

QUICK FACTS:

CritiCall 2006/2007

- Total number of calls: 12,796
- Calls resulting in transfers: 8,034
- Calls not resulting in a transfer: 4,762
- Approximate number of physicians participating: 7,390
- Most calls by a single physician: 39
- Average number of minutes to connect with a specialist: 5.9
- Busiest day of the week: Friday
- Number of calls in busiest month (August): 1,173
- Average number of calls per day in busiest month: 37.8
- Average minutes to place a patient from time of call: 53*
* does not include travel time for transfer
- Average km travelled for patient transfer: 128
- Total km travelled by patients: 963,921

ANNUAL REPORT 2006/2007

CRITICALL
ONTARIO

When Immediate Solutions Are Critical



CritiCall 'Saves You Time' Says ObGyn

Dr. Andrew Siren doesn't have to cast his memory back very far to think of times when he has dialed CritiCall for a transfer or consult. It's second nature to this Thunder Bay-based obstetrician-gynecologist.

A recent case of a pre-menopausal, first-time mother of twins is just one of the cases that comes to mind when he considers the benefits of CritiCall. When complications developed for the mother-to-be, Dr. Siren didn't hesitate to call CritiCall. Within a short period of time, the patient was transferred to a southern Ontario hospital with a level three neonatal unit.

"Typically a transfer with an obstetrical case is an urgent situation," Dr. Siren says. "Sometimes if a patient says she has family in a certain area and would prefer a transfer there, CritiCall takes that into account."

He's as likely to call for a consultation as he is for a transfer. "Just a few weeks ago, I had a young woman who was 16-weeks gestation and her membranes had already ruptured. The question was whether the fluids were likely to re-accumulate. Through CritiCall, I was linked to a perinatologist at Mount Sinai who has seen this kind of situation more often than I have."

Dr. Siren, in practice for five years at the regional health centre, says searching for information in textbooks can't compare with the quick and detailed response he can get through CritiCall. "Everyone in our department here uses it. It just saves you time in arranging care for people. I couldn't imagine another way."

When a call doesn't require a transfer, it's because:

- *the sending physician wants a consultation only*
- *the patient is too unstable to be transferred*
- *resources become available at the sending hospital*
- *the patient is listed for future, not immediate, transfer*

CritiCall is Critical for Sole-Doctor Hospital

Dr. Daniel Lebel has spent his career working along the rugged northern stretch of Highway 11 – Timmins, Hearst, Kapuskasing, and now at Smooth Rock Falls – a town of less than 2,000 people, an hour northwest of Timmins, with Cochrane to the east and Kapuskasing to the west.

At Smooth Rock Falls Hospital, Dr. Lebel is the emergency physician and chief of staff – a staff that includes no other physicians.

For him – and his patients – CritiCall is an essential lifeline that arranges for the medical transfers that are simply part of life in an isolated northern town. “We do take care of patients quite well here,” he says, dryly joking that he works 24 hours a day. But any heart surgery, neurosurgery, trauma or orthopedics must be transferred out – often to Sudbury or even Ottawa. “We have patients who require specialists and time is always important. If it were not for CritiCall, I would be on the phone myself, battling away.”

In practice long enough to remember what trying to transfer patients was like before CritiCall, Dr. Lebel frankly says that specialists are more likely to respond when CritiCall is involved. “It is not just me asking, it is more official.”

“Getting specialists to accept and take over is always the challenge, or maybe there is no bed available. But we do call CritiCall and the call taker who answers the phone does the finding for us, and provides help for the transfer. It runs well.”



Message From the Directors

The Ontario CritiCall Program has seen an incredibly active year, with an average of 35 calls from physicians every day in the last 12 months. Since our inception in 1996, we’ve seen the CritiCall Program increasingly embraced by physicians across the province, and the alignment of CritiCall within the Critical Care Secretariat at the Ministry of Health and Long-Term Care illustrates the growing emphasis on systems that improve emergency and intensive care.

It was a year of changes on both the staff and governance side. We would like to sincerely thank Trish Simmons, our interim program director, for her leadership prior to July 2007. And we warmly welcome the guidance provided by our first-ever Strategic Planning and Advisory Committee, chaired by Tony Woolgar. The involvement of Tony and his committee colleagues will be invaluable to us as we enter into a strategic planning phase for CritiCall.

A major activity for the coming year will be CritiCall’s management of the new Critical Care Information System (CCIS). CCIS is being implemented at hospitals across Ontario that operate adult medical/surgical ICUs. This information system provides ongoing access to critical care bed occupancy rates, patient flow patterns and admission/discharge statistics.

Every day, 24 hours a day, our call takers connect physicians throughout our sprawling province, helping them to provide better care to patients. We close this report with thanks and gratitude to our call takers and medical directors who are, in many ways, a lifeline.



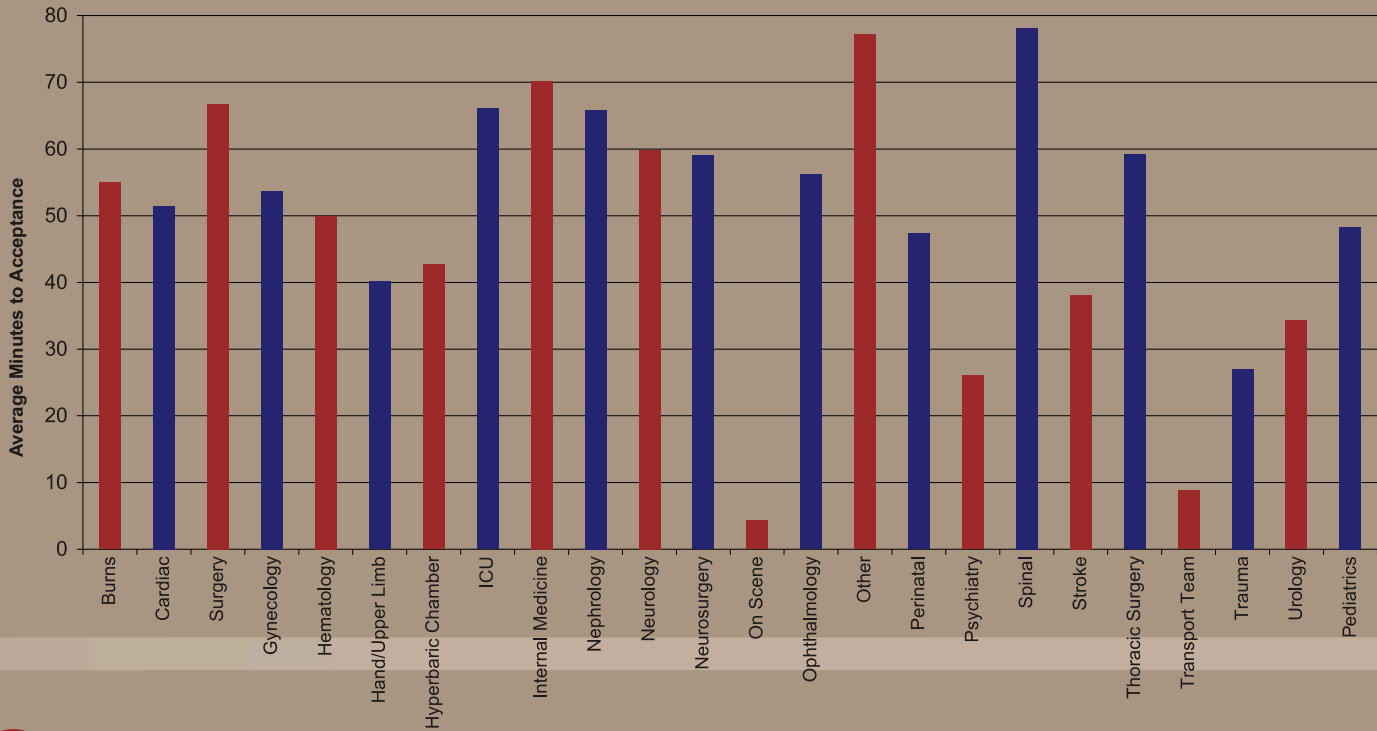
Kris Bailey
Executive Director



Dr. Frank Baillie
Provincial Medical Director

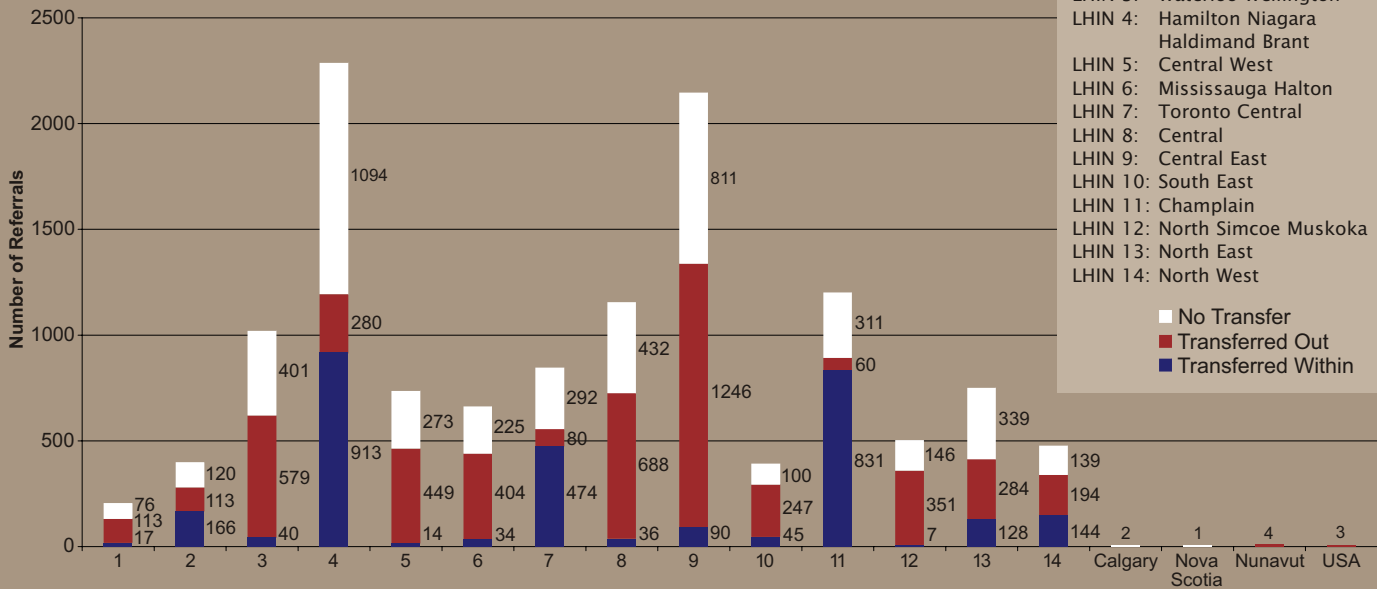
1 Average Time to Acceptance

This graph illustrates the average time from initiation of referral to acceptance of the patient in another facility, broken down by specialty.



2 Provincial Patient Distribution by LHIN

This graph illustrates the number of patients who were referred from each LHIN and how many required transfer within or outside the LHIN area.



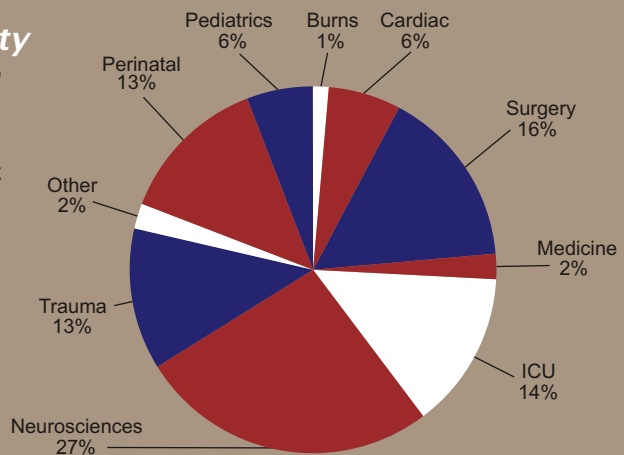
- LHIN 1: Erie St. Clair
- LHIN 2: South West
- LHIN 3: Waterloo Wellington
- LHIN 4: Hamilton Niagara Haldimand Brant
- LHIN 5: Central West
- LHIN 6: Mississauga Halton
- LHIN 7: Toronto Central
- LHIN 8: Central
- LHIN 9: Central East
- LHIN 10: South East
- LHIN 11: Champlain
- LHIN 12: North Simcoe Muskoka
- LHIN 13: North East
- LHIN 14: North West

3 Provincial Patient Distribution by Specialty

This graph illustrates the percentage each specialty group contributes to the total referral volume.

- Surgery includes vascular, plastic, orthopedic and thoracic
- Medicine includes nephrology, urology and respirology
- Neurosciences includes spinal, stroke and neurosurgery
- Other includes oncology and psychiatry

All data from April 1, 2006, to March 31, 2007.



CritiCall call takers work in shifts to provide 24-hour coverage, seven days per week.

Number of calls in 1996 (when CritiCall was established): 2,090

Increase in calls today: more than 500% to the end of 2006/2007

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Strategic Planning and Advisory Committee

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Paul Huras *CEO, South East LHIN*

Dr. Bernard Lawless *Critical Care Secretariat, MOHLTC*

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