

CritiCall to play vital role in new provincial Critical Care Strategy

On January 30, 2006, the Ministry of Health and Long-Term Care (MOHLTC) unveiled a \$90 million strategy to improve critical care services in Ontario. As part of this plan, CritiCall will work in partnership with the University Health Network (UHN) to develop the Performance Measurement Strategy, one of seven core initiatives of the new provincial critical care plan.

The Critical Care Strategy, designed to improve access, quality and system integration, is comprised of seven closely linked initiatives:

- Critical Care Response Teams
- Critical Care Capacity
- Health Human Resources
- System-Level Training
- Critical Care Information System
- Performance Improvement Collaborative
- Ethical Issues of Access

One of the vital components of the Performance Measurement Strategy that CritiCall will be involved in is the provincial Critical Care Information System (CCIS). The CCIS will collect and report data in support of the information needs of all the other strategic initiatives. The system is a long-term solution that will enable evidence-based decision-making that will ultimately improve access, quality and system behaviour in critical care.

Historically, data collection in critical care has been research-oriented. Now, critical care is moving towards informed decision-making to drive change in order to improve critical care services. Prior to the Ministry's new critical care strategy, a report by the Ontario Critical Care Steering Committee commented on the lack of information about critical care resources across Ontario. There was a call for reliable and standardized data from ICUs across the province to facilitate decision making related to resource allocation and bed management. The new critical care information system will address this need.

As the strategy moves from its conceptual stage through development, the MOHLTC has given the UHN the responsibility of managing the procurement of the information system. CritiCall will take the lead in ongoing systems operation, linking to our existing information technology infrastructure and leveraging our successful relationships with hospitals.

Malcolm Ross, formerly our regional project manager for Eastern Ontario, will be taking a leadership role in this initiative, working closely with the UHN project management team to implement the new system. Seven hospitals will be involved in the project pilot group and we anticipate these first hospitals will be online in early 2007.

Visit www.health.gov.on.ca/criticalcare for more information about the Ministry's Critical Care Strategy.



CritiCall's MISSION

We are committed to ensuring timely and appropriate access to care for patients by facilitating integrated communications across the healthcare continuum.

CritiCall's VISION

Through innovation, we will continue to lead the development of a provincial communications framework by:

- Anticipating future healthcare needs and developing the technological resources to address those needs.
- Working with healthcare stakeholders to seamlessly integrate disparate systems.
- Maintaining a commitment to client needs in each of our software development priorities.

We will liaise with our healthcare stakeholders to provide qualitative and quantitative information to develop problem-solving solutions to healthcare challenges.

We will instruct and educate our healthcare stakeholders in relation to our Program.

We will work with our stakeholders to optimize access to healthcare resources.

Transforming the way CritiCall manages and reports data

CritiCall's new call tracking database has been operational now for one full year. During this time, the system has proven itself to be a valuable resource. The database has increased the volume of data available and streamlined and standardized the way information is reported and the ease with which these reports are generated. The system has also changed the way call takers and regional project managers work.

"With the new system, calls to CritiCall are still managed in the same way," said Karen Candy, CritiCall operations manager. "The difference now is how information is collected and recorded." Using the database, call takers record pieces of information from the call into separate data cells. Last year CritiCall facilitated more than 10,000 calls and collected more than one million pieces of data.

Because data collection and collation is more specific, information can be tracked and pulled out separately into a report. "This has broadened our reporting parameters, allowing us to track and measure information that we were previously unable to do," said Karen. "We can now look at a wider range of variables such as tracking reports that tell the number of times each hospital was contacted, as well as call taker workload. We can also break down the calls into their related specialty and the physicians who were involved." The hospitals and the Ministry of Health and Long-Term Care can use these reports for strategic planning purposes, resource allocation and the flagging of exceptional events.

CritiCall call taker, Jim Burden, likes the new system and says it is efficient and effective. "Calls can be entered in half the time it used to take and with drop down selection boxes versus manual data entry, there is reduced errors and more continuity of call records."

CritiCall's regional project managers (RPMs) can now access and generate their own call reports. "There are many benefits to the system," said Joan Hill, CritiCall RPM, Southwestern Ontario and Pediatrics. "By being able to generate our own reports we are able to look at things like daily patient transfer reports within our region and we are able to pinpoint stresses in the system and immediately address them," she added. "It also allows us to respond to stakeholders' questions and concerns in a much more timely fashion."

Using the new call tracking system, CritiCall regional project managers have access to information relating to calls to and from their hospitals. The database tracks numerous elements from each call including times, specialty required, hospitals contacted, physicians contacted, outcome of each contact, and the final destination or outcome of the call. Information can be reported monthly, quarterly or yearly.

Contact your regional project manager for more information on the data and reports that are available.



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Melanie Fleck, Julie Gordon-Daniels,
Heather Graham, Katie Lamarre,
Marie Lepre, Lisa Llewellyn,
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A N N U A L R E P O R T 2 0 0 5

Celebrating the success of the past and looking to the plans for the future

The Ontario CritiCall Program has achieved quite a milestone this year - we're now 10 years old! In 1996, five small regional programs were brought together as a single provincial service. Our success was built on the foundation that was established when these regions united to combine their collective knowledge and strengths.

In the last decade, we have seen substantial and constant change in our healthcare system. Today, the climate is one of increased patient volumes and challenged bed and system availability. The bed registry system has been the key to our success during this time. It has helped us identify stress areas and bring about positive change within the province. We are all very proud of the achievements that have been made during the last decade that have improved the standard of critical care in Ontario.

CritiCall's objective of helping to ensure timely access to care for patients is a challenge that we have faced head on.

CritiCall's objective of helping to ensure timely access to care for patients is a challenge that we have faced head on. We know that our healthcare system has become a very complex environment. CritiCall's role has been to help physicians and healthcare practitioners navigate that complexity and facilitate a "system approach" in all we do.

We've achieved this in a variety of ways - through communication, our use of information technology, partnerships with stakeholders, and participation in numerous forums across the province. In so many ways, it's been a very rewarding experience. Our objective in this annual report is to describe what we've achieved in our first decade and offer some insight into opportunities on the horizon - opportunities that signal a bright future for the Ontario CritiCall Program.

Thank you to everyone who has contributed to making our journey a success.

Shelley Moneta
Ontario CritiCall Program Director

Dr. Frank Baillie
Ontario CritiCall Program Provincial Medical Director



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Number of hospital Admit/Discharge/Transfer (ADT) systems interfaced to CritiCall

46

Total number of hospitals online with CritiCall's bed registry system

188

1996-2006: 10 years of milestones for the Ontario CritiCall Program

PRE-1996

From 1981 to 1995, the Hamilton Bed Registry system tracks critical care bed resources for the City of Hamilton. Using this system as a foundation, Dr. Frank Baillie of Chedoke-McMaster Hospitals develops a proposal for the Ministry of Health and Long-Term Care (MOHLTC) for a one-number-to-call (ONTC) system for the central west Ontario region. The proposal is accepted and in 1990, the Regional Emergency Access to On-Call Health Professionals Program (REACH), is launched.

From 1990 to 1993, the MOHLTC supports the development of five regional ONTC programs in Ottawa, Kingston, Hamilton, Thunder Bay and Toronto.

1996

Call volume (1996-1997) 2090

The MOHLTC indicates the need to move toward a provincial strategy for managing critical care resources and physician referral. Administrators of REACH present a proposal to the Ministry and are awarded the contract. The provincial program includes an Internet-based bed registry and is named the Ontario CritiCall Program. It officially goes into operation April 1, 1996.

CritiCall's call centre is established in Hamilton at the McMaster University Medical Centre site. The organizational structure includes Shelley Moneta as manager, Karen Bachynski as call specialist, several call takers, Dr. Frank Baillie as provincial medical director and six regional program coordinators.

1997

Call volume (1997-1998) 2965

CritiCall implements the Provincial Resource Registry. The registry is a comprehensive, Internet-based bed and resource inventory system. The registry details the number and type of beds, services and physicians on-call in each region and the specialty services offered in larger tertiary and quaternary care centres. This information is available on line to all partners and offers an up-to-date profile of all of all healthcare resources.

CritiCall is recognized as a critical resource in health care communications during the January 1998 ice storm in Eastern Ontario.

1998-2002

Call volume (1998-1999) 3882, (1999-2000) 5264, (2000-2001) 6428, (2001-2002) 7491

CritiCall relocates to a larger location at the Henderson Site of Hamilton Health Sciences (March 2000).

In 2001, as part of the Patient Priority System strategy, CritiCall develops on-line linkages with Ontario's ambulance communication centres.

During this time, CritiCall upgrades its resource registry to include Reach A Specialist (a pilot specialist database resource for Hamilton hospitals) and Niday Perinatal Database.

2003

Call volume (2002-2003) 8021

CritiCall emerges as a vital tracking tool for health care resources during the SARS outbreak.

The call centre adds a fifth 12-hour shift every day.

2004

Call volume (2003-2004) 9393

The CritiCall bed registry is further updated to link bed availability data to hospital Admit/Discharge/Transfer (ADT) systems. The new system automates the transfer of bed information from hospital to CritiCall, changing what was once a manual system to an automated system of information transfer between hospitals and CritiCall.

New call tracking database is implemented to collect valuable resource data.

CritiCall regional project managers participate in Local Health Integration Networks' planning meetings across the province.

2005

Call volume (2004-2005) 9234

CritiCall marks its tenth year as a provincial program. On March 9, the CritiCall Call Centre receives its 10,000th call of the year. This is the first time this level of call volume occurs within a one-year time frame.

During the fall, the Ministry of Health and Long-Term Care commissions a review of CritiCall as part of an overall assessment of the critical care system in Ontario. While the results are still pending, the outcome is expected to strengthen the role of the program as a strategic communication resource within the delivery of critical care in the province.

Also this year, CritiCall pilots the repatriation strategy. The system will alert hospitals with an electronic notification that a patient is eligible to be repatriated back to their home hospital. The system is to be piloted in a few hospitals in every region across the province.

2006

Call volume (2005-2006) 10,722

In January 2006, as part of a comprehensive strategy to improve critical care services in Ontario, the MOHLTC announces a new Critical Care Strategy. As part of this initiative, CritiCall, working in collaboration with the University Health Network, takes the lead on the Performance Measurement System that will be part of the new strategy. CritiCall will ultimately be responsible for the day-to-day operation of the new information system.

Total number of registered users of the CritiCall bed registry system

3,454

Total number of hits on the CritiCall website this year

65,887,824

Most calls placed by a single physician this year

41

Average number of kms travelled by a patient

119

Total number of kms travelled by patients this year

816,207

Number of calls in the busiest month this year (July)

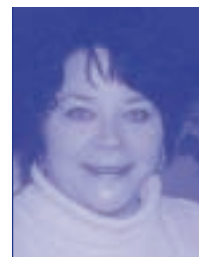
1,020

Average number of minutes to initial contact with a specialist

5.99



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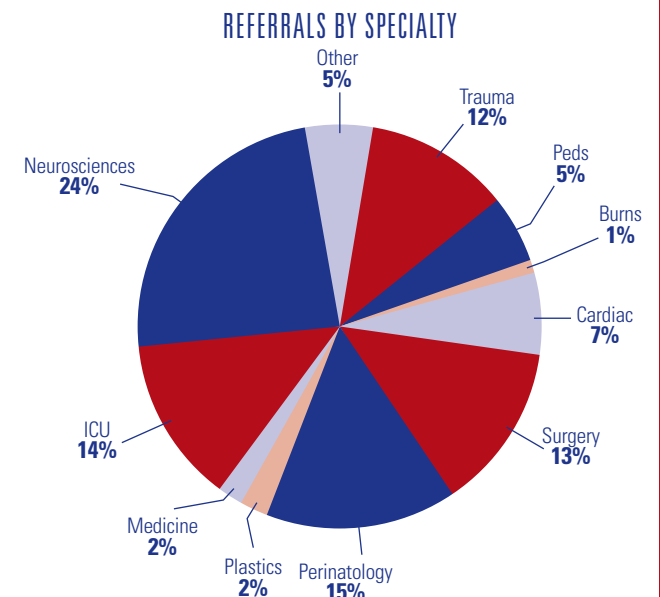
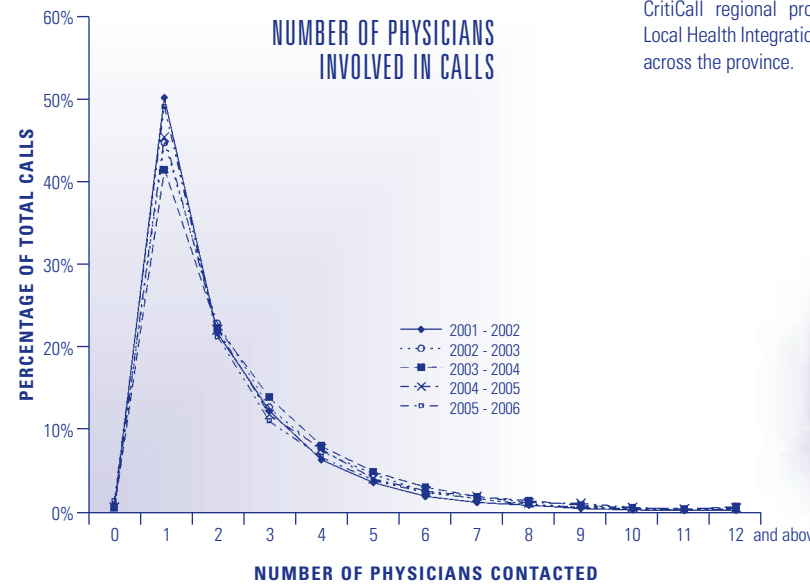
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CRITICALL STAFF

CritiCall office staff including call takers and other support staff: (from left to right) Melanie Fleck, Connie Cumpson, Heather Graham, Nora Trudgian, Lori Ciotti, Vicky Westall, Jim Burden, Lisa Llewellyn, Barb Wroclawski, Tammy Johnston, Leanne Yonev, Stephenie Peters and Nuala Williams

Not shown: Melissa Cherepa, Julie Gordon-Daniels, Katie Lamarre, Marie Lepre, Holly McGilvery, Julie Mulholland, Carol Parkin, Wendi MacKay.



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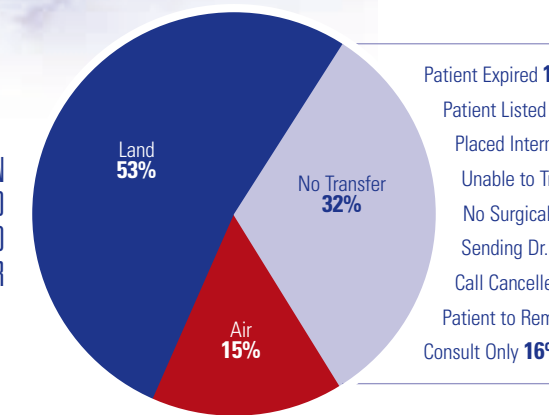
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REGIONAL PATIENT DISTRIBUTION

SENDING REGION	DESTINATION REGION											Cancelled, Listed, Remaining	Consult Only	Total # of Calls
	Central East	Central South	Central West	East	Northeast	Northwest	Out of Province	Southwest	Toronto					
Central East	6%	3%	1%	2%				1%	60%	14%	14%	2373		
Central South		52%	2%					4%	5%	14%	23%	1802		
Central West		26%	6%	1%				6%	30%	16%	14%	1796		
East	1%			72%					3%	14%	9%	1314		
Northeast	1%	2%		10%	14%	3%		4%	22%	11%	33%	680		
Northwest		2%		2%	8%	45%	3%	2%	5%	16%	17%	394		
Southwest		7%	7%	2%			1%	47%	7%	17%	12%	463		
Toronto	1%	2%	1%	1%				1%	58%	22%	14%	1872		
Overall Average	2%	14.8%	2%	10%	1%	1.8%	0.3%	4%	32%	16%	16%	10722		

• Numbers rounded to the nearest whole number • Data based on 10,722 calls from the 2005-2006 fiscal year • Difference of 28 calls accounted for by calls from outside of Ontario (repatriation of patients)

TRANSPORTATION DISTRIBUTION AND REASONS FOR NO TRANSFER



- Patient Expired 1%
- Patient Listed 1%
- Placed Internally 1%
- Unable to Transfer 1%
- No Surgical Intervention 2%
- Sending Dr. Placed 2%
- Call Cancelled 3%
- Patient to Remain 5%
- Consult Only 16%



STATISTICS

Number of Call Takers

18

The total number of calls resulting in a consult only (including no surgical intervention outcomes)

1,943

Number of CritiCall Medical Directors

12

Number of hours worked in the Call Centre this year

21,900

Number of calls facilitated by CritiCall this year

10,722

Number of calls facilitated by CritiCall in the last 10 years

65,490

Number of physicians who participated in the CritiCall Program this year

7,433

Average number of minutes it takes to place a patient

44.5