



Connecting physicians, resources and care 1-800-668-HELP

WORKING TOGETHER

TO IMPROVE ACCESS, QUALITY & INFORMATION

PROGRESS REPORT 2007/08



CritiCall Ontario is a ‘medical 9-1-1’ for hospital-based physicians in Ontario. It is the only program of its kind in the province and is funded by the Ontario Ministry of Health and Long-Term Care. CritiCall assists physicians 24 hours-per-day, seven days a week by helping to find support in managing their critically ill patient. The CritiCall service is available to physicians who are caring for critically ill adults and children, as well as neonates.

“**CritiCall Ontario** provides a unique and vital service to physicians that helps to ensure patients' access to critical care support and resources. The evolution of CritiCall is a welcome and necessary step in facilitating systems-thinking amongst providers and ensuring a system-wide response to Ontarians’ critical care needs.”

– **Dr. Bernard Lawless,**
Provincial Lead, Critical Care and Trauma



ACCESS, QUALITY, ACCOUNTABILITY AND INFORMATION

CORNERSTONES OF OUR STRATEGIC FOCUS



KRIS BAILEY, EXECUTIVE DIRECTOR

This is an exciting time for CritiCall Ontario. This past year we have focused on defining our strategic directions and putting the tools in place to take CritiCall Ontario to the next level of customer service and physician support. Our hard work has culminated in monumental change for the organization, the staff, our partners and perhaps most importantly, the physicians and patients we serve across Ontario.

The relocation of our offices from the Hamilton Health Sciences Henderson Hospital site to a stand-alone state of the art call centre will expand our call centre from the current five call stations to fourteen. This expansion, along with the introduction of new call centre technology, will enable CritiCall to better coordinate services, monitor resources and communicate with our partners and providers across different medical facilities within the community, province, or country. Moreover, the convergence of telecommunications, better database services and business intelligence will create a new level of client service while ensuring prudent management of patient privacy, data protection and disclosure.

In order to support this transformation and keep our key audiences and partners informed of the changes that are underway, CritiCall will be reaching out with tactical communications. We have launched a new visual identity and are promoting a more user friendly web application in order to generate a suite of web-based performance reports that capture and summarize key data points such as patient referral data.

This transformational change is not an end point for CritiCall, our partners or the communities we serve, rather this change is the next stage in CritiCall's ongoing organic growth.

The lessons learned from these successful implementations – how technology is a lever for systemic change, the importance of building through partnerships and the crucial importance of the right people with the right skills in the right place - will be applied to new challenges that arise.

We believe that momentum is on our side and that by emphasizing the seriousness, urgent nature and medical aspects of our business and by building on the extensive support from our Strategic Planning and Advisory Committee, the Ministry of Health and Long-Term Care and our providers we will continue to find transformative solutions.

As we look ahead...

...we will continue to build on our success and seek positive solutions and growth in other areas, including:

1. Having an effective, efficient and accountable "access to care" emergency patient referral service.
2. Utilizing an integrated, e-commerce environment where telecom, database and business intelligence converges to provide excellence in client service.
3. Creating and disseminating a suite of performance reports that summarize patient referral data to help guide decision-making in our changing health care system.
4. Enhancing support for critical care units in the reporting, maintaining, improving and utilization of the Critical Care Information System (CCIS).
5. Strengthening the CritiCall "capacity management system" that documents the "status of" and "access to" Ontario's acute care beds.
6. Providing a modernized, administrative and professional work environment.
7. Developing a comprehensive human resources plan that supports our strategic objectives.

While these goals require the support and cooperation of a broad range of partners and communities, I am confident that, given the momentum we have generated, CritiCall can continue to meet the needs of critically ill and emergent patients and serve the physicians who provide the care in an ever-changing environment.

Change is never easy, but always necessary to keep people and organizations moving forward. I want to thank all of our staff who have not only embraced change, but are excited and encouraged by it and what it will mean to them, our stakeholders and patients across Ontario.



NEW TOOLS, NEW IDEAS TO SUPPORT PHYSICIANS

Only by collaborating, cooperating and establishing partnerships that work; only by evolving, growing and adapting can we ensure that our physicians and their patients receive the appropriate, quality care where they need it, when they need it.



DR. AVERY NATHENS, MEDICAL DIRECTOR

As this past year has clearly demonstrated, CritiCall Ontario is much more than a patient transfer service. This organization can and does play a key role across the spectrum of health care: from facilitating remote physician consultation, to assuring access to real-time data relating to provincial ICU capacity. We have engaged disparate partners across the health care system to propose pilot programs and solutions that provide new and novel opportunities for service expansion. While these activities seem quite disparate, they are singular in their goal: to improve access to specialized health care resources for all critically ill or injured Ontarians.

The extramural paediatric critical care response teams (PCCRT) initiative, introduced this past year, is a perfect example of how CritiCall can and has moved beyond the notion of a patient transfer service. Through the extramural PCCRT, any physician in any Ontario hospital caring for a critically ill child can access a paediatric intensivist at one of the four Ontario paediatric academic centres through CritiCall, 24/7.

CritiCall's support of the provincial critical care bed availability tool, via the province's Critical Care Information System (CCIS), enables CritiCall to have near real-time status reports on the number of available critical care beds in the province – information that provides CritiCall's Call Agents with a precise real-time snapshot of bed availability in all the critical care and step-down units across the province.

CritiCall is examining options related to the bed registry or “capacity management system” that gathers and reports data on other types of beds. A pilot program with Neonatal Intensive Care units (NICU) is complete and demand from other sectors is increasing.

Demand for our traditional consultation and transfer services is also growing. While CritiCall remains committed to improving access to 'emergent' patient care for physicians in Ontario, we believe we can only meet demand by gathering data to help develop better networks and by making informed decisions.

The Patient Referral Framework is a tool that will help to identify referral patterns and shape relationships within and across LHINs. We have begun a pilot program in the Champlain and South East LHINs (LHINs 10 and 11) with a view to creating an inventory of all programs and services in each hospital. This information, coupled with evaluation of referral patterns will allow the CritiCall call centre to expedite patient referral requests and ultimately guide the development of a Provincial Patient Referral System.

Looking forward, the key for the year ahead will be to sustain the positive momentum and gains we have achieved to date. Our ongoing success will require more cooperation and collaboration with all of our partners. Our success will also be predicated on the health care system planning and regulatory mechanisms that guide it.



A NEW LOOK FOR A NEW OUTLOOK

An exciting new chapter in the history of CritiCall Ontario calls for new beginnings. While the CritiCall name is well known amongst physicians and hospitals across the province, we believe our organization has outgrown its old look and a new visual identity was required to provide a rallying point for staff and providers.

CritiCall Ontario was established to fill a gap in the health care continuum. Since then it has evolved into a vital link in that continuum and an integral part of our province's health care system. After more than 14 years of providing exemplary service to physicians, and in turn their patients, we remain firmly committed to finding and implementing better ways to do what we do best: make a difference in people's lives.

We retained the name "CritiCall" to respect the brand equity established and the familiarity and trust inherent in it. But, as we take our organization to the next level of business operations and customer service and as we strive to set the national benchmark for improving access to care by efficiently and effectively providing emergent and urgent care support to physicians and their critically ill patients, we believe adopting a strong new look provides a new beginning and outlook for our employees and other stakeholders.

The Call Centre will expand from its current five call stations to up to fourteen in order to meet the growing demand for service. New Call Centre technology is being implemented enabling CritiCall and providers to schedule the patient journey by simplifying the coordination of resources, facilities, tests and medical equipment across different medical facilities within the community, province, or country. The web-based platform uses audio and digital features to enable health providers to connect to each other, triage the

case based on pre-defined criteria, match resources and provide real-time documentation. This helps physicians and hospitals reduce emergent wait times and enables efficient and effective access to care.

Our new Website, www.criticall.org provides visitors with general information about CritiCall, useful links to some of our health care partners and continued access to the Bed Registry.

The site will be evolving over the coming months to include password protected access to reports and other information relevant to hospital planning and operations.

Our new logo was developed to reflect these changes as well as our role and mandate under the Ministry of Health and Long-Term Care. The logo itself depicts a real ECG readout that is indicative of a patient who is critically ill, as well as half-circle symbols which represent “calling out”. These are intended to reflect both the urgency and seriousness of what we do and the connections we make for and between physicians and hospitals, on behalf of patients.

Our new tagline: *Connecting physicians, resources and care* explains in just a few words what CritiCall is really all about – whether it’s connecting one physician to another, connecting a patient to an air transfer, or connecting physicians and hospitals to data that can help them to make better decisions about patient care.

The rebranding of CritiCall Ontario may represent new packaging, but it is also a change that reflects the growing, maturing role of CritiCall and the bold new ideas and changes that are taking place within our organization. A change of logo, a change of colours, new office space, new office solutions but the same outstanding focus on serving physicians and in turn, their patients across Ontario - CritiCall Ontario is working hard to ensure that care is provided in the right place, at the right time - one patient at a time.



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RESPECTING THE PAST, FOCUSING ON THE FUTURE



AN INTERVIEW WITH

KAREN BACHYNSKI, PROGRAM MANAGER AND PROVINCIAL LIAISON

For Karen Bachynski, Program Manager and Provincial Liaison for Adult Acute Care and Disaster Liaison at CritiCall Ontario, the impressive evolution of CritiCall Ontario is largely attributable to the vision shared by a small group of individuals 14 years ago who were dedicated to ensuring that critically ill patients in Ontario have access to the care they need.

“I joined the REACH Program – which was really CritiCall in its embryonic stages – back in 1988. Originally located at then, Chedoke McMaster Hospital in Hamilton, our mandate was exactly what it is today, just on a smaller scale. That is, to facilitate emergency referrals for the Hamilton Niagara regional hospitals and ensure our patients received the right care, in the right place at the right time.”

“While the scope of the service has changed dramatically, the fundamentals that drive what we do and why we exist, really haven’t.”

What began as a good idea back in 1988, with subsequent services in five areas of the province, was expanded through government support to become a provincial resource in 1995. At that time the telecommunications technology to support the service was a not-so-widely adopted medium called the “Internet”. At the time it was considered remarkably innovative.

“Not many hospitals had Internet access back then and the fact that we could link hospitals via the Internet was really quite revolutionary.” We were very much ahead of our time and realized early on, the key role that technology played in facilitating a patient’s access to care.” In many ways we broke new ground in an area now commonly known as “e-Health”.

Karen believes that the strength and continued relevance of the CritiCall service is in its focus on facilitating physician-to-physician connections. “The basic premise of CritiCall is really quite simple. At CritiCall we are not influenced by geographic boundaries or institutional politics. Our goal is to ensure that the appropriate connections are made – physician-to-physician – to ensure that a critically ill patient gets the care that they need as quickly as possible.” CritiCall has no boundaries. It is a provincial resource that provides a bird’s eye view on the system, knows where specialist resources are located across the province and plays a key role in ensuring efficiency, effectiveness and access for patients.

Karen notes that the Call Agent role has evolved in tandem with the organization. “Our Call Agents are proficient in medical terminology and are well educated about the resources and clinical capabilities of every hospital across Ontario and in hospitals located in U.S. border cities as well. The Call Agents have knowledge of the system’s capacity and capabilities and the physicians have knowledge about the patient’s clinical condition. They work together to get the patient access to the care they need.”

Karen notes that CritiCall is a high pressure environment “We recognize that teamwork is essential and everyone has confidence in their knowledge of the system and in their ability to facilitate the right connections. It is a recipe for success when coupled with the clinical expertise provided by physicians.”

Over the past 14 years Karen has noticed a gradual, yet significant change in the types of calls and the patient demographics resulting from a population that is living longer, aging baby boomers and the advent of sophisticated fertility treatments.

“Our call volume has grown for several reasons: people are living longer - which is great - but as a result, they are affected by more chronic conditions, the 40+ age cohort is growing substantially and premature birth rates have risen dramatically over the past 15 years. Coupled with increased awareness of and confidence in the support that CritiCall provides, our call volumes are growing significantly each year.”

“When I started we managed 1,265 calls a year. When I hit my 10-year mark, we were managing 10 times that amount and last year, more than 14,000. This is a testament to the confidence that physicians have in CritiCall and in the effectiveness of the service we provide.”

In order to address the growing demand for service, CritiCall has moved to new, purpose-built facilities located in Hamilton, Ontario. Karen was the Project Manager on the design and development of those facilities and is encouraged by what they represent for staff and most important to patients.

“I am hugely encouraged by the strategic directions that CritiCall is taking to guide the expansion of our services and to focus on building a better “system” of care for patients. The new facilities and technologies we are implementing enable us to continue to do what do - but do it better, faster and for more people.”

“In many ways we will remain connected to our roots as a beacon of light on the other end of the phone. But I think it’s important to use the tools we now have available to us, to their utmost capacity in order to make that light shine even brighter. I am proud to be part of this organization’s past, present and future and I’m looking forward to what’s next.”

“As an Emergency physician the service that CritiCall Ontario provides is a lifeline for me and my patients. Contact with the right specialist gives support and the necessary transfer to a hospital that has the resources these patients need. The expertise is immediately available and appreciated.”

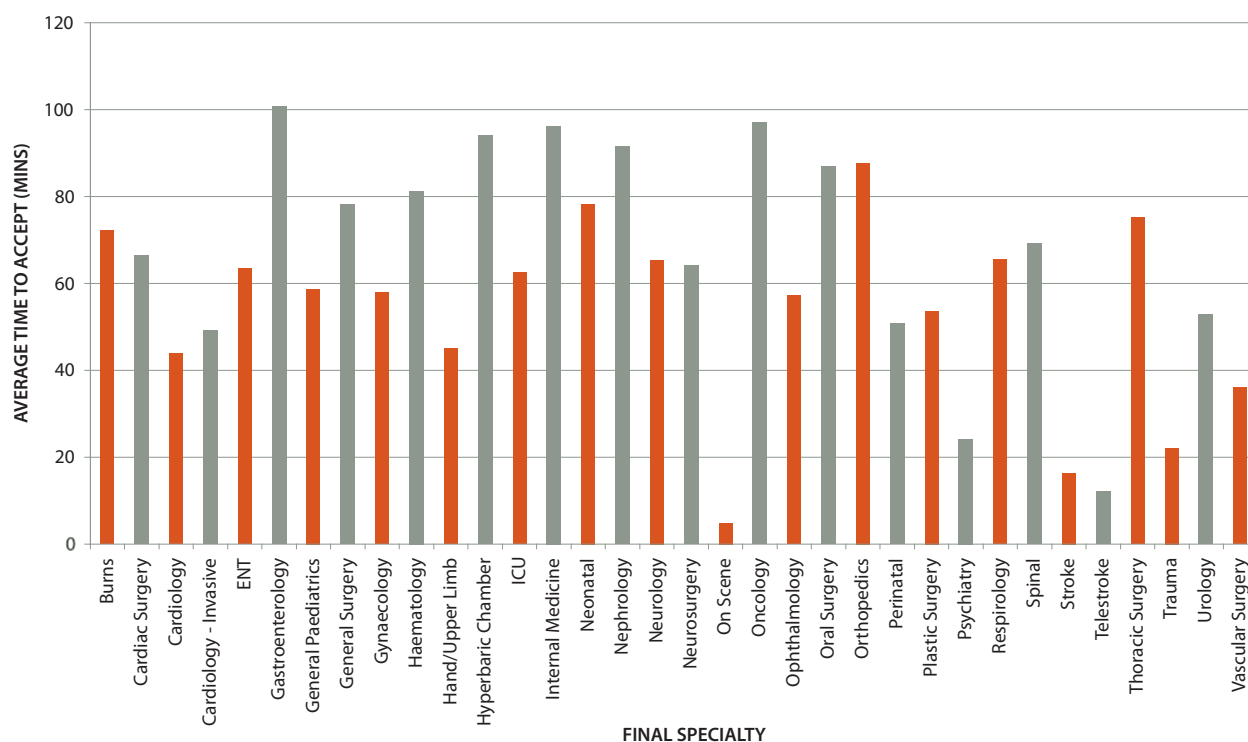
“As the Emergency Department LHIN Lead for the Champlain LHIN, CritiCall Ontario exemplifies a system-focused approach to care by recognizing the important link between critical care and acute care within the hospital and health care system. Geographic boundaries, historical referral patterns and institutional limitations are not as important when we're all focused on the same thing - getting the patient the right care, in the right place, as quickly as possible.”

– Dr. Louise McNaughton - Filion,
Emergency Physician and ED LHIN Lead, Champlain LHIN

CRITICALL BY THE NUMBERS – APRIL 2007 TO MARCH 2008

• Number of calls to CritiCall	14,246
• Call increase since 2003-04	50%
• Total number of physicians participating	7,324
• Number of patients transferred	8,897
• Number of patients not transferred	5,349
• Most referrals by a single physician	58
• Average time to first physician response	13.8 (min.)
• Average number of physicians contacted to place a patient	2.4
• Average time to patient acceptance	55.4 (min.)
• Busiest day of the week	Friday
• Busiest month of the year	December
• Total number of calls in busiest month	1,291
• Average calls per day in busiest month	41.6
• Average distance traveled	120 km
• Total distance traveled	995,928 km
• Number of calls made per referral (range)	1-107
• Average number of calls made per referral	10.4

ONTARIO CRITICALL PROGRAM AVERAGE TIME TO PATIENT ACCEPTANCE (55.4 minutes) APRIL 1, 2007 TO MARCH 31, 2008



OUR MISSION

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



OUR VISION

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

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

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

We will provide education to our health care stakeholders about the CriteCall Program.

We will work with our stakeholders to optimize access to health care resources.



PARTNERING FOR SUCCESS

Collaborating with our partners, planners, funders and end users is an integral part of CritiCall Ontario’s approach to health care.

At this time of rapid change and growing demand, CritiCall recognizes the importance of collaboration as the key to identifying the need for new services and technology solutions to better support the needs of physicians and their patients across Ontario.

Over the past year, CritiCall has engaged with a number of different stakeholders to support innovative pilot programs, implement new software solutions and encourage the engagement of creative, committed, engaged individuals in the pursuit of effective and efficient solutions to meet new and emerging health care challenges.

Some of the noteworthy collaborative projects CritiCall is involved in include:

- Launching the Extramural Paediatric Critical Care Response Teams (PCCRT) in partnership with the Paediatric Critical Care Network and with the support of four Ontario Paediatric Centres;
- Working with the province’s Neurosurgical Expert Panel to pilot a Neurosurgical Referral service;
- Continuing to provide training and ‘on the ground’ support to hospitals related to the implementation of the province’s Critical Care Information System (CCIS); and
- Working with the Provincial Council for Children’s Health (PCCH) Neonatal Intensive Care Unit Working Group to develop an infection monitoring system for Neonatal Intensive Care Units (NICUs) in Ontario, using CritiCall’s Bed Resource Registry as the foundation for the collection of this new data set.

THE CRITICALL ONTARIO TEAM

CritiCall Ontario is administratively accountable to Hamilton Health Sciences and the Ministry of Health and Long Term Care (MoHLTC) Critical Care Secretariat. CritiCall is based in Hamilton with regional offices in Thunder Bay, Ottawa, Sudbury and London. Over the next year, CritiCall will expand our staff complement to approximately 40 full time and contract positions to fulfill our vision.

CRITICALL ONTARIO PROGRAM ADMINISTRATIVE STAFF

Kris Bailey

Executive Director

Dr. Avery Nathens

Medical Director

Donna Perkins

Administrative Assistant

Tammy Johnston

Administrative Assistant

CALL CENTRE MANAGEMENT

Marie Lepre

Call Centre Manager / Provincial Disaster Liaison

Leanne Yonev

Call Centre Administrative Coordinator

TECHNOLOGY AND DECISION SUPPORT

Tam Nguyen

Technical Lead, Communications & Technology

Diane Green

Decision Support Specialist

Stephenie Peters

Decision Support Specialist

CALL AGENTS

Elizabeth Cantwell	Cheryle May
Connie Cumpson	Holly McGilvery
Melanie Fleck	Julie Mulholland
Adrienne Fowler	Carol Parkin
Julie Gordon-Daniels	Dani Ridout
Heather Graham-Novak	Laura Sinkins
Lori Hill	Nora Trudgian
Erin Hodgson	Jennifer Visser
Lydia Lee	Vicki Westall
Dawn Levesque	

ONTARIO REGIONAL AND PROVINCIAL CONTACTS

Steve Pancino

CritiCall Program Manager LHINs 1 & 2

Wendi MacKay

CritiCall Program Manager, LHINs 3, 4, 5, 6 & 12

Karen Bachynski

CritiCall Program Manager LHINs 7, 8, & 9 (West) / Provincial Adult Acute Care & Disaster Liaison

Claudine Wathier-Doucet

CritiCall Program Manager LHINs 9 East, 10 & 11

Andrea de Laforest

CritiCall Program Manager LHINs 13 (West) & 14 / CCIS Trainer

Susan Sarvas

Interim Program Manager LHIN 13 (East) / Provincial Manager Critical Care Information System (CCIS) Training & Quality

Joan Hill

CritiCall Program Manager/ Provincial Perinatal and Child Liaison / CCIS Trainer

CRITICALL ONTARIO MEDICAL DIRECTORS

Dr. Peter Kraus

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