

CritiCall resources are infinite

CritiCall's commitment is to ensure timely and appropriate access to medical resources for patients. When a local bed isn't available, we have the ability to access resources throughout the province or in the United States if most appropriate for the patient. As Ontario's sole emergency-referral service, we have developed relationships with hospitals across the province and the country.

Receiving Region	Central South	Central West	Toronto	Central East	Southwest	East	Northeast	Northwest	Manitoba	USA	Consult	Cancelled, Listed, Placed Internally
Central South	65%	2%	4%	6%	13%	9%						
Central West	25%	8%	34%	8%	13%	12%						
Toronto	2%	2%	62%	2%	1%	1%					20%	11%
Central East	2%	1%	64%	5%	1%	4%					13%	10%
Southwest	7%	3%	7%	65%	1%	8%				3%	7%	8%
East			4%	1%	84%	6%					6%	6%
Northeast	1%	25%	2%	13%	22%	2%					27%	7%
Northwest	2%	2%	1%	2%	7%	41%	19%	5%			13%	9%
USA	67%	33%										
Grand Total	14%	2%	35%	2%	5%	14%	2%	2%	1%	1%	12%	11%

*Note: CritiCall also handled referrals from Quebec and Nunavut.

Spreading the word about CritiCall

In addition to their work with local Emergency Service Networks, provincial subcommittees and regular training with hospital personnel regarding CritiCall screen upgrades and services, our staff make their expertise available to other health care providers around Ontario.

Representatives from CritiCall visited various health care providers throughout the province, providing education about what CritiCall has to offer. Some of those visits this past year included:

- Paramedic programs at St. Clair College, Fanshawe College, Conestoga College and Niagara College
- Central Ambulance Communications Centre (CACC) for Mississauga, Hamilton, Georgian (Barrie), Thunder Bay, Windsor and London
- Emergency Preparedness Committees for the regions of Peel, Halton and York
- 76th annual Lakehead Summer School sponsored by the Thunder Bay Medical Society
- Southwest Ontario Chief of Staff meeting
- Medical advisory committees
- Ontario Perinatal Partnership
- District Health Councils

The Ontario CritiCall Program is more than just a call centre. CritiCall also plays an important roll on various health care projects and committees throughout the province.

Strategic Healthcare Partnerships

Niday Perinatal Database

A regional database was created in 1997 to collect and provide Perinatal data to partners of the Perinatal Partnership Program of Eastern and Southeastern Ontario (PPESO). The statistics the database collected provided current information about the health status of the population, prevalence of risk factors and conditions, use of interventions, and health and social services.

After two years of use, there was a need to expand and enhance the system. Issues were arising with the dated technology being used, collecting data was becoming too cumbersome and partner access was limited. The Ministry of Health and Long-Term Care suggested CritiCall's Bed and Resource Registry website as a cost-effective option to house an on-line perinatal database.

The CritiCall Program now provides the platform for the upgraded perinatal database, allowing real-time access via the Web. The Niday Perinatal database, named for its original champion Dr. Patricia Niday, collects 42 different data elements for maternal and newborn characteristics. It takes approximately 45 seconds to input a record into the database. With this data, hospitals can run statistical reports on themselves or compare themselves with other hospitals or groups of hospitals, as agreed upon by the region. There are more than 45 hospitals currently using the system throughout the province and more are expected to adopt the system in the coming year.

By using the CritiCall Program, there were significant savings in development time and costs by preventing duplication of efforts and technology. Hospitals can input their data directly into the database and generate their own reports in real time, using a flexible, user-friendly format. Some hospitals have eliminated various paper records that were traditionally used.

Emergency Services Networks

As the provider of communication resources throughout the health care continuum, CritiCall is one of the integral players in each region's Emergency Services Network (ESN). The ESNs were initiated by the Ministry of Health and Long-Term Care to guide the coordination and implementation of strategies that address emergency care services' issues in their respective regions. The ESNs' membership also includes representatives from hospitals, ambulance dispatch, long-term care facilities and Community Care Access Centres. The ESNs facilitate the development of regional-specific strategies to address key emergency care issues in their communities.

As a link to the ESNs, CritiCall is able to help respond to communication issues the networks address. The CritiCall screen provides various tools needed to communicate the current situation at each hospital - including the number of ambulances going to each hospital site and the number of patients in an Emergency Department. The information provided by the CritiCall screens has helped put some of the pieces of the puzzle together as the ESNs work to address emergency department in-low and out-flow pressures. The data has also helped the ESNs identify current trends and develop other strategies. In addition, CritiCall has supported the ESNs by developing customized reports and on-site training for network members.

Reach A Specialist

Constant changes in local health care have left some community physicians with an unclear picture of Central South's available specialist resources. A new tool created by the Ontario CritiCall Program will help clarify some of those issues.

That tool is Reach A Specialist, an on-line specialist directory and appointment availability system. The new system will assist community and family physicians in Central South Ontario to determine "who does what and how soon."

Reach A Specialist provides:

- A way to facilitate referrals for non-acute or elective patients
- Profiles of specialists and their areas of expertise
- Estimated time of how soon an appointment can be booked for that specialist
- The ability to search for a specialist by name or by specialty

Reach A Specialist is a secure Internet site that serves as a tool to guide physicians to the most appropriate specialist for their patient. The Reach A Specialist website, made possible through generous funding from the Richard Ivey Foundation, is accessible only through a user name and password assigned by the Ontario CritiCall Program. Once the physician views the on-line information for the specialist who meets a patient's needs, the specialist's office would then be contacted to schedule an appointment.

The new system is currently being piloted in the Central South region.



Welcome to the 2002 Ontario CritiCall Program Annual Report.

Through this report, we hope to illustrate CritiCall's ongoing, important role in health care throughout the province.

As Ontario's sole emergency patient referral program, we logged more than 8,000 physician calls in 2002.

One of the keys to our success is our Internet-based Central Bed and Resource Registry. The Registry - which began in 1988 as Hamilton's Regional Emergency Access to On-Call Health Professionals program or R.E.A.C.H. - provides valuable information to more than 140 Ontario hospitals as well as ambulance dispatch centres, physicians and Emergency Service Networks.

Whether it is checking the status of an Emergency Department in Ottawa, comparing NICU statistics for children's hospitals in Toronto, Hamilton and London or updating the Thunder Bay ambulance dispatch screen, the Registry is a fast, efficient and reliable tool for health care providers throughout the province. Each year the secure, on-line Registry logs more than 2 million updates.

We are proud to be a key provincial resource. Our success is demonstrated by:

- Providing more efficient and effective resource utilization of all levels of care;
- Promoting health care accessibility to a greater number of people at less overall cost;
- Offering physicians a more efficient use of their time;
- Allowing government to increase the efficiency of the health care network;
- Providing enhanced disaster planning capabilities;
- Enhancing ambulance and emergency communications services;
- Improving communication within each hospital;
- Providing real-time information about resources available within hospitals, regions and the province.

In addition to being the "one number to call," 24-hour-a-day referral service for physicians, CritiCall is also an important participant in other strategic health care projects including Emergency Service Networks, Reach A Specialist and the NIDAY Perinatal database.

While our tools help with day-to-day operations, they have proven invaluable during emergency situations. During the SARS emergency the CritiCall screens helped hospitals communicate to each other and other health care partners via the on-line reporting system.

Urgent situations like SARS illustrate the importance of efficient, real-time reporting of information. CritiCall is developing new tools to improve communication across the health care continuum in emergency situations. For example, using the Bed Registry to post notifications during wide-ranging emergencies would provide communication services that would ultimately enhance disaster-planning capabilities, improve communication within each hospital and provide up-to-date information about resources available within hospitals, regions and the province.

We are proud of how far CritiCall has come and are excited about what we can do to enhance health care services within the province. As the health care landscape changes and evolves, CritiCall is well positioned to continue our role as a strategic member of the team.

Thank you for your ongoing support.



Shelly Moneta
Shelly Moneta
Ontario CritiCall Program Manager

Dr. Frank Baillie
Dr. Frank Baillie
Ontario CritiCall Medical Director

annual report

The History of CritiCall

CritiCall dates back to 1988 with the development of Hamilton's Regional Emergency Access to On-Call Health Professionals program (R.E.A.C.H.) – a program that facilitated emergency patient referrals within Central West/Central South Ontario. R.E.A.C.H.'s partnerships with Hamilton's tertiary care centres — centres that were committed to effectively supporting community hospitals within the region — created a successful program.

R.E.A.C.H.'s success was later modeled in other areas of the province, including Thunder Bay, Toronto, Ottawa and Kingston.

In 1995, the Ontario Ministry of Health recognized the need to link all provincial emergency referral programs at one central site. The Hamilton Health Sciences' proposal was selected and after adopting the name change 'CritiCall', has been Ontario's sole emergency patient referral program since April 1, 1996.

What is CritiCall?

The Ontario CritiCall Program is the one-number-to-call, 24-hour-a-day referral service for physicians caring for seriously ill patients in Ontario. The program assists physicians in contacting on-call specialists, arranging for appropriate hospital beds and accessing transportation for patients.

Referrals are not always life threatening, but may require a higher level of care than is available at a particular centre. For physicians in community hospitals, CritiCall is a vital link to the resources of larger tertiary care hospitals in their region and the province. The Ontario CritiCall Program facilitates the optimal use of all specialized hospital-based resources in the province. Regional coordinators and medical directors work to ensure the integrity of the program and represent the interests of their regions.

In order to operate efficiently and effectively, the Ontario CritiCall Program relies on its Internet-based Ontario Central Bed and Resource Registry. The on-line Registry is regularly updated by more than 140 Ontario hospitals and provides immediate access to bed and resource availability for each hospital and contact information for on-call physicians in more than 55 medical specialties.

Sometimes a consultation with a specialist is all a physician requires. If a consultation alleviates the need for an air or land ambulance transfer, then CritiCall has fulfilled its mandate by assisting in the appropriate utilization of healthcare services and resources.

CritiCall is a vital program funded by the Hospital's Branch of the Ontario Ministry of Health and Long-Term Care. CritiCall is managed by Hamilton Health Sciences and based at the Henderson General Hospital.

The Ontario CritiCall Program is the one-number-to-call, 24-hour-a-day referral service for physicians caring for seriously ill patients in Ontario.



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Wendi MacKay – Project and Marketing Specialist

Regional Coordinators and Regional Medical Directors

Shelley Moneta and Dr. Frank Baillie – Central South
Trish Simmons and Dr. Frank Baillie – Central West
Andrea de Laforest and Dr. Paul Dupuis – North West
Cathie Closs, Dr. Jim Worthington and Dr. Gene Dagnone – East
Andy Hynds, Dr. Wilfred Demajo, Dr. Fred Brennehan and Dr. Andrew Shennan – Toronto and Central East
Joan Hill and Dr. Frank Rutledge – South West
Yvonne St. Pierre and Dr. Larry Thornsteinson – North East

Call Takers

Anna Carte, Barb Wroclawski, Heather Little, Heather Graham, Jim Burden, Julie Mulholland, Lisa Llewellyn, Lori Ciotti, Marg Johnson, Marie LePre, Nora Trudgian, Stephenie Lazier-Peters, Vicki Westall and Katie Gunby.

The Ontario CritiCall Program is funded by the Ontario Ministry of Health and Long-Term Care and is managed by Hamilton Health Sciences.

Physician-to-Physician communication key to CritiCall's success

Two-way communication between physicians is an integral part of the service CritiCall provides.

If an appropriate hospital clearly indicates an available bed, the call taker contacts the on-call specialist at that hospital. But as resources are limited, that physician may not be able to accept the patient.

Physicians are more likely to accept patients directly from their colleagues regardless of bed status. Since CritiCall referrals are often emergent and specialized in nature, immediate expertise for patient management may be required and could involve contacting more than one physician.

Call data from April 1, 2002, to March 31, 2003, indicates that patient placement occurred:

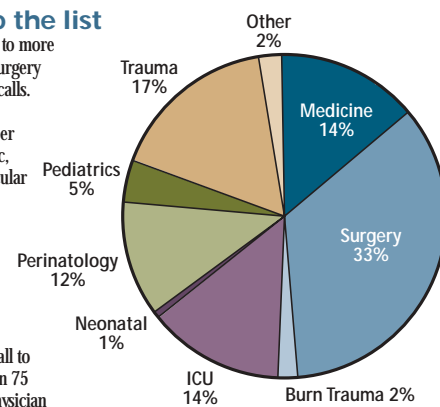
- 45% of the time after consultation with one physician
- 23% of the time after consultation with two physicians
- 13% of the time after consultation with three physicians

Surgery calls top the list

Calls received by CritiCall relate to more than 70 different specialties. Surgery calls topped the list with 2,500 calls. Those calls included cardiac, general, gynaecology, hand/upper limb, neurosurgery, orthopaedic, plastic, spinal thoracic and vascular surgeries.

Type of Calls

- based on 8,021 calls



Fast Facts

How long does it take for CritiCall to get a physician on the phone? In 75 percent of cases, the average physician response time for an initial consultation is six minutes.

CritiCall call takers spend an average of 2.1 hours on every call. This includes time to facilitate patient placement, complete the call log and monitor the transfer until the patient arrives at their destination.

***All data taken from CritiCall statistics dating April 1, 2002, to March 31, 2003.**

CritiCall Call takers Receive Specialized Training

Because CritiCall is such a unique program, it requires call takers to have strong communication and critical thinking abilities, medical knowledge and a talent for multi-tasking.

Call takers also need to be well prepared to handle the wide range of call types received by the program. After being hired to CritiCall, call takers go through a rigorous training process that enables them to learn the multiple tasks that the job involves.

Karen Candy, a former paramedic and ambulance dispatch operator, leads the training of CritiCall call takers and was responsible for developing the training manual that is used to teach the ins and outs of the program.

"A rigorous, in-depth training process is necessary to ensure call takers are well equipped to assist physicians across the province," says Karen, who has been with CritiCall since 1998 and is a communication training officer and instructor through the Association of Professional Communication Officers (APCO).

The training process can last from six weeks to three months, depending on the individual and their prior knowledge. Training of a new call taker begins with one week of in-class sessions, led by Karen. Candidates become familiar with the training manual which includes components on the referral process, call prioritization, the Internet-based Bed Registry, patient transportation and the various regional protocols. The candidates also work through several call scenarios and exercises that give them the opportunity to use the knowledge they gained throughout the training sessions.



Karen Candy explains the CritiCall screen to new call taker Katie Gunby.

After completing the in-class training and spending several days observing in the call centre, candidates complete a written exam and must score at least 75 percent to pass. At that point, call takers begin an "apprenticeship" with Karen.

During the apprenticeship, call takers observe Karen in action. Once they have gained an understanding of the process, they begin taking actual calls while Karen monitors. Daily progress reports are made for each day they are in the call centre. "The learning curve for a call taker can be a steep

one and can take up to a year before they work independently in the call centre," says Karen.

Education doesn't end once the training is completed. Continuing Education and In-service programs are made available to the call takers. Medical topics covered have included airway/intubation, neurosurgery basic anatomy, aortic aneurysm and dissections. To illustrate the topics, sessions include audiovisuals such as videos, x-rays and even mannequins to give the call takers a first-hand look at how patients are treated. In addition to the medical education, employee-related topics such as shift work nutrition, ergonomics and legal information have been covered.

- Montfort Hospital
- Moose Factory General Hospital
- Mount Sinai Hospital
- Niagara Health System
- Nipigon District Memorial Hospital
- Norfolk General Hospital
- North Bay General Hospital
- North York General Hospital
- Northumberland Health Care Corporation
- Notre-Dame Hospital - Hearst
- Orillia Soldiers' Memorial Hospital
- Ottawa Hospital
- Palmerston & District Hospital
- Pembroke General Hospital
- Penetanguishene General Hospital
- Perth & Smith Falls District Hospital
- Peterborough Regional Health Centre
- Quinte Health Corporation
- Rainy River Hospital
- Red Lake/Margaret Hospital
- Renfrew Victoria Hospital
- Ross Memorial Hospital
- Rouge Valley Health System
- Royal Victoria Hospital
- Samia General Hospital
- Sault Area Hospitals
- The Scarborough Hospitals
- Sensenbrenner Hospital
- Sioux Lookout District Health Centre
- Sioux Lookout Zone Hospital
- South Bruce Grey Health Centre
- South Lake Regional Health Centre
- South Muskoka Memorial Hospital
- St. Francis Memorial Hospital
- St. Joseph's General Hospital
- St. Joseph's Health Centre - Guelph
- St. Joseph's Health Centre - Toronto
- St. Joseph's Health Care - London
- St. Joseph's Health Centre - Sarnia
- St. Joseph's Healthcare - Hamilton
- St. Mary's General Hospital
- St. Michael's Hospital
- St. Thomas-Elgin General Hospital
- Stevenson Memorial Hospital
- Strathroy/Middlesex General Hospital
- Sudbury Algoma Hospital
- Sudbury Regional Hospital
- Sunnybrook & Women's College Health Sciences Centre
- Temiskaming Hospital
- The Credit Valley Hospital
- Thessalon Hospital
- Thunder Bay Regional Hospital
- Tilsonburg District Memorial Hospital
- Timmins & District Hospital
- Toronto East General Hospital
- Toronto Hospital for Sick Children
- Trillium Health Centre
- University of Ottawa - Heart Institute
- University Health Network
- West Haldimand General Hospital
- West Lincoln Memorial Hospital
- West Nipissing General Hospital
- West Parry Sound Health (Church St.)
- West Parry Sound Health Centre (James St.)
- William Osler Health Centre
- Wilson Memorial General Hospital
- Winchester District Memorial Hospital
- Windsor Regional Hospital
- Woodstock General Hospital
- York Central Hospital