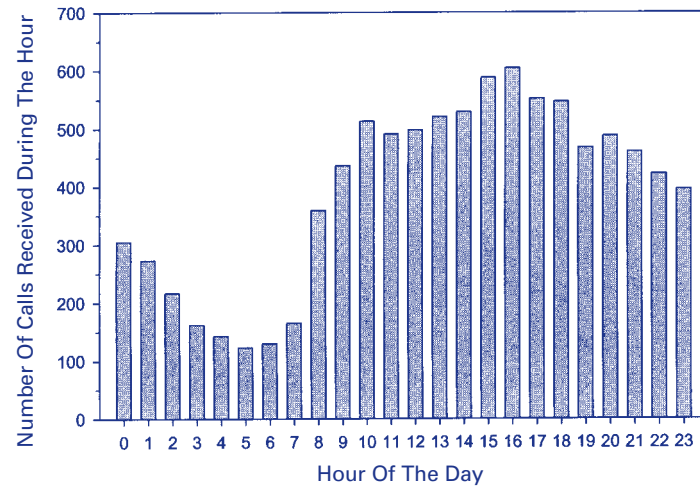


CRITICALL Performance Measures

Call Volume By Hour of the Day
April 1, 2003 - March 31, 2004

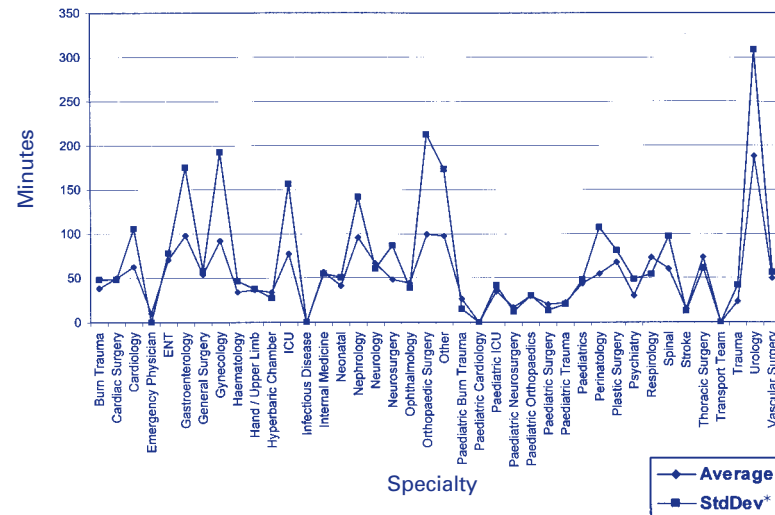


This bar graph illustrates the average call volume each hour. The highest number of calls come in at 1600 hours.

fastfact

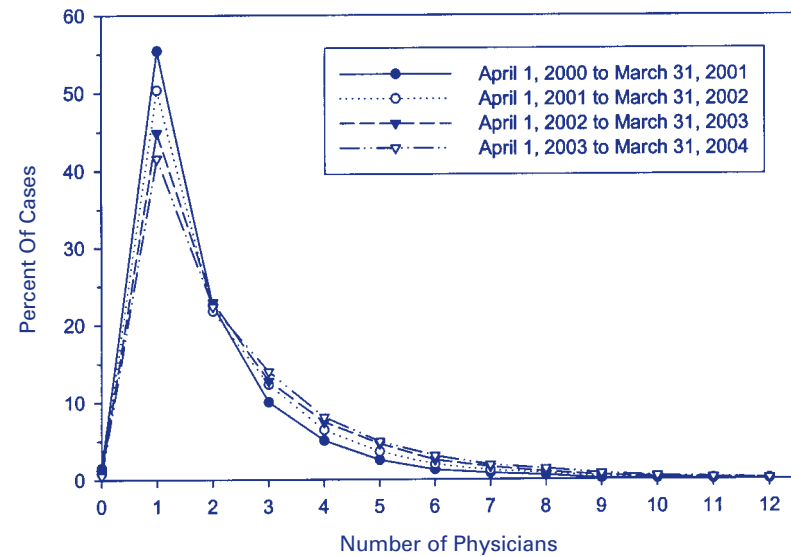
The day that received the most calls in 2003 was Saturday with 1,509 calls followed by Sunday with 1,410 calls.

Time From Call Start to Patient Acceptance
April 1, 2003 - March 31, 2004



This graph illustrates the average minutes it takes from call start to when a patient is accepted by specialty. The average time was 54 minutes for calls in 2003-2004.

Number of Physicians We Involved in Calls
April 1, 2000 to March 31, 2004 By Fiscal Year



This graph shows the percentage of cases that involved one or more doctors from 2000-2004.

For 2003-2004, 41.6 percent of the cases involved one physician. ("0" notes call consults and/or call cancellations)

Working together is a win-win for everyone

Like any health care provider, CritiCall has its own set of unique challenges. We don't view these issues as obstacles, but as opportunities to enhance our program. Working with our program users, our goal is to make these five key challenges a thing of the past.

Challenge: The sending facility makes numerous calls before contacting CritiCall.
Solution: CritiCall was created to make contacting a specialist simple, while saving the sending hospital time. By calling CritiCall first, hospitals speak with a knowledgeable, professional call taker who has up-to-date information on available specialists and appropriate facilities to meet the patient's health care needs. It's a 'one call does it all' program.

If you have a critically ill patient and are in need of assistance, save yourself valuable time by contacting CritiCall at 1-800-668-4357. We are available 24-hours a day, seven days a week, 365 days a year.

To encourage physicians to make the initial call to our hotline, we will begin an education campaign to Emergency Department physicians later this summer.

Challenge: The sending facility makes calls while CritiCall is trying to facilitate the call.

Solution: Once CritiCall becomes involved in the referral process, there's no need for your hospital to make independent phone calls. We stick with the call from start to finish. If you continue to make calls to other facilities, this causes confusion and may result in multiple pages to the same specialist for the same patient.

Challenge: There are gaps in the hospital's on call (for example, specialists are in the region, but there is no on call coverage for two weeks).

Solution: CritiCall is a physician to physician emergency referral service, and how we do our job effectively depends on available specialists. If we are unable to locate a specialist in a specific region because there are gaps in the on call, we are forced to look elsewhere – utilizing valuable time.

If hospitals put contingency plans in place to fill specialty on call rosters and keep CritiCall informed, physicians can consult and assess the patient's needs more rapidly.

Challenge: A sending facility has the specialist required at their hospital, but that specialist only consults on the phone and deems the patient's needs beyond his or her capabilities.

Solution: We do realize that health care resources are highly specialized. However, if the sending hospital's specialist personally assesses the patient, they're often the most appropriate to discuss the case with a specialist at a tertiary care centre.

Challenge: The sending physician requests he or she only speaks with specialists with beds.

Solution: CritiCall's first priority is to help provide the expertise needed to help manage your patient. At times, there are no 'documented' beds. CritiCall contacts the hospitals that have the appropriate resources, regardless if the unit is 'closed'. That physician will have a good idea as to any movement in their unit, and often the specialist can make a bed available. A high percentage of patients are placed in 'closed' units.

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The critically ill patient could be in Toronto or Thunder Bay, Kenora or Kingston. Regardless of where the need is, CritiCall is there 24-hours a day, seven days a week.

As the health care landscape continues to evolve, CritiCall continues to be a principal player in providing assistance to physicians across the province. This is illustrated by the more than 2 million updates our secure Internet-based Bed and Resource Registry receives each year from Ontario hospitals along with the more than 9,300 calls we received in 2003. Our call volumes are increasing by 17 percent to 22 percent annually.

What can CritiCall attribute to its success? Simply put – our stakeholder collaboration. We are fortunate to be at the table for key provincial health care projects and initiatives. As well, we can't forget about the specialists who offer their assistance; our regional project managers and medical directors who spread the word about our program; and our tireless, knowledgeable call takers who are on the phone lines each and every day.

Certainly the biggest health care challenge of 2003 was SARS. It took a tremendous emotional and physical toll on health care providers throughout the province. As well, it tested CritiCall's ability to provide assistance during a province-wide emergency. We handled more than 100- SARS related patient calls and transfers, not to mention hundreds of calls from physicians and hospitals asking for general information, protocol updates and assistance with the ambulance transfer process. Our Bed and Resource Registry screens were modified within hours to include the daily SARS situation report for each hospital to input information regarding critical care admissions, discharges and capacity. As well, the addition of isolation and negative pressure bed information was added to the Bed Registry to track specific-related bed availability. This information was then sent directly to the Ministry of Health and Long-Term Care and each hospital's SARS category was displayed on a screen on the Bed Registry. We are pleased that the real-time data and call centre we use every day helped make a difference in managing this terrible outbreak.

SARS tested CritiCall's ability to provide assistance during a province-wide emergency.

As for our future plans, we are looking ahead at how health care is changing and how we can meet those needs. We are currently beginning to pilot a program with 20 Ontario hospitals that would automate interfaces to hospital Admit / Discharge / Transfer (ADT) systems. This automatic process would improve the immediate identification of available system resources – possibly communicating resource availability before hospital department staff might otherwise have a chance to update the system.

While tomorrow is never certain, it's imperative that we plan for the worse case scenario. CritiCall is an important player on various disaster management committees. As Ontario's 'medical 911', we can assist with resource management and patient transfers in times of crisis. If a hospital needs to relocate patients quickly and effectively due to an emergency, we can assist with patient transfers, allowing hospital staff to focus on their patients' needs. When we are called, the process is immediately initiated and patients can be taken care of quickly and appropriately.

Thank you for being supportive of our program. Our goal is to continue to be a key provincial resource in health care communications. We are excited about what the future brings and how we can help improve health care in Ontario.

Shelley Moneta
Shelley Moneta
Ontario CritiCall Program Director

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

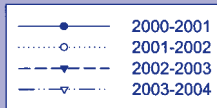
ANNUAL REPORT 2003

Destinations of Patients

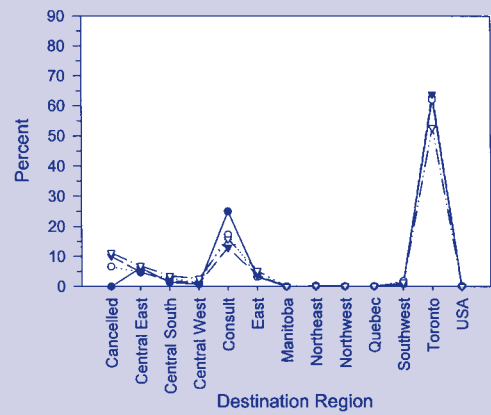
The next nine graphs illustrate

- strong regional collaboration
- highly regionalized specialty services in all Ontario tertiary centres
- Ontario's strength as a provincial health system without borders

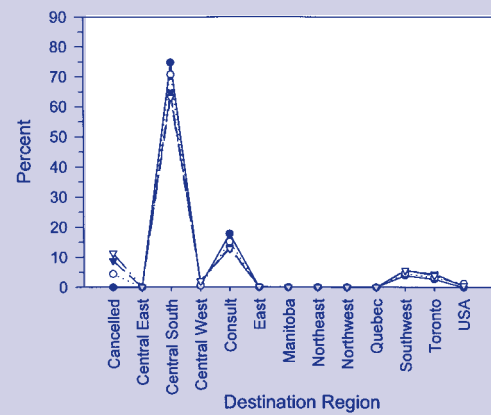
The data shows that where patients go has not dramatically changed over the years. As well, sending patients out of region has not substantially changed.



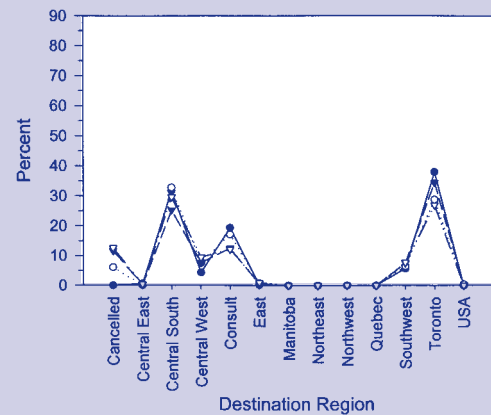
Destination of Patients From Central East Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



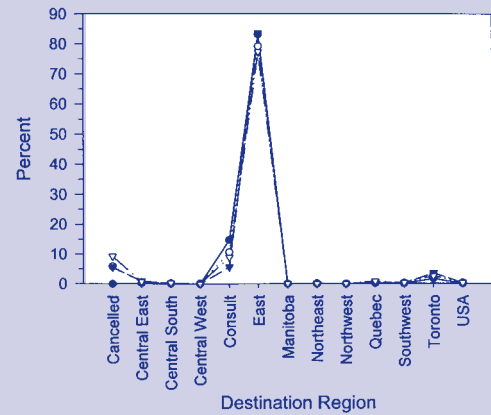
Destination of Patients From Central South Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



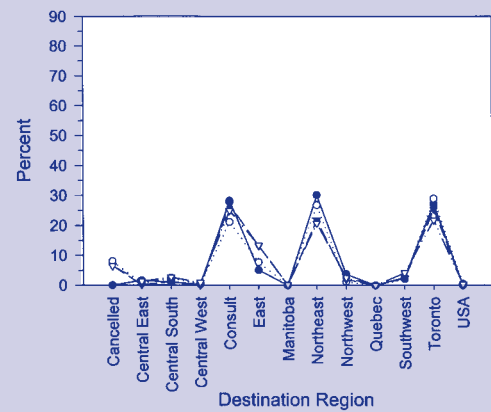
Destination of Patients From Central West Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



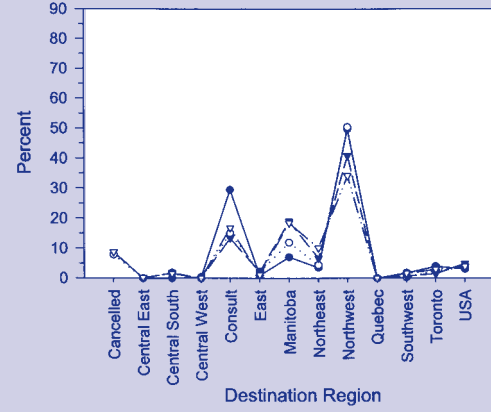
Destination of Patients From East Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



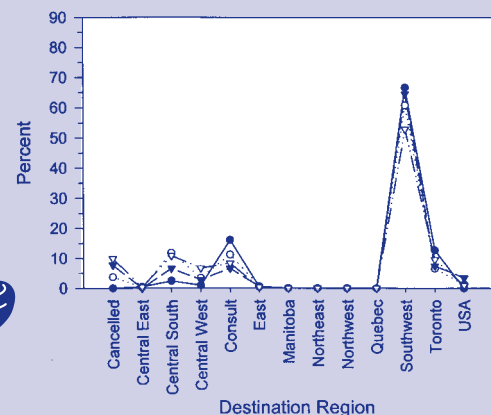
Destination of Patients From Northeast Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



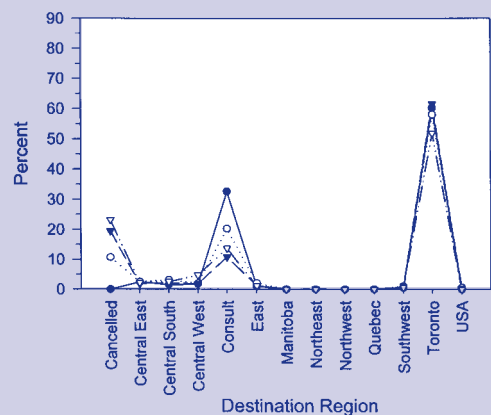
Destination of Patients From Northwest Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



Destination of Patients From Southwest Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



Destination of Patients From Toronto Hospitals
April 1, 2000 to March 31, 2004 By Fiscal Year



Destination of Patients for 2003 - 2004

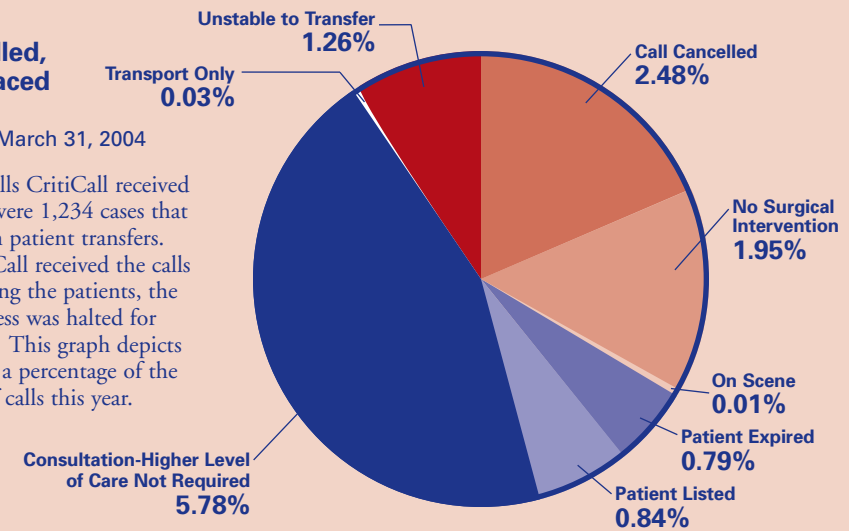
Destination Region	Cancelled, Listed, Placed Internally	Central East	Central South	Central West	Consultation	East	Manitoba	Northeast	Northwest	Quebec	Southwest	Toronto	USA
Central East	11%	7%	4%	3%	16%	5%					1%	53%	
Central South	11%		63%	2%	13%						6%	4%	1%
Central West	13%		30%	9%	12%	1%					8%	27%	
East	9%	1%			9%	77%				1%		3%	
Northeast	6%	1%	3%	1%	25%	13%		21%	3%		4%	22%	
Northwest	9%		2%		17%	1%	18%	10%	34%		2%	3%	4%
Southwest	10%		11%	7%	8%						53%	10%	1%
Toronto	23%	2%	3%	5%	14%	1%					1%	52%	
Grand Total	13%	2%	17%	4%	14%	12%	1%	2%	2%		5%	29%	

*Note: The Total Number of Calls Received by CritiCall from April 1, 2003 to March 31, 2004 was 9393

Calls Cancelled, Listed or Placed Internally

April 1, 2003 - March 31, 2004

Of the 9,393 calls CritiCall received in 2003, there were 1,234 cases that did not result in patient transfers. Although CritiCall received the calls and began placing the patients, the placement process was halted for various reasons. This graph depicts these reasons as a percentage of the total number of calls this year.

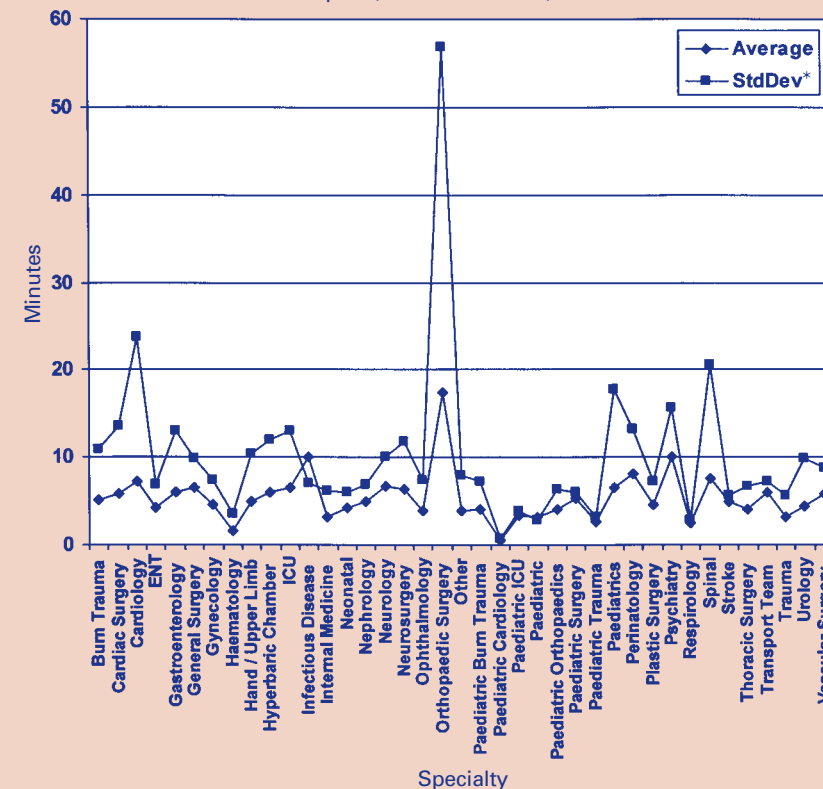


Time From Call Start to Connection With Specialist

April 1, 2003 - March 31, 2004

This graph summarizes the time it took for a call taker to connect with a specialist once a call was received. In 80 percent of the calls, call takers were able to connect with a specialist in 10 minutes or less.

*Standard Deviation - The standard deviation is a measure of the spread of values in a data set. It communicates how tightly the values are clustered around the mean.



fastfact

Total number of calls in 2003 was 9,393. That's an average of 25 calls per day.



Automated interface project begins

Earlier this year, CritiCall received the green light from the Ministry of Health and Long-Term Care to launch a pilot project where updates to the Bed Registry would be automatic.

Twenty hospitals throughout the province have volunteered to participate in Phase 1 of the Admit / Discharge / Transfer (ADT) system automated interfaces project. An automated process would improve the real-time identification of available system resources – possibly communicating resource availability before hospital department staff might otherwise have a chance to update the system.

Representatives from Rincon Technologies Inc., CritiCall's application developer and service provider, will contact the 20 hospitals to develop work plans for each site. The project will be completed by March 31, 2005.

Hospitals participating in Phase 1 of the ADT Interface Project:

- Hospital for Sick Children
- University Health Network – General Division
- University Health Network – Western Division
- Credit Valley Hospital
- William Osler Health Centre – Brampton site
- William Osler Health Centre – Georgetown site
- William Osler Health Centre – Etobicoke site
- Trillium Health Centre - Mississauga site
- Hamilton Health Sciences – McMaster University Medical Centre
- Hamilton Health Sciences – Henderson Hospital
- Hamilton Health Sciences – General Hospital
- St. Joseph's Healthcare-Hamilton
- Windsor Regional Hospital
- London Health Sciences – South Street Campus
- London Health Sciences – University Campus
- Children's Hospital of Western Ontario
- Norfolk General Hospital
- Thunder Bay Regional Health Sciences Centre
- Ottawa Hospital – General Campus
- Ottawa Hospital – Civic Campus