Ontario's Critical Care Strategy

Monthly Report

Improving Access, Quality and System Integration

June 2007

Prepared by the Critical Care Secretariat

Strategy Highlights:

New CritiCall Executive Director Appointed

Dr. Bernard Lawless, Provincial Lead, Critical Care and Trauma, **Brenda Flaherty**, Executive Vice President Clinical Operations, Hamilton Health Sciences and **Tony Woolgar**, CEO, South West LHIN and Chair, CritiCall Strategic Planning and Advisory Committee, are pleased to announce the appointment of **Kris Bailey** to the position of Executive Director of CritiCall Ontario, commencing July 9, 2007.

Kris Bailey brings a wealth of strategic leadership and management experience to her new role. Prior to her new appointment she worked in the medical laboratory consulting and management sector as President of AiCon Inc., and as Managing Director, ThiiNC Health Inc., and also as Senior Consultant at Bayer Diagnostics. Kris holds an MBA from the Rotman School of Business and is currently the Board Chair of Grand River Hospital in Kitchener. Over the coming weeks and months, Kris will be working with CritiCall staff, the Critical Care Secretariat and other stakeholders to further develop CritiCall's strategic objectives and to operationalize a number of key initiatives and accountabilities, including the transition of the operation and management of Ontario's Critical Care Information System (CCIS) to CritiCall.

Kris Bailey's business expertise, proficient communications skills and results-driven approach to both strategic planning and change management, will ensure that CritiCall is well positioned to meet the ever-growing demand for critical care services in the province.

On behalf of the province, the Critical Care Secretariat extends its sincere appreciation to **Trish Simmons** who has served as Interim Director of CritiCall for the past year. Trish has provided exemplary leadership to the CritiCall team and her unwavering commitment to improve access to critical care for Ontarians has been much appreciated. Trish has accepted the position of Senior Consultant, Communications and Community Engagement with the Hamilton, Niagara, Haldimand, Brant LHIN. Please join us in wishing her all the best in her new role.

Performance Improvement Coaching Teams – Program Update

Year 2 of the Critical Care Performance Improvement Coaching Team program is off and running!

The application process for Coaching Teams is now closed but we received an incredible response this year with over 50 applications received. Applicant hospitals have now received notice of their team assignments and will begin their work in the program over the next few weeks. As a first step, and introductory information call will be held on July 12th 2007 so that hospital teams can call in and hear an overview of the program requirements and ask questions of the program staff.

Now in its second year, the Critical Care Coaching Team program is constantly evolving and improving and we are thrilled to have 8 new Coaches joining us for this year and three new team topics to offer. Borne out of the work of the Unit Appraisal and Leadership & Teambuilding Teams last year we have redefined three of the teams to focus on work life issues & HHR, data management & usage and system integration & communication – all important and timely topics.

Please check the website regularly for updates and program news! Should you have any urgent questions or concerns, please contact our program staff Brigette Hales at brigette.hales@uhn.on.ca or Vanessa Blount at vanessa.blount@uhn.on.ca. Thank you to all those that applied, we look forward to working with all of you – if you didn't apply this year, keep tabs on the program progress and success stories through the website and watch for next year's call for applications.

Critical Care Information System (CCIS) Now Live in 23 Hospitals

The Critical Care Information System (CCIS) continues to be implemented at hospitals across Ontario. In June, 14 additional hospital corporations went live with the system as part of the first wave of the provincial rollout:

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Halton Healthcare Services
Humber River Regional Hospital
Kingston General Hospital
North York General Hospital
Peterborough Regional Health Centre
Queensway Carleton Hospital
St. Joseph's General Hospital - Elliot Lake
St. Michael's Hospital
Sunnybrook Health Sciences Centre
The Credit Valley Hospital
The Scarborough Hospital
Toronto East General Hospital
Trillium Health Centre
York Central Hospital

With a total of 23 hospital corporations currently reporting critical care utilization on a daily basis, just over 50% of Level 3 adult medical/surgical critical care beds are being captured in the system. 80% of Critical Care Response Teams are also collecting valuable assessment, audit, and statistical data in the CCIS. Hospital executives have access through the CCIS portal to several up-to-date reports on bed occupancy, patient flow patterns, and admission/discharge statistics. LHIN-level key indicators are currently being developed and will be available to executives as an analyzed quarterly report in September. The CCIS Provincial Team is currently working with 12 additional hospitals to implement the system by early October and remaining adult medical/surgical ICUs will go live by the end of 2007.

CCRT Utilization Data Indicates Remarkable Service Uptake

The utility of any service can largely be reflected by the frequency with which it is used. The published literature on Critical Care Response Teams (CCRT) typically reports on the number of calls the service receives as consults or 'activations' per 1,000 hospital inpatient admissions. Australian researchers identified the linear, inverse relationship between the number of MET (or CCRT) calls and cardiac arrests (Jones et al). Within their institution, over a period of six years, it was calculated that seventeen consults were required to prevent one cardiac arrest and that the use of the service increased over time with continuously improved outcomes. In Ontario, during February and March of 2007, (the first two months of their 24/7 CCRT service), funded Intensivist-led CCRT sites averaged 34.6 and 39.4 calls per 1,000 hospital inpatient admissions. In addition, there have been trends toward a decrease in the cardiac arrest rate at some hospitals with CCRT service. It is expected that with cardiac arrests and hospital-wide mortality, true change can only be determined to have taken place if examined over a longer period of time.

Two of the CCRT demonstration sites that have been operating since April 2005 (Ottawa General) and September 2005 (Toronto General) have achieved change in these important indicators:

The Ottawa Hospital has found:
ICU admits from the ward – decreased 3.4 %
ICU readmission rates – decreased 39%
Code blue calls – decreased 38%

UHN - Toronto General has found:
Respiratory arrests – decreased 23 %
Cardiac arrests – decreased 7 %
Hospital mortality – decreased 8.4 %

It took one year for these changes to be measurable as 'statistically significant' changes. We anticipate that it will take one year for any changes to be considered significant at hospitals that began 24/7 service in February 2007. The analysis of this early data indicates the potential for the development of provincial benchmarks for activity. The effect of CCRT intervention on patient outcomes will emerge and be refined through this process of data collection and iterative review. CCRT utilization data is now being collected through the CCIS and is available to senior staff at hospitals, LHINs and the MOHLTC.

For More Information

Please visit us on the web:
www.health.gov.on.ca/criticalcare or contact:

Robert McKay
Manager, Critical Care Secretariat
Phone: (416) 550-0037
Email: Robert.McKay@ontario.ca