a dynamic, yet sobering look at the impact that the growing and aging population will have on our critical care resources and capacity, both now and in the long-term. Planning is now underway for the second and third conferences in the critical care 3-part series, scheduled to take place in the fall.

ADT Guidelines Planning Moving Ahead

The Admission, Discharge and Triage (ADT) guidelines have been drafted based on the feedback received from the ADT Working Group meeting on February 20 and 21, 2007. Once a draft set of guidelines are complete, the ICU community will have the opportunity to provide their feedback through ongoing consultation with the field. Consultation will also take place with other health care providers prior to being considered by a larger multi-sectoral stakeholder group that will review the guidelines and make formal recommendations to the Ministry regarding implementation.

Strategy Goes International

Ontario's Critical Care Strategy was represented at the 27th International Symposium on Intensive Care and Emergency Medicine in Brussels, Belgium at the end of March. The conference, organized by the department of Intensive Care Emergency Medicine of Erasme Hospital, Free University of Brussels, in association with the Belgian Society of Intensive Care and Emergency Medicine, attracted over 5,000 participants from countries worldwide.

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Open to all physicians, nurses and other health professionals with an interest in critical care or emergency medicine, the objectives of this four-day symposium are to provide participants with an up-to-date review of the most recent, clinically relevant developments in research, therapy, and management of the critically ill. A number of presentations shared Ontario's experience in developing critical care health policy, leadership in the ICU and establishing Coaching Teams and Critical Care Response Teams from a Canadian perspective.

Ethical issues related to accessing critical care services were discussed. Results from several research studies were presented focusing on conflicts that occur in the ICU from the perspectives of clinicians and administrators, and defining appropriateness of care for ICU service delivery. The collaborative model in Ontario has set an excellent example of how government and healthcare providers can work together to successfully implement initiatives for critical care service delivery in an effective and efficient manner. By the end of the week, Ontario was highlighted as an innovative model where policy makers and frontline staff are helping to change critical care service delivery. Presenters from Ontario were: **Dr. Bernard Lawless**, **Dr. Laura Hawryluck**, Medical Advisor to the Critical Care Secretariat Ethical Issues of Access project and Leader, Critical Care Secretariat End-of-Life Decision-Making Coaching Team, **Dr. Tom Stewart**, Toronto Central LHIN Critical Care Leader, **Dr. Stuart Reynolds**, Physician Lead, Critical Care Response Team Expansion Project, and **Nathalie Danjoux**, Policy Analyst, Ethical Issues of Access, Critical Care Secretariat.

2006-07 Coaching Team Program Celebrates Successes at Year-end Wrap Up

On April 25, the inaugural year for the Critical Care Coaching Team Program ended the way it began, on a high note. Over 150 attendees, representing 40 hospitals gathered at the Pantages Hotel to celebrate and share the incredible improvements achieved by the participating hospitals over the past 10 months.

Participants in the day's agenda included front-line staff, unit managers, directors and hospital VP's. The morning discussion reviewed improvements to the Coaching Team program for 07/08, some preliminary results of program evaluation and included a heartfelt thank you message sent from **The Honorable George Smitherman** for the work the hospital teams have been doing to improve the system.

Attendees engaged in a series of team breakout sessions with each hospital having the opportunity to present and showcase their experiences and successes over the past year to the other hospitals that had been working in the same area of focus. Feverish networking between the units continued over lunch and into the afternoon as everyone heard a synopsis of what was accomplished within each of the six coaching teams. This served to illustrate and demonstrate the types of improvements that could be made with each team and informed those considering applying to work with a different team next year. Finally, in a wrap-up keynote session, attendees heard an overview of two innovative projects that are working in parallel and in support of the Critical Care Strategy: the Critical Care Information System (CCIS) and the ED-GIM Patient Flow Toolkit.

The message of the day was that hospital teams want more opportunities to share and learn from each other! Congratulations to the coaches and hospital teams for all of their hard work this past year. Apply for a Critical Care Coaching Team today! See the RFA at <http://www.health.gov.on.ca/english/providers/program/criticalcare/picprocess.html> or contact Vanessa Blount at vanessa.blount@uhn.on.ca for an application package.

For More Information

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